



CHILDREN'S BUDGET SUMMIT 2018

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#CHILDRENSBUDGET2018 #INVESTINKIDS



Children's Budget Summit 2018

How the Federal Budget Shortchanges Children

Bruce Lesley

President, First Focus



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

Children Are Often Forgotten in Policy Debates



Michael Freeman,
author of *The Moral
Status of Children*

“All too rarely is consideration given to what policies. . .do to children. This is all the more the case where the immediate focus of the policy is not children. But even in children’s legislation the unintended or indirect effects of changes are not given the critical attention they demand. . .

“But where the policy is not ‘headlined’ children. . ., the impact on the lives of children is all too readily glossed over.”



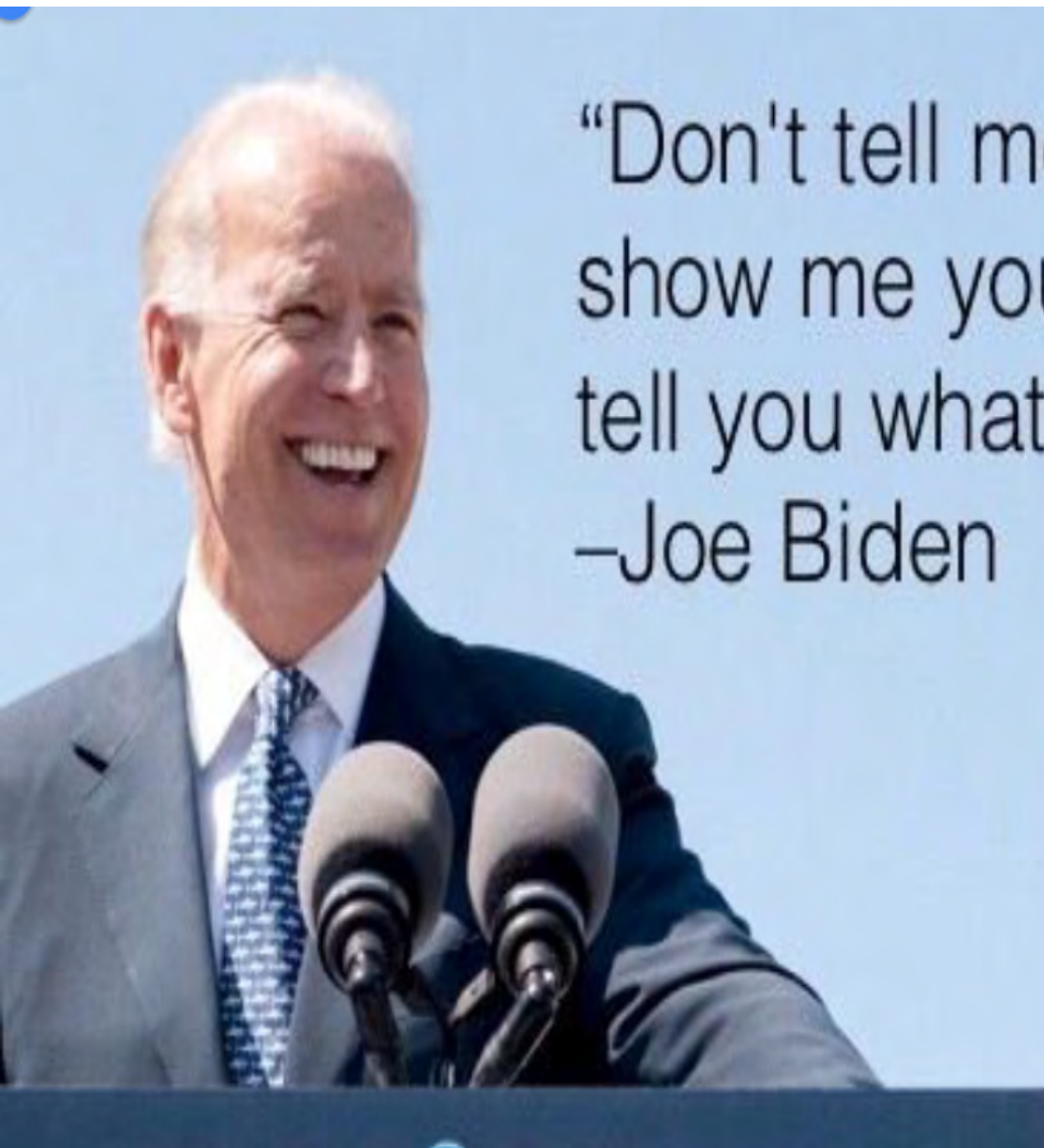
CHILDREN'S BUDGET
2018



FIRST FOCUS

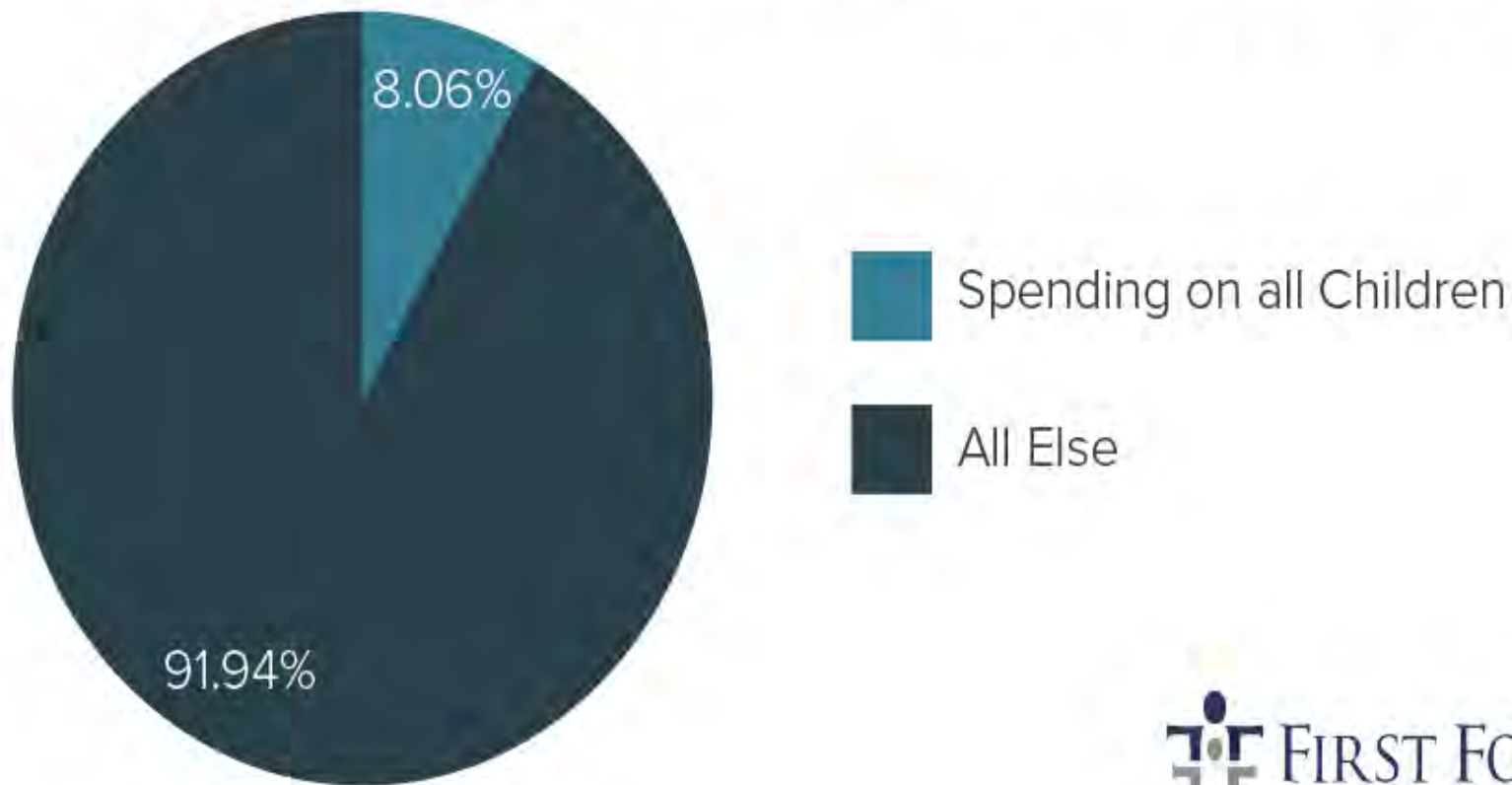
MAKING CHILDREN & FAMILIES THE PRIORITY

Budgets Highlight What You Value



“Don't tell me what you value,
show me your budget, and I'll
tell you what you value.”
–Joe Biden

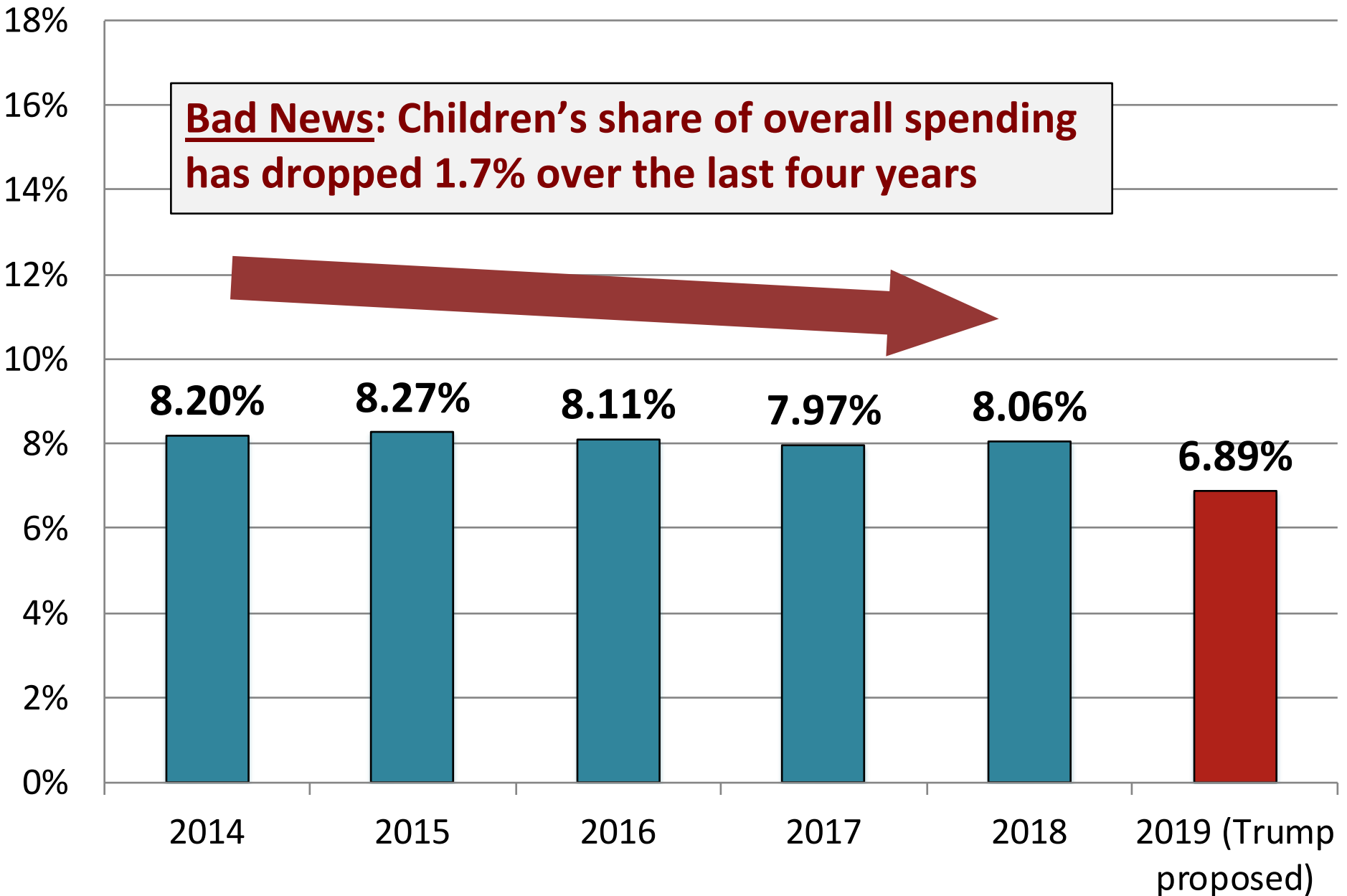
Share of Federal Spending on Children, FY 2018



