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Georgia Family Connection

Requested information on outputs and outcomes

Greg S. Griffin | State Auditor
Lisa Kieffer | Executive Director

DOAA
Georgia Department
of Audits & Accounts

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Performance Audit Division
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Why we did this review

The House Appropriations Committee requested this special examination of the Georgia Family Connection Partnership (the Partnership) and the state's network of county collaboratives. The committee asked that we examine the Partnership's assistance to collaboratives, collaborative outputs and measures of success, collaborative planning strategies, and collaborative funding.

About Georgia Family Connection

The Georgia Family Connection initiative was originally established in 1991 as a two-year pilot in response to Georgia's low national ranking in child well-being indicators. The number of participating counties grew, and in 2001 the Partnership was created to oversee the network of county collaboratives.

The Partnership receives state funding to assist and oversee the collaboratives. Partnership staff provide technical assistance, data tools, and training to help collaboratives achieve outcomes. It also sets requirements for the collaboratives related to planning, reporting, and operations.

The collaboratives receive state funding (a set allocation per county) to develop and implement plans to improve conditions for children and families. They work with community partners to identify service gaps and reduce duplicative efforts among local entities.

What we found

Georgia Family Connection is a statewide initiative aimed at improving the well-being of children and families through a network of local collaboratives. These collaboratives are overseen by a state-level Partnership but operate with a high degree of local control, which allows them to respond to specific community needs but also leads to wide variation in programs and activities. This variation presents challenges in ensuring the initiative's impact. Collaboratives also reported funding constraints that can limit their effectiveness. Modifications to the Family Connection model may promote increased effectiveness and impact.

There is significant variation among collaboratives due to an emphasis on local control.

Under the Family Connection model, each collaborative independently selects outcomes it will focus on in the coming year and the programs it will use to address them. These outcomes cover a broad array of topics, which among others include third grade reading, substance abuse, and economic security. The corresponding programs also vary even when the same outcome is chosen; for example, collaboratives focusing on grade level reading selected activities ranging from free book distribution to six-week summer literacy camps.

The variation in outcomes and activities is driven by local decision making. Each collaborative has a coordinator and governing body to plan and implement its work. Partnership staff noted the importance of this local control because it allows for flexibility to respond to each county's needs and preferences or to pivot during a crisis (e.g., the COVID-19 pandemic).

There is not clear evidence that the Family Connection model leads to improved outcomes.

The purpose of the Family Connection model is to improve outcomes for children and families. To help assess collaboratives' impact, we evaluated five outcome indicators

and found mixed results. Our study compared counties with collaboratives that worked on these outcomes to comparable counties in other states. The study found evidence of an impact for two indicators (high school graduation and teen births) but not for the other three. In 2012, the Partnership conducted its own study to evaluate one indicator and found a positive result; however, it has not conducted any more recent studies, primarily due to the lack of comparable data in other states.

A comprehensive evaluation of the Family Connection model is likely not feasible due to the variation in collaboratives' work. In fiscal year 2024, collaboratives worked on 50 standardized indicators and more than 200 locally developed indicators. Additionally, the selected indicators can change from year to year. If state decision makers wish to better ensure state funds are used for a program with measurable evidence of impact, they can consider narrowing its scope, although this would reduce local control.

The Partnership provides training and assistance to collaboratives and monitors their adherence to the established framework.

Although the Partnership and collaboratives receive a state appropriation, there is no statute outlining their responsibilities. (Appropriations are directed through contracts with the Department of Human Services.) To promote the success of the network, the Partnership has developed a statewide system of support and oversight for the collaborative network. The framework developed by the Partnership includes minimum requirements for collaboratives to receive state funds. These requirements cover areas such as planning and the collaborative's governing body; Partnership staff assess collaboratives' compliance annually.

Partnership staff also assist the collaboratives in areas such as annual planning and strategy development, and staff review local indicator data with collaboratives each year. Collaboratives are generally satisfied with the Partnership's services; state agencies that contract with the Partnership (e.g., Georgia Department of Education, Department of Early Care and Learning) also expressed satisfaction with their work.

Collaborative resources vary, but many face resource limitations.

In fiscal year 2024, collaborative funding totaled nearly $30 million from state, federal, local, and private sources. The largest source of funding was from the state, including state agency grants and the county allocation ($52,500 per county in fiscal year 2024, totaling $8.3 million). Many collaboratives rely heavily on the county allocation—slightly more than half reported total funding of less than $100,000 (including the allocation). Nearly 60% of collaboratives responding to our survey indicated they had experienced financial constraints that impacted their work. These constraints reportedly affected the amount of services provided, prevented the expansion of services, and reduced community outreach and support. Decision makers could consider a regional model, which would allow the $8.3 million in state funding to be split among a smaller number of collaboratives or require smaller counties to share staff. It should be noted this approach may lessen local control, which the Partnership and collaboratives indicated is a strength of the model.

What we recommend

This report does not include recommendations. It is intended to answer questions posed by the House Appropriations Committee and to help inform policy decisions.

See **Appendix A** for a list of findings.

Partnership Response: *In its response, the Partnership agreed or partially agreed with the report findings. The Partnership stated that "our organization's structure is unique because it centers local control—by design" and was "created to help address…challenges that a top-down approach alone was unsuccessful in confronting." The Partnership emphasized collaboratives' role in responding to crisis events with knowledge of resources and needs, stating that "government and philanthropic partners have relied on Georgia Family Connection for intel and direction during recent events of this nature." The Partnership's comments are included at the end of the relevant findings.*

Table of Contents

Purpose of the Special Examination

This review of the Georgia Family Connection Partnership (the Partnership) and collaboratives was conducted at the request of the House Appropriations Committee. Our review focuses on the following questions:

- What type of technical assistance does the Partnership provide to its collaboratives?
- To what extent have collaboratives positively impacted their communities?
- What outputs have collaboratives reported over previous years?
- How do collaboratives' planning strategies differ across the state?
- How are collaboratives funded?

A description of the objectives, scope, and methodology used in this review is included in **Appendix B**. A draft of the report was provided to the Partnership for its review, and pertinent responses were incorporated into the report.

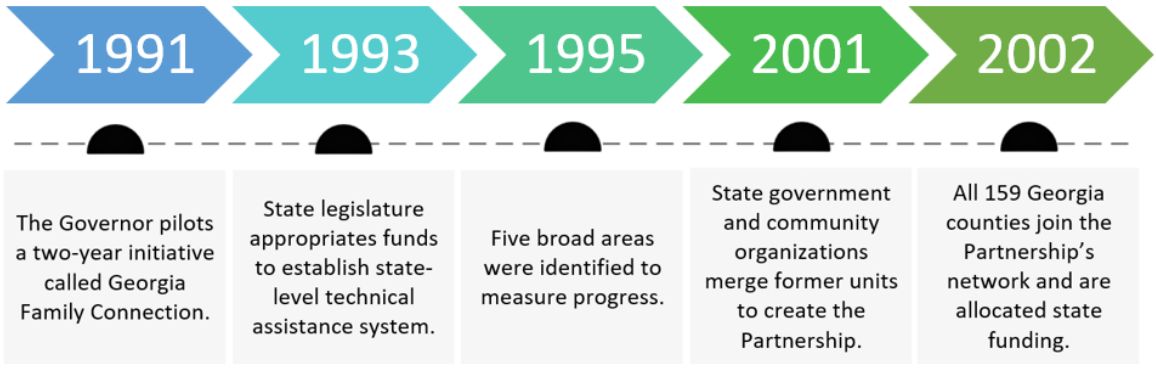
Background

History

The Georgia Family Connection initiative was originally established in 1991 in response to Georgia's low ranking in child well-being indicators. (Georgia ranked 48th out of 50 states in the inaugural Kids Count report published by a national nonprofit.) The governor established the initiative as a two-year pilot program intended to coordinate public and private efforts. A steering committee that included state agency representatives (Departments of Education, Human Resources, and Medical Assistance) originally led the initiative and used existing staff from those agencies. Fifteen communities volunteered to join the pilot, which focused on increasing school success and reducing teen pregnancy, substance abuse, and juvenile delinquency in Georgia.

The program's size and scope grew over the next decade, as shown in **Exhibit 1**. While the pilot initially relied on funding from private foundations, the General Assembly appropriated funding in 1993 and subsequent years. This helped establish a state-level system to support the original counties as well as new counties joining the initiative. In 1995, its scope was expanded to cover five broad categories (Healthy Children; Children Primed for School; Children Succeeding in School; Stable, Self-Sufficient, and Productive Families; and Thriving Communities). Additional counties continued to join the network of organizations now known as "collaboratives." To oversee the growing network, state and private entities created a new state-level organization in 2001: the Georgia Family Connection Partnership (the Partnership). By 2002, all 159 counties in Georgia had joined the Partnership's network.

Exhibit 1
Early history of Georgia Family Connection initiative, 1991-2002



Source: Partnership website

Georgia Family Connection Partnership

A "collaborative" is a county-level organization under the Partnership, connecting local organizations and individuals to provide services to children and families.

The Partnership's stated purpose is "[to connect and convene] key community members committed to improving the well-being of all children and families." While the Partnership's role is not specified in statute, it does receive an appropriation to support the state's network of county collaboratives.

The Partnership is administratively attached to the Department of Human Services (DHS) and annually contracts with DHS to receive its state appropriation. However, the Partnership maintains a 501(c)(3) nonprofit organization status, and it is governed by a Board of Directors that provides general guidance and manages the Partnership's financial standing. The Board of Directors consists of 16 members, including 2 representatives from DHS and the Department of Early Care and Learning (DECAL) and 14 representatives from stakeholder organizations (e.g., education, health, business). The Board appoints an executive director to oversee the work of 29 employees[1] and 9 contractors.

As shown in **Exhibit 2**, the Partnership has five operating units. Two units (shown in blue) provide most of the direct support to the collaboratives through training and technical assistance, discussed further on page 15.

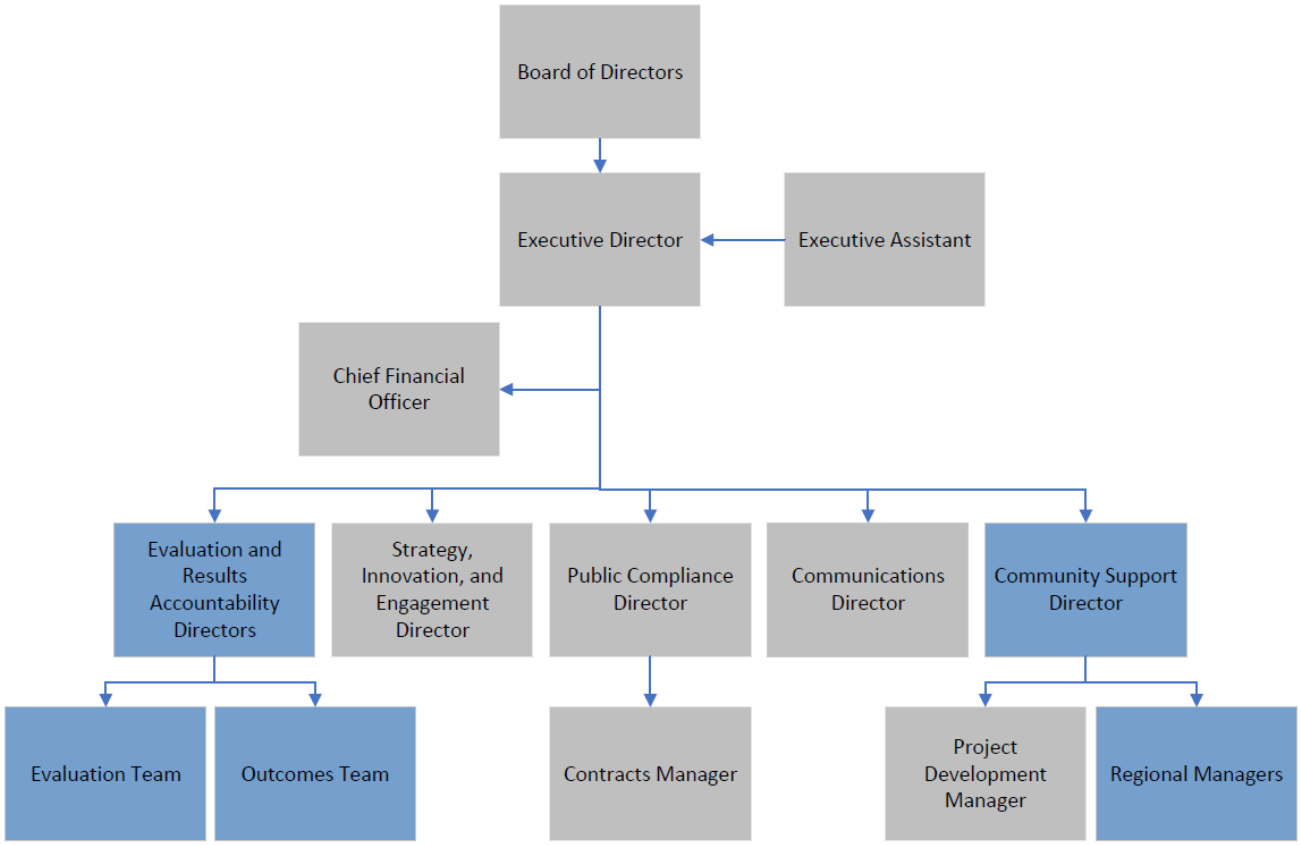
- **Evaluation and Results Accountability (ERA) –** ERA is made up of two groups of contractors. The Evaluation team develops and administers tools for planning and measurement (e.g. self-assessment, Collaborative Vitality Survey, etc.), while the Outcomes team conducts research regarding collaboratives and the effects of their work for children and families.
- **Community Support –** The Community Support unit includes 12 regional managers who serve as the primary, field-based liaisons for the collaboratives.[2] Regional managers provide oversight and guidance to their assigned collaboratives (see **Appendix C** for a map of the regions).

