Child Wellbeing Task Force

Initial COVID-19 Impact Report

Tennessee Department of Education | July 2020

TN Department of Education

Executive Summary

The COVID-19 pandemic has created an unprecedented set of circumstances causing heartbreaking loss and impacting near every American's life. While the pandemic continues, it is important to investigate the toll the pandemic has taken on the wellbeing of children and families in order to develop a long-term response strategy.

While the extent of the impact is not yet known, there are trends that have been exposed that are worth paying close attention to. For instance, the coronavirus has disproportionately impacted people of color. Unemployment rates rose to generational highs. The closure of school buildings not only impacted access to academics, but challenged the delivery of requisite services for various populations of our students, such as students with disabilities, English learners and those who are at-risk.

Schools, community partners, and state agencies needed to think critically about how to provide services such as nutrition, child care, and health care to individuals, crossing digital divides. Special focus was placed on the maintenance of physical, mental, and emotional security and safety, as connecting with one another became more remote.

While the outlook of impacts caused by the pandemic may be bleak, Tennessee can celebrate the tremendous effort put forward by our citizens across all industries and sectors. The Tennessee approach has been a united approach including but not limited to community partners who continued to provide supports to families, essential workers who maintained services, teachers who adapted their approach to connecting with and instructing students, and to government agencies who worked to release additional funds and provide continuity of technical assistance.

The goal of this report is to:

- Demonstrate the potential ramifications COVID-19 and extended school closure has on the wellbeing of children
- Reflect the current impacts the pandemic has had on children and families given the available data

This report is not intending to provide commentary on school closure or school reopening, nor does it make suggestions for local considerations in making those important decisions.

Recommendations and response strategy will be developed as the Child Wellbeing Task Force continues their work in collaboration with Governor Bill Lee, Tennessee agencies and national experts.

This report was written utilizing available data at the time. As the pandemic evolves, so too will the data. There is an interest in providing both national data and Tennessee specific data to provide deeper contextual understanding. While it was intended to include all available data relevant to reflecting the current situation in the country and in Tennessee, it must be acknowledged that there are pieces of the story that will go untold, as data may not be available. It is also understood that this report is a best-effort accumulation of information, and in no way presumes to be absolutely complete.

In sourcing the information for the report, information was gathered from national experts, local state agencies and community partners.

Child wellbeing task force members as well as Tennessee agencies provided content, input and feedback.

TN Governor Bill Lee

Key Findings

- Economic, physical, and mental health are inter-connected and during times of crisis, may contribute to childhood adversity. Childhood adversity can have long term chronic physical and mental health related impacts such as depression, suicide attempts, substance abuse and lung disease[1].
- Experienced family stress such as unemployment may contribute to increased rates of domestic violence, substance abuse, and child abuse as was evident during previous national disasters and crises[2] [3].
- Nationally, the pandemic has impacted populations disproportionately, raising concern of a widening equity gap[4] [5].
- In Tennessee, during peak stay-at-home orders, reports of suspected child abuse dropped by 27%, in large part due to mandatory reporters, such as teachers and pediatricians, being disconnected from children and families[6].
- Nationally, 75% of students receive mental health care in a school setting and are 21 times more likely to visit a school-based health clinic than a community-based clinic for mental health care[7].
  - » In Tennessee, 2017 data demonstrates there are approximately 152,000 children estimated to have severe emotional disturbance[8]. In calendar year 2019, approximately 45,000 school-age youth were served through the community-based system which could have taken place either in or out of school[9].
- Prior to the pandemic, mental health related needs were a top priority for Tennessee education professionals[10] which is supported by national rankings. Tennessee ranks:
  - » 38th in overall youth mental health[11]
  - » 39th in overall child well-being[12]
  - » 48th in health[13]
  - » Bottom 12 of states for children with a mental health disorder who received treatment[14]
- In most states and cities across the country, there is a severe shortage of mental health professionals[15]. In Tennessee, there are acute shortages in school-based health related personnel:
  - » 60% of schools employ a nurse full-time in each school
  - » 43% of districts provide mental health support to staff
  - » 35% of districts meet the goal of one certified psychologist for every 1,000 students
  - » 20% of districts report meeting the goal of one certified social worker for every 1,500 students[16]

1 (The Child and Adolescent Health Measurement Initiative , 2019)
2 (Sederer, 2020)
3 (Abramson, 2020)
4 (Dorn, Hancock, Sarakatsannis, & Viruleg, 2020)
5 (Godoy & Wood, 2020)
6 (TN Department of Children's Services , 2020)
7 (EAB District Leadership Forum, 2020)
8 (Tennessee Department of Mental Health and Substance Abuse Services)
9 (Tennessee Association of Mental Health Organizations)
10 (Tennessee Department of Education , 2019)
11 (Mental Health America, 2020)
12 (Annie E. Casey Foundation, 2020)
13 (Annie E. Casey Foundation, 2020)
14 (EAB District Leadership Forum, 2020)
15 (EAB District Leadership Forum, 2020)
16 (Tennessee Department of Education, 2019)

