

WELFARE REFORM IN GEORGIA: 2007 – 2018

Senate Bill 104

The enabling legislation for the Temporary Assistance for Needy Families (TANF) program in Georgia is Senate Bill 104, now known as Act 389. The major provisions are:

- Most recipients are limited to 48 months of TANF assistance.
- All adult TANF recipients and all eligible parents are mandated to participate in approved work activities.
- All adult TANF recipients are required to sign a personal responsibility plan that emphasized the fact that they must take personal responsibility to better their lives.

Some of the required actions include:

- ensuring that minor children attend school
 - attending school conferences
 - attending family planning counseling
 - participating in substance abuse treatment, if needed
 - having children immunized, and
 - obtain prenatal care, if needed
- Teen parents are required to continue to live with a parent or responsible relative and must remain in school to obtain their GED or high school diploma.
 - Family cap measures were strengthened, so that TANF cash assistance was not increased for recipients who had another child after receiving TANF for ten months.
 - Families who did not meet work or personal responsibility requirements could be sanctioned, with a reduction or termination of benefits for three (3) months or 12 months, depending on the number of infractions.

The Personal Responsibility and Work Opportunity Reconciliation Act

In August 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted. PRWORA eliminated the Aid to Families with Dependent Children (AFDC) cash entitlement program and replaced it with the TANF block grant. PRWORA effectively ended welfare entitlement, replacing the AFDC program with the time-limited benefits of TANF. The purpose of this legislation is to:

- Provide assistance to needy families so that children could be cared for in their own homes;
- Reduce welfare dependency by promoting job preparation, work and marriage;
- Prevent teen pregnancies; and
- Encourage the formation and maintenance of two-parent families.

PRWORA established mandatory work and job training participation rates for recipients and enacted time limits for the receipt of TANF benefits. Moreover, PRWORA afforded states greater flexibility in the design and implementation of the TANF program and provided each state a block grant to fund its program. State Maintenance of Effort (MOE) spending levels were mandated so that states would maintain levels of spending consistent with previous spending for AFDC.

In the fall of 1996, Georgia submitted a state plan for administering the TANF program. Following a 45-day federal review period and a series of public hearings, the plan was accepted by the U.S. Department of Health and Human Services (HHS) and Georgia was approved to receive its share of the TANF block grant. The first TANF checks were issued on January 1, 1997.

In past years, the most important aspect of the case manager's job was issuing welfare benefits. With the 1996 introduction of Work First, the emphasis shifted to helping case managers assist TANF recipients in maintaining employment, as well as seeking career advancement. Customers are not just expected to get a job, but to keep the job and seek advancement. They are expected to earn enough money to leave the welfare rolls. As a result, our TANF caseloads greatly declined.

The Growth of TANF in Georgia

Georgia has made the necessary changes to be compliant with the final rule. The most significant change was new internal control guidelines, requiring major system changes.

October 2004: Georgia initiated a new service delivery strategy for TANF called TANF = WORK NOW. This strategy focused on 3 elements:

- Education - TANF participants were educated at the point of application on all the goals and requirements of the TANF program.
- Engagement - TANF participants with a work requirement were engaged in work activities within seven (7) days of the approval of their application.
- Monitoring - TANF participants were monitored consistently and frequently to ensure adherence to program requirements.

This concept yielded a significant decrease in the number of Total TANF Cases, in particular, the number of Adult Cases on TANF.

April 2006: Georgia took TANF = WORK NOW a step further by focusing on values and beliefs that would assist in strengthening Georgia's families. New policies were implemented, and case managers were trained on the principles of case management. The values and beliefs that we espouse are:

- Welfare is not good enough for any family.
- Government cannot and should not take the place of family.
- Children are better off when responsible caretakers are able to provide for their families.
- There is dignity in work, whether with the hand or the head.
- Georgia urges responsible adult behavior and economic self-sufficiency to end dependency on government assistance.
- With proper preparation, support and supervision, we can help our customers create a more secure employment future for themselves.

October 2006: Georgia recognized the need for additional transitional supports to assist participants with job retention and career advancement, thereby, launching the Work Support Program.

February 2008: The Final Rule for the Reauthorization of TANF was released by the Administration for Children and Families (ACF) / HHS. This rule was based on changes required by the Deficit Reduction Act (DRA) of 2005. According to the DRA final document (45 CFR, Parts 261, 262, 263, and 265. pg. 6772), "The DRA reauthorized the TANF program through federal fiscal year (FFY) 2010 with a renewed focus on work, program integrity, and strengthening families through healthy marriage promotion and responsible fatherhood."

The DRA retained most of the original welfare reform law. The key changes in the final rule were: (1) defined each of the 12 countable work activities, (2) defined the term "work eligible individual," (3) clarified that a State may count only actual hours of participation, (4) recalibrated the caseload reduction credit by updating the base year from FFY 1995 to FFY 2005, (5) required each State to establish and maintain work participation verification procedures through a Work Verification Plan, (6) established a new penalty for failure to comply with work verification procedures, and (7) allows additional pro-family expenditures to count toward a State's MOE requirement.

October 2010: The agency rolled out a new business process, Georgia Re-engineering Our Work (G.R.O.W.). The G.R.O.W. process established three functions that case managers focus on (1) interviewing applicants, (2) processing applications, and (3) finalizing applications. An applicant in North Georgia applying for benefits could be interviewed by a case manager in Middle Georgia. The application could then be transmitted to a case manager in West Georgia for processing and transmitted to another location for finalization or approval. After approval, the case was transferred back to the county where the applicant resided. The G.R.O.W. process symbolized the concept of doing more with less.

October 2011: The Georgia Department of Human Services (DHS) added a new process, Document Imaging System (DIS). The document imaging system gave public assistance customers the option to scan in documents from a home computer scanner, a scanning station in a public community center, such as the Community Action Agencies/Authorities (CAA's), certain child support offices, or local Georgia Division of Family and Children's Services (DFCS) offices. Customers who were employed and unable to report to a local DFCS office could renew their benefits online and scan the required supporting documents to an image repository where the case manager or other staff could access the documents.

October 2012: DFCS revisited the G.R.O.W. process to reevaluate its effectiveness. During the evaluation, it became evident that the work could not change, but the way the work was done could. Business Operations Planning (B.O.P.) was added. B.O.P. is: (1) the standardization of G.R.O.W. within each Region. All Regions would use the same procedures to complete a case from start to finish. (2) Self-service was the standardized lobby resource, (3) Document Imaging (DIS), (4) Telecommunications – Local Office call center model, and (5) Office of Financial Independence (OFI) Data Tool – Standardized data management. OFI Teams were formed to ensure standardization. The OFI Teams consisted of: (1) Customer Support, (2) Business Support, and (3) Eligibility Specialists. Our customer support staff supported all walk-in work and was the face of DFCS. The business support staff scanned mail to DIS, answered general inquiries, registered and initiated cases. The eligibility specialists keyed cases, interviewed applicants, finalized cases and handled case maintenance. With these measures in place, we were striving to provide our customers with a timely and efficient outcome.

