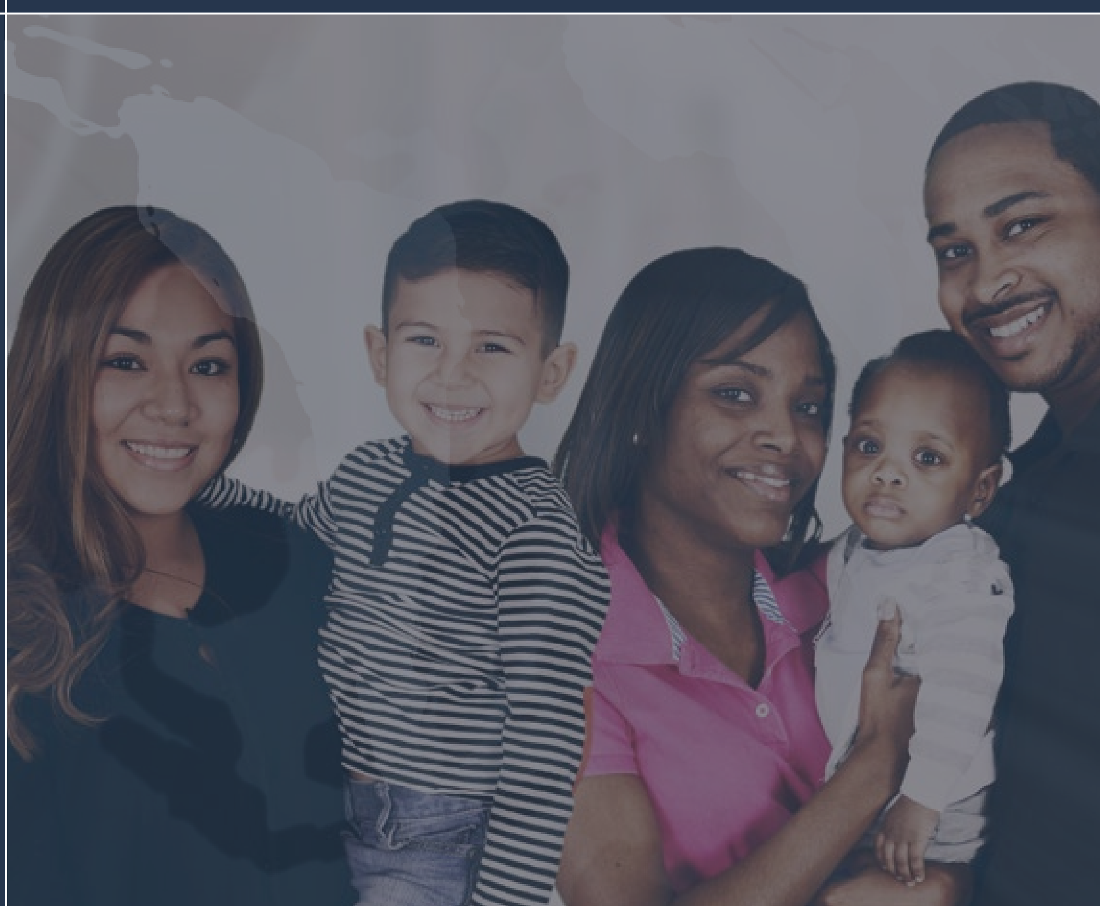
FEDERAL BUDGET

2017

INCREASING OPPORTUNITIES AND ADDRESSING DISPARITIES: **Supporting Young Children through the Budget**



Center for the Study of Social Policy

INCREASING OPPORTUNITIES AND ADDRESSING DISPARITIES

Supporting Young Children through the Budget

Early childhood is an important time for developmental growth and is foundational to supporting positive health, behavioral and educational outcomes through adulthood. Unfortunately, poor children — disproportionately children of color — often lack access to the opportunities and environments that support optimal development and subsequently experience poorer outcomes than their peers.

