

Are We Investing In Our Children?

A State-of-the-State Report
on Children in Montana



Emergency Campaign for America's Priorities
October 2006

Are We Investing in our Children?

A State of the State Report on Children in Montana *Montana Needs Adequate Funding in the 2007 Labor-HHS-Education Appropriations Bill*

Background: Where We Stand

The U.S. Departments of Health and Human Services, Education and Labor provide needed resources to ensure that Montana's children and families have the support necessary to allow them to thrive and be healthy, contributing members of society. These programs must be a priority for our elected officials who are making key funding decisions in Washington, D.C.

Every Montana child deserves a fair chance to succeed. However, with incomes stagnating, families are working harder to provide for their children's basic needs. Since reaching an historic low in 2000, over the last seven years, the number of children living in poverty in the United States has grown by 11.3 percent -- reaching 13 million.¹ For the 204,994 children living in Montana,² quality child care and early education, affordable health care and a safe place to live and spend their time are becoming harder to obtain.

- Every year since 2000, poverty has gone up. Between 2001 and 2005, the percentage of poor children living in Montana increased by 20.7 percent. The current poverty rate for Montanans under 18 is 19.8 percent, or 42,000 children.³
- In Montana, 60 percent of two-parent households with a child under 6 years old have both parents working out of the home, and in 76 percent of single-parent households with a child under 6 years old, the parent works out of the home.⁴
- In 2005, an estimated monthly average of 5,200 of Montana's children received subsidized child care.⁵
- Across the country, 14.3 million children from kindergarten through 12th grade have no adult supervision after the school day ends.⁶
- In 2003, 1,951 children were substantiated as abused or neglected in Montana, a rate of 9 per 1,000 children, with 3 children dying as a result of abuse or neglect.⁷

Between 2001 and 2005, the percentage of poor children living in Montana increased by 20.7 percent. The current poverty rate for children under 18 is 19.8 percent, or 42,000.

- In 2004-2005, 168,000 Montana residents were uninsured – 18.4 percent of the state’s population.⁸ Between 2003 and 2005, 16.2 percent of children in Montana – 36,000 kids - did not have health insurance.⁹

Providing Access to Quality, Affordable Child Care for all Montana Children of Working Families

With more parents in the workforce – often working non-traditional hours – affordable, high-quality child care programs are becoming more of a necessity. However, the lack of funding means that at least one-third of states place eligible families on waiting lists.¹⁰

The benefits of quality child care programs are irrefutable. According to the High/Scope Perry Preschool Study, adults at age 40 who participated in a preschool program in their early years have higher earnings, are more likely to hold a job, have committed fewer crimes, and are more likely to have graduated from high school.¹¹ Furthermore, affordable and accessible early care helps Montana’s working parents to remain in the workforce. It also enables them to seek additional education and training to expand their qualifications for the workforce.

Studies demonstrate that child care assistance can make a real difference in families’ ability to work and succeed. An analysis of data from the 1990s shows that single mothers who receive child care assistance are 40 percent more likely to remain employed after two years than those who do not receive assistance in paying for child care.¹² The Child Care and Development Block Grant allows low-income parents to work by assisting them with their child care expenses.

- 5,200 Montana children participate in programs funded by the Child Care & Development Block Grant.¹³
- If the Labor-HHS appropriations bill that was approved by the House and Senate Appropriations committees passes, it would result in as many as 11,208 children losing child care assistance in 2007 across the country.¹⁴

Providing Montana Children With a Head Start

Head Start is a proven program for preparing low-income children to succeed in school and narrowing the school readiness gap between low-income children and their higher income peers. According to the Society for Research in Child Development, Head Start reduced the pre-reading achievement gap between participants and the national average by almost half and positively affected pre-writing skills as well as overall health, hyperactivity and behavior.¹⁵

For every dollar invested in high-quality pre-kindergarten, our society reaps an estimated return of \$7 in future higher earnings, fewer crimes, and less remedial education.¹⁶ However, in 2005, only 17 percent of 3-year-olds and 27 percent of 4-year-olds in Montana participated in state-sponsored pre-kindergarten or the federal Head Start program.¹⁷ And, instead of investing to increase those numbers, the budget pending before Congress further limits the number of Montana children who will benefit from early education.