2013: In an effort to improve the overall service of the public assistance programs, Georgia focused on improving the process to provide convenient access, service accountability, and improve the customer experience. Georgia One was a combination of technology (DIS and COMPASS) and incorporated self-service options that allowed DFCS to provide Supplemental Nutritional Assistance Program (SNAP), TANF, Childcare and Parent Services (CAPS), and Medicaid recipients the opportunity to track and manage their case. This change helped us serve our customers more efficiently and effectively.

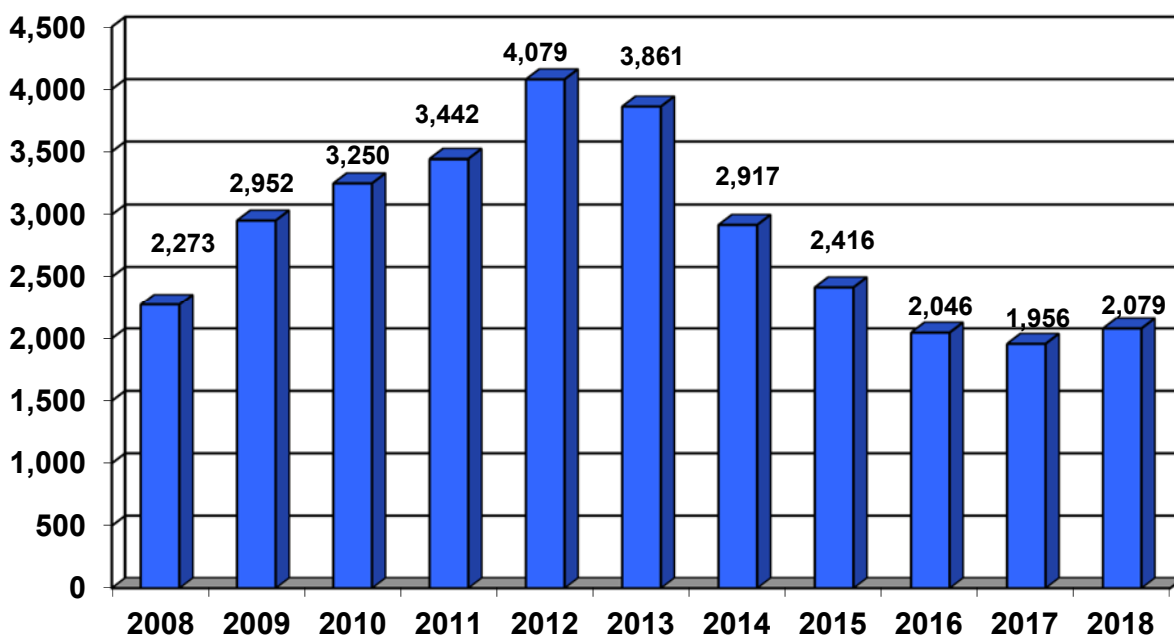
March 2015: To find the best way to serve its people, the State reached out to all public assistance programs to map current processes. Georgia began to find more effective ways to help provide eligibility services and improve customer service. Georgia Gateway will allow interested parties to research information about available public assistance programs online. Future enhancements will include online application and eligibility criteria for other participating public assistance programs such as SNAP, CAPS, Medicaid, Women, Infants, Children (WIC), and PeachCare for Kids (PCK). Georgia Gateway is being implemented concurrently with a new business model known as “One Caseworker, One Family”, which streamlines the case management process by assigning one caseworker from application to completion.

February 2017: Georgia Gateway, the multi-agency integrated eligibility system, debuted in Henry County. A phased rollout across the state culminated with Fulton and DeKalb counties joining in September 2017.

October 2018: Standardized Employment Services contracts, developed jointly by the state office and district staff, were put in place to simplify the delivery and monitoring of referred applicants and the activities of work-eligible individuals. Additional vendors were developed, along with a standardized invoicing system.

TANF Adult CASELOADS

SFY 2008 thru SFY 2018



TANF Adult Caseloads

As we continue our mission to help TANF recipients attain self-sufficiency, our adult TANF caseload is decreasing. The TANF Adult Caseload has dropped from 2,273 in 2008 to 2,079 in 2018. The decrease is 194 cases within a 10 year period.

Collaborative Efforts

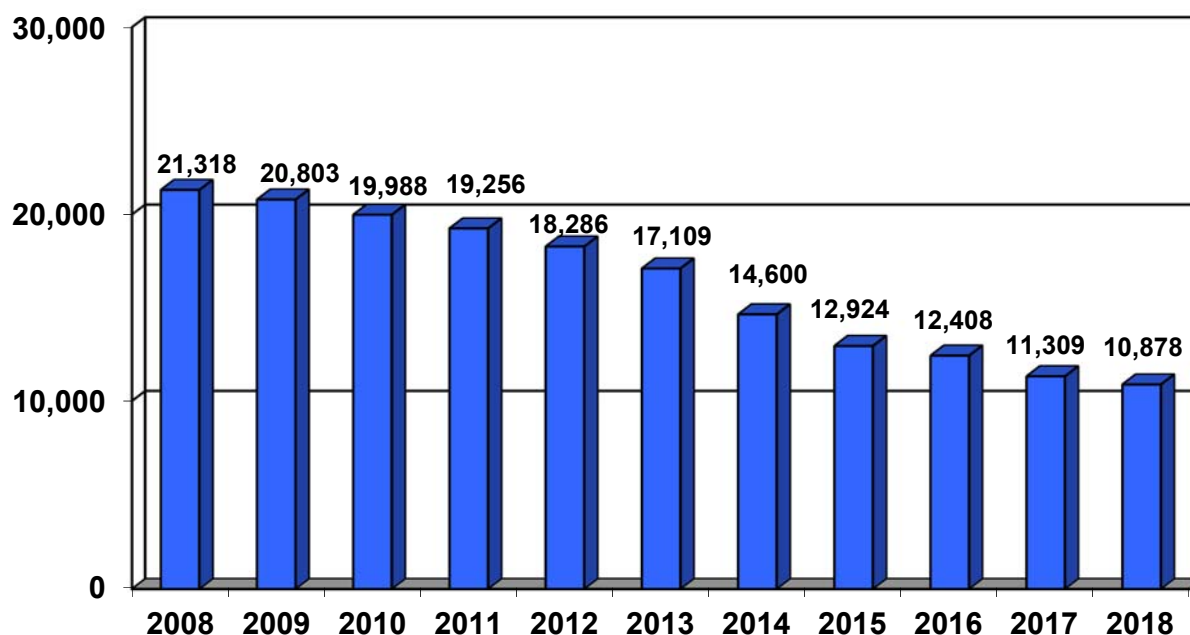
To assist Georgia's TANF recipients fulfill the requirements of Act 389 and attain self-sufficiency, it was necessary that we collaborate with other public service agencies and entities. To start, we formed partnerships with Georgia Department of Labor (GDOL) and the Technical College System of Georgia (TCSG) to develop a job-ready workforce. Each agency committed to providing specific services to TANF recipients, while DHS provided case management and