There are considerable racial differences in the proportion of children living in poor or low-income households in the United States, with 69 percent of black and American Indian children and 66 percent of Hispanic children younger than age 6 living in low-income households, compared with 34 percent of their white counterparts. [1] In addition to these racial disparities, child poverty is particularly troubling because it is associated with a host of negative life outcomes that extend well beyond childhood, including lower rates of academic achievement and educational attainment and higher incidences of antisocial behavior and chronic illnesses.[2] Research has demonstrated that much of the early disparities in children's development can be explained by family experiences prior to their entrance to school.[3]

To promote equitable outcomes for young children and their families, it is critical to consider the relationship between public policy and race, ethnicity and culture. Even when policies do not explicitly address equity issues, they are likely to have a differential impact on the lives of racial and ethnic minority families. Explicitly addressing disparities that occur early in a child's life is an important way that public policy and budget decisions can ensure the needs of all young children and families are equitably met.

The release of President Obama's fiscal year (FY) 2017 budget proposal provides an important opportunity to emphasize how and why policymakers can maximize resources to ensure the well-being of young children and their families and reduce early disparities.

In a country with widening income inequality and consistently poorer outcomes for children and families of color, the federal budget – and the resource decisions that flow from it – provide a concrete vehicle to shift policies and programs toward investments that address inequities and improve outcomes for young children.

Strategies to Advance Equity for Young Children

Advancing equity through federal budget initiatives can be accomplished using a variety of strategies. Here, we examine in particular paid family leave; the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program; and the Child Care and Development Block Grant (CCDBG). These investments provide opportunities to support families across a continuum—prenatally until a child enters school. Done well and intentionally, the cumulative effect of these strategies can positively impact the experiences of young children, start to address early disparities and lead to positive outcomes for young children and families of color.

This budget brief provides examples of ways that states are increasing opportunities for young children and families of color through investments in family supports, health and early learning. In addition, it provides a summary of key items in the President's FY 2017 budget that are targeted at improving outcomes for children, youth, families and the communities in which they live.

Strategy #1

Advancing Equity for Young Children through Family Supports: Paid Leave

When offered universally, paid family leave policies can provide crucial economic stability to families during times of upheaval, promote bonding and attachment between parents and their children and reduce parental stress during a critical period of child development.

Paid family leave policies are particularly important for low-income and part-time workers, who are disproportionately people of color and single heads of households, and who can lose financial support due to a lack of access to leave when major life events such as a birth, an illness or a death in the family occur. In 2011, white and Asian workers had far greater access to employer-provided paid family leave than black workers, and almost twice that of Hispanic workers.[4] In the absence of paid family leave policies, many workers are forced to rely on a combination of employer-provided benefits, including sick leave, holidays, vacation days, disability insurance or unpaid leave.[5] The 1993 federal Family and Medical Leave Act (FMLA) guarantees workers 12 weeks of unpaid leave when they have a child or need to care for a family member due to an illness. Unfortunately, FMLA does not apply to all employers, and even those with access to unpaid leave may be unable to take advantage of it. This is especially true for low-income families, for whom going without income for

Strategy #1

weeks at a time is simply not an option. One recent study found that 77 percent of employees who needed family leave but did not take it made their decision based on financial reasons.[6]

Research connects longer periods of paid leave with positive health and well-being outcomes for both children and their families. Babies who spend more time with their primary caregiver in their first few months are at lower risk for infant or child mortality, have higher cognitive scores, exhibit fewer externalizing behaviors and are better bonded with their parents than infants who do not.[7] Additionally, mothers who took longer parental leave exhibit lower rates of depression than mothers who took shorter leave periods.[8] Paid family leave can also provide greater economic benefits and stability for families, with families who have used paid family leave benefits having been shown to rely less on public assistance.[9] Furthermore, women who take leave of more than 30 days are 54 percent more likely to report increased wages in the year following their child's birth.[10] Studies also show that fathers who take paid family leave are more likely to remain involved in their child's care nine months after birth and are more engaged in their child's early learning.[11]

Ensuring better child health and well-being outcomes and promoting family economic stability for low-income families of color are critical to promoting racial equity. For paid family and medical leave to be an effective tool for achieving equity, it should be funded through progressive tax structures, guarantee greater wage replacement rates and be accompanied by aggressive outreach and public education activities to ensure that workers are aware of their eligibility.