- The marginal increase in funding for Head Start and Early Head Start, approved by the House and Senate Appropriations committees, is \$2.8 million for FY 2007, far short of what is needed just to maintain current services due to rising costs and inflation. That would lead to closing the doors on enrollment to nearly 19,000 children nationwide.¹⁸
- In Montana alone, that would be the equivalent of closing Head Start enrollment to 61 children in fiscal year 2007.¹⁹

Providing a Safe Place for Montana Children After School

After-school programs provide children a safe and stimulating environment in the hours after the school day. Despite the fact that after-school programs have been proven to cut crime and increase academic enrichment, only 14 percent of children in Montana's working families are in after-school programs.²⁰ In fact, 24 percent of Montana children of working families are unsupervised in the afternoons.²¹

The 21st Century Community Learning Centers (CCLC) initiative is the only federally-funded program that is dedicated exclusively to after-school programs. It is a program with proven results. In 2003-2004, 45 percent of all 21st CCLC program participants had improved their reading grades and 41 percent improved their math grades.²² However, while funding for the program grew from \$1 million in 1997 to \$1 billion in 2002, it has remained at that level for the last five years. To continue the initial success of the 21st Century Community Learning Centers program and ensure that children do not lose services, a renewed investment is critical. Due to underfunding, many families are deprived of the benefits of such programs. Across the United States, there are 15.3 million children whose parents would send them to an after-school program if one were available.²³

- If the 21st Century Community Learning Centers program is funded at the level provided by the House and Senate Appropriations committees, 4,808 Montana children would be able to participate in after-school programs.²⁴
- 7,442 additional Montana children would be able to participate in after-school programs funded by 21st Century Community Learning Centers if the program was fully funded.²⁵

Protecting Montana Children’s Welfare and Preventing Abuse and Neglect

The child welfare system is comprised of hundreds of child-serving agencies in every state and community and provides the direct, one-on-one care needed to protect children from abuse and neglect. The Social Services Block Grant (SSBG) represents 11 percent of all federal funding states receive from the federal government to provide child abuse prevention, adoption, foster care, child protection, independent and transitional living, and residential services for children and youth.²⁶ In 2004, more than 2.6 million children nationwide received a range of child welfare services funded in part or total by SSBG.²⁷

- Funding for Social Services Block Grant has declined from \$2.9 billion in 1979 to \$1.7 billion today.²⁸
- In the President’s FY 2007 budget proposal to Congress, a cut of \$500 million—30 percent of total funding—to SSBG was offered. After both House and Senate Appropriations committees rejected the cut, the White House continued to instruct states to develop operating budgets as if the SSBG cuts were in place.
- The Senate Appropriations committee also slashed \$14 million from the Promoting Safe and Stable Families (PSSF) program. PSSF is one of a very small group of programs receiving federal funding dollars to prevent child abuse and seek to ensure that children receive appropriate permanency services after they enter out-of-home care.

Funding for Social Services Block Grant has declined from \$2.9 billion in 1979 to \$1.7 billion today.

Insuring all Montana Children and Providing Access to Affordable Health Care

Investing in children's health care must be a priority for lawmakers. Lack of health insurance coverage negatively affects access to care for low-income children -- uninsured but Medicaid-eligible children are twice as likely as those enrolled in Medicaid to have an unmet medical need, to have not seen a doctor, and to have substantial family out-of-pocket spending on health care.²⁹ In the United States, 9 million children under the age of 19 are uninsured.