[1] *Partnership staff are not considered state employees.*
[2] *During our examination, two regional manager positions were vacant, so two managers covered two regions.*

Other units also support collaboratives and state partners. For example, the Public Compliance unit manages the Partnership's contracts with state agencies and acts as a liaison with the collaboratives to receive their state funding (through contracts with DHS). The Strategy, Innovation, and Engagement unit works on specific topics, such as the Get Georgia Reading campaign.

Exhibit 2

Two Partnership units primarily support the collaboratives



Source: Partnership organizational chart

In addition to the contract with DHS for its state appropriation, the Partnership had five contracts with three other state entities in fiscal year 2024. (Funding amounts are shown on page 7.)

- **DECAL –** The contract requires the Partnership to connect DECAL programs with collaboratives throughout the state. Partnership services include promoting the pre-K program, supporting the early literacy program, and collaborating with stakeholders on kindergarten readiness. DECAL staff indicated the contract uses lottery funds and is included as a line item in DECAL's budget.
- **DHS Division of Family and Child Services (DFCS) –** The Partnership held three contracts with DFCS in fiscal year 2024. The NICU

contract required technical assistance to stakeholders related to the federal Child Abuse Prevention and Treatment Act. The second contract involved supporting two collaborative cohorts—Family Support and Women, Infants, and Children (WIC). (Collaborative cohorts are discussed on page 30.) The third required consulting with the Kinship Care Program and assisting collaboratives in the Kinship cohort. DFCS contracts may include federal and/or state funding.

- **Georgia Department of Education (GaDOE) –** The Partnership is required to provide professional development services for Literacy for Learning, Living, and Leading (L4GA) grantees to help develop community partnerships and promote best practices. This contract is funded with state and federal funds.

The Partnership also contracts with the Annie E. Casey Foundation to compile indicator data for the national Kids Count database. (These indicators are used in collaboratives' annual plans and are listed in **Appendix D**.) The Partnership has been the Kids Count grantee for Georgia since 2003.

County Collaboratives

The Family Connection initiative involves county-level organizations, known as collaboratives, working to coordinate efforts to improve child and family well-being. While there is typically one collaborative per county,[3] three counties (Montgomery, Treutlen, and Wheeler) created a single joint collaborative when it was initially formed. Collaboratives contract with DHS to receive a state-funded county allocation and agree to follow the Partnership's model. It should be noted that collaboratives must meet certain requirements regarding this model but otherwise have autonomy in their decision making.

The Partnership's model includes certain expectations for a collaborative's organizational structure. Each collaborative must have a governing body, such as a board of directors, that includes stakeholders from the local community. The governing body is responsible for ensuring the collaborative engages in activities that fulfill its organizational and statewide purpose. Collaboratives also employ a coordinator who leads the collaborative's work and acts as a liaison with the Partnership and the community. For approximately two-thirds of collaboratives, the coordinator is the only staff member. Additionally, each collaborative utilizes partners to encourage community collaboration. These partners are expected to participate in collaborative meetings and help implement its programs. Partners may include representatives from government agencies (federal, state, and local), nonprofit organizations, businesses, and the faith community.

A "partner" is considered an individual or organization that participates in collaborative meetings. Individuals often represent a community group or organization type.

Each collaborative must also have a designated fiscal agent to receive and manage the county allocation. The Partnership indicated that 22 collaboratives act as their own fiscal agent, which requires them to have 501(c)(3) nonprofit status and the

[3] *As discussed in Finding 4, there may be counties without an active collaborative at any given time.*

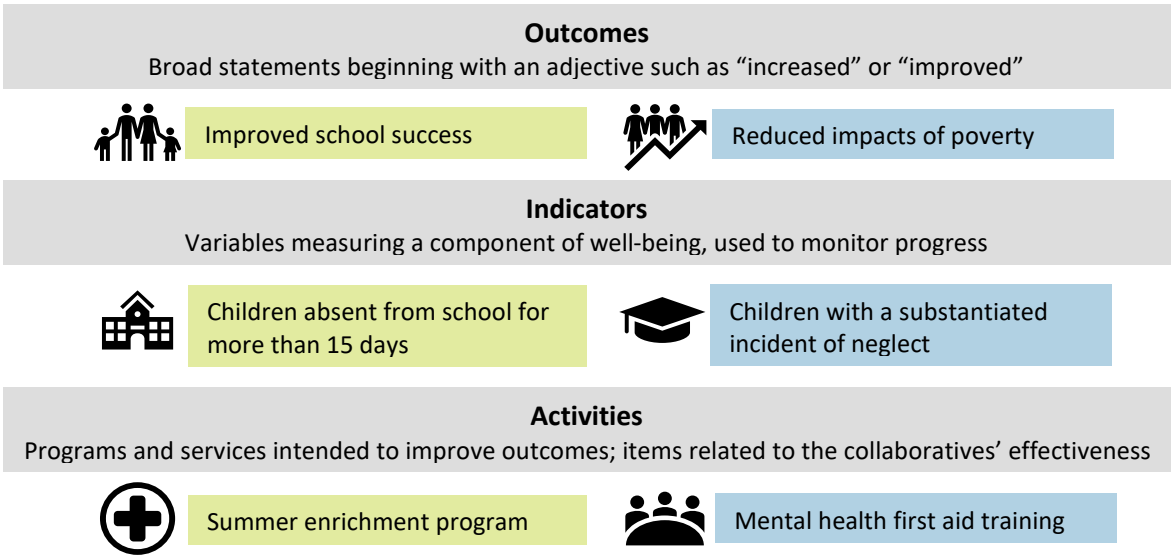
financial stability to receive the county allocation on a quarterly reimbursement basis. Other collaboratives typically use a local government entity, such as a local education agency, county board of commissioners, or city government.

Annual Planning

To obtain the contract with DHS and the associated county allocation, each collaborative submits an annual plan for Partnership approval. The document communicates the areas and activities the collaborative plans to address during the upcoming fiscal year. The Partnership's framework for the annual plan requires various elements, including outcomes, data indicators related to the outcomes, and a mix of activities to achieve them. Examples of these elements are shown in **Exhibit 3**. It should be noted that selected indicators frequently do not address the full scope of the chosen outcomes, and collaboratives can provide programs and services not directly tied to their selected indicators.

Exhibit 3

Collaboratives' annual plans include outcomes, indicators, and activities



Source: Partnership documents and data

Collaboratives are required to include at least one indicator in their annual plan related to child and family well-being. Indicators can be selected from among the 51 indicators[4] the Partnership compiles for the Kids Count database, but they may also be derived from local or other statewide sources such as the Georgia Student Health Survey. Indicators should be used to monitor the progress of a collaborative's work. Though not required, collaboratives may set specific benchmarks they hope to achieve for an indicator (e.g., raising the high school graduation rate by three percentage points). As discussed in Finding 5, collaboratives' selected indicators vary.

[4] Due to recent changes in the way the Georgia Bureau of Investigation reports crime rate indicators, the Partnership now compiles 52 indicators for Kids Count; however, those changes had not taken effect during the period reviewed.

The annual planning process includes the following:

- **Annual Data Review** – During this required session, Partnership staff[5] review relevant data with collaborative staff and partners. This data includes a standard set of Kids Count indicators, comparing the county to state averages. Staff also provide more in-depth data analysis to highlight demographic or geographic disparities within a county. Meeting attendees are asked to discuss plan activities in light of this data.
- **Feedback and Deliberation** – Changes to the annual plan may result from additional work with stakeholders outside of required meetings, but this varies across collaboratives. Coordinators may review other data, meet with collaborative partners or strategy teams, or seek input from the governing body. Partnership staff may also provide assistance, such as further breakdowns of indicator data.
- **Annual Plan Review** – During this required session, Partnership staff discuss a draft of the annual plan with the collaborative coordinator and board representatives. The Partnership may recommend edits, ranging from minor edits for clarity to substantive changes such as adding or removing indicators. Staff may also assist with identifying further steps that may be needed to impact selected outcomes.

After the fiscal year ends, collaboratives complete a self-assessment to help gauge the extent to which the annual plan was implemented. In the self-assessment, collaboratives report which indicators were addressed and which activities were implemented during the year. The collaboratives also provide information on their finances, challenges faced during the year, and the extent of partner involvement. The Partnership indicated it uses this information to provide technical assistance to the collaboratives.

Financials

As shown in **Exhibit 4**, the Partnership's revenue totaled $7.1 million in fiscal year 2024. Federal and state funds accounted for 74% of total revenue, while private sources accounted for the remaining 26%. Federal funds included programs such as Community Based Child Abuse Prevention and the Child Welfare Kinship Program. State funding included the Partnership's portion of the $1.8 million state appropriation (administered by DHS), as well as other contracts with state agencies (DECAL, GaDOE, and DHS DFCS). The Partnership also received private funding from organizations such as the Annie E. Casey Foundation, the Joseph B. Whitehead Foundation, and Kaiser Permanente. Private funds are typically directed toward a specific initiative but may also help support Partnership administration.

[5] *Partnership staff indicated that collaborative coordinators may lead the meeting in limited instances.*

Exhibit 4

Partnership revenue and expenses increased slightly, FY 2023-2024

	FY 23	FY 24	% of Total (FY 24)
Revenue			
Federal Revenue	**$2,502,112**	**$2,702,437**	38%
U.S. Department of Health & Human Services			
Medical Assistance Program (Medicaid)	$1,460,283	$1,392,161	
Community Based Child Abuse Prevention	549,880	472,393	
Child Welfare - Kinship Program	88,435	181,656	
Neonatal Intensive Care Unit	68,316	147,650	
U.S. Department of Education			
Federal DOE Early Literacy	335,198	508,577	
State Revenue[1]	**$2,492,164**	**$2,562,243**	36%
Department of Human Services			
State Appropriation	$1,685,154	$1,766,512	
DFCS	118,110	133,231	
Department of Early Care and Learning	600,000	600,000	
Department of Education	88,900	62,500	
Private Sources	$1,808,878	$1,868,105	26%
Total Revenue	**$6,803,154**	**$7,132,785**	
Expenses			
Program Services	$6,391,561	$6,744,250	94%
Supporting Services	$492,788	$425,935	6%
Total Expenses	**$6,884,349**	**$ 7,170,185**	
Net[2]	($81,195)	($37,400)	

[1] While the Partnership receives an annual state appropriation, it is not a line item in the budget because nearly 85% of the appropriation is allocated to the collaboratives directly via annual DHS contracts. Apart from a DHS $1,500 administrative fee, the Partnership keeps the residual appropriations to execute its technical assistance contract with DHS, which are accounted for in the table.
[2] The Partnership maintains a reserve fund that can be used to cover deficits.

Source: Partnership financial documentation

The Partnership's expenses totaled $7.2 million in fiscal year 2024. Most (94%) covered program services, which include items such as employee compensation and rental expenses. According to the Partnership, $1.25 million of this amount was distributed to the collaboratives as cohort grants. The remaining expenses (6%) were related to supporting services such as general record keeping and management. In fiscal years 2023 and 2024, total expenses exceeded revenue, resulting in a deficit. As a nonprofit entity separate from the state, the Partnership maintains a reserve fund that can be used to cover such deficits.

Collaborative funding varies throughout the state (detailed information is provided in Finding 7). Each collaborative with a DHS contract receives the state-funded county allocation, which was $52,500 in fiscal year 2024. Collaboratives may also receive funding from sources such as federal grants, local governments, and private donations. Finally, collaboratives may receive some grants through the Partnership (i.e., cohort grants) or seek grants and contributions independently.

Other States

The Partnership indicated Georgia's collaborative network is the only statewide network of its kind. As discussed below, we reviewed practices in other

southeastern states to identify different programs used to impact well-being outcomes for children and families. We did not find evidence of any entity with the same broad scope and localized structure as Georgia's network. However, in three states we found similar elements used in different models.

- **Alabama –** By statute, each county has a children's policy council with required representatives from various county offices (e.g., school superintendent, district attorney), local offices of state agencies (e.g., mental health, youth services), and the community. The councils must meet quarterly to help coordinate services and are responsible for identifying areas of duplication or conflict across local agencies and creating a local resource guide for services available to children. Councils submit annual reports to a state-level council detailing services provided, local needs of children, and data-informed recommendations.
- **Florida –** State law allows for a network of children's service councils and trusts. These optional county entities oversee funding for programs and services to improve the lives of children and families. They can be created by a countywide vote or by county commissioners. Currently, there are 11 across the state. Voters can choose to create a council with taxing authority that receives a portion of property taxes; otherwise, funding comes from the county budget. Councils are expected to collect data, monitor program performance, and conduct strategic planning as the hub of child advocacy in the county. Members include those appointed by the governor as well as local officials (e.g., school superintendent, county commissioner).
- **Tennessee –** State law created a commission on children and youth to plan, enhance, and coordinate programs and services to promote child well-being. Commission members are appointed by the governor and act as the organization's governing body. The commission's scope is set by statute and state agency contracts, which outline required and permitted duties. The commission oversees nine regional councils to address the needs of children and families. Each council is composed of service providers, advocates, and citizens and has a coordinator employed by the commission to help direct its work. Councils do not receive direct state appropriations and generally do not obtain grant funding. (The commission receives an appropriation, in part to support the councils' work.) Councils vary in size and approach but have certain compliance requirements in terms of participation, reporting, and activity. With few exceptions, neither the commission nor the regional councils provide services directly.