The Department of Labor FY17 Budget invests in paid family leave programs by proposing $2.21 billion in funding for the Paid Leave Partnership Initiative. The Paid Leave Partnership Initiative is a grant that assists states in launching paid leave programs and can fund the initial development of these programs a certain percentage of their benefit costs for three years.[12] In FY15, this grant was awarded to Massachusetts, Montana, Rhode Island and the District of Columbia.[13] These grants varied in size and scope

> *"No one should have to struggle between caring for the* ***family they love*** *and the* ***job they need****. Yet, we know for many Americans, that's a choice they have to make. Too many of us work in jobs with little to no paid time off, so when an emergency happens or a baby is born, we struggle to make ends meet. That's particularly true for lower-wage earners, where families can least afford to go without a paycheck. In these situations,* ***paid time off makes all the difference****, allowing a family to continue paying the rent and the bills instead of falling hopelessly behind and facing utilities shutoffs on the top of the challenges that come with illness or the birth of a child. Paid family and medical leave* ***levels the playing field*** *in Rhode Island, so all workers have access to paid time off when they need it most. Plus, our* ***caregiving leave is job protected****, so no one has to worry about losing their job for taking time off. The impact our temporary caregiver insurance has on our state is clear to see: people who use the leave have better health, less stress, and stay employed."*
>
> **-Rhode Island State Sen. Gayle Goldin**

across the different jurisdictions, but were used to examine the feasibility of potential paid leave programs, provide technical assistance to programs currently being developed and examine the effectiveness and awareness of current programs.[14]

Rhode Island was the third and most recent state to enact paid family leave legislation. Its Temporary Caregiver Insurance Act passed in 2013 and was implemented in 2014. The legislation provides four weeks of paid family leave to all private sector employees and some public sector employees through Temporary Caregiver Insurance or Temporary Disability Insurance (TCI/TDI). Leave may be taken to bond with a new child (either through birth, adoption or foster care), take care of a seriously ill family member or to care for one's own disability, which includes complications resulting from pregnancy. Rhode Island's TCI/TDI is funded through employee payroll taxes, with all eligible employees paying into the fund. Under TCI/TDI, employees receive a weekly benefit of approximately 60 percent of weekly wages[15] for salaried workers, with a minimum benefit rate of $84.00 per week and a maximum benefit rate of $795.00 per week in 2015.[16] Additionally, Rhode Island is the only state that ensures job security and health benefits protection for those who take paid family leave on top of the protections already provided by the FMLA.[17]

In 2015, the Rhode Island Department of Labor and Training (DLT) used U.S. Department of Labor funds to analyze the effectiveness and equitable impact of its TCI program after its first year and to make recommendations for its improvement. The study surveyed Rhode Island employees and found that those with higher incomes, more education, those between the ages of 25-39, whites and those who work for larger employers were more likely to be aware of TCI. Moreover, the survey found that 88 percent of TCI leave-takers took the full four weeks of leave offered. Of those who did not, 50 percent could not afford to take more time off, 41 percent feared negative job repercussions, and many were unaware of the provisions ensuring job security.[18]

Given the findings, the Rhode Island DLT will conduct targeted marketing, outreach and education, particularly to women, low-wage employees and people of color. Ensuring that these employees, who pay into the state TCI fund through their payroll taxes, are aware of their eligibility for paid leave and guaranteed job protection while on leave is an important step towards ensuring Rhode Island TCI's effectiveness in ensuring racial equity in paid family leave usage. DLT will also continue to collect demographic data on application approval times and receipt of first benefit checks to analyze and detect demographic trends.

Recommendations:

For paid family and medical leave to be a truly effective tool for achieving equity for young children and their families, it should:

- Be funded through progressive tax structures
- Ensure higher wage-replacement rates
- Be accompanied by aggressive outreach and public education activities to ensure that workers are aware of their eligibility

One recent study found that 77 percent of employees who needed family leave but did not take it made their decision based on financial reasons.[6]

"It's not about using 'one size fits all' approaches, and that's why the portfolio approach is helpful. Washington is diverse and if we just funded one home visiting program, it would not work in all parts of the state and that affects people of color. Through the Home Visiting Services Account, we've funded programs that are promising practices that are really responsive to particular communities."