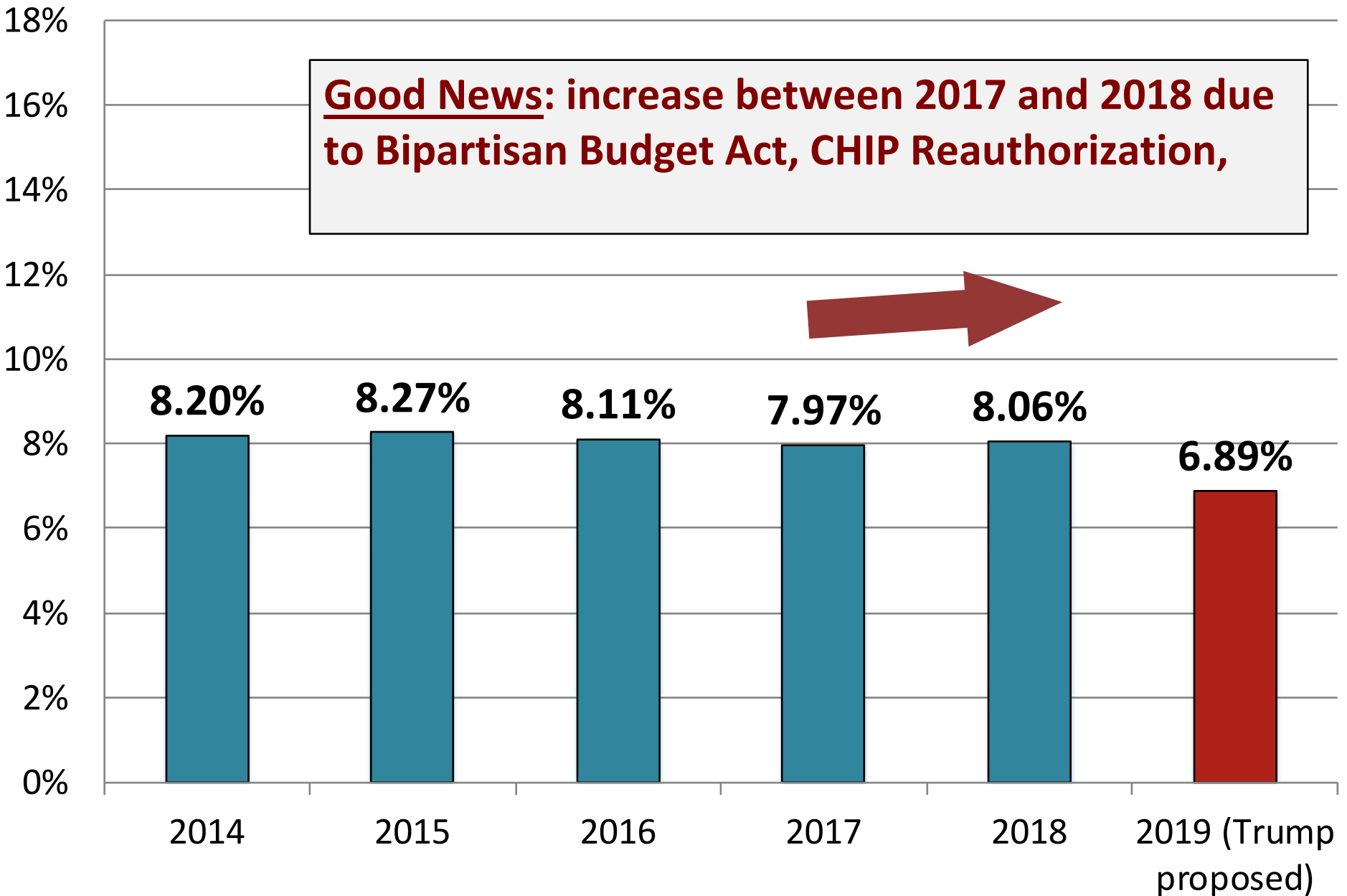
“A society’s destiny rests on how it treats its children.”

– Robin Grille

Federal Share of Spending on Children



Federal Share of Spending on Children



Long-Term Trend for Children is a Disaster

- The lifting of the budget caps in the Bipartisan Budget Act was a temporary, two-year deal.
- In FY 2020, the cap on non-defense discretionary spending will **drop \$55 billion** (from \$597 billion to \$542 billion).





JULY

KIDS' SHARE 2018

REPORT ON FEDERAL EXPENDITURES
ON CHILDREN THROUGH 2017
AND FUTURE PROJECTIONS

JULIA B. ISAACS

CARY LOU

HEATHER HAHN

ASHLEY HONG

CALEB QUAKENBUSH

C. EUGENE STEUERLE



Long-Term Trend for Children is a Disaster

Urban Institute projects federal spending from 2017 to 2028 to major budget items. As a share of all projected growth over the period:

- Adult portion of Social Security, Medicare, and Medicaid: **61%**
- Interest on the debt: **29%**
- Children: **1%**

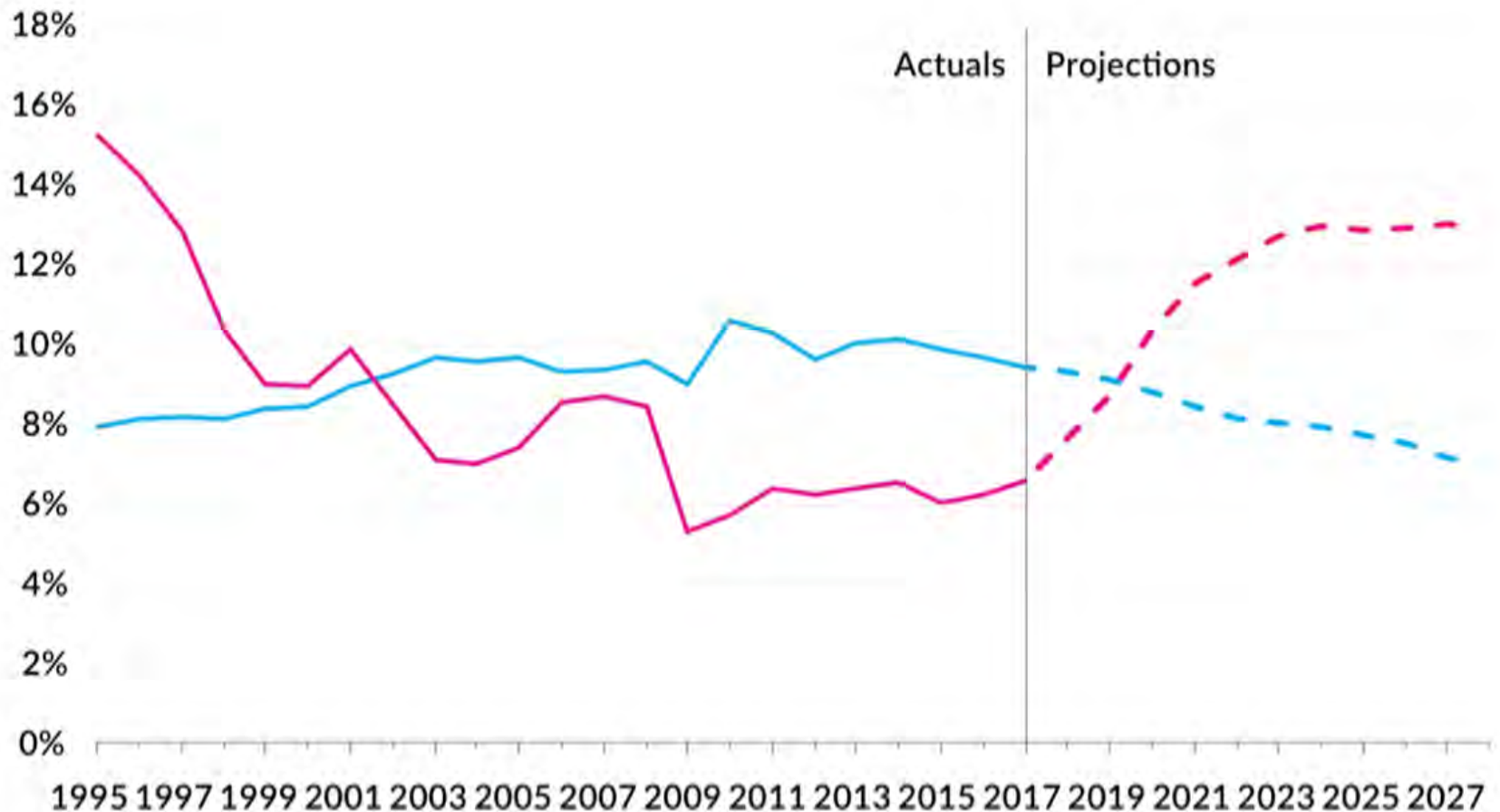


“Children’s program are projected to receive just one cent of every dollar of the projected growth in spending over the next decade.”

Interest Payments on the National Debt Are Projected to Exceed Federal Spending on Children by 2020