support services. TCSG was the primary source for job training and GDOL focused on job development and placement.

The services provided through these partnerships have contributed greatly to the families receiving TANF. The recipients utilized the job training, job development and job placement resources from our partners to gain or refresh their skills; thus, becoming more marketable. The services also helped some find better jobs and leave the TANF program.

TANF CASELOADS

SFY 2008 thru SFY 2018



In SFY 2008, Georgia had 21,318 cases on its TANF roll. The current total number of cases on TANF in Georgia for SFY 2018 is 10,878. Georgia has reduced its rolls by approximately 49% in ten years.

Transportation

Transportation expenditures greatly increased with the implementation of TANF and subsequently decreased as the number of TANF cases declined. DHS/DFCS offers two transportation work support options: direct payment to applicants and recipients and transportation services through DHS' Consolidated Transportation System. Although funds were available for transportation expenses, transportation services were not readily available, particularly in rural areas. In SFY 2000, DHS/DFCS collaborated with the Georgia Office of Facilities and Support Services to expand the Consolidated Transportation System. TANF funds invested in this initiative have

increased from \$345,000 in SFY 2000 to \$3,200,000 in SFY 2018. In SFY 2018, TANF funds paid directly to applicants and recipients totaled \$179,915.

Employment Intervention Services (EIS)

EIS is available to TANF applicants who have full time employment but is temporarily on unpaid leave due to a temporary illness and is scheduled to return to work within four (4) months, and the AU meets the gross income ceiling (GIC) test.

Work Support Payments

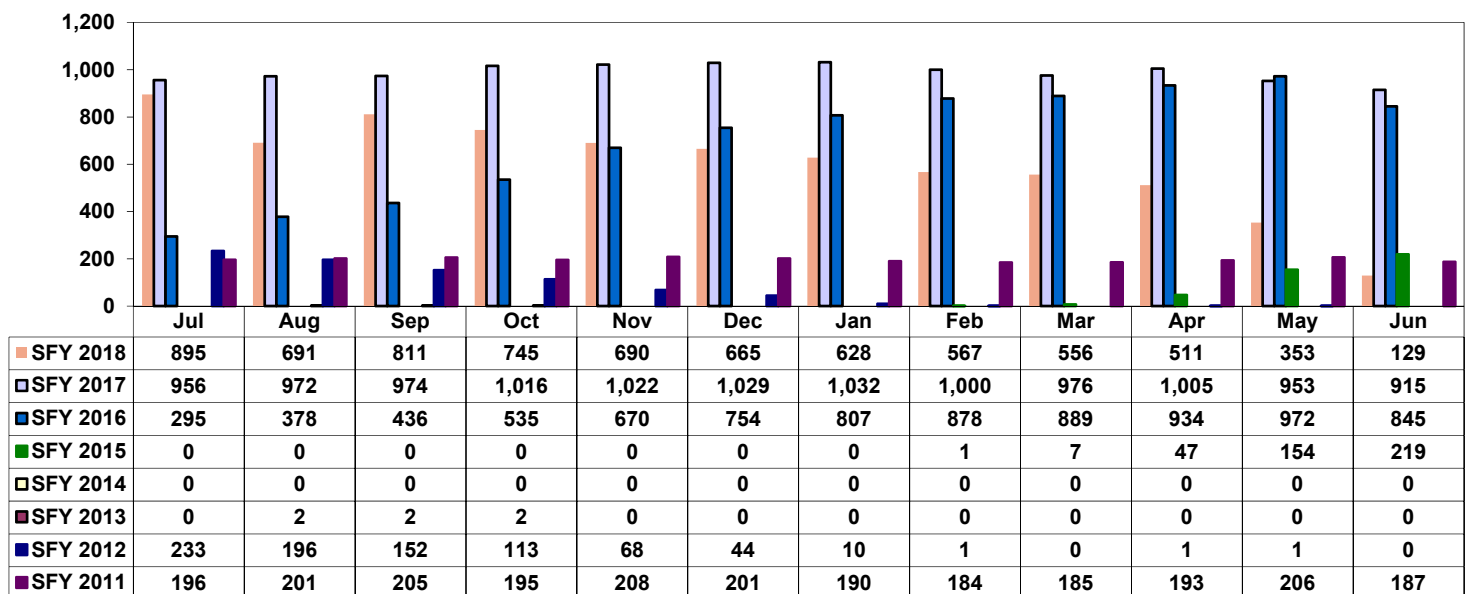
In addition to partnerships with other agencies, the availability of work support payments is critical to the success of TANF self-sufficiency efforts. In order to secure and maintain employment, many families require assistance with transportation, childcare, and medical expenses as well as assistance in obtaining child support.

WSP and Transitional Support Services (TSS) will be provided for applicants and participants who find employment and become ineligible for on-going TANF or decline TANF to stop the TANF clock. Both services will be provided to applicants and participants for twelve (12) months.