- Approximately 25% of Tennessee district leaders agree that they are able to adequately support the mental health needs of students through periods of pandemic related school closure and 53% are prepared and able to address or check on the wellness and safety of students[17].
- 76% of Tennessee district leaders and 55% of public responders identified technology and hardware as a top COVID-19 related need[18].
- Tennessee's Supreme Court acted swiftly in providing guidance to the trial Courts and the legal profession by issuing their first COVID-19 related Order on March 13, 2020. Following that guidance, most Courts continued to have in person hearings for the cases outlined in the Order and conducted virtual hearings for uncontested matters. Twenty-two of the 31 Judicial Districts submitted plans that were approved by the Supreme Court regarding how the Courts will handle hearings during the pandemic[19].
- According to the Substance Abuse and Mental Health Services Administration (SAMSHA) Community Mental Health Block Grant Uniform Reporting System and the Mental Health Statistical Improvement Project (MHSIP), in 2019 Tennessee children/families receiving public behavioral health services (i.e. either funded by Tennessee Department of Mental Health and Substance Abuse Services or TennCare) reported the following:
  - » 89% of parents reported overall satisfaction with care received;
  - » 87% reported satisfaction with access to care;
  - » 95% reported satisfaction with cultural sensitivity of providers;
  - » and 91% reported satisfaction with participation in treatment planning[20].
- The table included below displays Tennessee specific results from the National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). Tennessee numbers are shown in comparison to national averages for the same time period[21]

Ages 12–17	Tennessee 2011–2012	National 2011–2012	Tennessee 2016–2017	National 2016–2017
Pain reliever misuse in past year	6.6%	5.6%	3.3%	3.3%
Alcohol use in past month	10.2%	13.1%	9.0%	9.5%
Binge alcohol use in past month	6.5%	7.3%	4.8%	5.1%
Tobacco use in past month	11.5%	9.3%	7.1%	5.1%
Marijuana use in past year	11.1%	13.9%	11.7%	12.2%
Marijuana use in past month	5.9%	7.6%	5.8%	6.5%

17 (Tennessee Department of Education, 2020)
18 (Tennessee Department of Education, 2020)
19 (Tennessee Department of Children's Services)
20 (Tennessee Department of Mental Health and Substance Abuse Services)
21 (Tennessee Department of Mental Health and Substance Abuse Services)

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COVID-19 has created a perfect storm of factors that will almost certainly lead to a sharp increase in unreported cases of child abuse and neglect, as children are cut off from interactions with professionals and teachers, confined at home with caregivers and relatives, and families are feeling the stress of job loss and economic uncertainty. The nation's system of detecting abuse and neglect, which is heavily dependent on reports by teachers, doctors, and other professionals, is rendered almost completely powerless in this new situation as in-person and face-to-face interactions between children and professionals are being minimized by the stay-at-home orders issued by most states. [22]

~Morgan Welch and Ron Haskins
for the Brookings Institute (2020)

22 (What COVID-19 means for America's child welfare system, 2020)