Share of the federal budget

■ Children ■ Interest on the debt



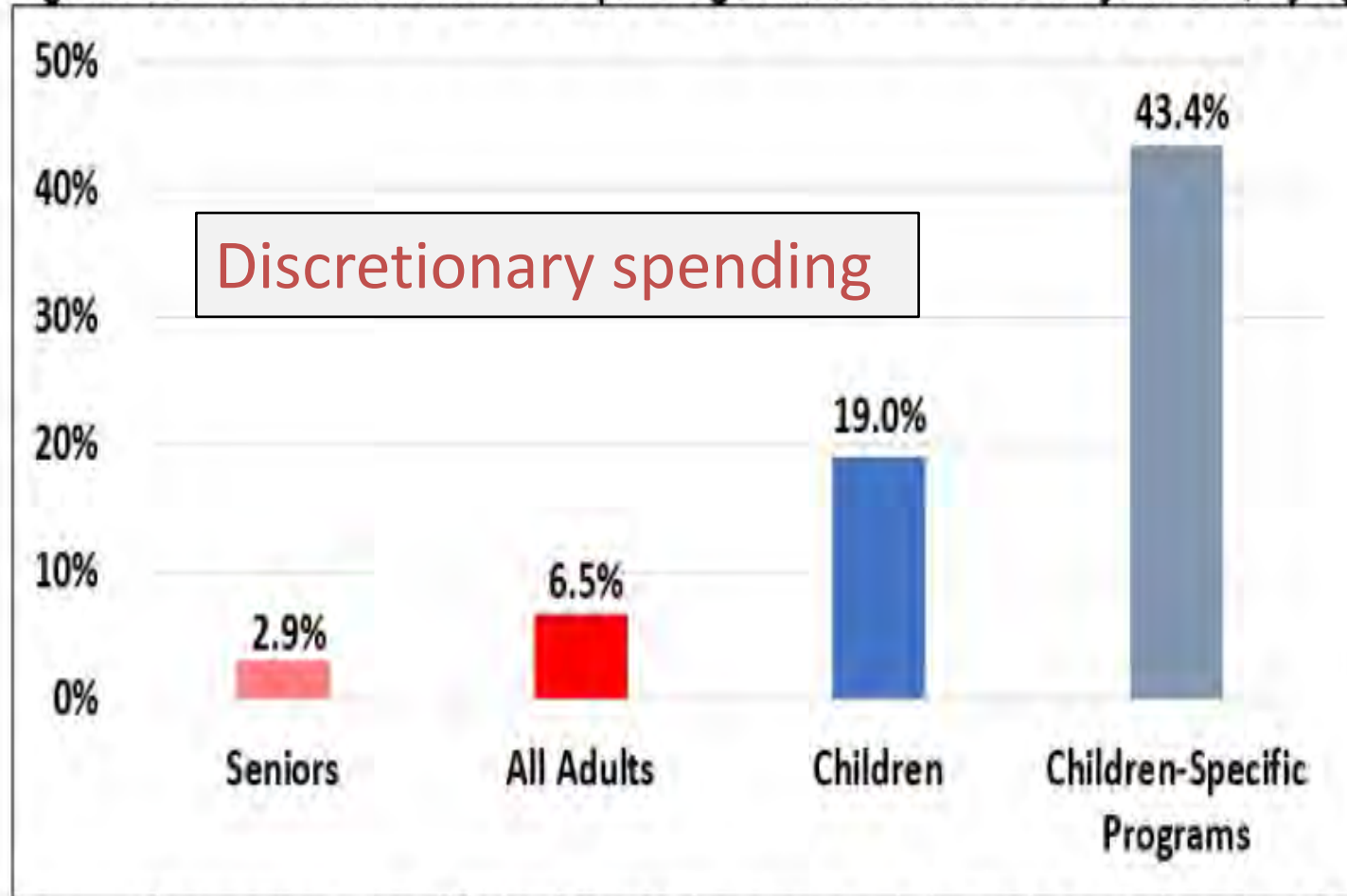


COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET

**Budgeting for the Next Generation:
Does the Budget Process Prioritize Children?
August 16, 2018**

Budget Process Rigs the System Against Children

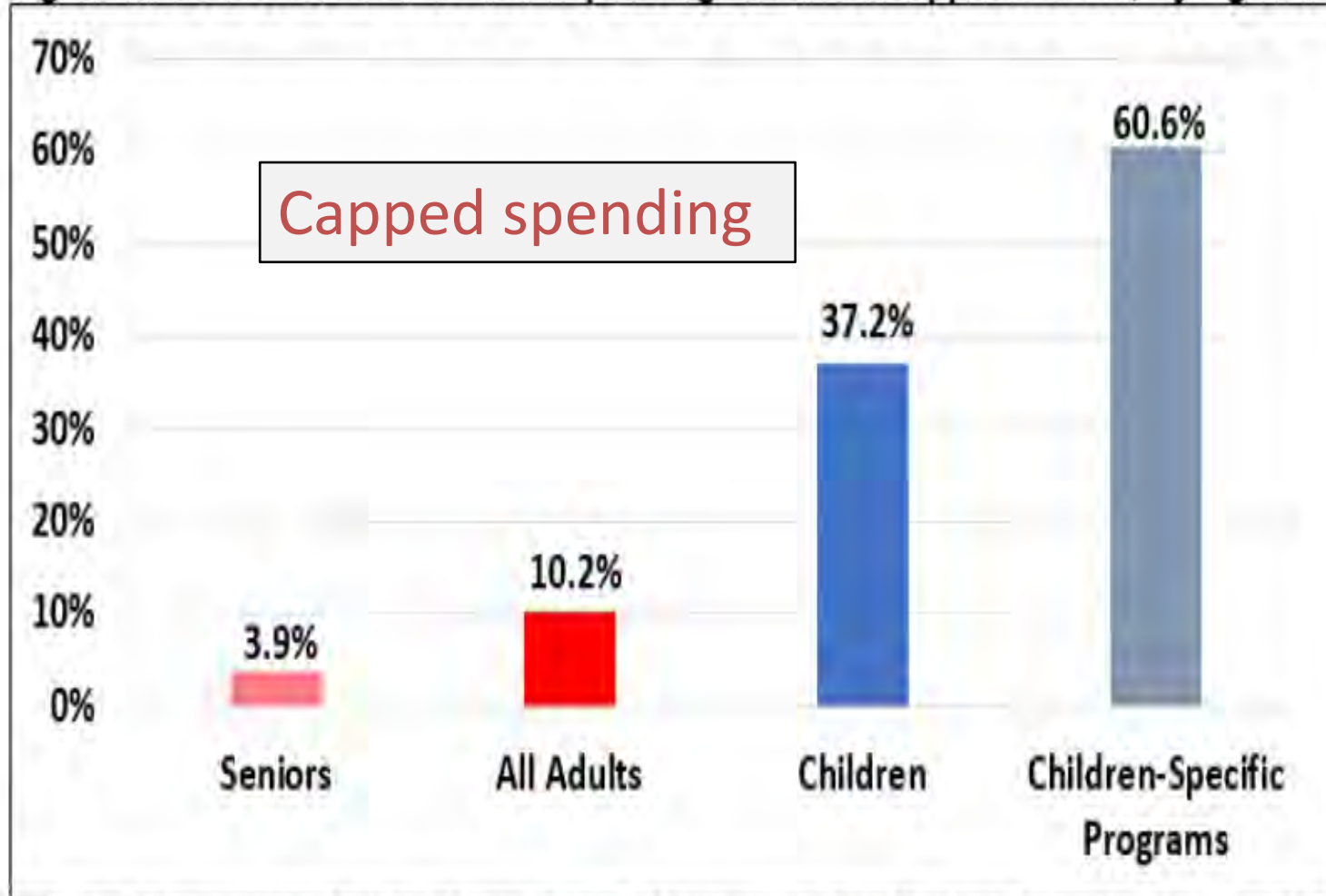
Fig. 1: Percent of Federal Transfer Spending That Was Discretionary in 2017, By Age Group



Sources: Congressional Budget Office, Office of Management and Budget, Urban Institute, and CRFB calculations.

Budget Process Rigs the System Against Children

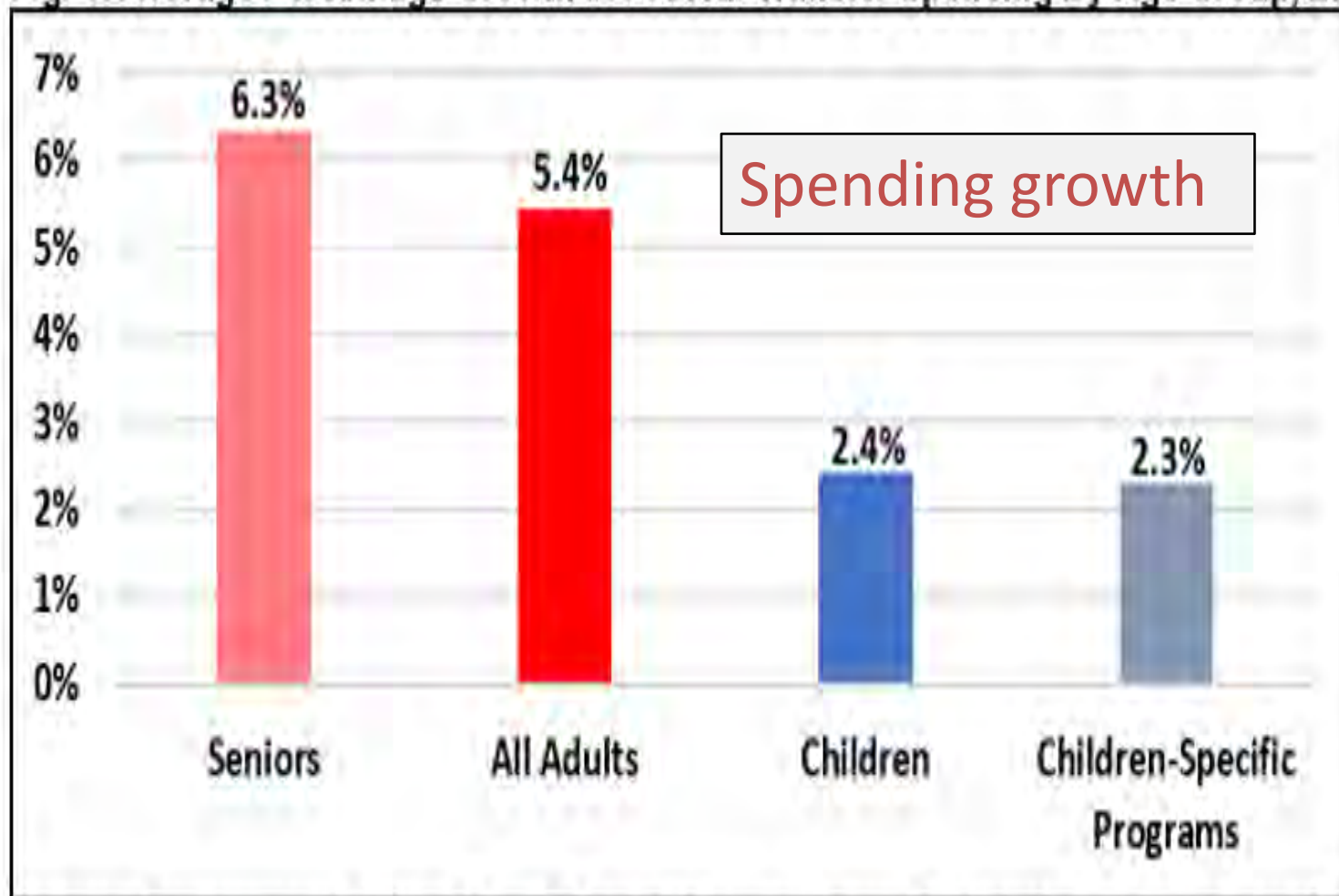
Fig. 3: Percent of Federal Transfer Spending That Was Capped in 2017, By Age Group



Sources: Congressional Budget Office, Office of Management and Budget, Urban Institute, and CRFB calculations.