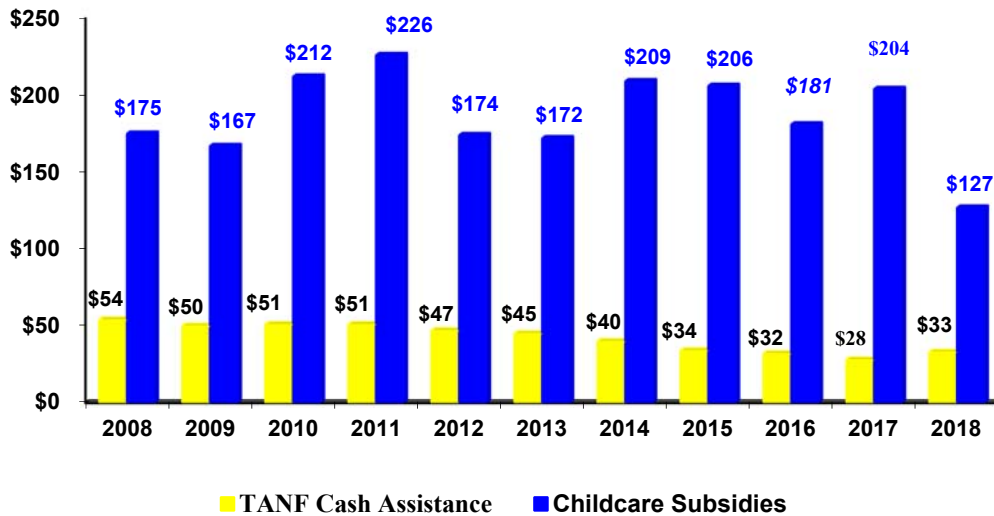
TANF Subsidies

Entitlement Code 98: Work Support Payments \$200

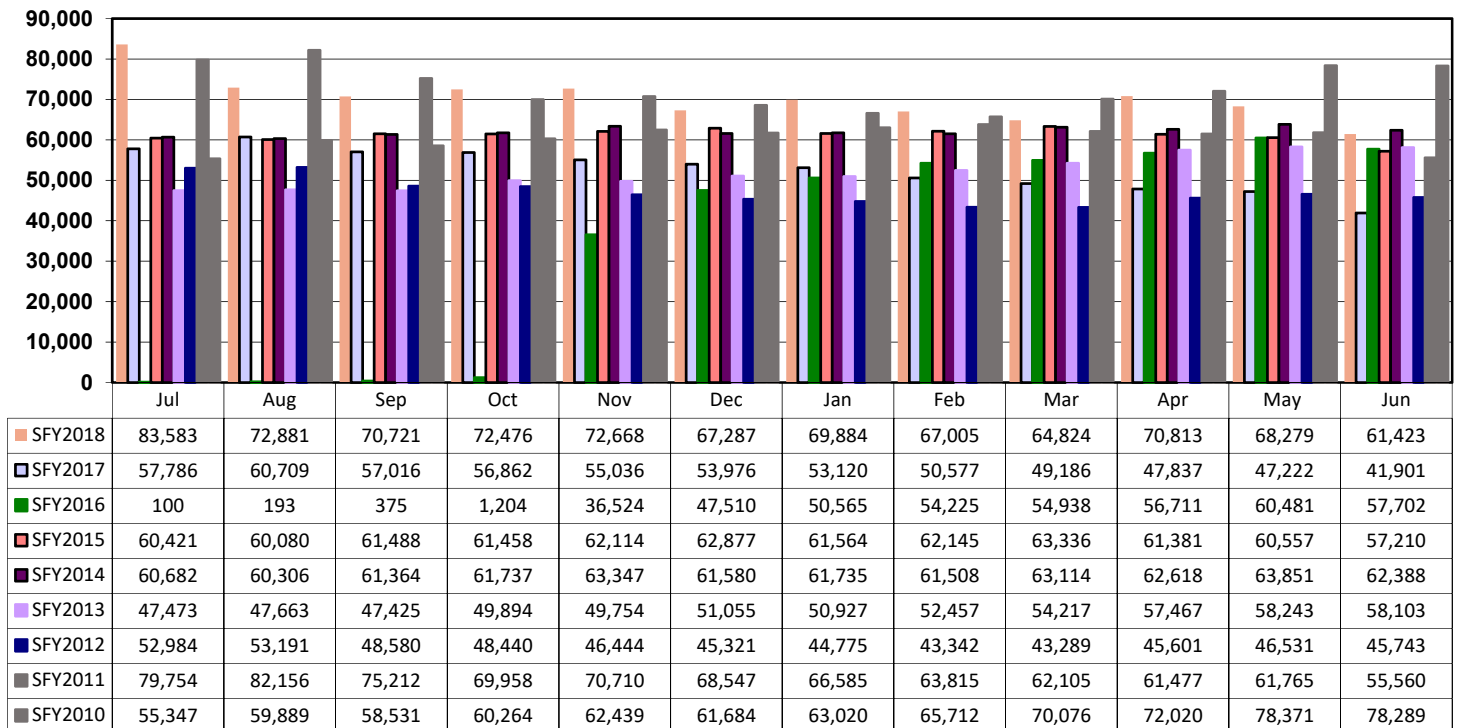
Number of Clients
State Fiscal Years 2011 - 2018



Comparison of Cash Assistance and Childcare Expenditures in Millions of Dollars SFY 2008 thru SFY 2018



Number of Children in Childcare (Based on payments processed) State Fiscal Year 2010 – 2018



Childcare

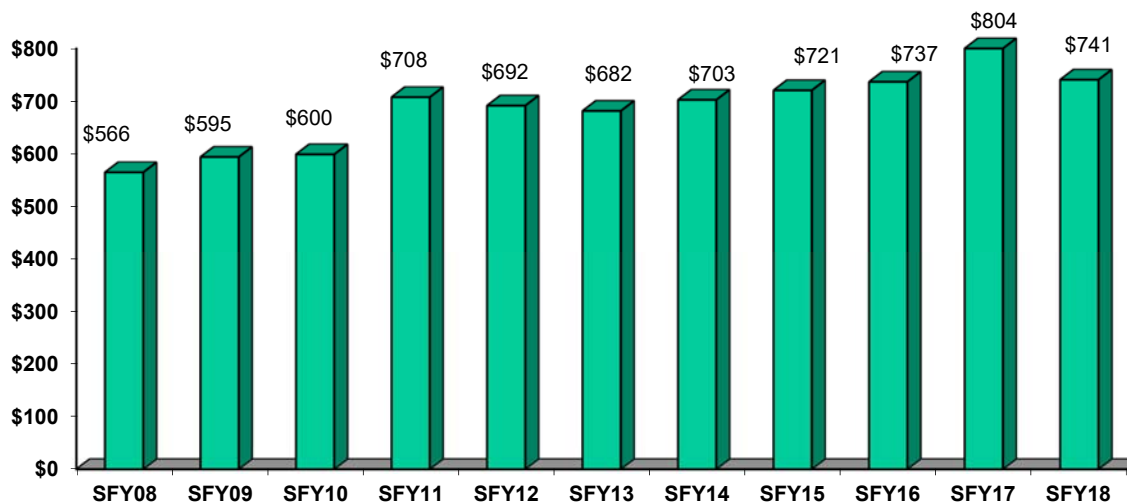
Affordable, quality childcare is essential to the success of individuals obtaining and maintaining employment. The average number of children in childcare from month to month decreased from 78,289 children in SFY 2010 to 61,423 in SFY 2018. In addition, expenditures in the program decreased from \$212M in SFY 2010 to \$127M in SFY 2018. The administration of the Children and Parents Service (subsidized childcare) was moved to the Department of Early Care and Learning in January, 2018