—Dan Torres, Director of Community Momentum, Thrive Washington

Strategy #2

Advancing Equity for Young Children through Child Health: Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program

One promising approach to supporting low-income parents with infants or young children is through home visiting programs. While home-visiting programs can vary greatly in their aims and methods, they generally seek to provide parenting education, opportunities for skill-building and access to additional resources to support the health of the parent, which can include pregnant mothers, expectant fathers and their newborns or young children. Depending on the program, services may be provided by staff who are nurses, other professionals, or paraprofessionals. Research suggests that, when well-targeted and implemented with fidelity to a tested model, home visiting programs are a promising strategy for improving parenting behaviors and children's cognitive and social-emotional outcomes.[19]

By offering services to families in their homes, home visiting programs confront potential barriers to participation—such as an inability to take time off from work, which disproportionately affects low-income families of color. Additionally, when home visitors are drawn from or reflect the community being served, interventions may be provided in a more culturally appropriate and responsive manner and increase engagement of families.

The Maternal, Infant, Early Childhood Home Visiting (MIECHV) program represents the largest federal investment in home visiting programs. Authorized in 2010 by the Affordable Care Act (ACA), MIECHV is jointly administered by the Health Resources and Services Administration and the Administration for Children and Families (ACF). MIECHV has provided more than 1.4 million home visits since 2012 and, in FY 2014, served an estimated 115,500 parents and children across all 50 states, the District of Columbia and five territories.[20] Nearly 80 percent of the participating families have come from households with incomes that were at or below the federal poverty line.

Home visiting programs funded through MIECHV can be used to achieve a variety of goals, including teaching parenting skills and modeling effective techniques, promoting early learning in the home and conducting screenings for developmental delays in children.[21] All of the programs funded through MIECHV are locally managed and participation is voluntary.

In April 2015, as part of the reauthorization of the Medicare Access and Children's Health Insurance Program, the MIECHV program was extended through FY17 at its current funding level of $400 million per year. The President's FY17 budget proposes an investment of $15 billion in the program over the next 10 years.

The MIECHV program requires that at least 75 percent of funds be used to support programs that are "proven to be effective." The U.S. Department of Health and Human Services has identified 17 program models that meet the MIECHV standards for evidence of effectiveness. The remaining 25 percent of program funds may be used to support "promising" models in the hopes of expanding the evidence base of home visiting programs. This flexibility is crucial in addressing racial disparities, as there are fewer evidence-based home visiting interventions targeted for specific racial and ethnic groups, and a program that is effective with one group may be less effective with others.

The MIECHV program also contains a 3 percent set-aside that funds the Tribal Home Visiting Program, which makes grants to entities such as Indian Tribes and urban Indian organizations. To date, ACF has awarded more than $44 million through 25 Tribal Home Visiting Program grants.[22] In 2014, tribal grantees reported serving approximately 2,800 children and families via almost 18,000 home visits.[23] This set-aside is particularly important for advancing equity, as American Indian children experience disproportionately high rates of a number of negative outcomes, such as poorer mental health, and there is limited research about home visiting models that are effective in serving their specific needs.

Strategy #2

Washington State has used a combination of federal, state and private funds to support and expand home visiting programs to encourage healthy child development and reduce disparities in well-being between children of different racial and ethnic groups.

In 2010, the state created the Home Visiting Services Account (HVSA), which helps fund and evaluate home visiting programs and supplements state resources with matching private funds. The account also helps build and maintain the training, quality improvement and evaluation infrastructure needed for effective statewide home visiting services. In a unique public-private partnership, HVSA is administered by Thrive Washington, the state's main nonprofit partner in early learning, and overseen by the state Department of Early Learning, which is the nation's first cabinet-level agency of its kind.

Beginning in 2012, Washington State's Department of Early Learning has received $1.8 million per year in formula grant funds and $25 million total in competitive grant funds over three years for home visiting programs. For FY14 to FY15, HVSA's funds were approximately 71 percent federal, the source of which is MIECHV, 11 percent in state funding and 18 percent in private grants.[24]

Washington uses home visiting as one of many strategies to advance racial equity. Through an innovative "portfolio" approach, HVSA allows for the selection and use of diverse models and programs to meet the needs of different groups that reside in the state, including rural and tribal communities as well as other communities of color. For example, in 2015 the Confederated Tribes of the Colville Reservation was selected to implement Family Spirit, an evidence-based, tribally responsive home visiting model, in a two-year demonstration project funded through HVSA. In addition to collaborating with communities to select and implement culturally appropriate interventions, Thrive Washington and its partners have also made a broader commitment across all of their work to ensure that "race is eliminated as a predictor of progress and success for children ages birth to 8."[25]

Recommendations

- Embed home visiting programs within a comprehensive, equity-focused early childhood system.
- Use local, centralized intake processes to ensure the best fit between a family's needs and the available home visiting program models in a given community.
- Increase organizational capacity to recruit, train and use home visiting practitioners who are representative of the community they serve.

