

## Investing in the Well-Being of Georgia's Infants and Toddlers, and Their Families

Among families with an infant or toddler, health and high-quality care are top concerns. How those who study children think about these needs has evolved in recent years, especially with recent understandings from brain science. In the first three years of life, more than one million brain connections are formed every second.<sup>1</sup> This remarkable brain development is greatly influenced by a young child's health—both physical and mental—and by the care he or she receives.

### A new emphasis on infant/toddler mental health

The emerging field of infant and early childhood mental health (IECMH) focuses on promoting young children's social-emotional skills. Social-emotional development includes learning to manage one's emotions and control one's behavior, as well as building communication and other relationship skills.<sup>2</sup> Research has shown that early social-emotional development provides an important foundation for school readiness and continues to have a positive influence on health and economic well-being into adulthood.<sup>3</sup>

Social-emotional development depends greatly on the quality of young children's relationships with their parents and other caregivers. The quality of caregiver-child interactions establishes neural pathways that can persist throughout life—for better or for worse. To best support our youngest children, we must also support those caring for them. When relationships are nurturing and responsive, children can thrive. But when caregivers are inexperienced or have chronic stress, depression, or anxiety, these relationships are compromised, and children's development can be affected.

[Infant and Early Childhood Mental Health \(IECMH\), as defined by ZERO TO THREE](#), “is the developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.”

Young children themselves can suffer toxic effects of stress when they are exposed to overwhelming adversities. In Georgia, survey data show that nearly one in four of the state's youngest residents have already experienced events that can lead to trauma or toxic stress.<sup>4</sup> Infants and toddlers may be especially vulnerable, and damage may be long-lasting. Social-emotional skills are important for all children, but especially for those who have experienced trauma.

High-quality child care, along with positive parenting, can play a role in buffering the negative effects of trauma and stress. Georgia's caregivers need the knowledge and skills to help children thrive, as well as strong partnerships with community support systems. If these supports are lacking, the consequences may reverberate



throughout the child’s life and even across generations. A scarcity of high-quality early care and education puts children at risk for poor mental and physical health, behavior problems, school failure, and diminished quality of life into adulthood.<sup>5</sup>

State policymakers can bolster the emerging IECMH system and improve the quality of care for infants and toddlers. In particular, two key strategies for policymakers stand out:

- Use Medicaid to strengthen health care coverage for early mental health services.
- Increase investments to improve child care quality, including equipping caregivers with the knowledge and tools to promote young children’s social-emotional development.

### Who are Georgia’s infants and toddlers?

Georgia’s infants and toddlers deserve the best possible start in life, but more than half (55 percent) live in families with incomes that are *just barely adequate to meet their basic needs*. Low-income families<sup>a</sup> are often just one unexpected expense or income interruption away from slipping into poverty; especially in the earliest years of life, this can seriously impact children’s chances for optimal development.<sup>6</sup>

Furthermore, more than 40 percent of Georgia’s infants and toddlers live in areas of concentrated poverty.<sup>b</sup> Beyond the harmful effects of family-level poverty on young children, communities in which large proportions of residents live in poverty are associated with additional health- and safety-related disadvantages.<sup>7</sup> Nearly one in three Georgia infants and toddlers live with single parents, placing them at greater risk for living in poverty.

Today’s babies and toddlers will become Georgia’s leaders and the engines of its vitality. The healthy growth and development of these youngest Georgians depends on whether their families and communities are able to provide them with nurturing care and security.

**395,000**

Number of Georgia infants and toddlers (birth through age 2)

**White, non-Hispanic:** 42%

**Black, non-Hispanic:** 34%

**Hispanic/Latino:** 16%

**Asian, non-Hispanic:** 4%

**“Other” and mixed race:** 4%

**In families with incomes below the federal poverty level:** 30%

**In low-income families:** 55%

**In neighborhoods of concentrated poverty:** 41% (ages 0-4)

Sources: For population data, U. S. Census Bureau, 2017 Population Estimates; for income and poverty data, U. S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2012-2016.

### Georgia’s system should balance considerations of affordability and quality, and engage multiple partners.

High-quality child care can promote children’s positive development,<sup>8</sup> but Georgia families need child care choices that meet high standards of quality *and* affordability. The state has made significant strides toward improving quality, but the price of care for infants and toddlers puts a serious strain on most families’ budgets; for some families, cost can put high-quality care

<sup>a</sup> “Low-income” refers to families whose incomes are less than twice the federal poverty level. In 2017, this was \$19,730 for a family with two adults and one child. Many experts believe that two times the federal level is a threshold that more accurately reflects an income that meets families’ basic needs. Further, the federal poverty level is not adjusted for regional differences in the cost of living.

<sup>b</sup> Areas with concentrated poverty are defined as census tracts in which 20 percent or more of the residents are poor.