According to Partnership staff, Missouri's model is similar but does not cover the whole state; staff at the Missouri Family and Community Trust confirmed this understanding. The Trust oversees 20 community partnerships (the structural equivalent of collaboratives) that vary in size and state funding.

Requested Information

Finding 1: The decentralized nature of Georgia's collaborative model has benefits but also creates challenges for ensuring impact.

Family Connection uses a unique model that permits a broad scope of work based on local decision making. This allows the collaboratives to account for their county's needs and resources when determining their work; however, it creates challenges for ensuring impact. Opportunities exist to modify Family Connection's scope or structure, which may reduce local control but would facilitate evaluation and allow for new flexibility in the use of state funds.

As discussed in the background, Family Connection started as a 15-county pilot that focused on increasing school success and reducing teen pregnancy, substance abuse, and juvenile delinquency. Over the next decade, all of Georgia's counties joined the network, with a collaborative in nearly every county. The Partnership was created to provide oversight and assistance, while local governing bodies and coordinators remained the primary decision makers.

As discussed in Finding 2, it is difficult to confirm the collaboratives' impact due to the broad scope of services permitted under the model (a study commissioned by the audit team evaluated five outcome indicators and found mixed results, as discussed on page 12). Additionally, the state appropriation—which is provided to each active collaborative and represents the totality of funding for some—may not be sufficient to create significant impact across the state. Potential modifications related to the scope and funding structure are discussed below.

Scope of Services

As discussed in Finding 5, the Partnership permits collaboratives to choose from a wide variety of outcome areas, which range from third grade reading to substance abuse to economic well-being. Collaboratives typically work to address several indicators during the year, and these indicators may differ across collaboratives. Further, collaboratives are not required to tie programs to indicators, and the relationship between the two may not always be clear. For example, according to the Partnership, child and family well-being is impacted by several interrelated issues—as a result, a food bank may relate to standardized testing if it helps feed children who can then focus better in the classroom.

The broad scope of work makes it difficult to determine whether the collaborative model effectively impacts outcomes.

The current model focuses heavily on ensuring local collaboratives have the discretion to determine their activities based on community feedback and resources (which collaboratives indicated is one of the most important factors impacting their annual planning). However, the broad scope can impede statewide assessment of impact due to the variety of areas being addressed (most of the research we identified evaluated collaboration related to a single outcome, and the impact of an individual collaborative would be hard to quantify).

Typically, other collaborative-type entities we reviewed have a narrower scope than what is permitted in the Family Connection model. As discussed on page 8, similar entities in contiguous states have restricted their focus to children's well-being rather than also including adult outcomes such as unemployment and voter participation. Additionally, the Children's Trust of South Carolina focuses specifically on preventing the abuse and neglect of children. Nonprofit collaborative efforts are also more targeted—in Georgia, for example, Resilient Georgia oversees coalitions on trauma prevention to create an integrated behavioral health system. Additionally, when impacts were identified in academic research on such entities, these were tied to more narrowly focused initiatives (e.g., the Communities that Care model, which addresses teen mental health and risky behaviors).

Within the Partnership, there are already instances of collaboratives working on similar outcome areas. As discussed in the text box on page 30, the Partnership has helped create grant-funded collaborative cohorts working on the same outcome (e.g., literacy, high school completion) using similar strategies. Additionally, collaboratives in the same region may focus on similar issues (e.g., literacy, mental health). For example, the 13 collaboratives in the Northeast Georgia region facilitated a region-wide conference on mental health, housing, and transportation.

It should be noted that, unlike Georgia, several other states that direct the work of similar entities have statutory requirements related to scope, model, or both. In the absence of statutory requirements, however, Georgia decision makers could provide additional direction through the DHS contracts with the Partnership and collaboratives (which are used to direct state appropriations for the Family Connection initiative).

State Allocation

In fiscal year 2024, $8.3 million in state funds was distributed to 151 collaboratives, with each county receiving a fixed amount of $52,500. While some collaboratives receive other forms of funding (see Finding 7), many rely heavily or solely on this allocation, which has declined in real value by 25% since fiscal year 2008 (to approximately $38,000). Most collaboratives that responded to our survey reported financial constraints, which can limit the use of evidence-based practices or decrease the number of services provided.

A regional approach may help collaboratives make more efficient use of state funding.

Entities in two other states we reviewed use a regional approach to promote child and family well-being rather than more localized funding. Missouri's Family and Children Trust—the state entity described by the Partnership as most similar to Family Connection—has 20 community partnerships across St. Louis and 114 counties. The partnerships vary in size, which determines the amount of state funding they receive. Tennessee's Commission on Children and Youth similarly has nine regional councils that vary in size, in part due to population. Nonprofits may take a similar approach. In Georgia, the United Way and Resilient Georgia, which work with several collaboratives, rely on a regional structure.

Though uncommon, some collaboratives have pooled their resources, which may assist in maximizing state funds and leveraging resources. In three instances, collaboratives in neighboring counties have shared a coordinator,[6] with each collaborative maintaining its own board and developing its own plans. One additional collaborative has a single coordinator for three counties with a board that includes representation from each county (this collaborative receives the allocation for each member county, or $157,500.) Sharing a single coordinator allows collaboratives to use the combined state funding for other purposes, such as programming and additional staff. Some staff we spoke with also indicated that in some smaller counties there may not be enough work for a full-time coordinator, though the Partnership disagreed.

We also identified instances of regional coordination among collaboratives that did not directly involve pooled resources. As previously mentioned, collaboratives in the same region may work together to address similar issues. Additionally, collaboratives in large counties may assist surrounding smaller counties with fewer resources.

Partnership staff believe that the ideal model provides a full-time coordinator for every collaborative to best advocate for each county and ensure local decision making remains a strength of the Family Connection model. According to Partnership staff, smaller counties may not receive adequate attention under a regional approach. Staff in Tennessee stated equal representation in regional councils helps mitigate this, though larger counties may sometimes dominate how the work is determined. (They recommended regions be adjusted periodically as populations and resources change.) Staff in collaboratives with shared coordinators stated they have managed to represent multiple counties effectively, although these tend to serve smaller counties.

Partnership Response: *The Partnership partially agreed with this finding, stating that "a comprehensive array of indicators leads to a clearer picture of a community." The Partnership also stated there is no evidence that a regional or multi-county approach would lead to increased accountability, measurability, or impact, but such an approach could undermine rural development efforts in counties already lacking resources.*

Auditor Response: *As noted in the following finding, there is not clear evidence that the current approach leads to improved outcomes. We acknowledge that a regional approach would reduce local control, which may be undesirable. However, rather than undermining rural development, it could allow for more efficient use of resources.*

[6] *These three instances are long-term, but Partnership staff indicated this can also occur on a more temporary basis when one collaborative does not have a coordinator.*

Finding 2: While collaboration is an accepted practice, there is not clear evidence that Georgia's collaborative model leads to improved outcomes.

Collaboration is considered an accepted practice to help public and private entities coordinate their efforts. However, there is limited research establishing that these efforts improve population outcomes. Due to the broad scope of their work and a lack of comparable data from other states, a comprehensive assessment of Georgia collaboratives' effectiveness is not feasible. Our study to evaluate collaboratives' impact on five selected indicators found mixed results.

The wide range of issues addressed by collaboratives prevents a comprehensive assessment of the state's collaborative model as a whole.

As previously discussed, the purpose of the Family Connection Partnership and collaborative network is to improve outcomes for Georgia's children and families. Each year, collaboratives can choose to address any of the 51 Kids Count outcome indicators (see **Appendix D**), as well as additional locally developed indicators.[7] Due to the variety of potential outcome measures, a comprehensive review of the Family Connection model's overall effectiveness is not feasible.

To help assess collaboratives' impact, the audit team contracted with Georgia State University's Georgia Health Policy Center (GHPC). Because no comparison state has a model comparable to Georgia's, the study's methodology was designed to isolate the effect of the collaborative model itself. In consultation with the audit team, researchers selected five indicators[8] and compared data trends in counties with collaboratives working on those indicators to the trends among counties in comparison states.[9] GHPC's methodology was based in part on a prior Partnership study that analyzed impacts on low birthweight (described below).

Our study found mixed results regarding impact on selected outcome indicators.

GHPC found mixed results when evaluating certain collaboratives' efforts. As shown in **Exhibit 5**, the study identified two indicators on which collaboratives had a positive impact. For example, we estimate that graduation rates in applicable Georgia counties increased at a higher rate than comparison counties in other states. For the other three indicators, the difference between the Georgia counties and comparison counties was not statistically significant; therefore, the study could not rule out other factors such as chance.

The Partnership cautioned that confounding and unknown factors would complicate this analysis and the lack of evidence of a statistically significant impact should not be interpreted as the lack of an effect. However, the study's methodology addressed this by matching with counties in other southeastern states that were similar in terms of demographics and other factors that would likely affect the outcome indicators.

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[7] Collaboratives selected more than 200 locally developed indicators in fiscal year 2024.
[8] The indicators were selected with three considerations: the availability of county-level data in comparison states, the number of collaboratives working on them, and their representativeness of the Partnership's outcome categories. Selected collaboratives worked on the applicable indicator for at least two years.
*[9] Because we were analyzing the presence of a collaborative as the treatment, we were unable to use Georgia counties as a comparison (nearly all Georgia counties have a collaborative). For more information on the methodology, see **Appendix B**.*

Exhibit 5
Two of the five outcomes analyzed showed a positive impact from the Partnership model

Indicator	Evidence of positive impact
Students who graduate from high school on time	Yes
Teen births, ages 15-19	Yes
Children with a substantiated incident of child abuse and/or neglect	No evidence[1]
Low birthweight babies	No evidence[1]
Children living in poverty	No evidence[1]

[1] For these variables, the difference between the Georgia counties and comparison counties was not statistically significant; therefore, the study could not rule out other factors such as chance.

Source: GHPC evaluation results

As noted above, the Partnership previously published research on a single outcome indicator.[10] Its 2012 study used a similar methodology to evaluate 25 collaboratives' efforts to improve low birthweight outcomes. The study identified improvements, with Georgia counties (with a collaborative that worked on the issue) experiencing smaller increases in low birthweight rates compared to similar counties in other states (a reduction of 50 low-weight births over 8 years).

The Partnership has not published any similar studies since, citing data limitations (i.e., lack of comparable indicator data in other states) and the variation across collaboratives' selected outcomes and indicators. Instead, Partnership research has focused on topics such as resource leveraging and stakeholder engagement. Staff indicated more outcome-based research will be conducted in the future.

Although there is not clear evidence that Georgia's model improves outcomes, it should be noted that collaboration itself is an accepted practice to help facilitate information sharing, increase stakeholder buy-in, and coordinate resources. However, published studies linking collaboration to positive outcomes are limited,[11] and studies that did so focused on a narrower scope (e.g., reductions in teen drug use and antisocial behavior), compared to the broad scope of collaboratives' work.

[10] The Partnership also published two "Evaluation Snapshots" in 2006 and 2007 that considered impacts on outcomes. However, the publications were not in peer-reviewed journals and did not include sufficient detail to assess the methodology's validity (e.g., the fit of the statistical model).

[11] Past studies on collaboration typically focus on qualitative aspects of collaboration itself, discussing best practices or describing case studies that brought together stakeholders to support social change.

Collaboratives' use of evidence-based programs varies

Evidence-based programs and practices (EBPs) are activities that have a research basis supporting their effectiveness in improving outcomes. For this reason, government agencies, funding entities, and boards promote their use to help ensure resources achieve maximum impact.

While collaboratives reported approximately one in four of their programs were evidence-based in fiscal year 2024, actual prevalence is unknown. Our review determined the reporting was inconsistent—some programs were categorized incorrectly while others had program descriptions that were too vague to assess. Among the programs we could assess, some were evidence-based, while others were not (see table below).

Program and service categories	Evidence-based	Not evidence-based
Violence prevention	Botvin Life Skills Training, a substance abuse and violence prevention program	Be a Friend First, an anti-bullying program
Child abuse prevention	Connections Matter, a program to address adverse childhood experiences	Child abuse awareness month activities
Nutrition support	Food Talk, an adult nutrition education program	Backpack buddy food program

The Partnership indicated it encourages, but does not require, collaboratives to use EBPs. Staff indicated these programs may not always be feasible or practical, because the programs can be costly to implement and collaboratives may lack the staff or funding necessary. Additionally, EBPs tend to focus on preventing specific issues (e.g., teen pregnancy, illiteracy), but collaboratives retain the flexibility to address emerging needs such as responding to a natural disaster.

Partnership Response: *The Partnership partially agreed with this finding, stating that "positive statistical significance for two of five outcomes examined…does not support a conclusion of 'no evidence of improved outcomes' as the report says." The Partnership also stated the results should be characterized as "promising" instead of "mixed" based on terminology used by federal agencies. It noted Georgia Family Connection's collaboration model is closely aligned with a collective impact model first identified in 2011, and evaluating collective impact is more complex than measuring programs.*

Auditor Response: *The finding states that there is not clear evidence of improved outcomes. This conclusion was based on the limited number of outcomes that have been evaluated compared to the wide array of topics addressed by collaboratives (more than 250 indicators in fiscal year 2024) and the study result showing no evidence of positive impact for three of the five indicators evaluated. We also considered that there is limited support in the academic literature to demonstrate collaborative-type entities lead to improved outcomes. As such, it would be misleading for us to characterize the evidence as "promising."*

Finding 3: The Partnership's activities primarily involve supporting the collaborative network.

There is no statute or current regulation regarding the Partnership and only general descriptions in appropriations acts. In its contract with DHS, the Partnership includes a scope of services explaining its assistance to and oversight of the collaboratives. The Partnership primarily provides these services via technical assistance and training. Collaboratives largely reported being satisfied with the Partnership's work.