MIECHV

Maternal, Infant, Early Childhood Home Visiting

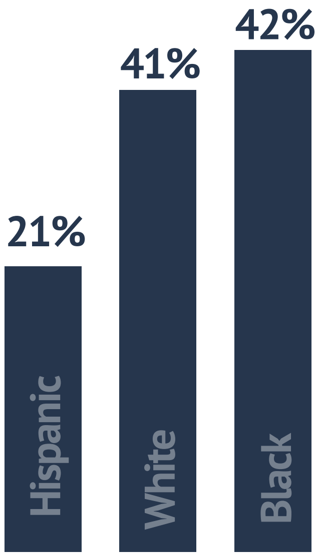
1.4M MIECHV has provided more than 1.4 million home visits since 2012.

115K In FY 2014, MIECHV served an estimated 115,500 parents and children.

80% Nearly 80 percent of all the participating families lived in households with incomes at or below the federal poverty line.

Strategy #3

Advancing Equity for Young Children through Early Learning Systems: Child Care and Development Block Grant (CCDBG)



CCDBG served 1.4 million children in 2014, reaching a diverse cross-section of families in need, but 85 percent of those eligible did not receive assistance.

The Child Care and Development Block Grant (CCDBG)[26] is the primary federal funding source for child care subsidies to low-income working families, and in most states it is also the primary funding source for the child care system and infrastructure, as well initiatives for improving child care quality.[27] Eligible children from families with the lowest incomes are the most likely to receive child care assistance through CCDBG, with roughly 33 percent of federally eligible children served from families with incomes below 100 percent of the poverty line and 19 percent from families with incomes between 100 percent and 149 percent of the poverty line.[28] CCDBG also has the ability to serve children from immigrant families, with eligibility for services being based on the immigration status of the child, regardless of their parents' status.[29]

According to 2014 preliminary data from the U.S. Department of Health and Human Services, CCDBG served a diverse group of children and families. Of the 1.4 million children who received CCDBG subsidies, approximately 42 percent were black, 41 percent white and 21 percent Hispanic/Latino.[30] Unfortunately, CCDBG does not reach all children who are federally eligible to receive child care assistance. Of the 14.2 million children eligible for

Strategy #3

child care assistance under federal rules in 2012, only 15 percent received the subsidy.[31]

On November 19, 2014, President Obama signed into law the Child Care and Development Block Grant (CCDBG) Act of 2014[32] with broad bipartisan support from Congress—strengthening its dual role as a major early childhood education program and a work support for low-income families.[33] The law supports goals intended to improve the health, safety and quality of child care while making it less burdensome for families to get and keep child care assistance.[34] Under the new law, states must reserve a portion of CCDBG funds for activities aimed at improving child care quality, increasing parental options and increasing access to high-quality care which can be provided directly or through grants or contracts with resource and referral organizations or other appropriate entities.[35]

The U.S. Department of Health and Human Services Administration for Children and Families FY 2017 Budget Request includes $2.96 billion in funds for CCDBG, of which 7 percent ($2.07 million) must be put toward quality initiatives. States can choose to use these funds to carry out activities that support the training and professional development of the child care workforce, including methods of conducting outreach and engaging parents and families in culturally and linguistically appropriate ways to expand their capacity to support their children's learning and development.[36]

In 2014, 61,800 **Georgia** children received child care subsidy through CCDBG, of which approximately 85 percent were black, 15 percent white and 4 percent Hispanic/Latino.[37] Georgia's child population of Dual Language Learners (DLLs) has steadily increased over the past several years, comprising approximately 10 percent of children served in the Georgia pre-K program, with the overwhelming majority being Spanish speakers. Recognizing the importance of meeting the needs of a growing population of young children learning two or more languages at home, Bright from the Start: Georgia Department of Early Care and Learning (DECAL) has emphasized supporting DLLs through culturally competent* professional development and family engagement initiatives. In an effort to meet the needs of DLLs, Georgia's DECAL sought to not only increase access to services for these children and families, but to improve service quality using funds primarily made available through CCDBG and other initiatives, such as the use of state lottery funds.