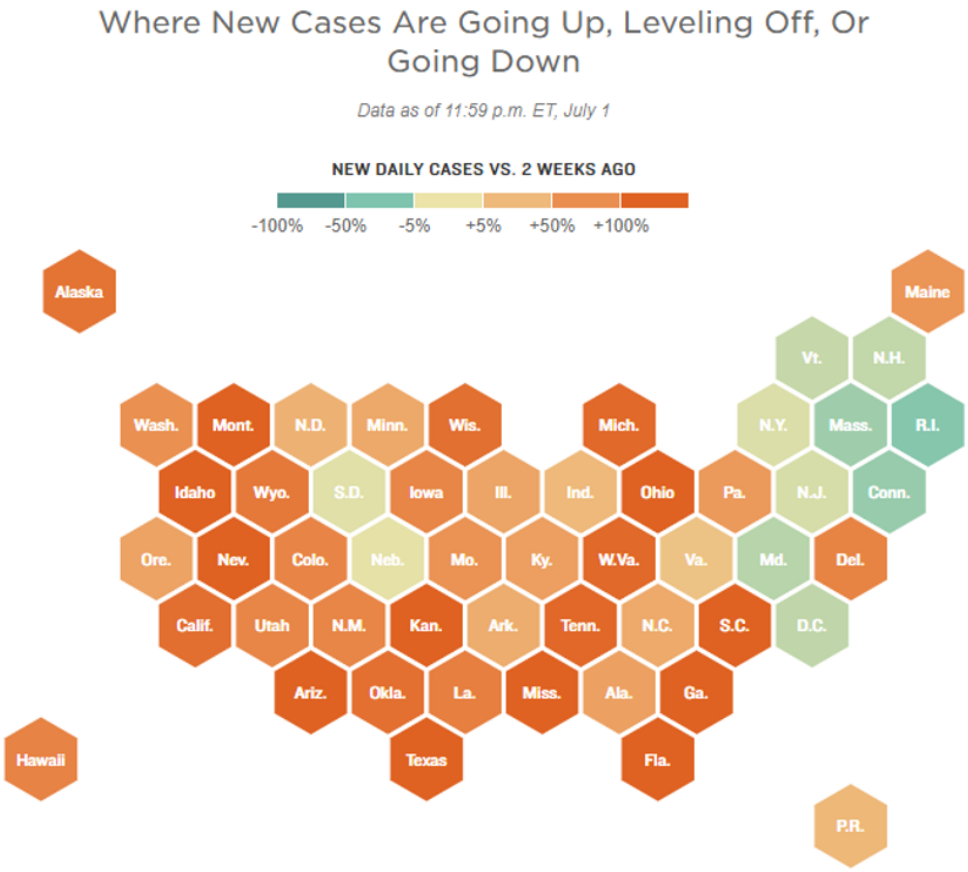
Introduction

On January 20, 2020 the first case of the coronavirus, COVID-19 was documented in the United States.[23] States and local governments worked to contain the spread of the virus and limit the negative effects of the pandemic. This unprecedented time has caused Americans to grieve the loss of loved ones, face economic uncertainty, and grapple with the realities of a new normal.

Total Cases:

As of July 2, 2020 the Unites States reported 2,686,435 cases and 128,059 deaths. Tennessee accounted for 45,315 of those cases and 609 deaths. Most states across the country are continuing to observe an increase in new cases as displayed in Figure 1 below:

Figure 1. National Trend in New Cases[24]



23 (First Travel-related Case of 2019 Novel Coronavirus Detected in United States, 2020)
24 (Adeline, et al., 2020)

Disproportionality:

African American communities and people of color tend to account for a disproportionate rate of both cases and deaths indicating a need to approach the pandemic through a lens of equity. On May 30, 2020 Maria Godoy and Daniel Wood write for NPR, *"Until a few weeks ago, racial data for COVID-19 was sparse. It's still incomplete, but now 48 states plus Washington D.C., report at least some data; in total, race or ethnicity is known for around half of all cases and 90% of deaths. And though gaps remain, the pattern is clear: Communities of color are being hit disproportionately hard by COVID-19."*[25] What is clear in both national and Tennessee data is that the number of cases and deaths related to COVID-19 for people of color outpaces the proportion of the population. Data captured in Figures 2 through 5 was last updated on May 27, 2020.

Figure 2. National Disproportionality Rates: African Americans [26]

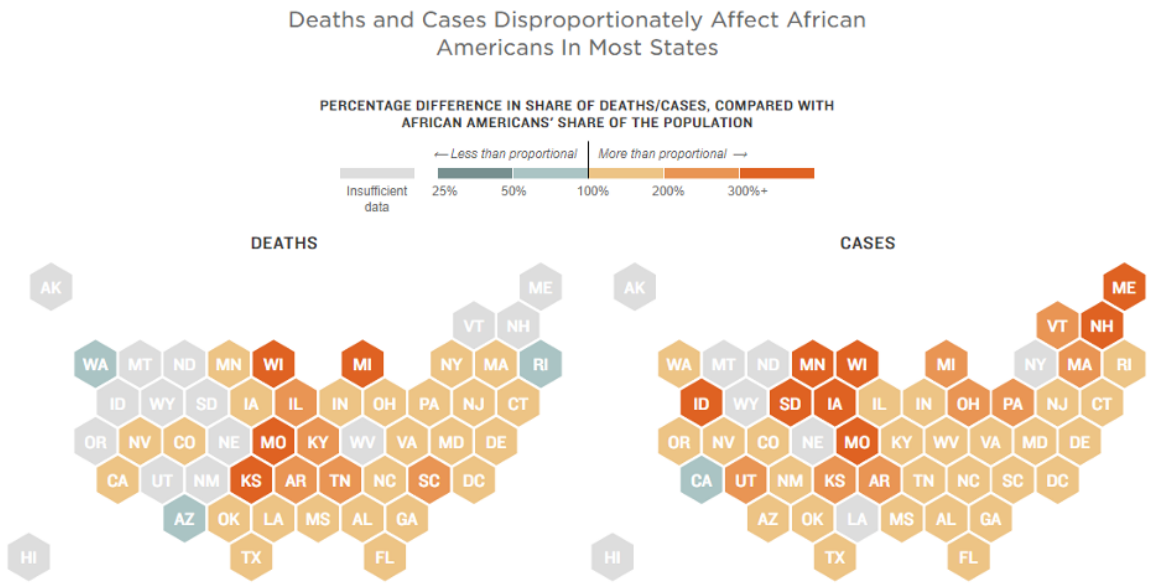
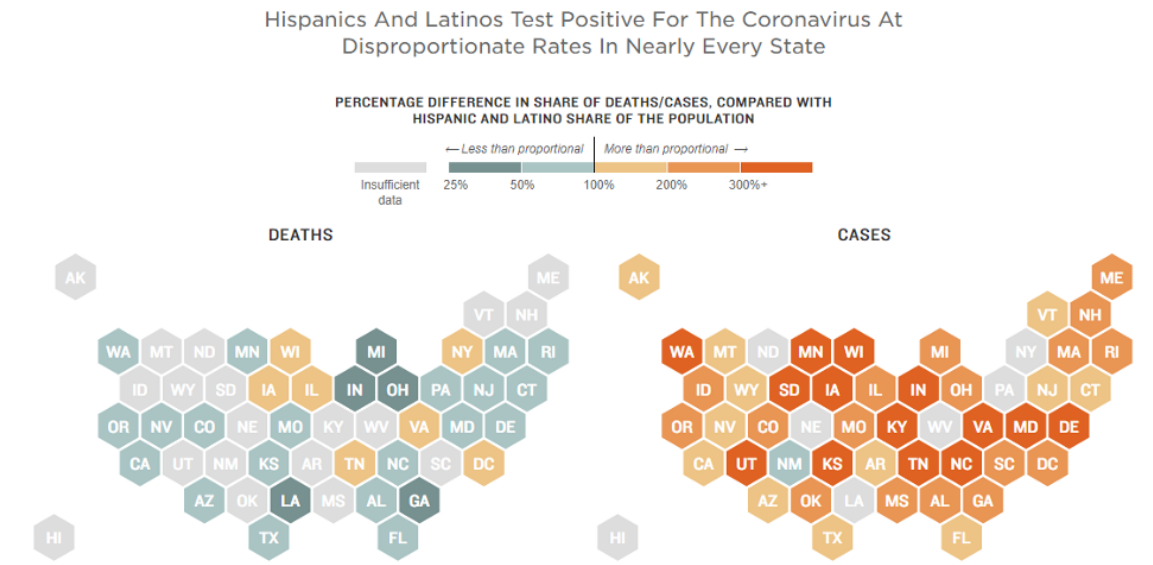