Medicaid

Many TANF recipients beginning first-time employment were either unable to afford the medical insurance made available to them by their employers or found that few employers offered the option of medical insurance. The combination of Low-Income Medicaid (LIM), Transitional Medical Assistance (TMA), and Right from the Start Medicaid (RSM) or PCK provided and continues to provide this necessary coverage. The 12-month continuation of Medicaid in the form of TMA provides necessary medical coverage for families who become ineligible for LIM as a result of new or increased earned income. Once TMA ends, the children of most families are eligible for additional coverage through RSM or PCK. As of June of 2018, there were 809,898 Georgia families that received Medicaid through ABD, LIM, TMA, and RSM.

Increasing Success in Collecting Child Support

(Collections in Millions)



Child Support

Insufficient child support prevents many single parents from attaining economic self-sufficiency. Increased collections by the Division of Child Support Services (DCSS) program are helping families receive more of the child support owed to them. There was a drop in the amount of child support collected from SFY 2007 (\$651M) to SFY 2008 (\$566M). The collections rebounded in SFY 2009 (\$595M), in 2010 (\$600M), in 2011 (\$708M) and then slightly decreased in 2012 to (\$692M) and again in 2013 (\$682M). Child Support collections rebounded in 2014 to (\$703M), in 2015 to (\$721M), 2016 (\$737M), and 2017 (\$744M). Collections took a slight dip in SFY 2018 to (\$741M).

An additional support service provided by DCSS is the Georgia Fatherhood Program, a statewide outreach program designed to increase the collection of child support from non-custodial parents with education and employment barriers. Job training is provided to assist non-custodial parents in securing employment that will enable them to pay child support and provide for their children.

Collaborative Work Supports

The future of welfare reform in Georgia includes a continuing focus on moving families to economic independence, through stable employment. Most recipients who remain on TANF fall into three main categories. The first and largest is comprised of children who receive TANF in “child-only” cases, which a non-parent relative is caring for the children and is not included in the TANF grant. These families are not subject to time limits or work requirements. The second category consists of recipients who are enrolled in an activity and participating at the required federally, mandated level for adults receiving TANF for themselves and their children. The third and most challenging category consists of recipients who are dealing with multiple barriers to self-sufficiency. Some of these barriers include substance abuse, illiteracy, disabilities, and domestic violence issues. The following initiatives continue to assist these recipients in attaining self-sufficiency:

- The Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) and Addictive Diseases provide substance abuse counseling and treatment through outpatient and residential facilities. Treatment for clients who have been diagnosed with mental impairment and mental retardation is also provided.
- The Georgia Vocational Rehabilitation Agency (GVRA) provides disability assessments for recipients who allege a disability that impedes their ability to work. GVRA also places recipients in appropriate programs based on assessment outcomes and makes recommendations that assist DFCS in planning services to help recipients overcome barriers to employment.
- The TCSG provides expanded adult literacy services.
- Domestic violence issues have been emphasized through various measures. Under the Family Violence Emergency Assistance (FVEA) program, contracts have been signed with local shelters to provide assessments for individuals claiming domestic violence as a barrier to becoming self-sufficient. Waivers from certain program requirements may be granted based on assessment outcomes. Training is provided for DFCS staff. Brochures and posters

are distributed throughout local areas to increase awareness of available services. Victims of domestic violence are often a priority group in eligibility assessments.

- In FY2018, Georgia partnered with the City of Atlanta and U.S. Department of Housing and Urban Development (HUD) to form the TANF Rapid Rehousing Program. Using a braided funding model, this partnership rapidly rehoused 100 homeless families living in location unsuitable for human habitation. Supportive services, including child care navigation, employment assistance, and housing resources were provided.

Lifetime Limits

In Georgia, the receipt of TANF is limited to 48 months in a lifetime for an assistance unit. Beginning in January 1997, each month in which an assistance unit receives TANF, counts toward the 48-month lifetime limit. The federal lifetime limit is 60 months. An assistance unit that is subject to the lifetime limit may have the limit waived if it is determined that the assistance unit meets certain hardship criteria. TANF received by a recipient from another State is subject to be counted in the lifetime time limits.

Hardship waivers

Some families will require additional time to prepare for work and some may never be fully self-sufficient. For these families, Georgia has established a hardship waiver policy that is approved on a case-by-case basis. The waiver of the lifetime limit allows for temporary extensions of TANF to families experiencing additional barriers.

The hardship waiver policy was revised in April 2006. There are three hardship criteria for case managers to use to evaluate each family's situation.

1. The AU meets the domestic violence criteria.
2. The AU has an active child protective services case and the circumstances necessitating the CPS case create a barrier to the AU's attainment of self-sufficiency.
3. The disability of the grantee relative, other eligible adult or a household member is a barrier to employment for the grantee relative or other eligible adults.

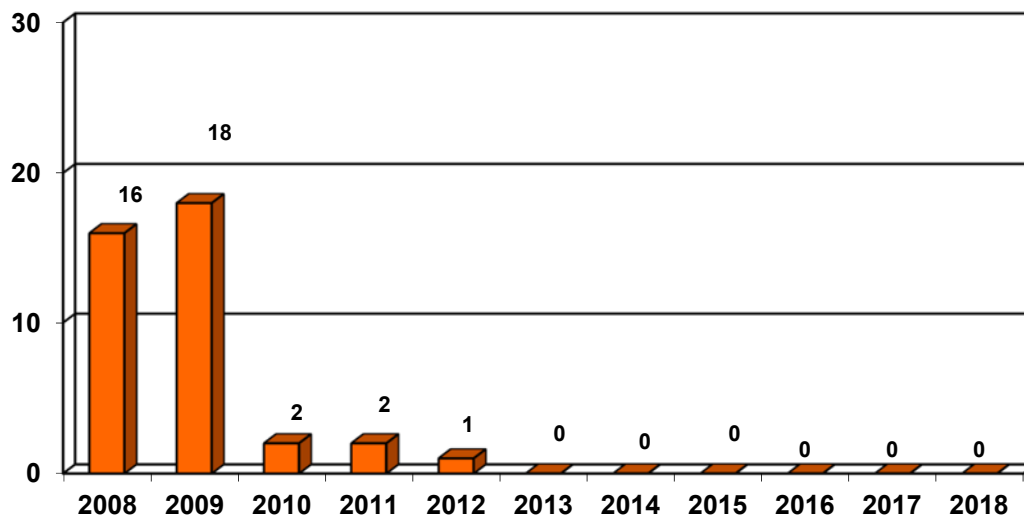
Other forms of support, Food Stamps, Medicaid, shelter and utility assistance, are available to families that do not meet any of the hardship criteria.