A 2011-2012 evaluation study of Georgia's pre-K program found that although Spanish-speaking DLLs made significant gains across all domains during the pre-K year, they entered and left pre-K significantly behind their monolingual English-speaking peers on all outcomes.[38] To address this disparity, Georgia's DECAL decided to provide a summer program to support children from homes where Spanish is the primary language as they transition to pre-K.[39] Meeting for six weeks during June and July, Georgia's free Rising Pre-Kindergarten (RPre-K) Program exclusively serves DLL children from low-income families whose predominant home language is Spanish.[40] Roughly $1.1 million made available through CCDBG fund approximately 30 classrooms with a maximum of 14 children per class. Each RPre-K classroom is staffed by a lead teacher and an assistant teacher—one of whom has to be a Spanish speaker—and a half-time coach to help families meet transition needs and to offer parent educational activities and support services.[41] Moving forward, for the first time beginning this year, Georgia will also contribute funds, approximately $1.4 million (or an additional 60 classrooms) to its summer transition programs, which includes the RPre-K program.

*Schulman and colleagues define culturally competent programs as those that include and use curriculum, instruction and assessment practices that support home language development; offer professional development opportunities that give teachers the skills to work effectively with diverse cultural and linguistic groups; and engage meaningfully with families. Retrieved from http://www.clasp.org/resources-and-publications/files/ACountforQualityQRISReport.pdf.

Investing in equity early on in children's education and ensuring that they are ready for school helps to ensure better, more equitable outcomes throughout their lives. Georgia's investment into programs such as their RPre-K program and DLLs and other initiatives that use CCDBG funds highlights the state's continued commitment to provide not only a free educational experience for children from low-income families, but also an equitable one that benefits the whole family, with close consideration being paid to the child's home language.

Recommendations:

- Invest in the recruitment, training and retention of a qualified, effective and culturally responsive child care workforce.
- Ensure the availability and accessibility of a continuum of supports and services to meet unique family needs and promote equity.
- Use existing federal funding opportunities to develop state child care and related programs that are responsive to the needs of the community.

Our studies show that dual language learners do really well in Georgia's pre-K, however they come in significantly behind children for whom English is their first language... Focusing on that population before they get into pre-K gets them caught up and gives them a head start so that they can be closer to children whose first language is English...We feel that the [RPre-K] program is definitely a worthy investment because it makes our Georgia pre-K program even better.

— Woody Dover, Budget Administrator, Georgia Department of Early Care and Learning

Key Line Items

For Increasing Opportunities and Addressing Disparities in the FY17 Federal Budget

Department of Education

$1.26
BILLION

America's College Promise

The budget proposes $1.26 billion to create a new partnership with states to make two years of community college free for responsible students by waiving tuition, ensuring more students can complete at least two years of college.

$800.4
MILLION

English Language Acquisition

The budget provides $800.4 million for efforts to assist a growing number of English language learners make progress toward proficiency in English and become college and career ready.

$250
MILLION

Preschool Development Grants

The budget proposes $250 million to build or enhance preschool program infrastructure and scale-up high-quality preschool programs in high-need communities.

$1.3
BILLION

Preschool For All

The proposed budget provides $1.3 billion for Preschool For All, which will support grants to states to expand the number and availability of high-quality preschool programs to serve all 4-year-olds from low- and moderate-income families and help ensure that all children arrive in kindergarten ready for success in school and in life.

$128
MILLION

Promise Neighborhoods

The proposed budget provides $128 million for Promise Neighborhoods, an initiative that aims to improve high school and college graduation rates by providing a pipeline of support services to children and families in under-resourced communities. Promise Neighborhoods is also a central component of the Administration's Promise Zones Initiative, which creates partnerships between the federal government and local leadership in an effort to create jobs, leverage private investment, increase economic activity, reduce violence and expand educational opportunities in high-poverty communities.

Department of Health and Human Services

$2.96
BILLION

Child Care and Development Block Grant

The budget provides $2.96 billion to supplement state general revenue funds for child care assistance for low-income working families and activities to improve child care quality. The budget also includes a new competitive pilot program to develop and evaluate effective strategies for meeting the child care needs of working families in rural communities and families needing emergency or non-traditional hour care.