Budget Process Rigs the System Against Children

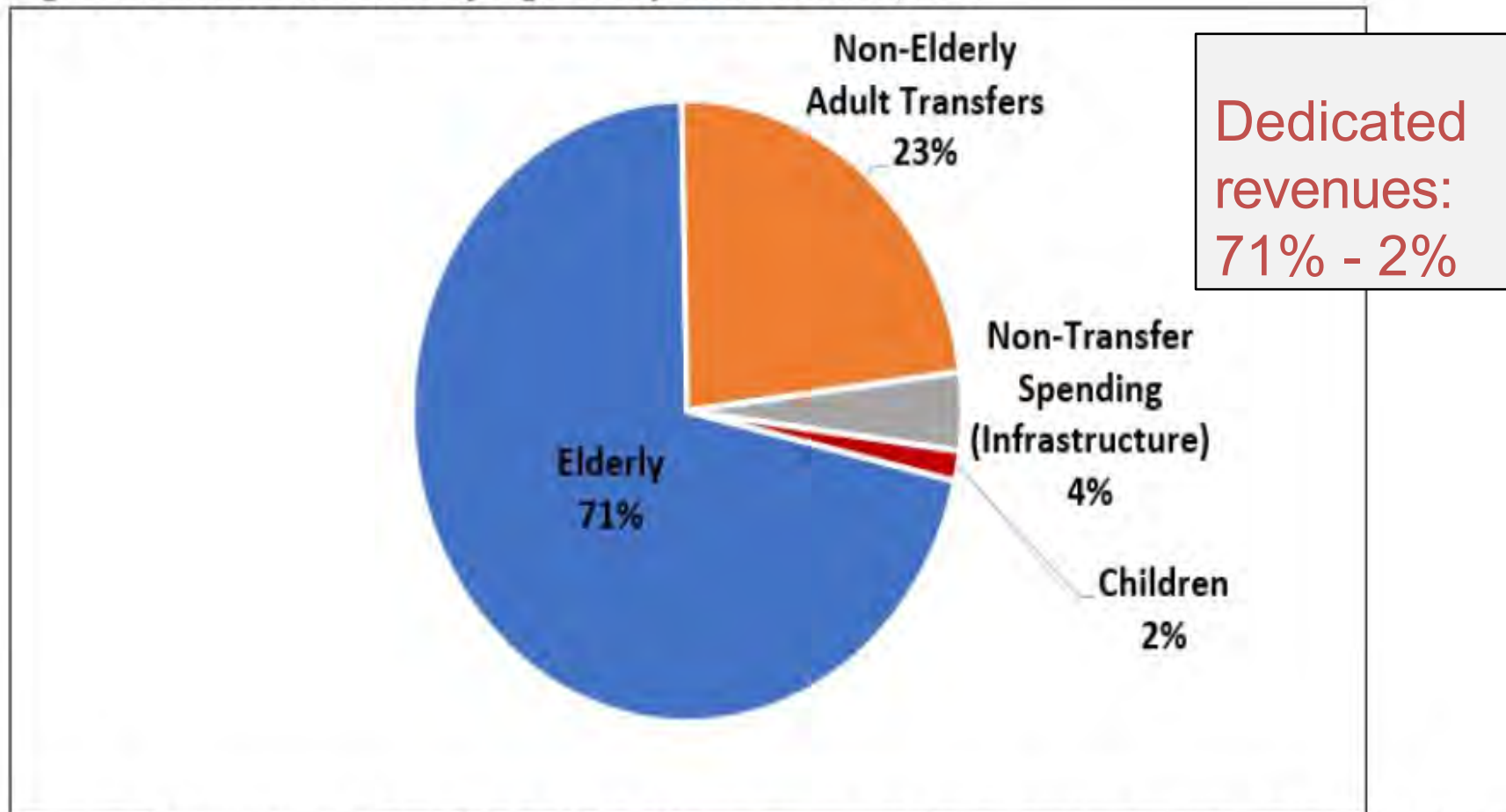
Fig. 4: Average Percentage Growth in Federal Transfer Spending By Age Group, 2017-2028



Sources: Congressional Budget Office, Office of Management and Budget, Urban Institute, and CRFB calculations.

Budget Process Rigs the System Against Children

Fig. 5: Dedicated Revenue by Age Group and Function, 2017



Sources: Congressional Budget Office, Office of Management and Budget, Urban Institute, and CRFB calculations.

Budget Process Rigs the System Against Children

Spending on children --

- Disproportionately discretionary
- Disproportionately temporary
- Often capped
- More often lack built-in growth
- Lack dedicated revenue

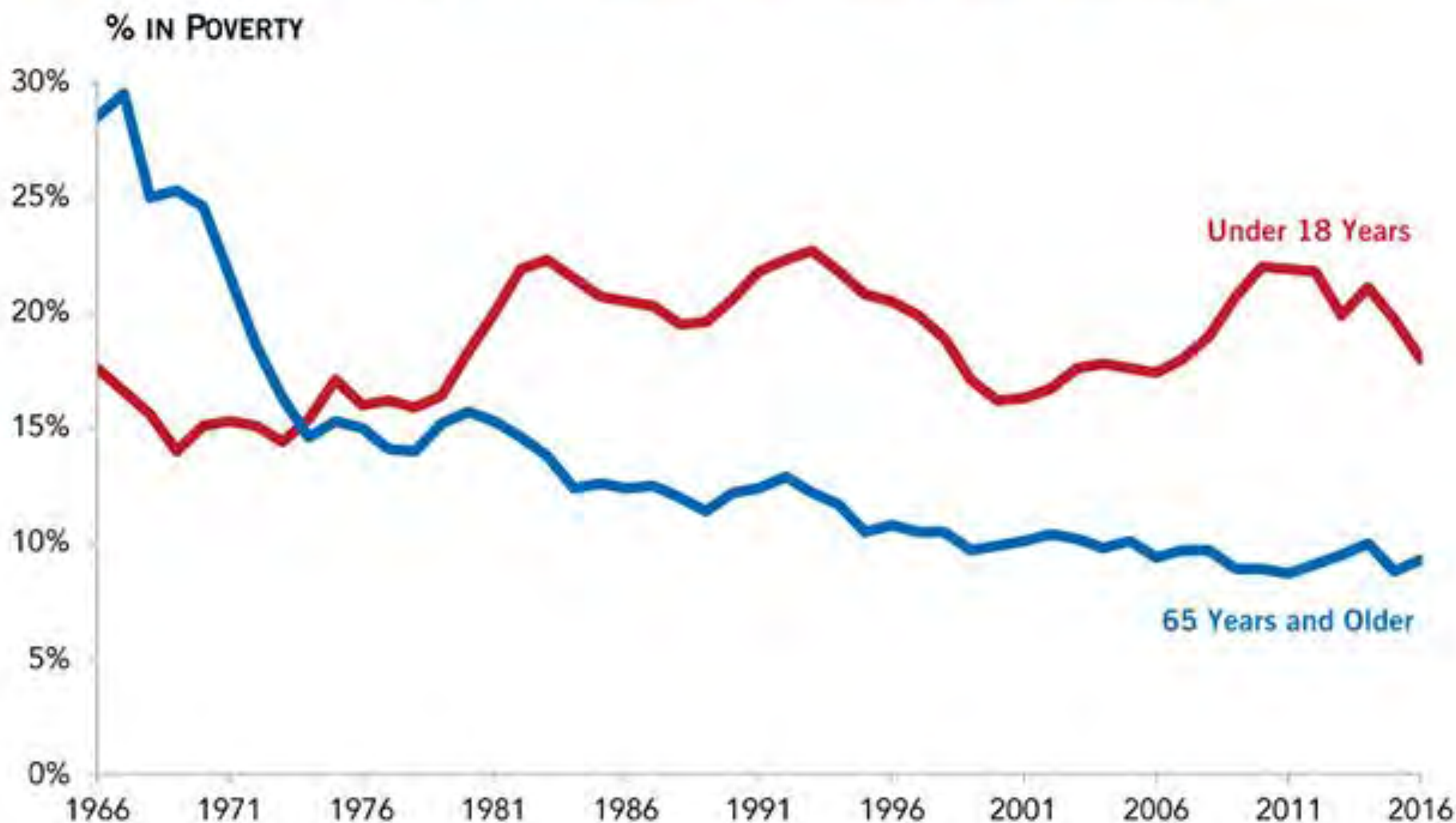
“Taken together, these features of the current budget process are increasingly leading spending on children to be crowded out, as the burden we place on children rises.”

-- Committee for a Responsible Federal Budget

#InvestInKids

Money matters and it heavily
impacts child policy

Poverty levels among children have remained high, while poverty levels among the elderly have declined



SOURCE: U.S. Census Bureau, *Historical Poverty Tables*, September 2017. Data are for 2016. Compiled by PGPF.

Differences in Poverty Reflects Investments, Values

Income Support for Senior Citizens:

Social Security, a mandatory program with automatic growth, has successfully lifted senior citizens out of poverty.



Ron Hawkins, Brookings Institution:

*...in 1966, a year after [President Lyndon] Johnson expanded Social Security and enacted Medicare and Medicaid, elderly poverty was 28.5 percent. By 2012, it had fallen to 9.1 percent, a **decline of about 68 percent.***

Differences in Poverty Reflects Investments, Values

Failure to Support Children:

TANF is a capped block grant with no growth over last 22 years.

Center on Budget and Policy Priorities:

*“The basic TANF block grant has been set at \$16.5 billion each year since 1996; as a result, its real value **has fallen by almost 40 percent** due to inflation.”*

Just under 25 percent of poor families with children receive cash assistance today.

Social Security Works. TANF...Not So Much.

TANF Lifts Many Fewer Children out of Deep Poverty Than AFDC Did

TANF (2014)

Lifted 18% of children who otherwise would have been in deep poverty



AFDC (1995)

Lifted 56% of children who otherwise would have been in deep poverty



Source: Center on Budget and Policy Priorities

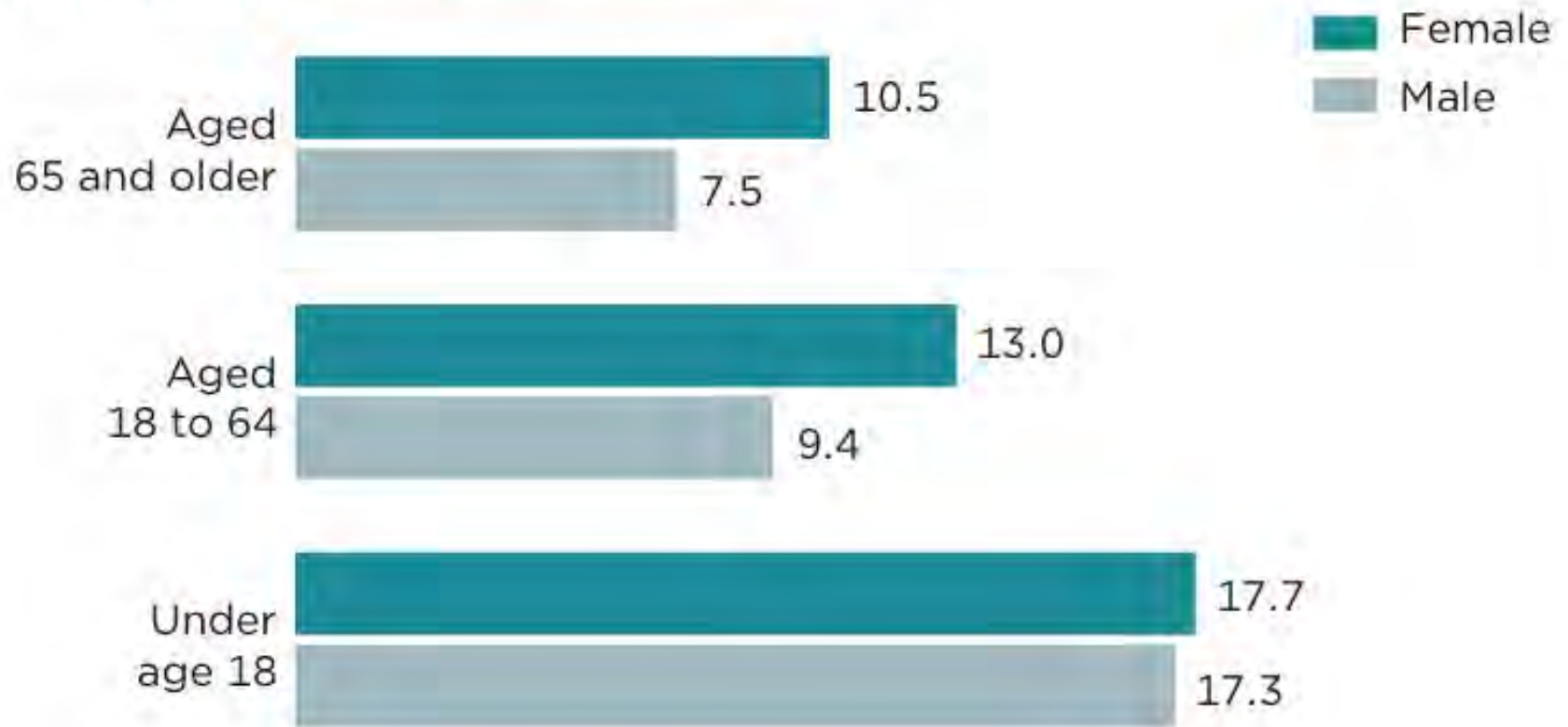
The Columbus Dispatch

More kids in Ohio living in poverty

Poverty persists as Ohio accumulates surplus of welfare funds

Child Poverty is 62% Higher than Adult Poverty

Figure 5.
Poverty Rates by Age and Sex: 2017
(In percent)



Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement.