In the absence of statutory mandate or comparable models in other states, we did not make a determination regarding the appropriateness of the Partnership's services to the collaboratives.

As discussed on page 2, the Partnership's responsibilities are not set in statute, although appropriations acts indicate funding is intended "to provide a statewide network of county collaboratives that work to improve conditions for children and families." To receive its state appropriation ($1.4 million in fiscal year 2025), the Partnership's contract with DHS outlines the support it provides to county collaboratives. The Partnership also periodically maintains additional state contracts, which are described on pages 3 and 4.[12]

The Partnership's work is primarily focused on supporting the collaborative network described in appropriations acts, which typically occurs through training and technical assistance. These two services are interrelated—technical assistance may involve how to implement concepts learned in training—but lead to different types of events.

- **Training** – Training generally involves facilitating a planned set of learning objectives. Some training events, such as an annual data review, are mandatory. Recent training offerings included assistance with logic models, disaggregated data, and partner engagement. Training events are usually in-person or virtual.
- **Technical Assistance** – Technical assistance is generally specialized for a particular collaborative or region and may involve implementing the concepts introduced in training. Additionally, regional managers may assist with conflict resolution or transitioning to a new coordinator. Technical assistance events vary widely in the amount of work involved and include sending reminder emails, assisting with grant applications, and facilitating meetings.[13]

As shown in **Exhibit 6**, the number of training and technical assistance events fluctuated over the last three fiscal years.[14] Partnership staff attributed yearly differences to factors such as the prevalence of new coordinators or board members, new opportunities to share with collaboratives, and the need for assistance following natural disasters. Staff also described a concerted effort in

[12] The Partnership's work with DECAL exists as a line item in DECAL's budget. This is the only other funding relationship we found formalized in this manner.
[13] In-person and virtual events each represented 22% of the total for fiscal year 2024; emails and phone calls represented 26% and 30%, respectively.
[14] The Partnership began tracking this data in January 2021.

fiscal year 2024 to reinforce certain training concepts. On average, each collaborative participated in 67 technical assistance events and 6 training events during fiscal year 2024 (excluding events offered to a statewide audience).

Exhibit 6
Total technical assistance and training events varied from year to year, FY 2022-2024

	Technical assistance events	Training events
2022	4,113	183
2023	2,925	140
2024	3,572	190

Source: DOAA analysis of technical assistance and training data

Technical assistance and training most often deal with the annual plans, strategies, and data that collaboratives use to direct their work. The Partnership categorizes technical assistance and training into 10 subject areas, with many events covering multiple subject areas. **Exhibit 7** shows the four subject areas most frequently covered in fiscal year 2024, which were the same across technical assistance and training. Much of the technical assistance and training is related to the annual planning process, which is discussed further in Finding 5.

Exhibit 7
Most technical assistance and training dealt with four major subject areas, FY 2024[1]

Subject area	Examples of events	% of TA	% of Training
Strategy Development & Implementation	Work plans; Sharing best practices	31%	21%
Annual Planning	Choosing and confirming priorities; Plan preview and review	28%	31%
Collaborative Development	Assisting with meeting prep and planning; Coordinator capacity building/skill building	17%	8%
Data & Evaluation	Annual data review; Developing logic models	16%	64%

[1]Percentages do not total to 100% because there are other subject areas and events may cover multiple areas. The other subject areas were partner engagement, communication, reporting, board development and governance, sustainability, fiscal planning and budgeting, and other.

Source: DOAA analysis of technical assistance and training data

Most technical assistance and training events are provided by regional managers or members of the Partnership's Evaluation and Results Accountability unit and are meant for individual collaborative coordinators. Partnership staff also provide technical assistance and training for collaborative board members and fiscal agents. Finally, 8% of events in fiscal year 2024 were specifically for regional, state, or community partners; this included outreach and networking,

as well as work specific to the Partnership's relationships and contracts with other agencies.

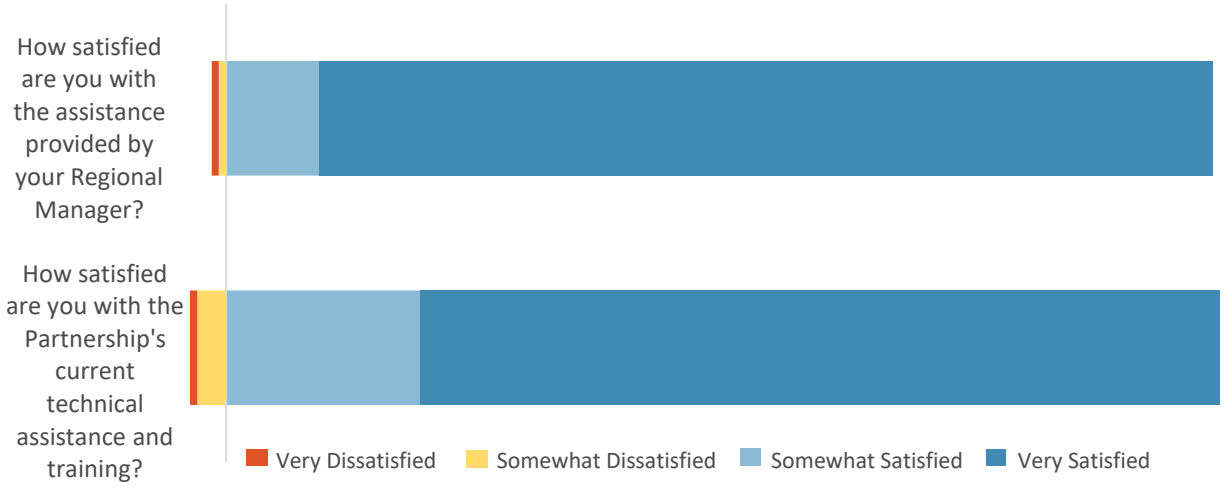
Regional managers indicated they spend more time with newer coordinators. Most collaboratives with coordinators reporting a tenure of less than a year received higher than the average number of technical assistance events in fiscal years 2023 and 2024. These technical assistance events included new coordinator support groups and walk-throughs of Partnership tools and platforms. The Partnership's new coordinator orientation lists 24 technical assistance events and 7 trainings to be completed within two years.

Satisfaction with Services

Collaboratives that responded to our survey were generally satisfied with Partnership assistance.[15] As shown in **Exhibit 8**, nearly all survey respondents reported being very or somewhat satisfied with their regional manager and with technical assistance and training in general. Respondents frequently described regional managers as supportive and available, and many noted how quickly their technical assistance needs were met. We also spoke with staff in state agencies (e.g., DECAL, GaDOE) who expressed general satisfaction with the Partnership's contracted services.

Exhibit 8

Survey respondents reported high levels of satisfaction with Partnership assistance[1]



[1]These numbers exclude responses of "Neither satisfied nor dissatisfied": 7 responses (5%) for Regional Managers and 3 responses (2%) for training.

Source: DOAA survey of collaboratives

A few survey respondents reported dissatisfaction—five collaboratives (3%) indicated they were somewhat or very dissatisfied with technical assistance and training, and two (1%) did so for the assistance of regional managers.

[15] The Partnership also regularly surveys training event attendees and reports results to the Governor's Office of Planning and Budget as a performance measure.

Respondents offered minimal negative feedback on open-ended survey questions about these topics—a few found training topics to be repetitive or irrelevant and some felt their regional manager was inattentive.

Partnership Response: *The Partnership partially agreed with this finding. It stated "this finding is incomplete" because "the report does not address two of [its] three strategies: promote and inform decision-making through data, evaluation, and research; and develop, maintain and expand partnerships at all levels." The Partnership noted that it "informs the work of state and regional agencies, philanthropy, and other statewide child and family serving organizations."*

Auditor Response: *This finding focuses on the Partnership's work for the collaboratives because that work represents the primary focus of the organization and the majority of Partnership resources are intended to support the collaborative network. During our review, the Partnership discussed promoting data-informed decision making and developing partnerships in relation to its work for the collaboratives; these two strategies are discussed throughout the report. The audit team also considered work not directly related to the collaboratives, some of which is discussed in the background.*

Finding 4: The Partnership assesses collaboratives primarily on qualitative factors related to organizational functioning.

The Partnership oversees the state's network of local collaboratives. Its staff assess the collaboratives' compliance with the Partnership's model based on primarily qualitative factors. The Partnership has a framework for addressing collaboratives that are deemed to be noncompliant with its model. However, this framework is not intended to evaluate the services provided.

The Partnership's contract with DHS establishes its oversight role with the collaboratives. To facilitate this role, the Partnership created a Collaborative Requirements agreement. This agreement outlines the collaboratives' responsibilities related to issues such as partner engagement, funding, and organizational structure. The Partnership requires collaborative coordinators and board chairs to sign this agreement to ensure a common understanding of its expectations.

The Partnership's oversight is focused on ensuring collaboratives comply with its overall model.

While collaboratives are expected to make progress on the outcomes they select, this is not used to assess collaborative functionality or success. The targeted outcomes and accompanying programs vary widely across the 157 collaboratives. Further, the Partnership noted that outcomes are influenced by external factors such as economic conditions, natural disasters, and state or local policies. Instead of focusing on outcome impacts, the Partnership expects collaboratives to comply with its model. For example, regional managers mentioned several common signs of a successful collaborative:

- A data-driven annual plan that is responsive to community needs;
- Engaged partners that are representative of the community and informed of the collaborative's plans; and
- Regular meetings.

The Partnership relies on regional managers' qualitative assessments to determine collaboratives' compliance with the model. To accomplish this, regional managers observe collaborative meetings, hold regular meetings with coordinators, review and approve the annual plan, and solicit community feedback. The Partnership also uses collaboratives' self-assessment tools (including the annual self-assessment and a partner survey), which focus on levels of community stakeholder involvement and local partner perceptions of communication, organization, and collaboration.

According to Partnership staff, the most common factor in poorly functioning collaboratives is ineffective leadership.

When regional managers have concerns about a collaborative's health, they first attempt to resolve the issue with the coordinator and board. If necessary, the regional manager will involve Partnership leadership and implement a corrective action plan, which outlines the Partnership's concerns. Issues listed in three of the most recent plans include weak governance and/or community engagement, minimal reporting, and an annual plan that does not reflect community needs. Based on the issues listed, the corrective action plan will then list services the Partnership will provide the collaborative. These may include additional training, facilitating governing body or partner engagement, or assisting with bylaw revisions or new leadership transitions.

Collaboratives are generally given at least one fiscal year to fulfill the requirements in a corrective action plan. If the collaborative does not fulfill the plan or fails to make any discernible progress during that time, the Partnership will direct DHS to not renew the contract and to withhold funding. This prevents the collaborative from receiving its state appropriation,[16] but the organization may choose to rebrand and continue to function outside the Partnership model (we identified two instances in which this occurred in the past two years).

After a collaborative loses its contract, Partnership staff continue to communicate with stakeholders and may perform certain coordinator duties during the hiatus. The amount of time needed for stakeholders to prepare for a collaborative restart depends on local factors and the issues causing the contract loss. Once there is an entity that again meets the Partnership's requirements, a contract is re-awarded to the county.

The Partnership stated it has implemented 17 corrective action plans in the past five years. Of these, six collaboratives successfully completed the plan without interruptions to their contracts with DHS. The remaining 11 collaboratives failed to complete the plan, which resulted in losing their contract and their county

[16] *In these cases, the unspent funds return to the Partnership.*

allocation. According to the Partnership, it typically works to identify new leadership for a restart after this occurs.

Partnership Response: *The Partnership agreed with this finding, stating that "previous evaluation of Georgia Family Connection found high-functioning collaboration correlates with success on many metrics." The Partnership noted that it works to create and sustain county-level organizations that have access to and know how to use "quality data, best practices, and funding opportunities so communities can work to make progress on population-level outcomes."*

Auditor Response: *It should be noted that recent research by the Partnership focused on metrics such as funding, coordinator tenure, and stakeholder engagement. The Partnership published several reviews related to collaborative outcomes, as noted in Finding 2. However, none have been conducted since 2012, and the research did not establish a clear link between outcome improvements and whether the collaborative was high functioning.*

Finding 5: Although the Partnership provides a framework for annual planning, local needs, resources, and decision making lead to statewide variation in collaboratives' work.

Collaborative work varies due to the model's focus on local decision making.

Collaboratives' annual plans are used to document their intended strategies and corresponding activities for the coming year. Annual plans vary significantly across the state because the process is ultimately driven by local decision making. Plans may change infrequently, given the long-term nature of much of this work. While the Partnership expects planning to be data-informed, collaboratives may make choices based on resource limitations and other factors.

Collaboratives must have an annual plan approved by the Partnership to receive the state-funded county allocation. Each annual plan must include at least one child- and family-related indicator relevant to the collaborative's chosen outcome (though it may not cover its full scope). Collaboratives typically use Kids Count indicators for this purpose but may also use locally developed indicators (e.g., youth recidivism rate from juvenile justice data). Because Kids Count indicators are standardized measures used across collaboratives, we analyzed this indicator data to assess collaboratives' topic areas statewide. We obtained the indicators from collaboratives' self-assessment data, which is completed at the end of the fiscal year when collaboratives confirm the indicators that were addressed.[17]

The Partnership groups Kids Count indicators into five broad outcome categories. As shown in **Exhibit 9**, most of the indicators addressed in fiscal year 2024

[17] *For fiscal year 2024, 147 of the 157 collaboratives (94%) completed the self-assessment and were included in this analysis. Collaboratives are not penalized if they do not complete a self-assessment for the prior fiscal year.*

related directly to school success and children's health. (The full list of indicators is included in **Appendix D**.) In fiscal year 2024, collaboratives reported addressing an average of 4 Kids Count indicators, ranging from 1 to 10.[18] Most (86%) of the 35 collaboratives addressing only one or two indicators received lower than average cash revenue for the year.