$11.7
BILLION

Children and Families Services Program

The proposed budget includes $11.7 billion, including almost $10 billion for priority investments in early learning programs, such as Head Start and the newly transferred Preschool Development Grants program. The budget additionally provides $5 million for family violence prevention and services, $11 million to provide comprehensive services to youth in the child welfare system, including those who are victims of or at-risk of human trafficking, $7 million to improve services for homeless youth, $2 million to support energy assistance evaluations, and $3 million for Native youth development.

$4.39
BILLION

Indian Health Services

The budget provides $4.39 billion for Indian Health Services to expand medical care, public health services and health professions training opportunities to American Indians and Alaska Natives, while also making progress on the construction of health care clinics.

$15
BILLION OVER
10 YEARS

Maternal, Infant and Early Childhood Home Visiting Program

The budget provides $15 billion over 10 years to the Maternal, Infant and Early Childhood Home Visiting Program to extend and expand evidence-based home visiting services for at-risk communities. This funding will enable nurses, social workers and other professionals to connect families to services that support children's health, development and ability to learn.

$2.19
BILLION

Refugee and Entrant Assistance

The budget proposes $2.19 billion in funding for Refugee and Entrant Assistance, which supports cash and medical assistance and social services for refugees, asylees, and other arrivals eligible for refugee benefits. This funding also includes $1.42 billion for the care and placement of unaccompanied children.

$2
BILLION OVER
FIVE YEARS

Emergency Aid Service Connection Grants

The budget establishes $2 billion over 5 years for Emergency Aid and Service Connection Grants which would fund a robust round of pilots to test new approaches for providing emergency aid for low-income families, including both short-term financial assistance and connection to longer-term supports for those who need them.

Key Line Items

Department of Housing and Urban Development

$200 MILLION

Choice Neighborhoods Program

The budget proposes $200 million for Choice Neighborhoods, which will continue the transformation of neighborhoods of concentrated poverty into sustainable, mixed-income neighborhoods. Funding will support approximately six new implementation grants and five to 10 planning grants. The Choice Neighborhoods program is also a central component of the Administration's Promise Zones Initiative, which creates partnerships between the federal government and local leadership in an effort to create jobs, leverage private investment, increase economic activity, reduce violence and expand educational opportunities in high-poverty communities.

$2.8 BILLION

Community Development Block Grant

The budget includes $2.8 billion for the Community Development Block Grant (CDBG), as well as $80 million for the Indian CDBG program. The budget proposes to make the CDBG program a part of the Upward Mobility Project, a new initiative to allow states, localities or consortia of the two to blend funding across four block grants, including the Department of Health and Human Services' (HHS) Social Services Block Grant and Community Services Block Grant, as well as HUD's HOME Investment Partnerships Program and CDBG, which share a common goal of promoting opportunity and reducing poverty. In exchange for more accountability for results, the Upward Mobility Project provides states with flexibility in spending to implement evidence-based or promising strategies for helping individuals succeed in the labor market and improving economic mobility, children's outcomes and the ability of communities to expand opportunity.

$2.66 BILLION

Homeless Assistance Grants

The budget proposes $2.66 billion for Homeless Assistance Grants, which includes $270 million for the Emergency Solutions Grants (ESG) program and $2.39 billion for the Continuum of Care (CoC) programs, and will enable localities to shape and implement comprehensive approaches to homelessness, including prevention of future occurrences of homelessness, emergency needs and related services.

$10.82 BILLION

Project-Based Rental Assistance

The budget requests $10.82 billion for Project-Based Rental Assistance (PBRA) to assist approximately 1.2 million extremely low- to low-income households to obtain decent, safe and sanitary housing in private accommodations. PBRA serves families, elderly and disabled households and provides transitional housing for the homeless.

Department of Justice

$24 MILLION

Byrne Criminal Justice Innovation Program

The budget proposes $24 million to support the Byrne Criminal Justice Innovation Program – a community-based program that aims to combat crime and increase public safety by addressing the specific needs of a community. The Byrne Criminal Justice Innovation Program is also a central component of the Administration's Promise Zones Initiative, which creates partnerships between the federal government and local leadership in an effort to create jobs, leverage private investment, increase economic activity, reduce violence and expand educational opportunities in high-poverty communities.

$286 MILLION

Community Oriented Policing Services (COPS)

The budget proposes a total of $286 million for the Community Oriented Policing Services (COPS) program, which focuses on building collaboration between law enforcement and communities and helps law enforcement develop problem solving techniques to prevent and respond to crime.