Georgia's TANF caseload totaled 50,996 cases in December 2000 when the first 1,446 families reached the 48-month time limit. Of those families, 1,094 met a hardship criterion and were eligible for extended TANF benefits through hardship waivers. Since December 2000, the number of families reaching the 48-month time limit has consistently decreased.

In December 2005, another milestone in the TANF program was reached. There were 311 Georgia TANF recipients that reached the federally imposed 60-month TANF lifetime limit. Of the 311 recipients, 280 continued to be eligible under a hardship extension. As with the 48-month time limit, the number of families reaching the 60-month federal lifetime limit has decreased. In June 2002, there were 1,566 families receiving a hardship extension, but in June 2005 there were only 230 families receiving extensions. In June of 2006, 49 families received an extension, and in June 2009, Georgia had only 18 families who received a hardship extension. In June 2010, there were only two households that received a hardship extension. In 2012, there was one household

receiving a hardship extension. In 2013, there were no households receiving a hardship extension. As of 2016, there are still no households receiving a hardship extension.

**TANF Hardship Extensions
June of the Year from 2008 to 2018**



Teen Pregnancy Prevention

The scope of the problem: Between 1991 and 2015, the birth rate among girls in Georgia 15-19 years old declined 66%, from 76% births per 1,000 females in 1991 to 25.6 in 2015. This decline continued in 2015 at 9.9% from 2014 and 59.1% from 2000. During that same period 1991 to 2015, the teen birth rate for non-Hispanic White adolescents declined 63%. The decline in the teen birth rate among non-Hispanic African-Americans was 74% and 51% among Hispanic adolescents.

In 2010, 60% of 119,000 pregnancies in Georgia were unintended and the rate was 57 per 1,000 women aged 15 and 44 (Kost, 2015). The adolescent pregnancy rate in Georgia was 47 per 1,000 women aged 15-19 in 2013 compared to the national rate of 43 per 1,000. Regardless of the planned or unintended type of pregnancy, there is need to support pregnant or parenting young people (Kost, Maddow-Zimet and Arpaia, 2013).

In 2010, 58% of unintended pregnancies in Georgia resulted in births and 28% in abortions while the rest ended up in miscarriages (Kost, 2015). Also, 80.5% of unplanned births in Georgia were public funded in 2010 and while the federal and state government spent \$917.5 million on unintended pregnancies, Georgia was responsible for \$229.7 million of that amount. Furthermore, the total public cost for unintended pregnancies in 2010 was \$442 per woman aged 15 and 44 in Georgia, compared with \$201 per woman nationally (Sonfield and Kost, 2015).

Progress: Teen birth rates have decreased both in Georgia and nationally. Georgia has made significant progress in reducing teen births and the associated personal and economic costs however, women continue to need help in Georgia. In 2014, 695,120 women aged 13 -44 were in need of publicly funded family planning services. By preventing unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services helped save the federal and state government \$248 million in 2015.

Despite these, Georgia must continue to reduce the teen birth rate even further by reducing sexual activity and other risky behaviors among unmarried teens. Unintended pregnancies, particularly those occurring very early in a woman's reproductive years, often have adverse health, social, and economic consequences for the mother and her child. Teen pregnancy and out-of-wedlock parenting is linked to poverty and welfare dependency. Teenage mothers are more likely to be unmarried, drop out of school, and rely on Temporary Assistance to Needy Families (TANF).

What is the Georgia Department of Public Health (DPH) Doing?

Preventing teen pregnancy is a priority for the Department of Public Health. In partnership with the Georgia Department of Human Services, the DPH addresses teen pregnancy through two programs using a comprehensive approach, the Georgia Adolescent Health and Youth Development Program and the Georgia Women's Health Family Planning Program.

Georgia Adolescent Health and Youth Development (AHYD) Program:

The Georgia Department of Public Health (DPH) Adolescent Health and Youth Development (AHYD) program focuses on empowering youth with the knowledge and skills to strengthen their relationships, increasing community buy-in and engagement to solve adolescent related issues. AHYD actively tries to create supportive networks that will help Georgia youth to adopt healthy lifestyles, reduce the incidence of teen pregnancy & HIV/STI contraction, and improve school performance and graduation rates. Collectively, these efforts should increase their chances of securing employment. It is expected that these efforts will ultimately help in increasing the rate of healthy, productive adolescents in Georgia.

To achieve these aims, AHYD program partners with the Georgia Department of Human Services to offer a comprehensive approach to address teen pregnancy which includes—

- Implementing risk reduction evidence-based curricula to reduce risk of pregnancy and HIV/STIs contraction;
- Instituting public awareness events about adolescent health-related issues;
- Providing training opportunities youth-serving professionals (including Adolescent and Young Adult Centered-Clinic), parents, community members or youth Providing youth development opportunities to cover adolescent health topics/skill set;
- Engaging/creating youth coalition; and,
- Addressing teenage pregnancy prevention through policy and system change.

Youth Development Coordinators (YDCs) at the local level coordinate efforts between district and county health departments and form pertinent partnerships to reach adolescents.

District AHYD Programs are operated through county health departments statewide and are located in counties reporting high rates of high school dropouts, HIV/STIs, and/or teen pregnancy.

Youth Development Coordinators (YDC) coordinates efforts between district and county health departments including AHYD Programs. Youth Development Coordinators form critical partnerships with out-of-school programs and county and community agencies, holding workshops with communities, faith-based institutions, and public health leaders to foster collaboration around key adolescent health and youth development issues.

The state AHYD Consultant provides YDCs with ongoing program and fiscal monitoring, technical assistance, training and resources.

Specific strategies: Research shows that successful teen pregnancy prevention programs address the broad range of social and economic factors that affect teen behavior. No single approach is effective by itself. In Georgia, a comprehensive approach is utilized. This approach consists of several strategies including the following:

Coordinated district adolescent health services: Health districts and county health departments actively partner with local youth organizations/providers to co-sponsor health education and promotion events, and to assure that youth have access to needed services and opportunities within their communities (e.g., legal services; food and housing assistance, dental services; tutoring and academic support; entrepreneurship; mental health counseling; youth development, physical activity, mentoring and related services). AHYD supports these local partnerships and collaborations by providing funding for a district Youth Development Coordinator to foster collaboration and coordination of efforts throughout Georgia. Annual district and teen center programs' work plans demonstrate local collaboration.