**MEDICAID PER
CAPITA**

**CAPS:
WHOSE CARE
GETS CUT?**





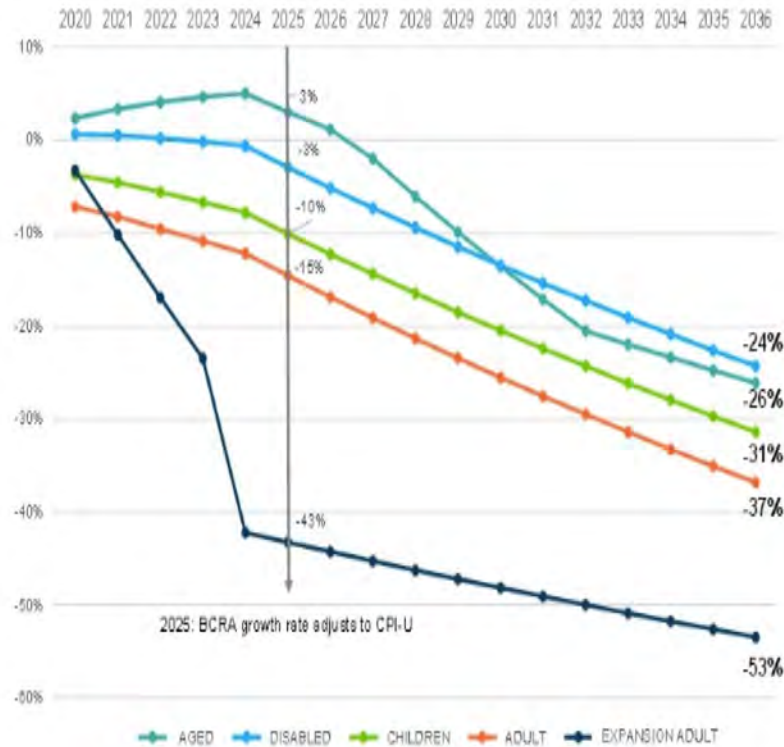
Senator John Chafee (R-RI) in opposition to creating Medicaid caps back in 1996:

“As states are forced to ration finite resources under a block grant, governors and legislators would be forced to choose among three very compelling groups of beneficiaries.

*“Who are they? Children, the elderly, and the disabled. They are the groups that primarily they would have to choose amongst. **Unfortunately, I suspect that children would be the ones that would lose out.**”*

Kids Are Shortchanged, Even in Same Legislation

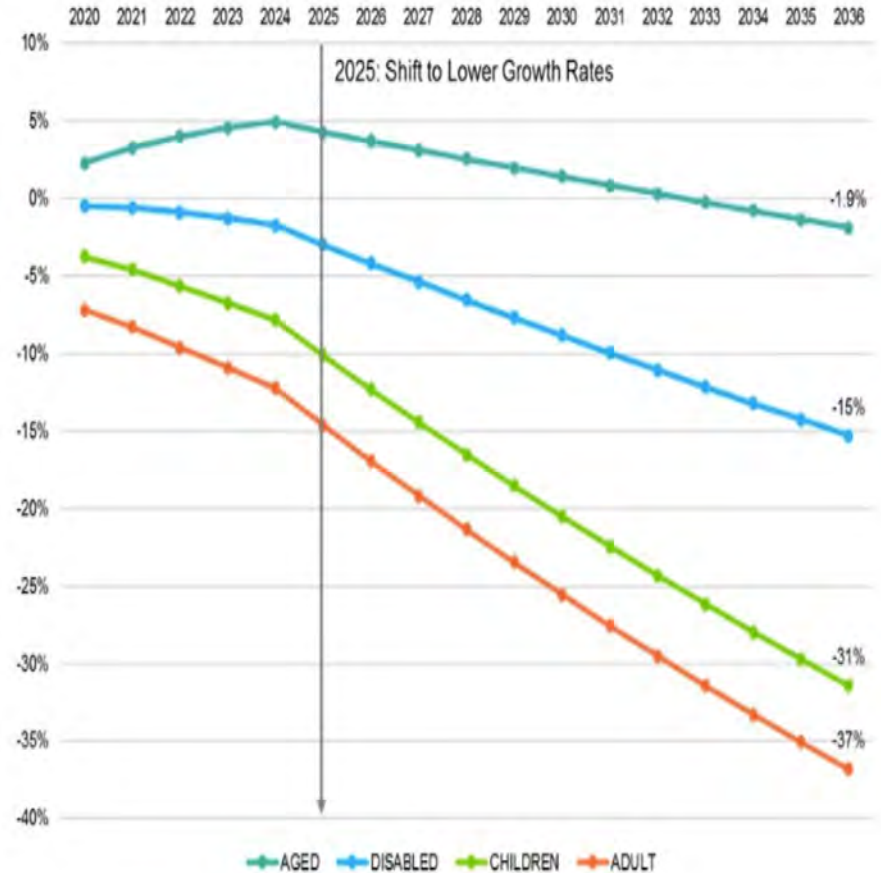
Figure 2: Percent Reduction in Federal Medicaid Spending Under BCRA, by Basis of Eligibility Group, 2020-2036



Aged: - 26%

Children: - 31%

Figure 4: Percentage Change in Federal Traditional Medicaid Spending Due to Per Capita Cap Under GCHJ, by Basis of Eligibility Group, 2020-2036



Aged: - 2%

Children: - 31%

The Public Supports Children

What are the Barriers and
Possible Solutions for
Change?

The Public Supports a Child Policy Agenda

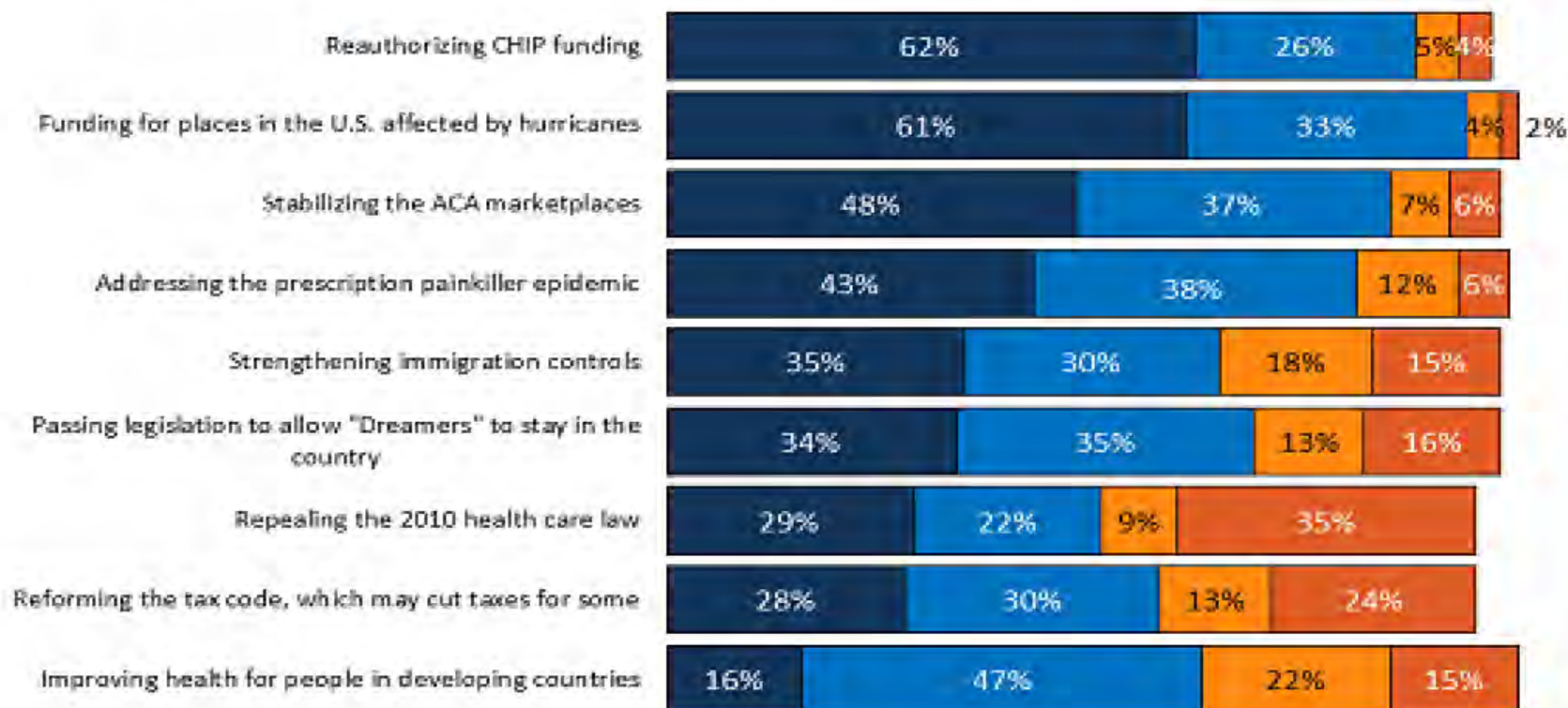
<u>Issue</u>	<u>Result</u>	<u>Intensity</u>
Cut Child Poverty In Half:	82-13%	68%
Extend Child Tax Credits:	81-12%	69%
Adopt a Children's Budget:	66-22%	51%
Adopt Bipartisan Children's Commission:	78-15%	62%

Really...The Public Cares

The Public's Priorities for President Trump and Congress

Should the following things President Trump and Congress might try to do in the coming months be a top priority, important but not a top priority, not too important, or should it not be done?

■ Top priority ■ Important but not a top priority ■ Not too important ■ Should not be done



NOTE: Items asked of half samples. Don't know/Refused responses not shown. Question wording modified. See topline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted November 8-13, 2017)

Why Doesn't Support Translate Into Action?