$100 MILLION

Second Chance Act Program

The proposed budget includes $100 million for the Second Chance Act Program, which aims to reduce recidivism and help adult and juvenile ex-offenders successfully return to their communities by providing several key supports, such as employment assistance. This proposal includes $10 million for the Smart Probation Program which will help communities develop innovative parole and supervision programs, as well as $5 million for the Children of Incarcerated Parents Demonstration Program. The budget also proposes $1.25 million for a new Children of Arrested Parents Model Policy Implementation Program, which would assist law enforcement agencies in developing and testing policies to better address the needs of children whose families come into contact with the criminal justice system.

$334.4 MILLION

Juvenile Justice Programs

The budget proposes a total of $334.4 million for various juvenile justice programs, which includes funding for prevention and intervention initiatives. Specifically, the proposal includes $58 million for mentoring programs, $42 million for the Delinquency Prevention Program and $4 million for the National Forum on Youth Violence Prevention, which helps communities develop innovative strategies that can tackle youth violence. The budget also requests $2 million for Competitive Grants Focusing on Girls in the Juvenile Justice System, which would provide competitive demonstration grants focusing on girls in the juvenile justice system through responses and strategies that consider gender and the special needs of girls.

$489 MILLION

Office of Violence Against Women

The budget includes $489 million in funding to the Office on Violence Against Women, of which $326 million is made available through the Crime Victims Fund, to provide grants and assistance to support victims of domestic violence.

Key Line Items

Department of Labor

$5.5
BILLION OVER FOUR YEARS

Opening Doors for Youth Program

The budget proposes $5.5 billion over four years to support out-of-school and at-risk youth through the Opening Doors for Youth Program. This initiative will provide $1.5 billion for the expansion of summer job opportunities for approximately 1 million youth and $2 billion would invest in first jobs for up to 150,000 Opportunity Youth, or young adults who are out of school and out of work. An additional $2 billion would launch Connecting for Opportunities, a competitive grant program jointly administered with the U.S. Department of Education aimed at helping communities with high rates of youth disengagement, high school dropouts and unemployment become places of opportunity.

$2.21
BILLION

Paid Leave Partnership Initiative

The budget proposes $2.21 billion for a Paid Leave Partnership Initiative which will assist up to five states seeking to launch paid leave programs, which can include family, parental and medical leave. This new initiative builds on the examples of California, New Jersey and Rhode Island and will provide funding to assist states with benefit payments for employees for three years.

$12.5
BILLION

Job-Driven Training Proposals

The budget proposes $12.5 billion in funding for a number of job-driven training initiatives aimed at building the skills of workers, including those that are unemployed, and connecting them to good jobs in high-demand fields. The budget proposes $2 billion over five years for the Apprenticeship Training Fund to help employers expand on-the-job training opportunities. This proposal also includes $2 billion over five years to establish a Career Navigators Program to assist workers as they look for a new job, identify training options that are producing strong outcomes, help workers complete eligibility forms and assess what funding they qualify for and where they could get additional services if needed.

Budget Proposes More than **$1 Billion** to Fight Opioid Abuse

New data from the Centers for Disease Control and Prevention (CDC) found a continued sharp increase in heroin-involved deaths and an emerging increase in deaths involving synthetic opioids, prompting health authorities to call it a national epidemic. The number of children born to opioid-addicted mothers has increased 10-fold over the past decade, and numerous states have reported increased child welfare caseloads due to parental heroin use. The President's FY 2017 Budget includes $1 billion in new mandatory funding over two years to expand access to treatment for prescription drug abuse and heroin use.

Funding includes:

- **$920 million** to support cooperative agreements with states to expand access to medication-assisted treatment for opioid use disorders. States will receive funds based on the severity of the epidemic and on the strength of their strategy to respond to it.
- **$50 million** in National Health Service Corps funding to expand access to substance use treatment providers.
- **$30 million** to evaluate the effectiveness of treatment programs employing medication-assisted treatment under "real-world" conditions and help identify opportunities to improve treatment for patients with opioid use disorders.

The President's Budget Request also includes approximately $500 million — an increase of more than $90 million — to build on current efforts across the Departments of Justice (DOJ) and Health and Human Services (HHS) to expand state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone and support targeted enforcement activities.

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