Prenatal care can help keep both mother and child healthy. Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care.³⁰ Doctors can spot health problems early when they see mothers regularly and early treatment can cure many problems and prevent others. Despite the well-documented importance of prenatal and newborn care in preventing babies' developmental problems, both the House and Senate Appropriations committees continue to shrink funding for the Maternal and Child Health Block Grant.

- Compared with FY 2005, the House Committee cut the Maternal and Child Health Block Grant by nearly \$64 million, adjusting for inflation (8 percent); while the Senate Committee reduced funding by nearly \$70 million (9 percent). This is in addition to a 15 percent cut in maternal and child health services from FY 2002 to FY 2006, taking inflation into account.³¹
- 15.6 percent of mothers in Montana did not have prenatal care during their first trimester.³²
- 6.8 percent of Montana babies were born with low birth weight.³³ That makes them more at risk for health and developmental problems throughout their lives.
- Montana has an infant mortality rate of 6.8 per 1,000 children.³⁴

Conclusion

Children in Montana should receive every optimal chance to reach their potential. These federally funded programs assist states to meet the services that are vital for Montana's children. Any further cut, reduction, or additional strain to these programs threatens Montana's ability to ensure that every child can fully succeed.

Funding cuts will exacerbate the fact that 15.6 percent of mothers in Montana did not have prenatal care during their first trimester.

Endnotes

- ¹ U.S. Census Bureau, American Community Survey, Available online at http://factfinder.census.gov/home/saff/main.html?_lang=en August 2006
- ² Population Division, U.S. Census Bureau. Table 1: Estimates of the Population by Selected Age Groups for the United States and States and for Puerto Rico: July 1, 2005 (SC-EST2005-01)
- ³ Coalition on Human Needs Analysis of American Community Survey, Available online at <http://www.chn.org/pdf/2006/2005ChildPovertyCensusDatabyState.pdf> August 2006.
- ⁴ U.S. Census Bureau, 2005 American Community Survey. Available online at http://factfinder.census.gov/home/saff/main.html?_lang=en August 2006.
- ⁵ Administration on Children and Families, Child Care Bureau, 2006 Available online at <http://www.acf.hhs.gov/programs/ccb/research/05acf800/table1.htm>
- ⁶ Afterschool Alliance, "America After 3pm" May 2004 Available online at http://www.afterschoolalliance.org/america_3pm.cfm
- ⁷ United States Department of Health and Human Services, Administration on Children, Youth, and Families. "Child Welfare Outcomes 2003: Annual Report" Chapter VI, State Data Pages. Available online at <http://www.acf.hhs.gov/programs/cb/pubs/cwo03/chapters/chaptersix2003.htm>
- ⁸ U.S. Census bureau, analysis by the Coalition on Human Needs. Available online at <http://www.chn.org/pdf/2006/2005UninsuredCensusDatabyState.pdf>.
- ⁹ U.S. Census Bureau: 2004, 2005, revised 2005, and 2006 Annual Social & Economic Supplement (ASEC) to the Current Population. Analysis by the Children's Defense Fund.
- ¹⁰ Schulman, K. & Blank, H. "State Child Care Assistance Policies 2006: Gaps Remain, with New Challenges Ahead". National Women's Law Center, September 2006. Available online at <http://www.nwlc.org/pdf/ChildCareSubsidyReport.pdf>
- ¹¹ Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. Ypsilanti, MI. " Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40." High/Scope Press, November 2004. Available online at <http://www.highscope.org/Research/PerryProject/perrymain.htm>
- ¹² Heather Boushey, "Staying Employed After Welfare: Work Supports and Job Quality Vital to Employment Tenure and Wage Growth" (Economic Policy Institute Briefing Paper), Washington, DC: Economic Policy Institute 10 (2002).
- ¹³ Administration on Children and Families, Child Care Bureau, 2006 Available online at <http://www.acf.hhs.gov/programs/ccb/research/05acf800/table1.htm>
- ¹⁴ Center for Law and Social Policy (CLASP) calculated CCDBG per child costs based on 2005 expenditures and participation. The per child costs were inflated to 2006 and 2007 levels.
- ¹⁵ Yoshikawa, H., (2005), Placing the first-year findings of the national Head Start Impact Study in context, Washington, DC: Society for Research in Child Development. Available online at <http://www.srcd.org/documents/policy/Impactstudy.pdf#search=%22Head%20Start%20pre-reading%20achievement%20gap%22>
- ¹⁶ National Institute for Early Education Research. "Federal Reserve Economist Urges Much Wider Public Investment in Preschool." Preschool Matters, Volume 1, No.3, December 2003,
- ¹⁷ Rocha, Elena and Amanda Sharkey. "Education: The State We're In" August, 2005. Center for American Progress and Institute for America's Future. <http://www.americanprogress.org/site/pp.asp?c=biJRJ8OVF&b=995593>
- ¹⁸ National Head Start Association Analysis of House Appropriations Committee funding allocation.
- ¹⁹ Ibid.
- ²⁰ Rocha, Elena and Amanda Sharkey. "Education: The State We're In" August, 2005. Center for American Progress and Institute for America's Future. <http://www.americanprogress.org/site/pp.asp?c=biJRJ8OVF&b=995593>
- ²¹ Afterschool Alliance, "America After 3pm" May 2004 Available online at http://www.afterschoolalliance.org/america_3pm.cfm
- ²² US Department of Education and Learning Point, 2005, Available online at <http://www.afterschoolalliance.org/21stccle.cfm>
- ²³ Afterschool Alliance, "America After 3pm" May 2004 Available online at http://www.afterschoolalliance.org/america_3pm.cfm
- ²⁴ Afterschool Alliance estimates based budget allocations and on cost of \$1000 per child
- ²⁵ Ibid.