*“...it takes more than awareness to move people. Activation requires motivation: The **audience must have the will to act.**”*
-- Spitfire Strategies





Overcoming Barriers to Action

Societal Barriers

- Racial Generation Gap
- Parent Bubble: “Not the Role of Government”

Legislative Barriers

- Perception of Power and Influence: Kids Don't Vote, Don't Give Campaign Contributions
- Structural Obstacles in Budget and Policy
- Bipartisanship is Rare

Public Education Barriers

- Unaware of Importance of Policy to Kids
- Kids Are Viewed as “Soft” News

Child Advocacy Barriers

- Lack Resources and Are Too Nice
- Need to Bridge Silos/Come Together

Structural Solutions for Congress to Consider

1) Create a Children's Budget

- **S. 3074, Focus on Children Act (Sen. Kamala Harris):** directs CBO to provide an annual report to Congress on spending levels for children and a warnings report when interest of the debt will exceed all federal spending on children
- **S. 3075, Children's Budget Act (Sen. Bob Menendez):** directs OMB to provide for an estimate on spending levels for children in the President's budget

2) Create an Independent Commissioner for Children

- Conduct studies and independent analysis for Congress on issues of importance to children



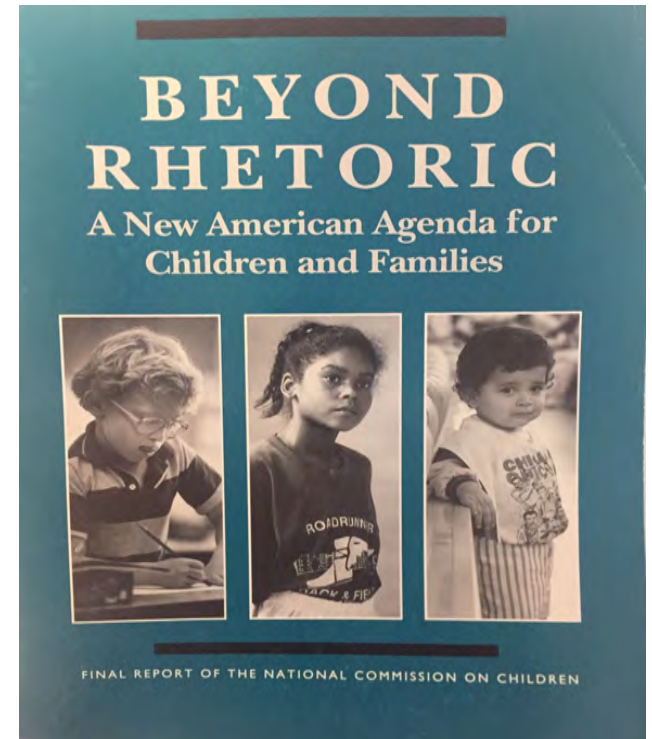
Structural Solutions for Congress to Consider

3) Create a Child Poverty Target

- **S. 1630/H.R. 3381 , Child Poverty Reduction Act (Sen. Bob Casey & Rep. Danny Davis):** creates a target to cut child poverty in half over 10 years

4) Create a National Bipartisan Commission on Children

- A similar bipartisan commission was created under President Reagan with the report finalized under President Bush in 1991 and was instrumental in the creation of the Child Tax Credit and CHIP



Structural Solutions for Congress to Consider

5) Create a Select Committee on Children, Youth & Families

- Like the current Senate Select Committee on Aging, the House had a Select Committee on Children, Youth & Families from 1983 to 1993, which had the purpose “to provide an ongoing assessment of the conditions of American children and families and to make policy recommendations to Congress and the public”

6) Create a Children’s Cabinet at the Federal Level

- Like those in the states and at local levels of government, a Children’s Cabinet would better coordinate and improve services, develop common outcomes, and align policy and resources at the federal level

Structural Solutions for Congress to Consider

7) Identify a Dedicated Revenue Source for Some Children's Programs

- Disparities in funding could be reducing by financing some children's programs, such as CHIP, TANF, WIC, school lunch, or new programs for children with a dedicated revenue source, much like the Social Security and Medicare Trust Funds (CRFB option)

8) Reconsider Default Indexing of Federal Programs

- Social Security benefits rise with wages and Medicare spending with health costs. However, SNAP only grows with inflation, the CTC includes no inflation adjustment, and TANF is capped and funded at the same level as in 1996. Indexing could be reviewed regularly to evaluate whether benefit levels should be adjusted higher or lower (CRFB option).

Structural Solutions for Congress to Consider

9) Enact the Homeless Children and Youth Act

- **S. 611/H.R. 1511, Homeless Children and Youth Act (Sens. Dianne Feinstein & Rob Portman & Reps. Steve Stivers and Dave Loebsack):** current HUD and Department of Education definitions of homelessness for children are different and disadvantage children for housing benefits and support

10) Convert CHIP to a Permanent, Mandatory Program

- CHIP is the only federal health coverage program that is subjected to arbitrary caps, temporary authorizations, and out-year funding cliffs, which creates uncertainty and difficult reauthorizations that adult health coverage programs are never subjected to



Structural Solutions for Congress to Consider

11) Reform TANF

- TANF should be reformed to make cutting child poverty a primary goal and should include changes to its funding structure to ensure that adequate resources are dedicated to substantially cut child poverty in this country

12) Adopt the Concept of Inter-Generational Equity

- The federal government should examine inter-generational equity to ensure we are meeting the needs of all current generations with a recognition of the need to support and not compromise the ability of future generations to reach their full potential

Structural Changes Congress Should Reject

1) Oppose Doing Bad Things Like Medicaid Block Grants and Caps

- As shown in the 2017 health reform debate, children will be one of the biggest losers in such a scenario, which would threaten the health and well-being of some of our nation's most vulnerable children

2) Reject Doing Nothing

- Gridlock is the enemy of children: doing nothing is a choice but it should not be an option, as we have shown that current law and structures will leave children with a declining share of resources and growing debt to pay off in the future

Children are growing up without the ability to achieve their potential. That is inconsistent with what Americans say they want their country to be about.

— Marianne Page

UCDAVIS

CENTER FOR POVERTY RESEARCH

poverty.ucdavis.edu



Thank You!



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

Bruce Lesley

202-657-0670

www.firstfocus.org

Let's prioritize the federal budget to

PUT KIDS FIRST.

We believe kids deserve a bigger slice of the pie.

The Children's Budget Coalition is dedicated to making children and families the priority in federal policy and budget decisions. We are committed to ensuring that all of our nation's children have equal opportunity to reach their full potential.

Board on Children, Youth, and Families

TRANSFORMING THE FINANCING OF EARLY CARE AND EDUCATION

Committee on Financing Early Care and Education with a
Highly Qualified Workforce

Study Sponsors

Administration for Children and Families, U.S. DHHS

U.S. Department of Education

Alliance for Early Success

Buffett Early Childhood Fund

Caplan Foundation for Early Childhood

Foundation for Child Development

Bill and Melinda Gates Foundation

Heising-Simons Foundation

Kresge Foundation

W. K. Kellogg Foundation

National Academies' of Sciences, Engineering, and Medicine

Presidents' Funds



Abbreviated Statement of Task

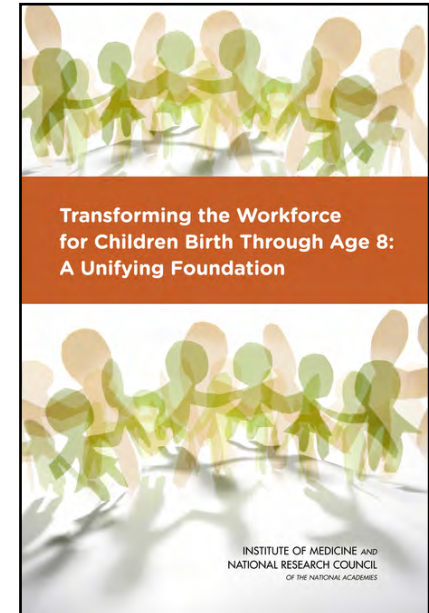
The committee will study how to fund early care and education for children from birth to kindergarten entry that is accessible, affordable to families, and of high-quality, including a well-qualified and adequately supported workforce, consistent with the vision outlined in the report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*.



Transforming the Workforce

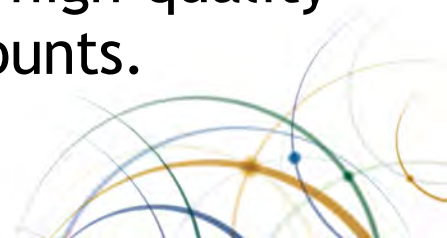
Vision

A care and education workforce for children birth through age 8 that is unified by a foundation of the science of child development and early learning, shared knowledge and competencies, and principles to support quality professional practice at the individual, systems, and policy levels.



Key Messages

- High-quality ECE is critical to positive child development and has the potential to generate economic returns.
- The current financing structure is inadequate to support the recruitment and retention of a highly qualified workforce and ensure and incentivize high-quality services across settings.
- Only a small share of children currently have access to high-quality programs.
- The total cost of providing access to affordable, high-quality ECE for all children exceeds current funding amounts.



Landscape of ECE Financing

- Financing for ECE is a layering of separate programs, with different funding streams, constituencies, eligibility requirements, and quality standards
- Funding comes from the public sector and private sources

Public-Sector Funding Stream	Federal	State
Head Start/Early Head Start	✓	
Child Care Development Fund	✓	✓
TANF	✓	✓
State-funded preschool		✓
Tax-based subsidies	✓	✓



Principles for High-Quality ECE

High-quality ECE requires:

- 1) A diverse, competent, effective, well-compensated, and professionally supported **workforce** across the various roles of ECE professionals.
- 2) All children and families have **equitable access** to affordable services across all ethnic, racial, socioeconomic, and ability statuses as well as across geographic regions.
- 3) **Financing** that is adequate, equitable, and sustainable, with incentives for quality and that is efficient, easy to navigate, easy to administer, and transparent.
- 4) A variety of high-quality service **delivery options** that are financially sustainable.
- 5) Adequate financing for **high-quality facilities**.
- 6) Systems for ongoing **accountability**, including learning from feedback, evaluation, and continuous improvement.



Estimating the Cost of High-Quality ECE

Key Assumptions for Illustrative Cost Estimate

- Onsite Costs
 - Lead educators with a BA degree
 - Resources for coaching and mentoring
 - Paid release time for professional development
 - Specialists for children with special needs
 - Paid non-child contact time
- System-Level Costs
 - Workforce development costs
 - Quality assurance and improvement costs



Estimated Total Cost of High-Quality ECE System

**Dynamic Estimate of the Total Cost by Transformation Phase, with Estimated Shares of Public and Family Contributions and Needed Increase above Current Public Spending
(billions of 2016 constant dollars)**

	Phase 1	Phase 2	Phase 3	Phase 4
Total, dynamic estimate	\$74.5	\$89.0	\$114.3	\$139.9



Estimated Total Cost of High-Quality ECE System

- OECD countries spend an average of 0.8% of GDP on ECE
 - Phase 1: amounts to 0.4% of current U.S. GDP
 - Phase 4: amounts to 0.75% of current U.S. GDP
- Total cost of high-quality ECE less than K-12 spending
 - Phase 1: about 12% of total K-12 expenditures
 - Phase 4: about 22% of total K-12 expenditures



Sharing the Cost

- Variety of approaches to determining a reasonable share of costs for families to pay
- If no fees are charged:
 - Family payments would be \$0 for all income levels
- If fees are charged:
 - Family payments at the lowest income level reduced to \$0
 - Family payments as a share of family income increase progressively as income rises



Sharing the Cost

Dynamic Estimate of the Total Cost by Transformation Phase, with Estimated Shares of Public and Family Contributions and Needed Increase above Current Public Spending (billions of 2016 constant dollars)

	Phase 1	Phase 2	Phase 3	Phase 4
Total, dynamic estimate	\$74.5	\$89.0	\$114.3	\$139.9
Family payment	\$40.7	\$45.1	\$51.9	\$58.2
Public/private assistance	\$33.8	\$43.9	\$62.5	\$81.7



Filling the Gap

Dynamic Estimate of the Total Cost by Transformation Phase, with Estimated Shares of Public and Family Contributions and Needed Increase above Current Public Spending (billions of 2016 constant dollars)

	Phase 1	Phase 2	Phase 3	Phase 4
Total, dynamic estimate	\$74.5	\$89.0	\$114.3	\$139.9
Family payment	\$40.7	\$45.1	\$51.9	\$58.2
Public/private assistance	\$33.8	\$43.9	\$62.5	\$81.7
Needed Increase Above Current Public Spending (\$29 billion)				
	\$4.8	\$14.9	\$33.5	\$52.7