Exhibit 9
Most indicators addressed by collaboratives related to school success and children's health, FY 2024

Outcome Area	Number of indicators addressed	Times addressed, statewide
Children Succeeding in School	14	240
Healthy Children	14	141
Children Primed for School (Ages 0-5)	5	73
Stable, Self-Sufficient, and Productive Families	8	113
Thriving Communities	9	88
Total	50[1]	655

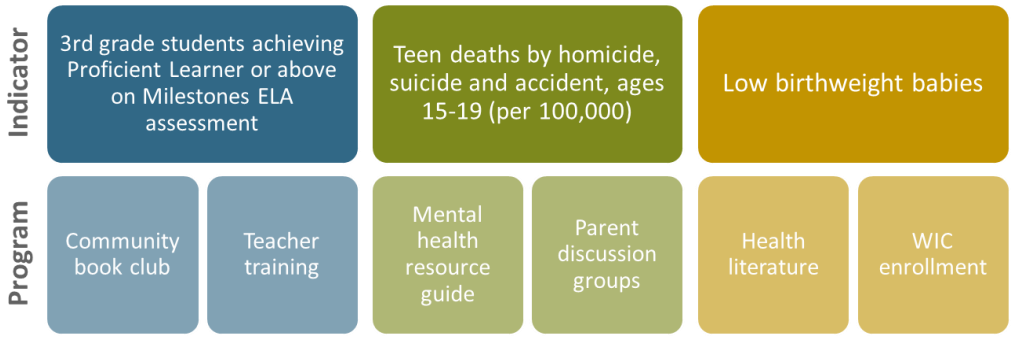
[1] One Kids Count indicator was not addressed in fiscal year 2024 (adult educational attainment: Bachelor's degree or higher).

Source: DOAA analysis of self-assessment data

Even when collaboratives select the same indicators to address, their related activities vary, as shown in **Exhibit 10.** For example, while two collaboratives may focus on improving Milestones scores, one may work to promote reading across the community while another provides training opportunities for teachers. Similarly, programs to address low birthweight babies may include distributing health literature to expectant mothers or ensuring they are enrolled in state aid programs. In other cases, collaboratives may try to mitigate the effects of a problem instead of directly impacting the selected indicator. For example, a collaborative may use a food pantry to address unemployment instead of trying to reduce the unemployment rate.

[18] The Clarke County collaborative reported addressing 46 indicators and was excluded from these statistics as an outlier. The collaborative's structure and support from local government makes it relatively unique in size and scope.

Exhibit 10
Different types of programs can address the same indicator



Source: Partnership data

Partnership staff indicated that collaboratives may change indicators infrequently because it can take several years to affect outcomes. Between fiscal years 2016 and 2024, collaboratives reported addressing indicators for an average of 3.3 years.[19] Most (57%) of the 157 collaboratives averaged between two and four years per indicator, with 18 addressing indicators for an average of more than five years. As shown in **Exhibit 11**, three of the top five indicators that were, on average, addressed the longest relate to educational outcomes; these indicators were also among the most common.

Exhibit 11
Most indicators addressed for the highest number of years were related to school success and healthy children, FY 2016-2024

Indicator	Outcome Area	Average number of years addressed	Number of collaboratives addressing
3rd grade students achieving Proficient Learner or above on Milestones ELA assessment	Children Succeeding in School	4.8	105
Students who graduate from high school on time	Children Succeeding in School	4.5	96
Low birthweight babies	Healthy Children	4.3	20
Children with a substantiated incident of neglect (per 1,000)	Stable, Self-Sufficient Families	4.2	70
Children absent more than 15 days from school	Children Succeeding in School	4.2	96

Source: DOAA analysis of self-assessment data

[19] *This analysis excluded three indicators that were discontinued during this time period.*

We also observed instances in which indicators were addressed for a short period of time. Between 2016 and 2024, 20 collaboratives addressed indicators for an average of less than two years, and 76% of all collaboratives had at least one instance of addressing an indicator for only one year. We estimated that collaboratives addressed an indicator for only one year in 15% of cases.[20] It should be noted that the removal of an indicator from the annual plan does not necessarily mean that related activities are also discontinued. According to staff, some activities may transition out of the collaborative but be continued by others in the community, such as a local school system or nonprofit.

While collaboratives are expected to use data when planning, they are not required to select indicators with the greatest differences from statewide averages.

Collaboratives are expected (but not required) to use data when creating their annual plans, which can contribute to the variation in indicators selected. As previously discussed, the Partnership's data tools help compare counties to state averages and highlight geographic areas and populations of highest need within the counties. One collaborative may serve a county with a higher-than-average rate of low birthweight babies, while another may serve a county with similar demographics that has a higher-than-average rate of households receiving food stamps. Collaboratives review and discuss indicator data at least once a year as part of the annual planning process.

However, even with the emphasis on data, collaboratives may not select indicators that align with areas that are furthest from the statewide average due to factors related to local collaborative discretion and resources. These factors are described below.

- **Local input –** When asked to rate factors related to planning, survey respondents more frequently indicated those relating to community input and needs were very important (although every factor was deemed important or very important by most respondents). According to Partnership staff, certain programming may be well received in one community but not in another due to local culture and preferences. In some cases, community preferences do not strictly align with data priorities. For example, a community may be unwilling to work on an indicator deemed controversial or may want to continue a long-term program despite limited impact on data disparities.
- **Community infrastructure** – Differences in local infrastructure can lead to the selection of different programs or service delivery methods. Lack of public transportation or broadband in rural counties particularly presents challenges in service delivery. Local partners may be less active in or responsive to collaborative efforts, and local service providers (e.g., hospitals) may not have a presence in rural counties at all.

[20] *We excluded instances where collaboratives switched between closely related indicators such as the level of proficient versus developing learners on the same Milestones test.*

- **Resources –** According to the Partnership, collaboratives typically choose indicators based on what part(s) of their desired outcome they believe they can actually impact, as opposed to which indicators compare the worst to state averages. This also affects program offerings—for example, collaboratives may not choose to use evidence-based practices if they do not have sufficient resources to implement them. Resources may also play a role in determining which activities collaboratives use, even when similar indicators have been chosen.

The Partnership and collaborative staff see the variation in work across the state as inherent to and a strength of the Family Connection model. They highlight the flexibility that allowed collaboratives to pivot and deliver vital services during the COVID-19 pandemic or in the aftermath of natural disasters.

Partnership Response: *The Partnership agreed with this finding, stating that "local decision-making is the foundation of the model," and it "facilitates the most efficient use of resources that are often limited and vary significantly across counties." It pointed to the importance of having support systems in place before disaster strikes and said there are many examples of collaboratives serving this role. The Partnership also asserted that the collaborative plans consider data and community well-being indicators, as well as information about resources and other factors.*

Finding 6: Collaboratives are involved in a variety of initiatives, but the related output data is limited.

Collaboratives undertake numerous activities to help address selected outcomes in their communities. These activities may include events and product distributions and can target a variety of community members. We found that collaborative partners generally provided more event types and product types than the collaboratives. We also reviewed target population data and identified a wide range of individuals served.

Collaborative partners are often community groups or public agencies. Partners may or may not receive direct support or funding from collaboratives for their activities.

Collaboratives report activities from the prior contract year in the annual self-assessment; however, the information is in primarily narrative descriptions and may not capture all programs and initiatives. As a result, the data cannot be aggregated. To address this, we surveyed the collaboratives regarding the types of events hosted and types of products distributed in fiscal year 2024, either by the collaborative directly or by a collaborative partner. Similarly, the self-assessment target group population data cannot be aggregated due to inconsistent reporting methods. Therefore, we analyzed a subset of target group population data to obtain examples of those served.

Collaborative activities and the populations served are discussed below.

Collaborative Outputs

As shown in **Exhibit 12**, collaboratives and their partners hosted a range of events and distributed a variety of products. Each is discussed below. While some collaboratives serve as direct service providers, others rely on partners to fill the role. This may depend on a collaborative's resources.

- **Events** – The event types most commonly reported by both collaboratives and partners were related to training, workshops, fairs, and youth or family activities. Collaboratives reported hosting training events specific to life skills, mental health, and substance abuse. Both collaboratives and partners hosted workshop events that included topics such as financial skills, career development, and literacy. Other activities were common among partners but not collaboratives, including festivals, fundraisers, civic meetings, and networking events.

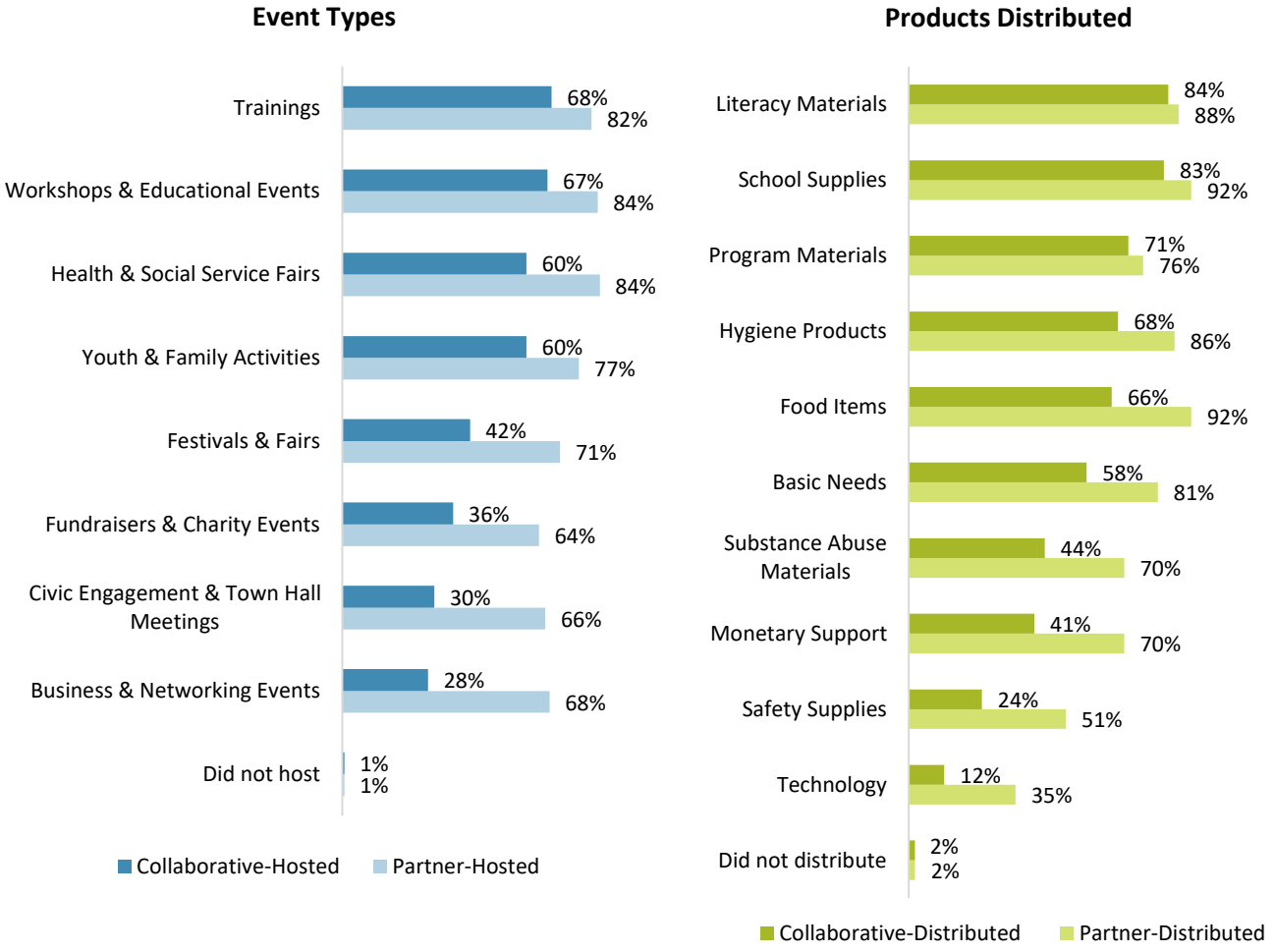
  Nearly all collaboratives that responded to our survey reported hosting at least one type of event in fiscal year 2024. Only four collaboratives reported no events (two of which were not active in fiscal year 2024).

- **Products** – Literacy materials and school supplies were two of the most common products distributed by collaboratives and partners. Additionally, more than 90% of partners distributed food items, which was less likely to be a collaborative activity. Partners were also more likely to distribute hygiene products and other items for basic needs (e.g., clothing, blankets) and to provide monetary support or technology, among other product types.

  Of the 147 respondents, only 2 collaboratives did not distribute products in fiscal year 2024 (one was inactive). Additionally, metro counties were more likely to have a wider range of partner-distributed product types, while rural counties had more product types distributed by the collaborative.

Exhibit 12

Partners hosted a wider variety of event types and distributed more product types than collaboratives, FY 2024



[1] The graph excludes responses of "I am not sure" for both events hosted and products distributed: 2 responses (1%) for events and 2 responses (1%) for products.

Source: DOAA survey of collaboratives

Because community members may engage with multiple programs and services, we use the term "encounter" to describe an individual's interaction with a program.

Target Population

In the annual self-assessment, collaboratives report how many people in a target group (e.g., at-risk students, new mothers) were engaged for a specific program or service. However, data limitations prevented us from aggregating the information and quantifying the number of people served. Specifically, the data does not always provide precise numbers—for example, collaboratives may indicate the program was "community wide" (e.g., little free libraries, food pantries) or that certain groups (e.g., 10 families) were served.[21]

[21] *Collaborative and Partnership staff indicated the information maintained by collaboratives varies, so we did not attempt to request comprehensive population data in our survey.*

Exhibit 13 provides example programs for 4 of the 65 collaboratives that reported more complete, numeric data in their most recent self-assessment. The number served varies because collaboratives can choose the number and mix of programs and services, as well as the populations that will be served.