Figure 3. National Disproportionality Rates: Hispanic or Latino[27]



25 (Godoy & Wood, 2020)
26 (Godoy & Wood, 2020)
27 (Godoy & Wood, 2020)

Figure 4. Tennessee Disproportionality Rates: African American[28]

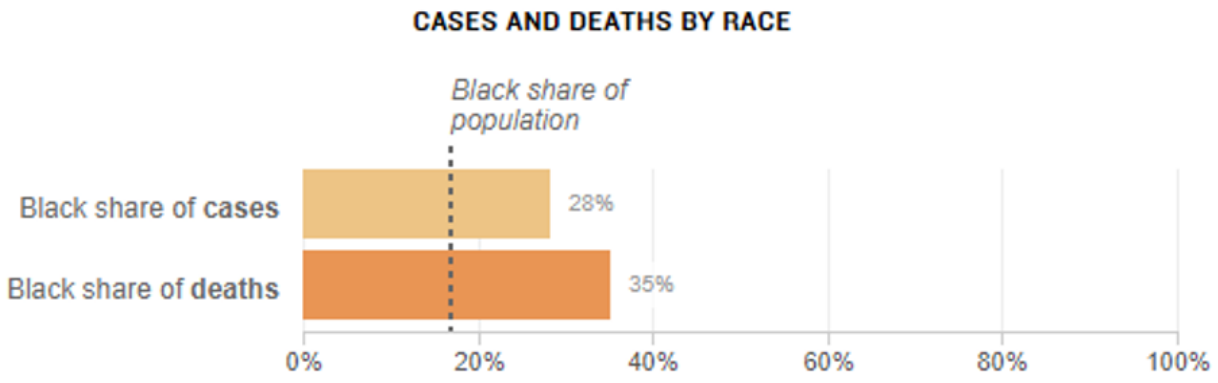
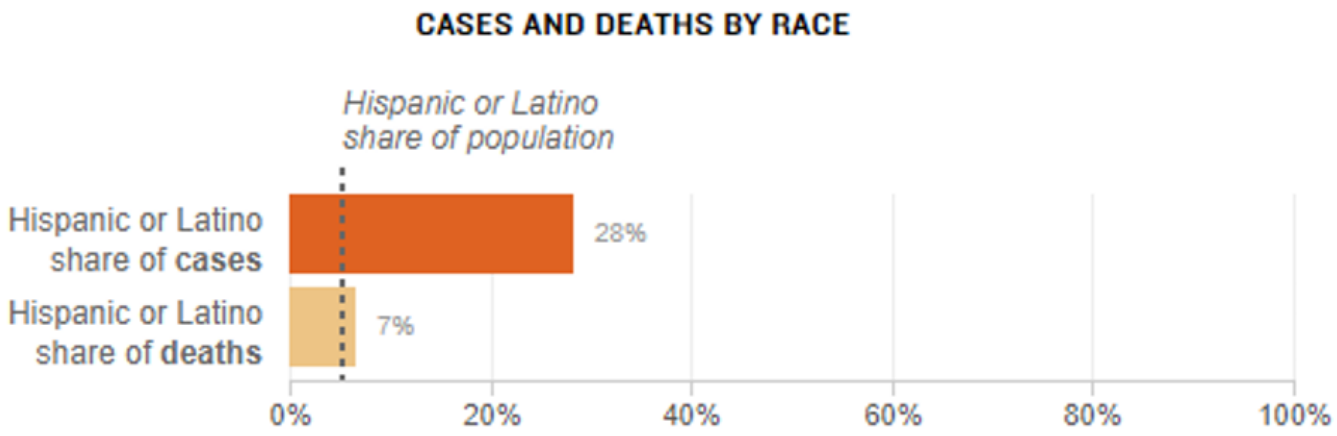
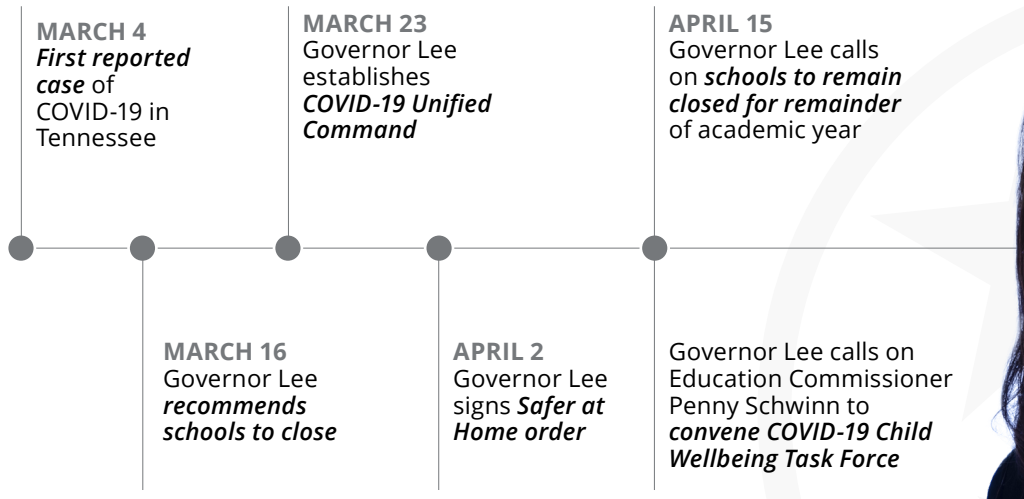