Report Conclusions

A Vision for Financing Early Care and Education

- Recommendations 1-3: An Effective Financing Structure
- Recommendations 4-5: Sharing the Costs
- Recommendation 6: Planning for the Transition
- Recommendation 7-8: Financing Workforce Transformation
- Recommendations 9-10: Assessing Progress toward Quality



Sharing the Cost for High-Quality ECE

Recommendation 4: To provide adequate, equitable, and sustainable funding for a unified, high-quality system of ECE for all children from birth to kindergarten entry, **federal and state governments should increase funding levels and revise tax preferences to ensure adequate funding.**

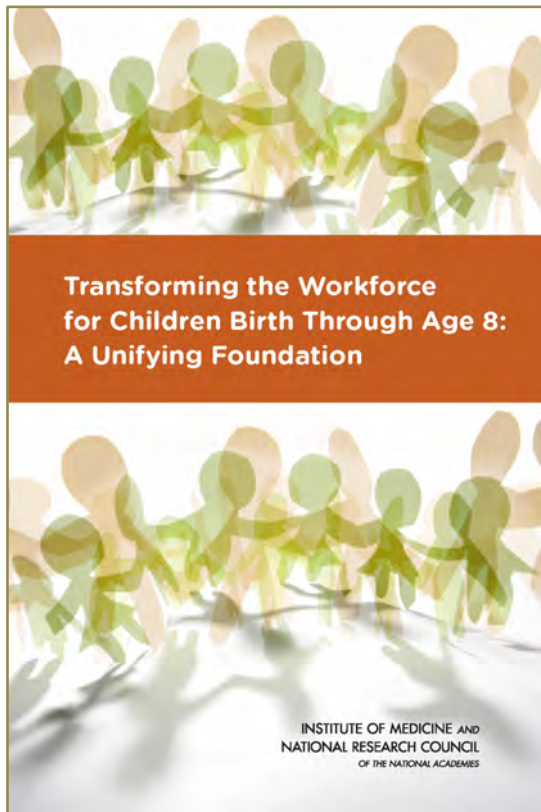


Final Thoughts

Reliable, accessible high-quality ECE, can be achieved.

- Greater harmonization and coordination among multiple financing mechanisms and revenue streams
- Greater uniformity in standards to incentivize quality
- Significant mobilization of financial and other resources shared across the public and private sector
- More equitable distribution of the share from family contributions and a commitment to major increases in public investment



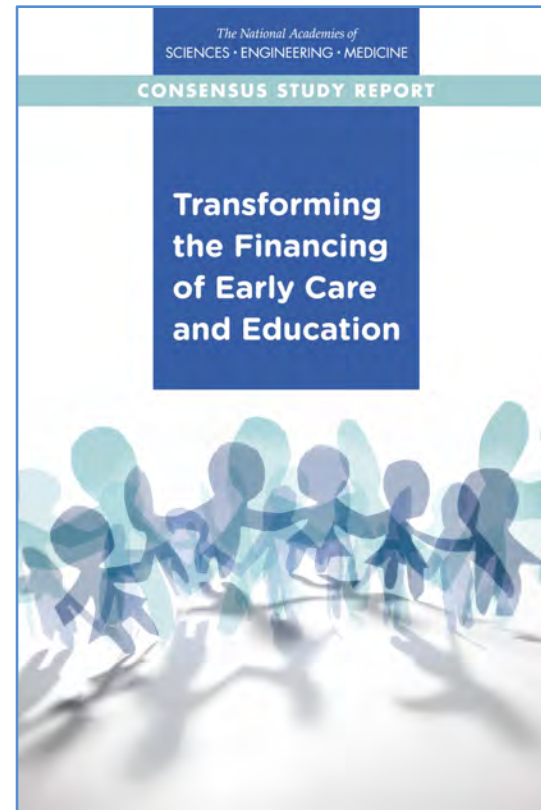


**Transforming the Workforce
for Children Birth Through Age 8:
A Unifying Foundation**

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

<http://nas.edu/birthtoeight>

#birthto8



The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

**Transforming
the Financing
of Early Care
and Education**

http://nas.edu/Finance_ECE

#FinancingECE



OPIOIDS AND CHILDREN



NATASHA SLESNICK

PROFESSOR AND ASSOCIATE DEAN FOR RESEARCH
COLLEGE OF EDUCATION AND HUMAN ECOLOGY
THE OHIO STATE UNIVERSITY



IS THE OPIOID EPIDEMIC A CHILD'S PROBLEM?

- ❖ **Almost ALL addictions start during adolescence.**
- ❖ **Many adolescents are dying of drug overdoses.**
- ❖ **Many children across the nation are losing parents to overdose or drug use.**
- ❖ **Thousands of babies are being born addicted to opioids and with Hepatitis C.**
- ❖ **Only 5% of 12-17 year olds and 7% of 18-25 year olds in need of substance treatment receive it.**

90% OF THOSE WITH ALCOHOL, TOBACCO, OR DRUG USE DISORDER START USING THEM **BEFORE AGE 18**

25% of Americans who begin using any addictive substance **before age 18** are addicted.



**We need to decrease the number of adolescents
transitioning to opioids**

THE U.S. OPIOID EPIDEMIC AND CHILDREN

2.4 million grandparents are raising grandchildren.¹

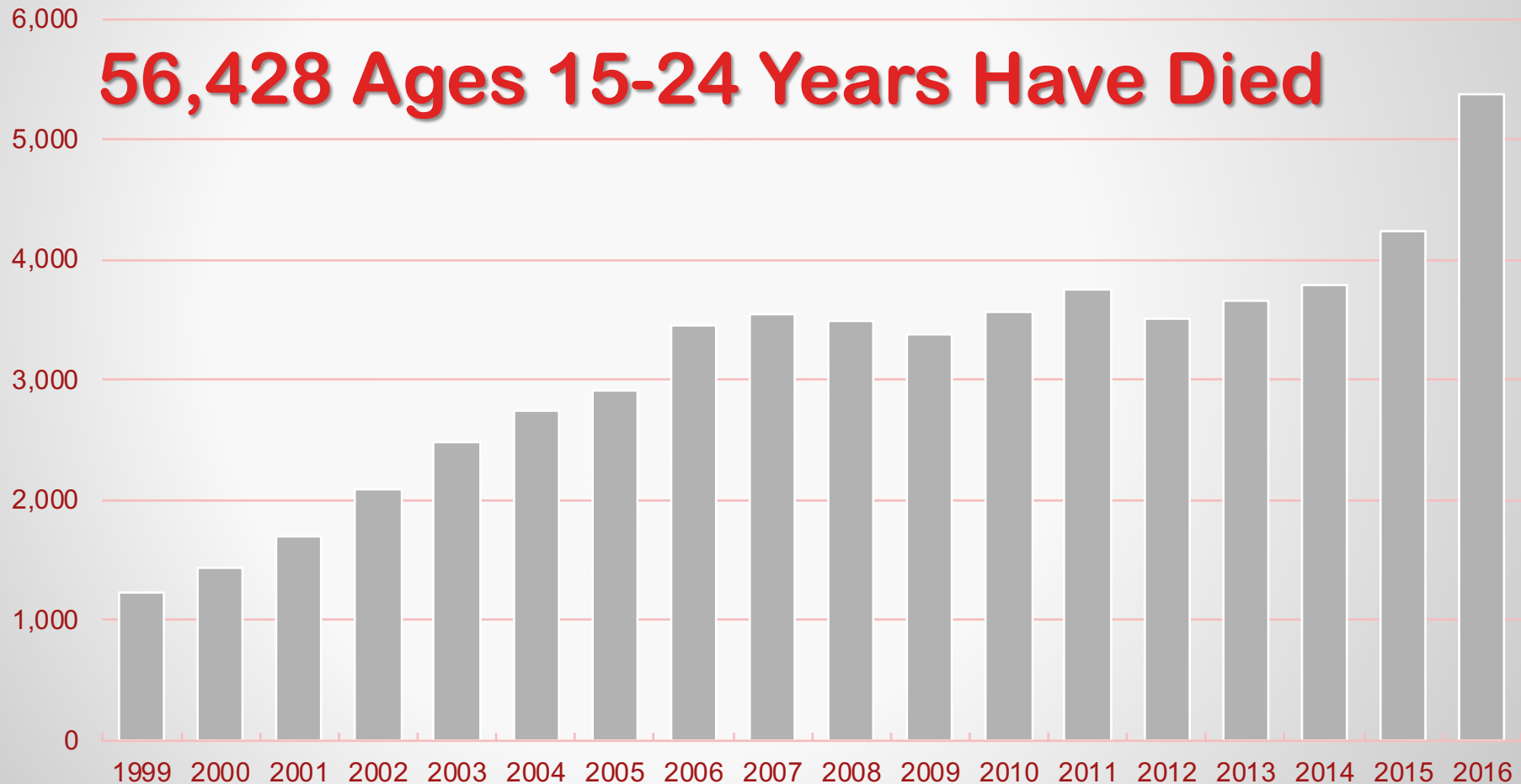
In 2016, 273,539 entered the foster care system.²

A third (34%) were removed due to parents with drug abuse issues.²

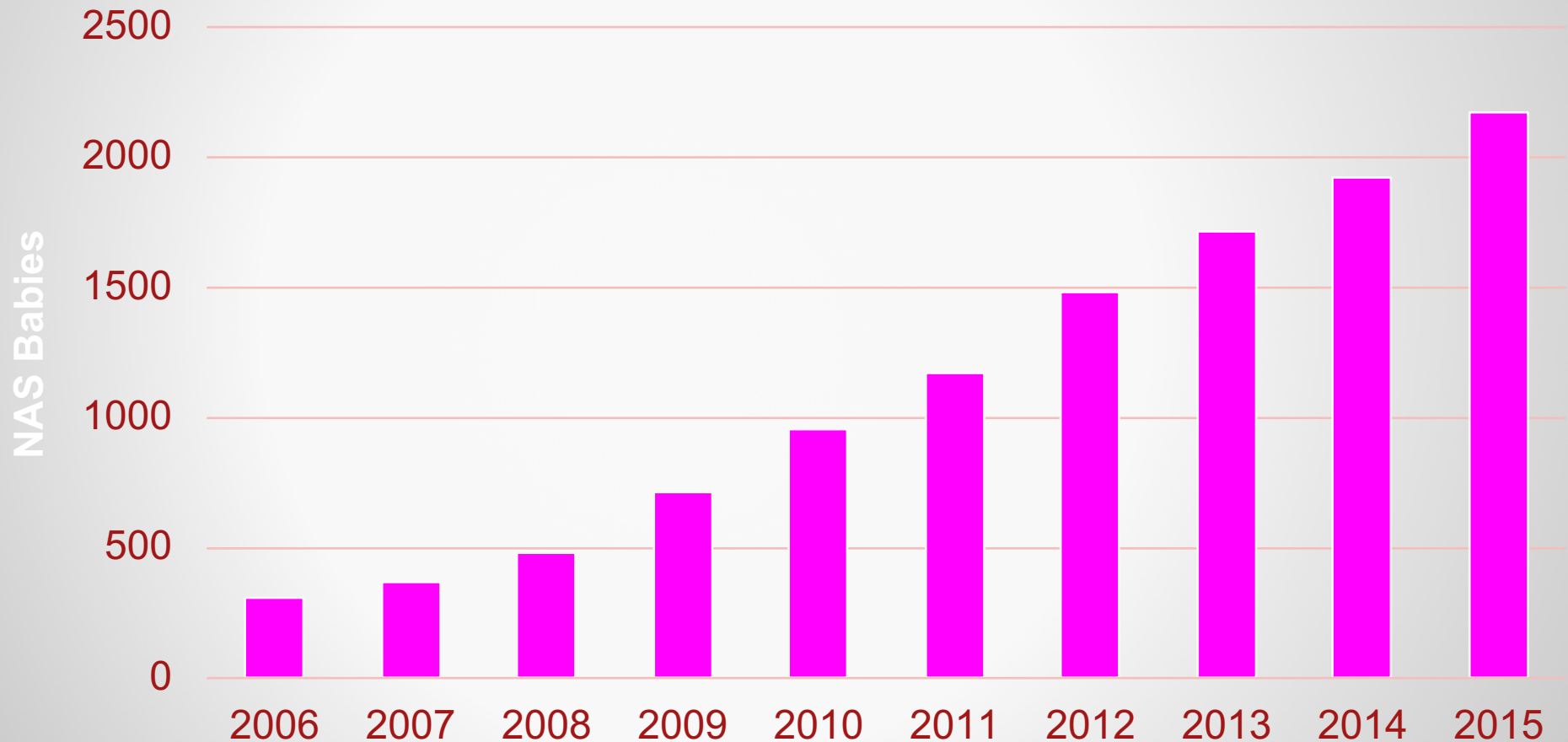
In 2015 in Ohio, 28% were removed due to parent's opioid use.³