Exhibit 13
Collaboratives' programs vary widely in the number of encounters, FY 2024[1, 2]

Collaborative 1
Small Rural

1	Scholarship
54	After-school/summer drug prevention
150	Family food gardens
1,250	Product distribution event (literacy materials, food)

Collaborative 2
Small Rural

16	Classes for positive eating
41	Literacy program
300	Annual backpack event
3,600	Food pantry

Collaborative 3
Large Rural

10	Literacy program
20	GED test vouchers
100	Weekly food distribution
700	Monthly book distribution

Collaborative 4
Small Metro

6	Community resilience training
73	Summer ELA/Math remediation
131	Weekly character/health education
275	Resource fair

[1] This exhibit does not list all of the programs for any of the sample collaboratives; these collaboratives averaged 13 programs in FY 2024. Additionally, some individuals may be served by multiple programs, so a total would not be a unique count.
[2] Counties were classified as rural or metro based on U.S. Census data and Department of Community Health classifications, and small versus large is based on comparison to the population average for that classification. More than 70% of collaboratives are in rural counties.
Source: Self-assessment data

Among the 65 collaboratives with complete data, the 53 rural collaboratives reported a higher average number of encounters with target populations (2,884 vs. 1,993). Additionally, larger populations were often served when products were being distributed (e.g., food, books), while some programs with lower numbers were more targeted and long-term (e.g., GED classes).

Partnership Response: *The Partnership agreed with this finding, stating that "in response to limited resources available for rigorous evaluation, we capture essential data through more cost-effective methods." It noted that direct services are often delivered by collaborative partners using agreed-upon strategies and indicators.*

Finding 7: Although collaborative funding varies, state appropriations and grants represent the largest funding source.

In fiscal year 2024, collaboratives reported a total of nearly $30 million in cash revenue. Approximately half was state funds in the form of county allocations and grants. Remaining funds came from federal grants, local governments, and private sources. Collaboratives also received in-kind donations, such as supplies and volunteer hours. Collaboratives frequently reported funding constraints that can limit their effectiveness in addressing identified issues.

At the end of each fiscal year, collaboratives complete a self-assessment that reports their funding to the Partnership (in addition to other areas such as completed activities and community participation). The self-assessment includes information on funding amounts and sources, as well as the collaborative's level of responsibility for securing and managing the funds. For fiscal year 2024, 147 of the 157 collaboratives (94%) completed the self-assessment.

Collaboratives reported various roles in securing and managing their revenue in fiscal year 2024. Collaboratives reported having primary responsibility for securing and managing approximately 70% of their revenue. For the remaining funds, collaboratives shared responsibility with collaborative partners (16%) or supported a partner in securing/managing the funds (11%); approximately 4% was fully secured and managed by the partners.

All collaboratives with a DHS contract receive the state-funded county allocation, and they may receive additional funding from other sources. Collaboratives also receive in-kind donations. These areas are discussed below.

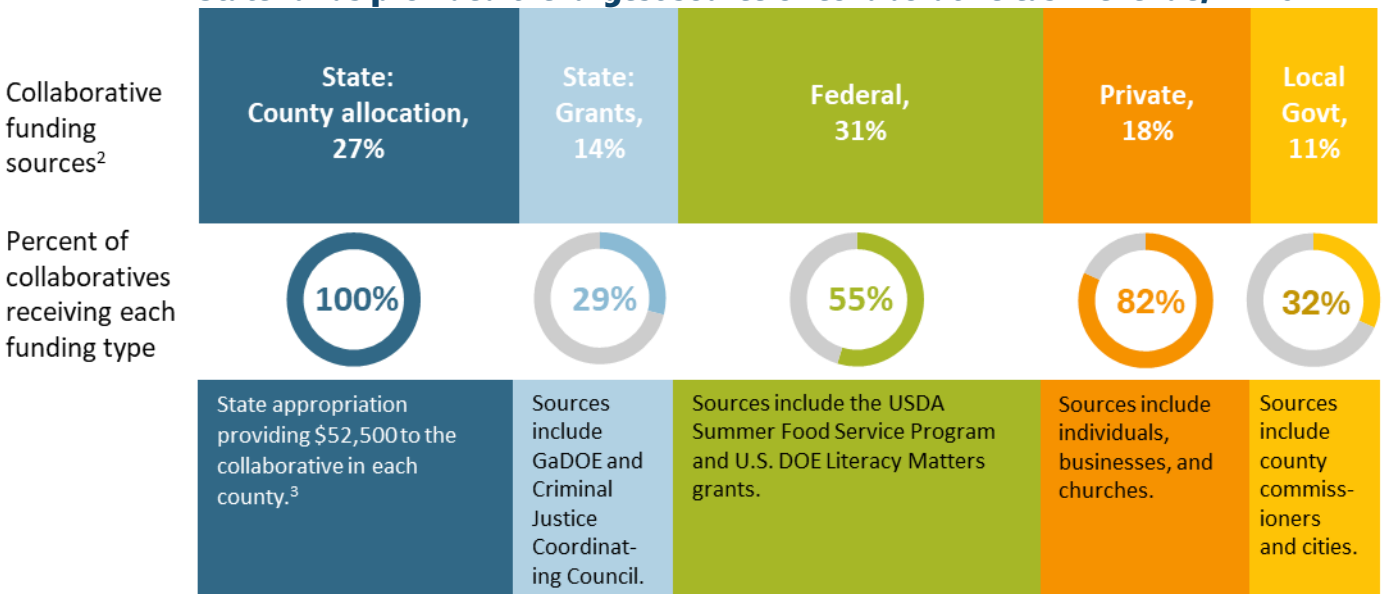
Revenue

Between fiscal years 2021 and 2023, collaborative funding gradually increased from a total of $36.8 million to $46.8 million. In fiscal year 2024, collaboratives collected $28.9 million, a 38% decrease from fiscal year 2023. The Partnership indicated the decrease is primarily related to the expiration of COVID-era grant funding, which collaboratives received during the prior three fiscal years.

The collaboratives receive funding from five sources, as shown in **Exhibit 14**. The state provides the greatest proportion of revenue (41%) through county allocations and state grants. The county allocation is a flat amount per county, which is set in the appropriations act each year ($52,500 in fiscal year 2024). State grants are provided by various state agencies, typically through a competitive process or through a cohort grant, as discussed on page 30. In fiscal year 2024, 29% of collaboratives (43) received at least one state grant, which contributed an average of approximately $90,000.

Exhibit 14

State funds provided the largest source of collaborative cash revenue, FY 2024[1]



[1] The graphic is based on the 147 collaboratives that completed the FY 2024 self-assessment.

[2] Due to rounding, percentages do not total to 100%.

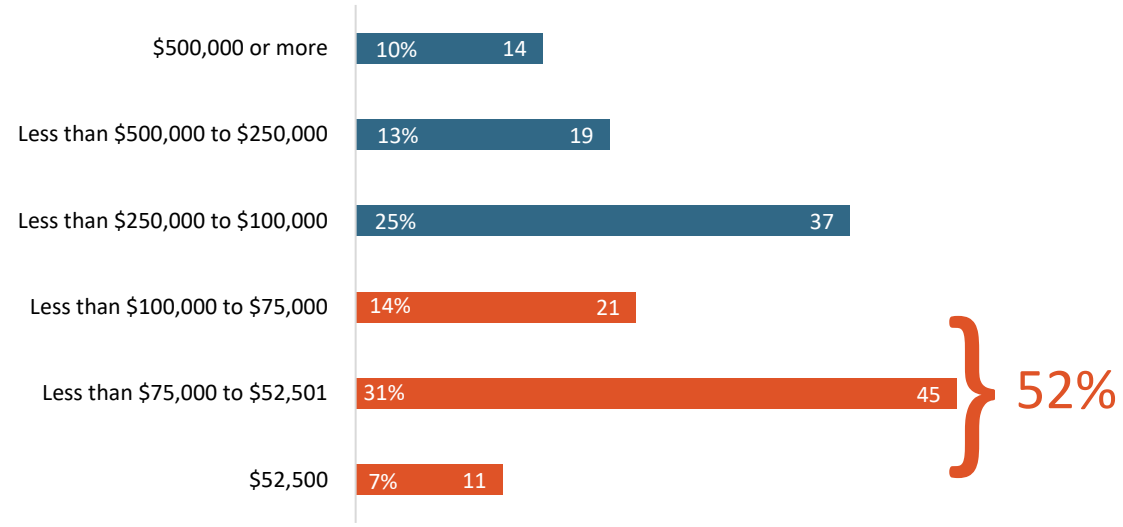
[3] The collaborative must have a contract with DHS to receive these funds.

Source: DOAA analysis of self-assessment data

Federal grants made up 31% of collaborative funding in fiscal year 2024; 81 collaboratives received a grant, which averaged approximately $110,000. According to the Partnership, amounts had been higher primarily due to funding increases during the COVID-19 pandemic. Among the collaboratives that received a federal grant during fiscal year 2023, amounts averaged $280,000 per collaborative, representing 52% of total revenue (in fiscal year 2022 the average was $390,000, representing 55%). In 2021, the federal funding was 46% of total revenue, approximately $50,000 per collaborative that received a grant.

In fiscal year 2024, collaborative revenue ranged from $52,500 to $1.6 million, with an average of approximately $200,000 (see **Appendix E** for collaborative revenue levels). As shown in **Exhibit 15**, slightly more than half of collaboratives received less than $100,000 during fiscal year 2024. The 10% with funding greater than $500,000 were more likely to receive state grants, federal grants, and local government funding. However, all collaboratives had a similar likelihood of receiving private funding, regardless of revenue amounts.

Exhibit 15
Most collaboratives reported less than $100,000 in revenue, FY 2024



Source: DOAA analysis of self-assessment data

Collaboratives serving larger populations or with longer-serving coordinators averaged more funding. Of the 147 reporting collaboratives, the 36 metro collaboratives (those with populations of more than 50,000) averaged approximately $290,000, while the 111 rural collaboratives averaged approximately $170,000 (a 56% difference). Regardless of population size, coordinators with a tenure of at least five years served collaboratives with an average of approximately $240,000 in revenue, while those with coordinators serving for less than five years averaged approximately $130,000 in revenue (a 58% difference).

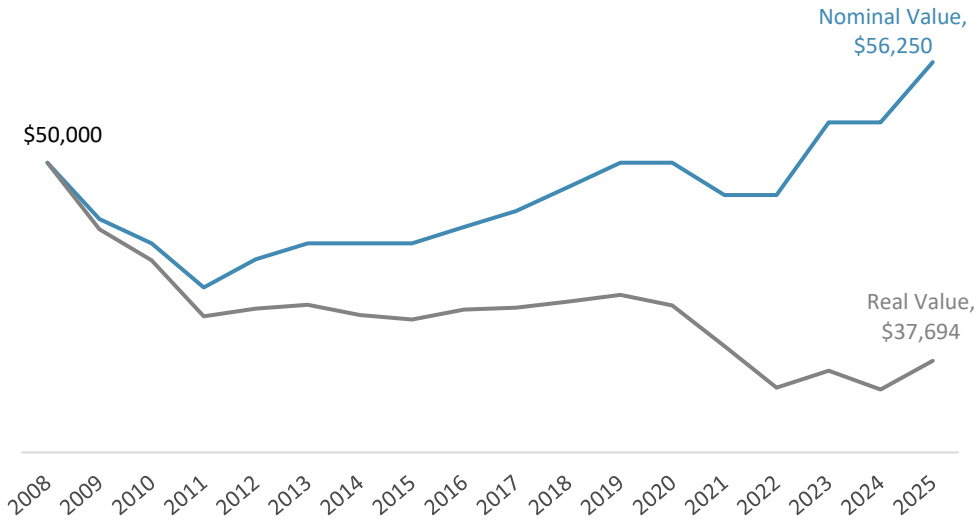
Cohort Funding

Periodically, the Partnership secures funding to implement targeted initiatives involving collaborative cohorts. Collaboratives may be included in a cohort because of their current strategies and programs, their demonstrated need, and/or their geographical location (e.g., within a foundation's catchment area). Recent cohorts have addressed literacy, food access, low birthweight, and high school completion. Cohort funding may be time-limited due to the nature of the need (e.g., pandemic-related relief) or the availability of the source, which could be a grant from a federal or state agency or a private entity. Cohort funding may also come with reporting and monitoring requirements. During fiscal year 2024, 61 collaboratives received a total of $1.25 million in cohort funding (about $21,000 on average). Amounts ranged from approximately $3,000 to $150,000. Cohort funding increased significantly during fiscal years 2023 and 2024; most of this increase came from two new awards: one for family resource centers and one for literacy work.

Rural counties were more likely to receive more than half of their revenue from the county allocation compared to metro counties. The county allocation is intended to provide a base level of funding for each collaborative and is primarily used for the coordinator's position. However, in fiscal year 2024, 11 collaboratives (8 rural and 3 metro) indicated the allocation represented their entire revenue. This can create fiscal challenges, particularly given the impact of inflation over time. As shown in **Exhibit 16,** the real value of the county allocation has decreased by 25% since fiscal year 2008.