Figure 5. Tennessee Disproportionality Rates: Hispanic or Latino[29]



The impact of COVID-19 on health, the economy, and education were critical considerations in developing a response strategy in Tennessee. Under the leadership of Governor Bill Lee, the physical safety, economic security and educational opportunity of our residents has been a priority.

Figure 6. Timeline of Tennessee Events



TN Education Commissioner Dr. Penny Schwinn

28 (Godoy & Wood, 2020)
29 (Godoy & Wood, 2020)

To ensure the physical health of Tennesseans, Governor Lee developed an exhaustive approach to testing. "Our Health and Economy" provided by the Office of the Governor states:

> *Testing is readily available throughout the state, with residents having access to testing via health care providers, local health departments and drive-thru testing stations. Testing for expanded symptomatology has also been implemented to better ascertain the true volume of disease. From a national perspective, Tennessee has exceeded the federal benchmark indicating states should be able to test at least 2% of their populations monthly to make informed decisions regarding re-starting and re-opening their economies… Now, any Tennessean who desires can get a test free-of-charge, five-days-a-week at all counties in the state.*[30]

While testing rates have been high, the rate of deaths in Tennessee has been low when compared to other states. According to figures available from NPR, as of June 30, 2020, Tennessee averaged 8.8 deaths per 100,000. There are 11 states with the same or lower rates than TN.[31]

The creation of the "Tennessee Pledge" in late April was developed by Governor Lee, the Unified Command Group (UCG) and Tennessee's Economic Recovery Group (ERG) with input from health experts, state and local partners, and business and industry leaders. The Tennessee Pledge is a plan to help Tennesseans return to work in a safe environment, restore their livelihoods and reboot the state's economy.[32]

Whole Child

The Center for Disease Control (CDC) has provided frameworks for ensuring the holistic needs of students are met. The CDC states, *"Healthy students are better learners, and academic achievement bears a lifetime of benefits for health."*[33] What is referred to in Tennessee as Coordinated School Health (CSH), has since been updated nationally to the Whole School, Whole Community, Whole Child (WSCC) model, or abbreviated to "whole child". Figure 7 displays the 10 components of the whole child model.