Evidence-based risk-reduction education: Increasing knowledge and skills with respect to pregnancy and HIV/STDs contraction helps in reducing teen pregnancy and the contraction of HIV/STDs and is implemented across all target public health districts using curricula including Making Proud Choices, Making a Difference, Reducing Risk, and FLASH to reach at-risk youth in diverse settings including institutions, afterschool programs and youths in foster care.

Outreach and community referral: Local adolescent health and youth development programs coordinate with other professionals and agencies to assist adolescents and their families in obtaining needed AHYD services and information. Specially trained staff with first-hand knowledge and experience working with at-risk teens are regularly available.

Parent education and involvement: Information and education programs are available to help parents strengthen their parenting and communication skills, build strong bonds with their teens, and understand the developmental changes specific to adolescence. Some programs have established a Parent Advisory Committee (PAC) to provide parents a meaningful way to participate in planning, decision-making, and opportunities for positive health promotion in the community. PACs, in collaboration with local public health officials, are responsible for determining the programs and activities offered in each local community.

Faith/health community partnerships: The AHYD program has formed a partnership with members of the faith community and held conferences with community, faith, and public health leadership to encourage collaboration and working together for positive youth development and health promotion.

Best practices for prevention programs: All prevention programs funded by DPH must incorporate evidence-based practices for effective teen pregnancy and STD prevention programs. In addition, all programs must have a demonstrated impact on key outcomes related to teen pregnancy and STD prevention.

State Capacity Building Efforts: During fiscal year 2017-18, the State Adolescent Health and Youth Development Program hosted several teleconferences for local partners to provide guidance on 1) completing new work plan templates; 2) prepare budgets; 3) prepare reports using a new reporting template; and 4) SMART objectives, and programmatic updates.

Asset Based Community Development: A state Asset Based Community Development Workshop was held in Atlanta, Georgia. The meeting brought together youth development coordinators, health promotion coordinators and representatives of community-based organizations to receive training on maximizing local community resources.

Shaping Policy for Health: The AHYD Youth Development Coordinators were invited to participate in several “Shaping Policy for Health” workshop series facilitated by the Directors of Health Promotion and Education. The workshops included 1) An Introduction to Competency-Based Practice, 2) Defining the Problem, 3) Proposing a Solution, and 4) Influencing the Change Process.

Georgia’s Women Health Family Planning Program: The AHYD program works synergistically with the Georgia Women’s Health Family Planning Program, also located in the Department of Public Health, Division of Public Health (Maternal and Child Health Program). It coordinates family planning services through county health departments. These services are essential to the well-being of women, men, adolescents, and the community at large. The Family Planning Program offers opportunities for individuals to plan and space their pregnancies in order to achieve personal goals and self-sufficiency. MCH has developed strategies and implemented services to prevent and reduce repeat adolescent pregnancies, including facilitating referrals to family planning services, increasing community awareness, and promoting life skills and abstinence at the community level. Families, parents, and legal guardians are encouraged to participate in the decision of minors to seek these services. Adolescents are counseled on how to resist coercive attempts to engage in sexual activities. Abstinence, contraceptives safe sex, and pregnancy are discussed with all adolescents. Adolescents are not assumed to be sexually active because they seek family planning services.

In 2017-8, AHYD-funded programs accomplished the following *program specific* outcomes as outlined in their annual work plans:

Measure 1:	Number of Youths participating in evidence-based programs through POE/AHYD Core:
Outcome:	866 Evidence-based program youth participants
Progress:	Public Health districts exceeded the stipulated annual goal of 300 and engaged youth in various evidence-based curriculum including 'Making Proud Choices', 'Making a Difference', and 'Reducing Risk'. Engaged youths were from diverse target settings including school, afterschool and mentoring programs.
Measure 2:	Number of graduating youths in Personal Responsibility Education program (PREP):
Outcome:	464 PREP Graduates
Progress:	GA-AHYD program exceeded the annual goal of graduating 450 youth. Out of the 753 at-risk youth that participated in the program, a total of 464 youth graduated from 13 cycles of the multiple program curricula including, 'Making a Difference', 'Making Proud Choices', and FLASH designed to help reduce teen pregnancy and contraction of STD/HIV.
Measure 3:	Number of Youth Development Activities:
Outcome:	105 Youth Development Group Activities
Progress:	A total of 105 youth development activities were implement during the fiscal year, exceeding the annual goal of 39. Public Health district staff, in partnership with groups implemented activities including karate, Youth Action Team, Georgia Teen Institute, Prom Safety seminars, Teen Maze, mentoring, Youth Fest, STD awareness and birth control methods presentation, gangs and violence, drugs, nutrition and wellnesses, summer camp health presentations, outreach on sexting and GA laws.
Measure 4:	Number of Public Awareness events about Adolescent Health-related Issues
Outcome:	82 Public Awareness Events
Progress:	A total of 82 events were implemented in throughout the public health districts, involving 105,501 youth and exceeding the annual goal of 39 events. The youths reached includes students, employees, families and community members. The various events included Teen pregnancy month, Health fair, Human and Child Trafficking awareness, teen dating violence, STD awareness, bullying and suicide prevention and bystander intervention. Media such as billboard, print and various APPs were used in creating awareness of adolescent health-related issues.

Measure 5:	Number of Training Opportunities to Youth-serving Professionals, Parents, Community members or Youth:
Outcome:	86 Youth-serving Professionals, Parents, Community members or Youth
Progress:	GA-AHYD, through targeted Public Health districts exceeded the annual goal and implemented a total of 86 youth-serving professional trainings, reaching 278 community members, 162 parents, 790 professional and 581 youths. The trainings included Asthma Pilot training program, educational information on areas of child abuse prevention, bullying prevention and stress management, Safe Dates, substance abuse, emergency preparedness. Sexual Violence Assault prevention/exploitation training

TANF Purpose #3: Prevent and reduce the incidence of Out-of-wedlock pregnancies.

FUNDING: Segregated TANF funds

For more information about Adolescent Health and Youth Development Unit Programs, please contact us at 404-657-6638 or visit <http://health.state.ga.us/programs/adolescent/>

DFCS Afterschool Care Program

The Afterschool Care Program is located within the Georgia Division of Family and Children Services (DFCS) and provides federal funding to non-profit organizations and public agencies who serve youth and families during the out-of-school time. It is designed to support DFCS' goal of providing resources and services that promote self-sufficiency among children and families. By funding services that are provided during before school, after school, intercession and summer hours, the Afterschool Care Program also supports two Temporary Assistance for Needy Families (TANF) goals:

- (a) Reduce the dependency of needy parents by promoting job preparation, work and marriage.
- (b) Prevent and reduce unplanned pregnancies among single young adults.