Exhibit 16

Real value of the county allocation has declined, FY 2008-2025



Source: Partnership documents and Bureau of Labor Statistics inflation data

Nearly 60% (85) of the 147 collaboratives that responded to our survey reported experiencing funding constraints during fiscal year 2024. Collaboratives indicated the challenges caused them to reduce the number of services provided or prevented them from expanding to new areas of need. This is seen in collaboratives' ability to hire staff—17 collaboratives with multiple full-time staff (ranging from 2 to 32 employees) averaged approximately $560,000 in revenue (between $60,000 and $1.6 million). By contrast, the other collaboratives averaged $150,000 (between $52,500 to $1.2 million).

Most collaboratives with funding constraints (94%) reported seeking funds from additional sources. These included federal grants, state grants, local governments, and private sources (shown in **Exhibit 14**). Collaboratives that sought additional funds but did not receive them pointed to inexperience in grant writing and the competitive nature of grants as barriers.

In-kind Donations

In addition to cash revenue, collaboratives frequently receive in-kind donations, which are goods and services provided at no cost to help support the

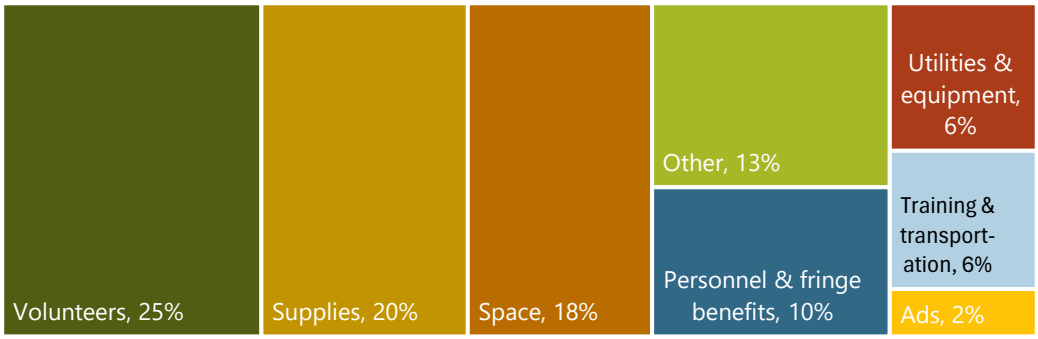
collaborative's work. Collaboratives report the type, value, and source of in-kind donations in the self-assessment.

In fiscal year 2024, 86% of collaboratives (127) reported receiving in-kind donations worth approximately $9.5 million. For collaboratives that received this type of support, the value of these donations averaged approximately $75,000. The private sector and local governments provided 94% of the collaboratives' in-kind donations, based on reported value (a smaller amount was provided by federal and state government). Local governments and the private sector provided in-kind donations to 91 (61%) and 96 (65%) collaboratives, respectively, in fiscal year 2024.

As shown in **Exhibit 17**, collaboratives most commonly received volunteer labor or donations such as school supplies or food. These were typically provided by the private sector, which accounted for 81% of the volunteer labor and 65% of supply donations. Local governments were the largest providers of space (e.g., office or meeting space), personnel, utilities, transportation, and equipment.

Exhibit 17

Volunteer labor and supplies were common in-kind donations, FY 2024



Source: DOAA analysis of self-assessment data

High-revenue collaboratives were more likely to receive in-kind donations. For example, the 102 collaboratives with lower-than-average revenue (i.e., less than approximately $200,000) reported in-kind donations worth an average of $40,000. In contrast, the 45 collaboratives with above average revenue reported in-kind donations worth an average of approximately $120,000. Additionally, 17% (17) of collaboratives with lower revenue reported no in-kind donations, compared to 7% (3) of collaboratives with higher-than-average revenue.

> ***Partnership Response:*** *The Partnership agreed with this finding, noting it "is awarded funding through competitive grantmaking with federal, state, and philanthropic sources that further validate the value of its approach. Funds are sub-granted to Collaboratives to support diversifying their fund sources." The Partnership noted the decrease in the state appropriation's real value and suggested that "an increased investment from the state would help to address challenges Collaboratives face" in supporting children and families.*

Appendix A: Table of Findings and Recommendations

	Agree, Partial Agree, Disagree
Finding 1: The decentralized nature of Georgia's collaborative model has benefits but also creates challenges for ensuring impact. (p. 9)	**Partial Agree**
No recommendations	
Finding 2: While collaboration is an accepted practice, there is not clear evidence that Georgia's collaborative model leads to improved outcomes. (p. 12)	**Partial Agree**
No recommendations	
Finding 3: The Partnership's activities primarily involve supporting the collaborative network. (p. 15)	**Partial Agree**
No recommendations	
Finding 4: The Partnership assesses collaboratives primarily on qualitative factors related to organizational functioning. (p. 18)	**Agree**
No recommendations	
Finding 5: Although the Partnership provides a framework for annual planning, local needs, resources, and decision making lead to statewide variation in collaboratives' work. (p. 20)	**Agree**
No recommendations	
Finding 6: Collaboratives are involved in a variety of initiatives, but the related output data is limited. (p. 24)	**Agree**
No recommendations	
Finding 7: Although collaborative funding varies, state appropriations and grants represent the largest funding source. (p. 28)	**Agree**
No recommendations	

Appendix B: Objectives, Scope, and Methodology

Objectives

This report examines the Georgia Family Connection Partnership and collaboratives. Specifically, our examination set out to determine the following:

1. What type of technical assistance does the Partnership provide to its collaboratives?
2. To what extent have collaboratives positively impacted their communities?
3. What outputs have collaboratives reported over previous years?
4. How do collaboratives' planning strategies differ across the state?
5. How are collaboratives funded?

Scope

This special examination generally covered activity related to the Georgia Family Connection Partnership and collaboratives that occurred between fiscal years 2019-2024, with consideration of earlier or later periods when relevant. Information used in this report was obtained by reviewing relevant contracts and appropriations acts, reviewing statutes and legislation, interviewing Partnership and collaborative staff, analyzing data and reports from the Partnership, reviewing Partnership guidance documents for collaboratives, reviewing other states' models for similar work, reviewing research on collaborative-type entities, conducting site visits of collaboratives, and surveying collaboratives statewide.

We obtained self-assessment data from the Partnership for fiscal years 2016-2024. The self-assessment data is reported by collaboratives to the Partnership at the end of each fiscal year to describe that year's annual plan implementation. For our analyses, we reviewed fields related to activities, strategies, indicators, programs and services, evidence-based practices, target populations, and cash and in-kind contributions. We assessed the data and determined it was sufficiently reliable for our analyses, subject to limitations discussed on the following pages. Although the self-assessment data is self-reported, we believe it represents a credible estimate of the collaboratives' work and finances.

We surveyed the collaboratives to gather more information about local activities and satisfaction with Partnership-provided services. Most survey questions related to fiscal year 2024 to focus on the most recent activities and services. The survey was reviewed by the Partnership and tested by three collaborative coordinators prior to distribution. The survey was sent to collaborative coordinators or (in the absence of a current coordinator) to a board representative using contacts provided by the Partnership. Four collaboratives had no current coordinator or board representative,[22] so the survey was sent to the 153 remaining collaboratives. Our instructions indicated that one survey should be submitted per collaborative, although other collaborative partners and board members could help complete it. We received responses from 147 of the 153 survey recipients (96% response rate), including 36 metro counties and 111 rural counties. [23] Based on the response rate and the various types of collaboratives that

[22] *According to the Partnership, these four collaboratives did not receive a contract for fiscal year 2025.*
[23] *Using the most recent U.S. Census data and categories from the Department of Community Health, we classified counties with a population above 50,000 as metro (i.e., metropolitan) and less than 50,000 as rural. Two counties, Camden and Liberty, are designated rural based on the military installation exclusion clause.*

responded, we concluded that the responses were sufficient to incorporate in our findings.

Government auditing standards require that we also report the scope of our work on internal control that is significant within the context of the audit objectives. The audit team reviewed internal controls as part of our work on Objectives 1 and 2. Due to the scope of our work, the internal control review focused on the control environment. Specific information related to the scope of our internal control work is described by objective in the methodology section below.

Methodology

To determine the type of technical assistance the Partnership provides, we interviewed Partnership and collaborative staff and surveyed collaboratives on their satisfaction with Partnership assistance. We reviewed documentation that the Partnership provides to collaboratives, such as documents that communicate collaborative responsibilities and reporting expectations. We also examined the Partnership's contracts with the Department of Human Services, the Department of Early Care and Learning, and the Georgia Department of Education, and interviewed relevant staff from these agencies about the contracts to determine the extent to which they impact services and assistance for collaboratives. To assess oversight when problems arise, we reviewed three recent corrective action plans and applicable Partnership guidance documents. We interviewed staff from two collaboratives that had recently lost their contracts and interviewed Partnership staff about this process.

We also analyzed the Partnership's technical assistance and training data for fiscal years 2021 to 2024. On a monthly basis, Partnership staff report this data on their interactions with collaboratives and other entities. Although this data is self-reported, we believe it represents a credible estimate of services provided.

To determine collaboratives' impact on their communities, we interviewed Partnership and collaborative staff about their programs, reporting, and evaluation processes. We observed five collaborative meetings (typically monthly meetings where collaborative staff and partners interact) and two strategy team meetings (smaller groups that work on specific topics). We reviewed studies published on collaboration and collaborative-type entities to determine how researchers typically evaluate collaboration, identify reported benefits, and assess how the Family Connection model compares to other collaboration models. Our review included studies and other publications from the Partnership, including a 2012 study on low birthweight.

The audit team contracted with Georgia State University's Georgia Health Policy Center (GHPC) to produce a current analysis of collaborative impact. In consultation with the audit team, researchers selected five indicators to compare data trends in counties with collaboratives working on those indicators to the trends among counties in comparison states. (The data source was Kids Count for four of the indicators. However, the researchers used Ed Data Express for graduation rates to obtain and align data at the school district level for matching purposes.) The indicators were selected with three considerations: the availability of county-level data in comparison states, the number of collaboratives working on them, and their representativeness of the Partnership's outcome categories. Selected collaboratives worked on the applicable indicator for at least two years, although these years may have been nonconsecutive. To match Georgia counties to similar counties in other southeastern states, GHPC used various demographic data from the American Community Survey and the Centers for Disease Control and Prevention's Social Vulnerability Index. GHPC based its methodology in part on the

Partnership's 2012 low birthweight study. Prior to conducting the study, we reviewed the planned methodology with Partnership evaluation staff. Partnership staff indicated the methodology was sound but expressed concerns regarding confounding factors. As noted in Finding 2, the study's methodology addressed this by matching with counties in other southeastern states that were similar in terms of demographics and other factors that would likely affect the outcome indicators.

We also used collaboratives' self-assessment data to evaluate how often collaboratives used evidence-based practices (EBPs). Collaboratives report to the Partnership whether EBPs were used, and if so, the name of the EBP. We evaluated the frequency with which collaboratives reported EBP usage and randomly sampled those records to research and verify the reported program. However, we determined that reporting was inconsistent. Some collaboratives reported programs as EBP that were not, while others did not report EBP usage but in another field listed a program name that we identified as EBP. As a result, the frequency calculated from this data does not appear to be reliable.

To understand other models that may perform similar work, we interviewed staff at two Georgia nonprofits that work with multiple collaboratives. We researched nine southeastern states (Alabama, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas), which included all states used for comparison in the GHPC evaluation. We interviewed staff in four states about similarities with the Family Connection model. Because Partnership staff identified Missouri as the only state with a comparable model, we also interviewed staff at the Missouri Family and Community Trust.

To determine collaborative outputs, we surveyed collaboratives about the types of events hosted and products distributed by collaboratives and partners in fiscal year 2024. Collaboratives are not required to report or maintain complete output data, such as the number of events and attendees, so we did not attempt to collect this information. Therefore, survey questions focused on the types of events and products rather than the quantities. In instances where outliers were identified, we also reviewed the collaborative's annual plans and compared survey responses with the annual plan data.

To evaluate populations served by the collaboratives, we reviewed the self-assessment data related to target populations served for all programs and services. We identified irregularities in the data that prevented us from analyzing or aggregating the data at a statewide level. For example, many collaboratives reported unit level information (e.g., number of families, "countywide") that did not correspond to a specific number of individuals. Some collaboratives also reported no data in this field (e.g., "unknown"). To address these issues, we limited the fiscal year 2024 data to a subset of collaboratives with specific, numeric data for all target populations served. We analyzed these 65 collaboratives for trends and to provide examples of populations served. Because this was not a representative sample, it cannot be extrapolated to the full population of collaboratives. It should be noted that individuals may be served by multiple programs, so these should not be considered unique counts and are referred to as "encounters" in Finding 6.

To determine how collaboratives' planning strategies differ across the state, we interviewed coordinators and/or board members from 19 collaboratives, as well as Partnership management and six regional managers. We observed planning processes by attending five annual data reviews, six annual plan reviews, one strategy team planning session, and one peer-to-peer regional meeting. We also analyzed survey questions relating to the importance of various factors in strategic planning.

To assess the scope and frequency of topics addressed by collaboratives, we reviewed collaboratives' selected indicators, strategies, and programs in annual plans and self-assessments. We used the self-assessment data to analyze all Kids Count indicators addressed by collaboratives between fiscal years 2016 and 2024. We used self-assessment data for this purpose because it is completed at the end of the fiscal year and is used to report work completed (the annual plan completed prior to the start of the fiscal year reflects intended work). Additionally, we analyzed and reported on the Kids Count indicators, and not locally developed indicators, which are not standardized and vary by collaborative. To calculate the length of time indicators were worked on during this period, we combined entries for closely related indicators and excluded instances where indicators were discontinued during the time period. To calculate the instances where an indicator was addressed by a collaborative for a single year, we excluded single-year instances from fiscal years 2016 and 2024 because collaboratives may have addressed those indicators in 2015 or plan to address them in 2025, respectively.