Figure 7. CDC Whole School, Whole Community, Whole Child Model[34]

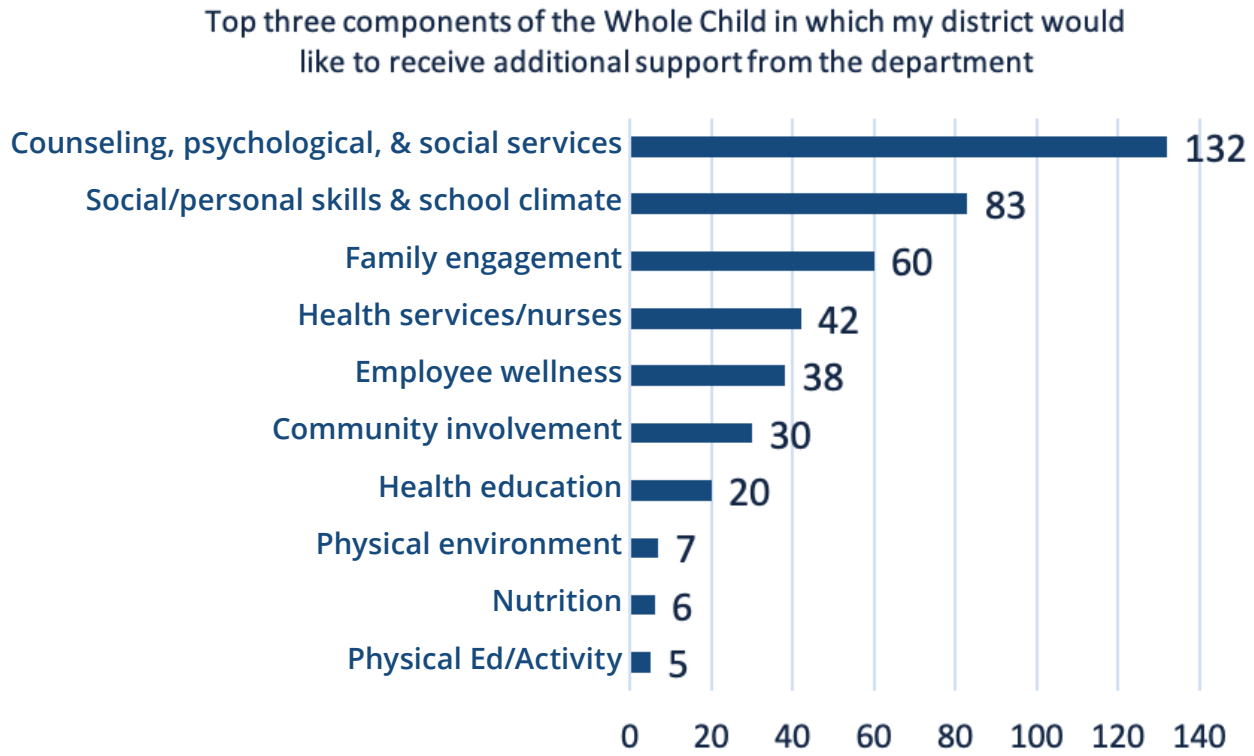
30 (Our Health and Economy, 2020)
31 (Tracking The Pandemic: Are Coronavirus Cases Rising Or Falling In Your State?, 2020)
32 (Tennessee Pledge: Reopening Tennessee Responsibly, 2020)
33 (Centers for Disease Control and Prevention , 2019)
34 (Center for Disease Control and Prevention)

As a result of Tennessee Commissioner Penny Schwinn's stakeholder engagement in the development of TN Department of Education's strategic plan, whole child rose to the surface as a top priority across Tennessee stakeholder groups such as families, educators, and district leaders. The whole child strategic priority includes:

- **Supports** – Ensure that schools and districts are able to quickly and appropriately respond to students in need
- **Citizenship and Civics Education** – A solid understanding of citizenship and civics will help to prepare students to make lifelong contributions to our state
- **Exceptionalities** – Create a statewide network that effectively supports students with disabilities

In the fall of 2019, the TDOE engaged with district leaders through the District Survey which asked local education agency (LEA) officials to select three of the 10 whole child components based on priority of need. Results demonstrated in the Figure 8 below.

Figure 8. Tennessee Whole Child Need by District[35]



The CDC states, "*The education, public health, and school health sectors have each called for greater alignment that includes, integration and collaboration between education leaders and health sectors to improve each child's cognitive, physical, social, and emotional development. Public health and education serve the same children, often in the same settings*"[36] which clearly articulates the necessity to better collaborate across sectors, ensuring alignment in support strategy.

35 (Tennessee Department of Education , 2019)
36 (Center for Disease Control and Prevention)

Wellbeing

The goal in supporting the whole child is to ensure the health, wellness and wellbeing of all Tennessee children. The COVID-19 pandemic has illuminated and emphasized the critical importance of strategic efforts to ensure the wellbeing of our children. The Annie E. Casey Foundation annually publishes their *Kids Count Data Book: State Trends in Child Well-being*, which provides a snapshot of youth wellness. The 2020 report released recently indicates a critical need to focus on child wellbeing which existed prior to the pandemic. In a national comparison, Tennessee ranks:

- 39th overall child well-being
- 29th in education
- 42nd in family and community
- 43rd in economic well-being
- 48th in health
  - » 37% of children and teens in TN are overweight or obese[37]

COVID-19 will undoubtedly exacerbate these factors of child wellbeing.