-
- ²⁶ Scarcella, C. A., Bess, R., Zielewski, E. H., & Geen, R. (2006). *The cost of protecting vulnerable children V: understanding state variation in child welfare financing*. Available online at: <http://www.urban.org/publications/311314.html>. Washington, D.C.: Urban Institute
- ²⁷ U. S. Department of Health and Human Services, Office of Community Services (2006). Social Services Block Grant Program Annual Report 2004. Available online at http://www.acf.hhs.gov/programs/ocs/ssbg/docs/ssbg04_report_final.pdf
- ²⁸ U. S. Department of Health and Human Services, Office of Community Services (2006). Social Services Block Grant Program Annual Report 2004. Available online at <http://www.acf.hhs.gov/programs/ocs/ssbg/annrpt/2004/index.html>
- ²⁹ <http://www.kff.org/medicaid/upload/Enrolling-Uninsured-Low-Income-Children-in-Medicaid-and-SCHIP-Fact-Sheet-UPDATE.pdf>
- ³⁰ Health Resources and Services Administration. Maternal and Child Health Bureau. "A Healthy Start: Begin Before Baby's Born" Available online at <http://mchb.hrsa.gov/programs/womeninfants/prenatal.htm>
- ³¹ Coalition on Human Needs Analysis of Labor-HHS-Education Appropriations. Available online at <http://www.chn.org/pdf/2006/housesenatelaborhcom07to05.pdf> and <http://www.chn.org/pdf/2006/laborh06to02comparison2.pdf>
- ³² Martin JA, et. al., Births: Final Data for 2003, Table 34, National Vital Statistics Report, Vol. 54, No. 2, September 8, 2005, Division of Vital Statistics, National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf.
- ³³ Martin JA, et. al., Births: Final Data for 2003, Table 46, National Vital Statistics Report, Vol. 54, No. 2, September 8, 2005, Division of Vital Statistics, National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf.
- ³⁴ 2003 Data. Annie E. Casey Foundation, (2006) 2005 Kids Count Data Book. Available online at <http://www.aecf.org/kidscount/sld/databook.jsp>