To determine how collaboratives are funded, we analyzed self-assessment data and information provided by the Partnership on cohort funding for fiscal years 2021 through 2024. We reviewed Partnership data cleaning rules for self-assessment data and presented discrepancies to Partnership staff. Some minor discrepancies could not be resolved, but we determined that the Partnership's cleaned version of the financial data represented the best available source compared to the raw self-assessment data. We cross-checked Partnership cohort data with the cleaned self-assessment data and resolved discrepancies with Partnership staff where possible. To the extent possible, we worked with Partnership staff to identify instances where collaboratives inaccurately reported federal funding as another funding type (e.g., state agencies provided grants funded by the federal government) and reclassified the data accordingly. Because the self-assessment data did not include the state-funded county allocation, we added that funding to the data after confirming with the Partnership which counties had an active contract with the Department of Human Services for the applicable year. We then analyzed the data for trends by fiscal year, funding type, and collaborative characteristics.

To assess potential financial constraints, we surveyed collaboratives on funding issues, including their efforts to obtain additional funding, financial constraints experienced, and impacts of financial constraints. Our analysis considered the extent to which collaborative characteristics (e.g., metro/rural) affected response trends.

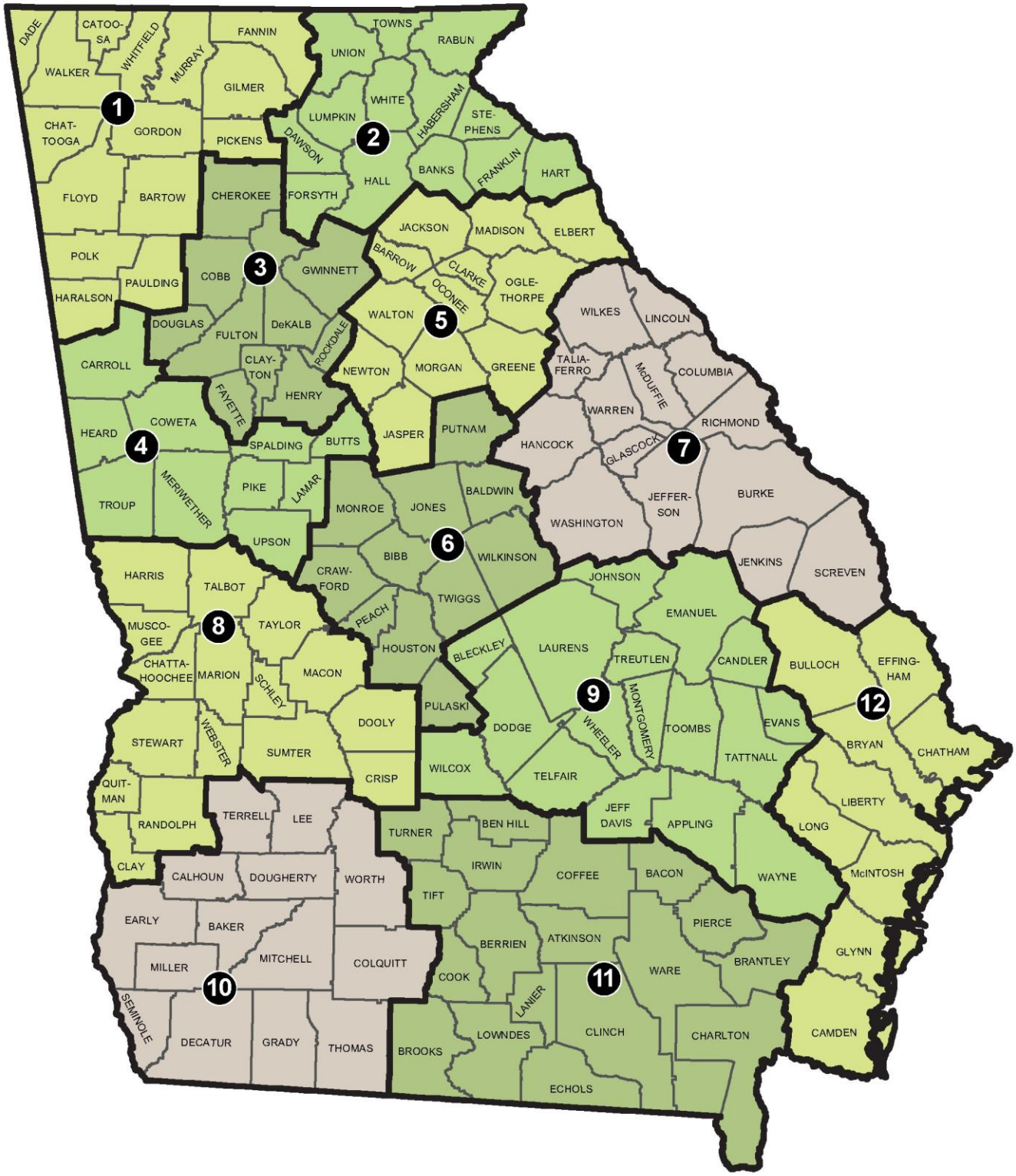
To assess the impact of inflation on the state-funded county allocation, we obtained information from the Partnership on the allocation amount for fiscal years 2008 to 2025. We compared the provided amounts to recent budget documents (fiscal years 2019-2025) and verified these amounts, when possible. We used CPI-U (Consumer Price Index for All Urban Consumers) data from the U.S. Bureau of Labor Statistics to calculate the real value of the allocation in fiscal year 2025, using fiscal year 2008 as the base year.

We treated this review as a performance audit. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

If an auditee offers comments that are inconsistent or in conflict with the findings, conclusions, or recommendations in the draft report, auditing standards require us to evaluate the validity of those

comments. In cases when agency comments are deemed valid and are supported by sufficient, appropriate evidence, we edit the report accordingly. In cases when such evidence is not provided or comments are not deemed valid, we do not edit the report and consider on a case-by-case basis whether to offer a response to agency comments.

Appendix C: Partnership Regional Map



Source: Georgia Family Connection Partnership

Appendix D: Kids Count Indicators

	No. of Collaboratives Addressing the Indicator (FY 2024)
Outcome Area 1: Healthy Children	
1. 9th grade students reporting alcohol use in the past 30 days	26
2. 9th grade students reporting perception of negative risk with alcohol consumption	21
3. Child deaths, ages 1-14 (per 100,000)	3
4. Children enrolled in Medicaid or PeachCare	4
5. Children without health insurance	10
6. Children, birth through 4, enrolled in the WIC program	16
7. Infant mortality (per 1,000)	3
8. Low birthweight babies	8
9. STD incidence for youth, ages 15-19 (per 1,000)	12
10. Teen births, ages 15-19 (per 1,000)	5
11. Teen deaths by homicide, suicide and accident, ages 15-19 (per 100,000)	11
12. Teen deaths, ages 15-19 (per 100,000)	3
13. Teen mothers giving birth to another child before age 20, ages 15-19	5
14. Teen pregnancies, ages 15-17 (per 1,000)	14
Outcome Area 2: Children Primed for School	
1. Babies born to mothers with less than 12 years of education	3
2. Centers and family child care homes rated in Quality Rated	6
3. Children enrolled in the Georgia Pre-K program	16
4. Children enrolled in the Georgia Pre-K program from low-income families	16
5. Children, ages 3 to 4, not attending preschool	32
Outcome Area 3: Children Succeeding in School	
1. 3rd grade students achieving Developing Learner or above on Milestones ELA assessment	18
2. 3rd grade students achieving Proficient Learner or above on Milestones ELA assessment	76

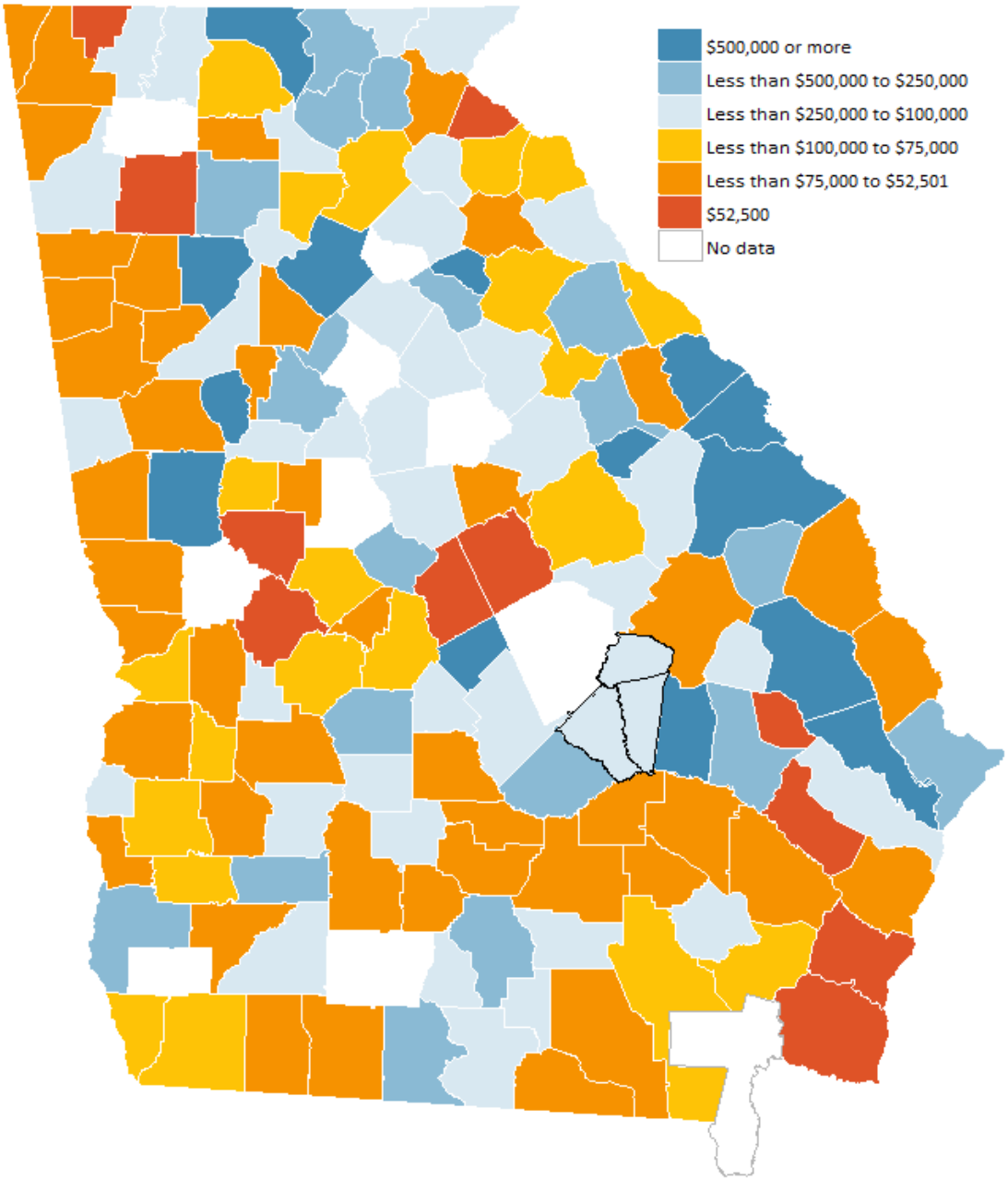
3. 5th grade students achieving Developing Learner or above on Milestones ELA assessment	4
4. 5th grade students achieving Developing Learner or above on Milestones Math assessment	4
5. 5th grade students achieving Proficient Learner or above on Milestones ELA assessment	8
6. 5th grade students achieving Proficient Learner or above on Milestones Math assessment	6
7. 8th grade students achieving Developing Learner or above on Milestones ELA assessment	4
8. 8th grade students achieving Developing Learner or above on Milestones Math assessment	3
9. 8th grade students achieving Proficient Learner or above on Milestones ELA assessment	7
10. 8th grade students achieving Proficient Learner or above on Milestones Math assessment	2
11. Children absent more than 15 days from school	45
12. Students who graduate from high school on time	42
13. Teens not in school and not working, ages 16-19	14
14. Teens who are high-school dropouts, ages 16-19	7
Outcome Area 4: Stable, Self-Sufficient, and Productive Families	
1. Children leaving foster care who are reunified with their families or placed with a relative within 12 months of entering foster care	6
2. Children living in single-parent families	3
3. Children whose parents lack secure employment	12
4. Children with a substantiated incident of abuse (per 1,000)	33
5. Children with a substantiated incident of abuse and/or neglect (per 1,000)	16
6. Children with a substantiated incident of neglect (per 1,000)	36
7. First birth to mother age 20 or older with 12 years of education	1
8. Households, with children, receiving Food Stamps	6
Outcome Area 5: Thriving Communities	
1. Adult educational attainment: High-school graduate or higher	10
2. Adult educational attainment: Bachelor's degree or higher	0

3. Children living in poverty	23
4. Crime rate, other crimes (burglaries, etc.), age 17 or older (per 1,000)[1]	3
5. Crime rate, violent crimes, age 17 or older (per 1,000)[1]	3
6. Families, with children, with annual incomes less than 150% of the federal poverty threshold	19
7. GED graduates	20
8. Homeownership	3
9. Unemployment	6
10. Voter participation	1

[1] Due to a change in Georgia Bureau of Investigation reporting, the crime rate indicators in this table have been replaced, for future years, with three new indicators: Crimes against persons, Crimes against property, and Crimes against society.

Source: DOAA analysis of self-assessment data

Appendix E: Collaborative Revenue, FY 2024[1]



[1] The tri-county collaborative (Montgomery, Treutlen, and Wheeler) is outlined in black in the map. The funding level shown represents the full funding amount for the collaborative, not the amount for each county.

Source: DOAA analysis of self-assessment data

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