37 (Annie E. Casey Foundation, 2020)

Child Wellbeing Task Force

Health and the economy impact all citizens, including children. As schools reopen this fall, approximately one million students in Tennessee will have been away from their typical academic setting for nearly five months. For many students, school is the place where they receive requisite services such as meal delivery, physical activity, social development, and mental and behavioral health support.

"Time lost in the classroom also has implications beyond academics," said Governor Lee at his press conference announcing the establishment of the Child Wellbeing Task Force or Task Force, for the purposes of this report. *"Those implications are often the wellbeing of children. Schools and teachers are often the front lines in caring for students, particularly those that are in difficult situations, those that are most vulnerable, those that are most at risk."*[38]

In a press release, Education Commissioner Penny Schwinn stated, *"Children being out of school for such a long time has significant implications for a child's wellbeing, and this poses a different kind of challenge for all of us, as communities and as a state. There is critical work ahead...to focus state and local leaders on the wellbeing of Tennessee's children."*[39]

The goal of the task force is to ensure that the needs of Tennessee children are met during and after extended periods away from school, and to empower local communities to meaningfully engage in ways that support child wellbeing.

The Task Force will operate with the following concrete objectives:

- **Empowering Local Implementation:** Identify local infrastructure, relationships, and resources to promote supports for students and families.
- **Supporting Rapid Response for late summer and back-to-school 2020:** Develop a set of action items that local communities may utilize over the summer and throughout the traditional back-to-school season to support the needs of children.
- **Determining Ongoing Support for Academic Year 2020-2021:** Develop a set of action items that local communities may utilize to support the needs of children when school resumes in the fall of 2020.

The Task Force will produce the following deliverables:

- **July 2020**: the Task Force will produce a report on the impacts of school closure on critical services to children that occurred across the state and will identify opportunities for locally established and maintained infrastructure.
- **July 2020:** the Task Force will provide guidance for conducting child wellbeing checks during the summer and/or throughout back-to-school season as children begin a new school year.
- **July 2020:** the Task Force will provide guidance for community-based child wellbeing checks, services, and supports throughout the academic year.
- **October 2020:** the Task Force will develop the Pandemic Preparation Toolkit, outlining a more comprehensive set of recommendations, action items, and planning tools for local communities for any future school closures.
- **December 2020:** the Task Force will produce a report to the Governor summarizing the work of the group and making recommendations for the future.

38 (Daily Press Briefing, 2020)
39 (Tennessee Department of Education, 2020)

Task Force Members include:

Senator Raumesh Akbari, Tennessee General Assembly
Naomi Asher, Executive Director, *United Way of Anderson County*
Janet Ayers, President, *The Ayers Foundation*
Guy Barnard, Co-Founder, *Synchronous Health*
Dr. Jared Bigham, Senior Advisor, Workforce and Rural Initiatives, *Tennessee Chamber of Commerce & Industry*
Molly Blankenship, Executive Director, *Chattanooga 2.0*
Sonji Branch, Chief Executive Officer, *Communities In Schools of Memphis*
Linda Brown, Board President, *The ARC*
Mary Nell Bryan, President, *Children's Hospital Alliance of Tennessee*
Juliana Ospina Cano, Executive Director, *Conexión Américas*
Nancy Dishner, President and Chief Executive Officer, *Niswonger Foundation*
Clark Flatt, President, *The Jason Foundation*
Alexis Gwin-Miller, Co-Chair of the Education Equity Taskforce, *MICAH (Memphis Interfaith Coalition for Action & Hope)*
Senator Ferrell Haile, Tennessee General Assembly
Chief Richard Hall, Board President, *Tennessee Association of Chiefs of Police*
Representative Yusuf Hakeem, Tennessee General Assembly
Katie Harbison, President, *Chambliss Center*
Representative Kirk Haston, Tennessee General Assembly
Kim Henderson, President, *Tennessee PTA*
Melissa Hudson-Gant, Chief Executive Officer, *Big Brothers/Big Sisters*
Beth Goodner, Chief Executive Officer, *Trust Point Hospital*
Elaine Jackson, President, *Rural Health Association of Tennessee*
Cato Johnson, Chief of Staff / Senior V.P., Public Policy & Regulatory Affairs, *Methodist Le Bonheur Healthcare*
David Jordan, President and Chief Executive Officer, *Agape Memphis*
Shawn Kimble, Director of Schools, *Lauderdale County Schools*
Kati Lohr, Co-Founder, *Synchronous Health*
Amy Martin, President, *Tennessee Cable and Broadband Association*
Jerry Martin, President, *YMCA of Memphis & the Mid-South*
Johnny McDaniel, Outgoing Superintendent, *Lawrence County Schools*
Brian McLaughlin, Tennessee Teacher of the Year
Jeff Moorhouse, Director of Schools, *Kingsport City Schools*
Chapple Osborne-Arnold, Deputy Director, *Save the Children*
Kristen Robinson, Advocacy Coordinator, *Disability Rights Tennessee*
Patrick Sheehy, President, *Tennessee Business Roundtable*
Dr. Flora Tydings, President, *Tennessee Board of Regents*
Dr. LeAndrea Ware, Tennessee Principal of the Year
Angela Webster, Executive Director, *AIMHiTN (Association of Infant Mental Health in TN)*
Samantha Wigand, Chief Executive Officer, *Communities In Schools of Tennessee*