1. Trends in Foster Care and Adoption: FY 2007 - FY 2016 (Based on data submitted by States as of Oct 20, 2017) Source: AFCARS data, U.S. Children's Bureau, Administration for Children, Youth and Families. <http://www.acf.hhs.gov/cb>
2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/cb Preliminary Estimates for FY 2016 as of Oct 20, 2017 (24).
3. Public Children's Services Agency of Ohio Opiate Survey, April 2016.

U.S. OVERDOSE DEATHS PER YEAR 1999-2016 : AGES 15-24 YEARS



NEONATAL ABSTINENCE SYNDROME OHIO 2006-2015



CHILDREN OF OPIOID USERS

- 7% of U.S. women report a drug use problem.
- Among those women, 70% have primary responsibility of minor children.
- Approximately 11% of US children live in a family with one or more parents with a substance use disorder (SUD).
- **Half of these children will have a SUD by young adulthood.**
- When a parent seeks help for their substance use, children are unlikely to also receive assistance, but it is a prime opportunity for intervention.

CHILDREN OF OPIOID USERS

- In our work¹ with opioid using mothers with an 8-16 year old child in their care, we found:
 - Not including children in the family intervention resulted in *higher* opioid use among mothers. Mothers showed improved outcomes if their child participated in treatment.
 - Children participating in family intervention with their mother showed reduced and delayed alcohol and other drug use as well as reduced child problem behaviors.
 - Most mothers continued with family intervention with their children even though 80% dropped out of community-based substance use treatment by 6 months.

¹This work funded by NIDA grant R01DA023062

HOMELESS YOUTH



- Up to 7.6% of the population experiences homelessness by young adulthood;
- One child in eight runs away prior to age 18;
- An estimated 660,000 youth aged 13-17 and 3.5 million aged 18-25 experience homelessness annually¹

- **50% of non-service using homeless youth (ages 14-24 years) in Columbus, OH report opioid use.**²

- 45% attempted suicide at least once
- 50% report IV drug use.
- 12% report sex work.
- Nearly 50% report childhood physical/sexual abuse.
- On average, report one year of continuous homelessness.

¹Morton, M. H., et al. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health, 62*(1), 14-21.

²This work funded by NIDA grant R34DA032699

HOMELESS YOUTH

- Homeless and marginally housed youth need Hep C and HIV testing and syringe services that they can access.
- Unless there is active outreach and meeting youth where they at, youth trying to live day to day will not take advantage of treatments.
- There are infectious disease and public health mechanisms in place – but monies need to be targeted to pediatric and emerging adult populations.
- Youth need to be found and matched to services and the workforce needs to be capable of caring for them.

CHILDREN'S BUDGET PRIORITIES IN RESPONSE TO OPIOID EPIDEMIC

Child Welfare Share of Total Spending on Children



Promoting Safe and Stable Families

Department: Health and Human Services · Bureau: Administration for Children and Families
Share of Spending Allocated to Children: 100%

2014-18	Mandatory					
	2014	2015	2016	2017	2018	Trump 2019
Spending Level	\$ 320.2 M	\$ 319.8 M	\$ 321.5 M	\$ 325.0 M	\$ 345.0 M	\$ 385.0 M
Real Change from Previous Year	-3.7%	-0.2%	-0.7%	-0.7%	3.9%	9.1%

2014-18	Discretionary					
	2014	2015	2016	2017	2018	Trump 2019
Spending Level	\$ 63.1 M	\$ 59.8 M	\$ 59.8 M	\$ 59.8 M	\$ 99.8 M	\$ 59.8 M
Real Change from Previous Year	4.0%	-5.4%	-1.3%	-1.7%	63.4%	-41.4%

The Promoting Safe and Stable Families (PSSF) Program offers grants to states to help prevent the unnecessary separation of children from their families, to improve the quality of care and services to children and their families, and to promote family reunification. The 2018 Consolidated Appropriations Act included a \$40 million increase in the discretionary PSSF account to fund Kinship Navigator Programs and Regional Partnership Grants targeting children and families impacted by the opioid epidemic.

20.5%
2014-18

TOTAL SPENDING ON CHILD SAFETY

	2014	2015	2016	2017	2018	Trump 2019
Spending Level	\$ 1.57 B	\$ 1.57 B	\$ 1.68 B	\$ 1.57 B	\$ 1.99 B	\$ 1.67 B
Real Change from Previous Year	65.9%	0.1%	5.7%	-8.5%	24.4%	-18.3%

NEW
SINCE
2014

Opioid Affected Youth Initiative

Department: Justice · Bureau: Office of Justice Programs
Type: Discretionary · Share of Spending Allocated to Children: 100%

	2014	2015	2016	2017	2018	Trump 2019
Spending Level	\$ 0	\$ 0	\$ 0	\$ 0	\$ 8.0 M	\$ 0
Real Change from Previous Year	N/A	N/A	N/A	N/A	N/A	-100.0%

Opioid Affected Youth Initiative grants support states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for children, youth, and at-risk juveniles and their families who have been impacted by the opioid crisis and drug addiction. Congress first funded this program in FY 2018 through Title V Delinquency Prevention grants.

CONCLUSIONS

- Prevention is essential: service engagement of children of opioid using parents helps children.
- Engaging children improves parent outcomes.
- Hidden populations of youth such as those experiencing homelessness may have the highest opioid use rates.
 - Must direct efforts towards identifying and engaging non-service connected youth into services and supports that end opioid use and related struggles.

A large, stylized red graphic on the left side of the slide, consisting of several overlapping, flowing, wavy lines that form a circular, spiral-like shape. The lines are a vibrant red color and have a soft, feathered edge.

Prioritizing Moms & Young Children in WIC

Rev. Douglas Greenaway, President & CEO
National WIC Association

First Focus Children's Budget Summit
Thursday, October 4, 2018

Overview

- Why support WIC?
- WIC funding & participation landscape
- WIC Breastfeeding Peer Counselor Program
- Public Charge & the Census



Why Support WIC?

- **WIC Grows Healthy Babies, Toddlers, & Young Children**
 - Ensure infants' and children's normal growth
 - Reduces levels of anemia
 - Increases immunization rates
 - Improves access to regular health care/social services
 - Improves diets
- **Assures Healthy Pregnancies, Enables Strong Moms**
 - Seek prenatal care earlier in pregnancy
 - Have longer, healthier pregnancies
 - Consume more key nutrients: iron, protein, calcium, and Vitamins A and C
 - Fewer premature births, low and very low birth-weight babies
 - Reduces fetal & infant deaths



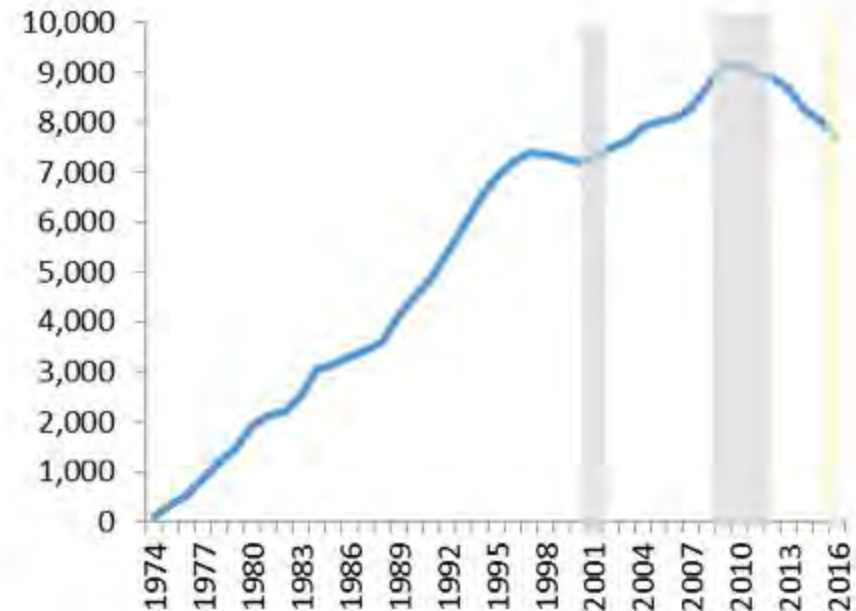
WIC Funding Landscape

- Constant Continuing Resolutions create uncertainty, barriers to planning – impacting staffing, scheduling, accessibility
- Shutdown threats require dedicated planning & resources – starting several weeks in advance
- Political opposition has made breastfeeding support funding a challenge
- Attacks on Medicaid & SNAP hurt WIC participation
- Shaming has real life consequences impacting the viability of pregnancies, development of young children
- Public charge & other immigration proposals & rhetoric are hurting WIC

WIC Funding & Participation Landscape

- In 2015, for the first time in over a decade, WIC caseload dropped below 8 million participants per month
- Nearly half of eligible families are not receiving the benefits and important nutrition support authorized by Congress
- Decreasing resources make outreach & retention efforts harder, creating a vicious downward spiral

WIC Participation 1974-2016



WIC Breastfeeding Peer Counselor Program

- WIC BFPC increases rate & duration of BF
- Despite this, WIC BFPC has been flat funded at \$60 M for at least the past five years, but is authorized at \$90 M
- 93% of state agencies cover local agencies that have a peer counseling program
- **Still, an average of 53% of pregnant and postpartum participants are enrolled in peer counseling**
- On August 1, the Senate voted 92-6 in favor of an appropriations bill that includes \$7.5 M additional for WIC BFPC, thanks to an amendment from Senator Casey!



Immigration & Census Policies Hurt WIC

- Proposed rule on public charge seeks comments on considering ANY benefit as a negative factor in obtaining legal status
- SNAP & Medicaid called out in public charge rule
 - Decrease in SNAP/Medicaid = decrease in WIC, due to adjunctive eligibility
- Proposed census citizenship question
 - Fair share formulas will be impacted – determine funding distribution
 - Non-citizens will fear participation



Call to Action

- Join in supporting Senator Merkley's resolution to recognize National Breastfeeding Month
- Look out for NWA alerts on WIC funding & Breastfeeding Peer Counselor program appropriations
- Submit regulatory comments on public charge – model comments to come through NWA & First Focus
- Encourage members of Congress to co-sponsor the Wise Investment in our Children (WIC) Act



Questions?





CHILDREN'S BUDGET SUMMIT 2018

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