The mission of the Afterschool Care Program is to provide resources to youth-serving organizations within the state of Georgia who serve families within low-to-moderate income communities and the foster care system. The vision of the Afterschool Care Program is to ensure every child and youth has access to high quality youth development programming within their community. Educational attainment, positive youth development and an enhanced well-being are key factors in preventing future welfare dependency among today's youth, particularly youth of economically disadvantaged communities. Through out-of-school time programs, parents and caregivers can ensure their youth have a safe and enriching environment when the traditional school day ends. By providing funding through a Statement of Need (SoN) solicitation process, the Afterschool Care Program partners with community-based organizations and public agencies throughout the state of Georgia who provide services to youth and their families.

The goals of the DFCS Afterschool Care Program are to:

- Strengthen youth-serving organizations and institutions by providing funding that increases their capacity to design, implement, and sustain quality youth development programs and services;
- Provide opportunities for youth to establish positive relationships with their peers and caring adults during traditional non-school day hours; and
- Provide technical assistance to organizations and agencies as they implement services and activities that support their youth's overall well-being as they prepare for and transition into young adulthood.

Positive Youth Development Services

Agencies that are funded through the DFCS Afterschool Care Program provide project-based learning activities and/or youth apprenticeship experiences to youth participants that support school day learning and encourage positive transitions into adulthood. In Federal Fiscal Year 2016, funded agencies began implementing STEAM (Science, Technology, Engineering, Arts and Math) based learning opportunities. Through project-based learning activities and apprenticeship-based experiences, youth had the opportunity to learn about 21st century career and educational pathways that support our evolving workforce. The Afterschool Care Program has continued with STEAM (Science, Technology, Engineering, Arts and Math) based learning opportunities for partners funded with the Federal Fiscal Year 2019 Statement of Need solicitation process.

Project-based learning is a hands-on and creative approach to teaching, which provides academic support to students in a way that is fun and engaging. Projects are interdisciplinary in nature, build on student interest and provide students with an opportunity to demonstrate what they have learned through the completion of the project. The youth apprenticeship experience is a method of engaging youth in work-based skill development training that assists them in identifying and pursuing professional and career choices. Within organizations who implement apprenticeship experiences for youth, apprenticeships are taught by professionals with real-world experiences in the apprenticeship field selected by the program. Each of these programs also include opportunities for students to participate in well-being support opportunities, including, but not limited to, health and well-being programming, and family and community engagement.

Funding Allocation and MOE

Since Federal Fiscal Year (FFY) 2006, the DFCS Afterschool Care Program has partnered with agencies by providing funding to serve youth during the out-of-school time. Through this partnership, the Afterschool Care Program has required each partnering agency to provide a match contribution to support programs and services provided to youth. This match is used to support the Georgia Department of Human Services (DHS) and Georgia Division of Family and Children Services' (DFCS) Maintenance of Effort (MOE).

From FFY 2006 to FFY 2018, the Afterschool Care Program funding supported programs and services that served over 25,000 youth annually through after school and summer programs collectively (majority of youth are served through the Georgia Alliance of Boys and Girls Clubs) each year. Each year, the DFCS Afterschool Care Program awarded approximately \$15M to selected agencies with additional Maintenance of Effort (MOE) match support of approximately \$35M or more each year.

Currently (FFY 2019), the Afterschool Care Program is partnering with 40 agencies to provide positive youth development services during the out-of-school time. As in previous programming years, the Georgia Alliance of Boys and Girls Clubs continues to serve the largest number of youth and providing the largest amount in match funding for the Department of Human Services and Georgia Division of Family and Children Services' MOE.

Partnerships and Collaborations

During FFY 2013, the Afterschool Care Program partnered with other state agencies to provide the first Afterschool and Youth Development (ASYD) Conference in Georgia. In FFY 2014, in partnership with the Governor's Office for Children and Families (GOFCF), Georgia Department of Education (GaDOE), and Georgia Department of Public Health (DPH), the Georgia Division of Family and Children Services provided the second statewide After School and Youth Development (ASYD) Conference. The conference was held in Augusta, Georgia and over 900 youth development workers, stakeholders and agency representatives attended. During the ASYD Conference, the Georgia Afterschool and Youth Development Quality Standards were launched to continue the effort of improving quality and support to youth development and out-of-school time programs within our communities in Georgia. The ASYD Conference was held again in FFY 2016 and FFY 2018. Both years we utilized Columbus, Georgia as the conference location and each conference had the same emphasis of continuous quality improvement for out-of-school time programs. With the statewide partnership to provide the ASYD Conference and in initiating an effort to improve out-of-school time program quality through state after school quality standards, DHS, DFCS, GaDOE and DPH have continued their commitment in working to provide programs and services that do not duplicate efforts throughout the state of Georgia but compliment and support the work of each agency while considering how initiatives, events, programs and services can be offered more streamlined and efficiently.

From FFY 2016 through FFY 2018, the Afterschool Care Program partnered with the Georgia Department of Public Health's Georgia SHAPE Health Initiative as the official DFCS Afterschool Care Program health program for all participating youth. Youth served through the DFCS Afterschool Care funded programs participated in Georgia SHAPE approved activities to aid in the overall improvement of their health and well-being.

Future Goals and Program Impact

In addition to requiring that all current funded programs have an emphasis on STEAM, the Afterschool Care Program has moved forward with continued implementation of the Afterschool and Youth Development (ASYD) Quality Standards statewide. Through a collective partnership with other state agencies, each funded program will have the opportunity to utilize the established

ASYD Self-Assessment Tool to obtain baseline data of their program's quality and to create a plan of improvement to be implemented over the course of the contract year.

The Results of Georgia's PRWORA Initiative

Georgia has successfully achieved and in some instances exceeded the goals and requirements of the TANF program as mandated by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, including participation rates, maintenance of effort spending, and reducing the teen pregnancy rates. This effort has enabled thousands of Georgia's citizens to achieve an improved way of life through welfare reform. Children of TANF families observe first-hand the benefits of work, as their parents provide for them a higher standard of living than was possible on welfare. These positive role models will, undoubtedly reduce the likelihood of children becoming future adult TANF recipients. Georgia will continue to demonstrate the successes that have been achieved for its families.