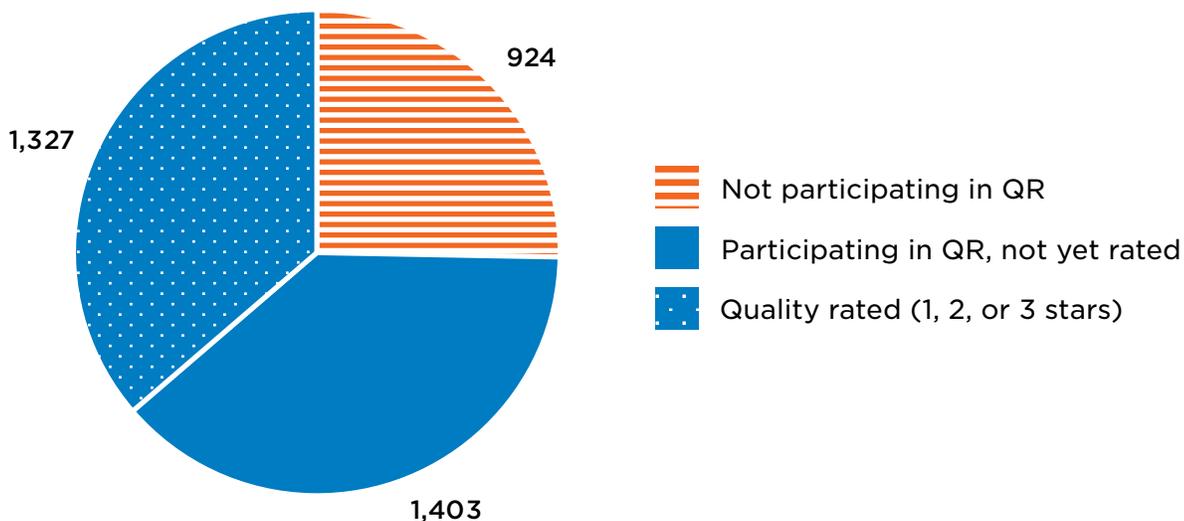
completely out of reach.<sup>9</sup> The average annual cost to parents of full-time, center-based infant care in Georgia in 2017 was \$8,327.<sup>10</sup> This represents 26 percent of the median income for single-parent families.<sup>11</sup>

Georgia, like all states, offers financial assistance to eligible parents for child care costs, through the federal Child Care and Development Fund. However, Georgia’s eligibility threshold is among the most restrictive in the nation: To be eligible for a state child care subsidy, families must have incomes no more than half the state’s median, by family size. For a family of three, this is \$30,745.<sup>12</sup> Even families living below the poverty line may have a monthly copayment of up to five percent of their income.<sup>13</sup> Moreover, there is much greater need for the subsidy among low-income Georgia families than can currently be met.<sup>14</sup> As a result, even among parents who qualify for the subsidy program, child care costs can be out of reach.

Georgia’s policymakers are taking greater strides to raise the bar on quality of care. For participating early childhood programs, Georgia has a three-tier quality rating and improvement system, *Quality Rated Child Care* (QR). Stars (one, two, or three) are awarded based on the accumulation of points across multiple dimensions of quality. While all QR programs must exceed state health and safety requirements, programs rated one, two, or three stars must meet additional benchmarks in areas of program structure and practice. Reimbursements to child care providers under the subsidy program are tied to a center’s quality rating, and special Quality Rated Subsidy Grants are available for two- and three-star programs.

Among eligible Georgia programs serving infants and toddlers, 75 percent are participating in QR. Thirty-six percent have been rated, receiving 1 to 3 stars.<sup>15</sup>

**Figure 1. Programs licensed for infant/toddler care in Georgia**



Note: Data as of December 2018

Because the earliest years of childhood are the best time to invest in the social-emotional and behavioral skills which developmental research finds are so important throughout life,<sup>16</sup> pediatricians, early care and education settings, and other community service providers are vital partners in promoting children’s mental health. Additionally, all parents can benefit from supports from employers and policymakers to better balance work and child care.

Research increasingly highlights the importance of focusing attention simultaneously on the needs

of parents *and* children to promote children's positive social-emotional development. For example, high-quality early care and education programs have the potential to impact two generations by allowing parents to both work and provide for their families' needs, while providing stimulating, safe environments for our youngest children.<sup>17</sup>

Accordingly, Georgia's Department of Early Care and Learning (DECAL) is investing in additional Inclusion Specialists (focused on supporting children with special needs), expanded professional development related to young children's social-emotional needs, a central intake line, and Behavioral Specialists. There are roles for nongovernmental partners, as well. Child-serving agencies across the state can build on this investment by working together to promote IECMH and providing leadership and strategic direction.

### Policy recommendations to strengthen infant and toddler social-emotional health

**Leverage Medicaid funding to expand IECMH-related services.** Policymakers must ensure that screening and referral services are covered by Medicaid plans, along with treatment such as rehabilitation, prescription medications, and behavioral health services. Many of these can be billed under Medicaid's EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) provisions. The recently developed DC:0-5<sup>18</sup> diagnostic codes provide one framework specifically designed to cover services for the youngest children.

**Continue to broaden access to high-quality care.** Because high-quality child care is essential to setting all of Georgia's youngest children, especially those most vulnerable, on a path for success, the state must redouble its efforts to expand access. Continuing to broaden the subsidy program to serve more families, and offering providers incentives to improve the quality of their care represent two pillars of an effective strategy.

**Expand caregivers' access to training and credentials that acknowledge the key role of practices that promote early mental health.** Training the early childhood workforce in IECMH principles and practices is an essential component of a comprehensive state strategy. The DECAL Scholars program provides scholarships and payment incentives to upgrade the credentials of providers, including an infant-toddler specialization.

More than ever before, we know the importance of the earliest years of life—to our children's future, and to our state's. Yet public funding priorities haven't yet matched this realization. Access, *affordability*, and *quality* are three equally essential legs of a redesigned system for meeting the critical social-emotional development of infants and toddlers. We must invest in our youngest children, their families, and the future of our state.

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## Endnotes

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