The following Tennessee State Departments and child serving providers reviewed the content of the report and made additional contributions:

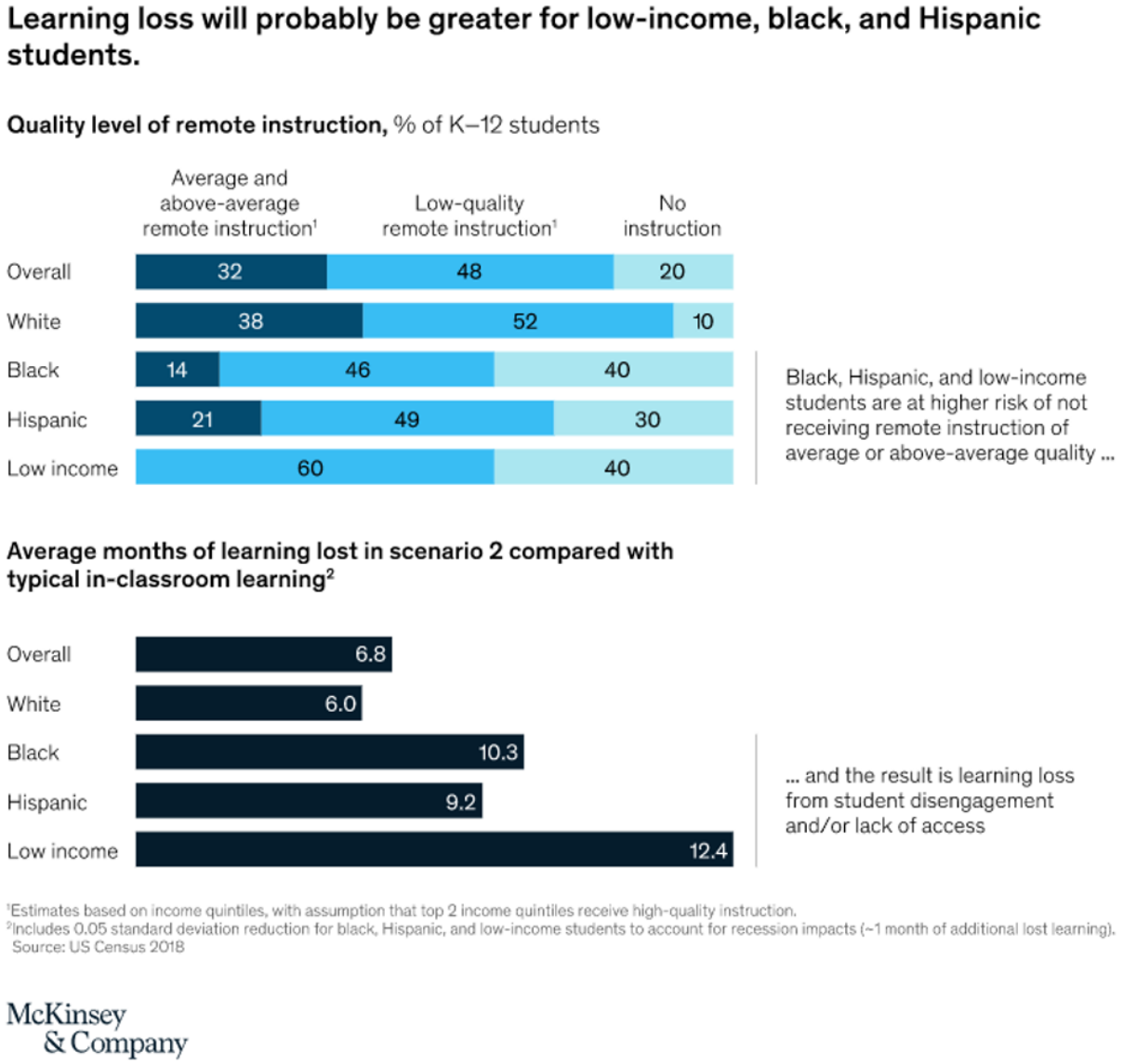
- Tennessee Commission on Children and Youth
- Department of Children Services
- Department of Health
- Department of Human Services
- Department of Intellectual and Developmental Disabilities
- Department of Mental Health and Substance Abuse Services
- Division of TennCare
- Tennessee Association of Mental Health Organizations (TAMHO)
- Tennessee Voices
- Youth Villages

What the Pandemic Means for Education

A function of education is to ensure equitable access to academic opportunities. Ensuring access not only includes providing instructional content. Schools also address and promote the health and wellness of students which are requisite foundations to learning. Learning loss during periods of school closure disproportionately impacts students of color, low-income students and students with disabilities. Juliana Ospina Cano for Conexión Américas and member of the Child Wellbeing Task Force writes, *"As Latino and immigrant families in Tennessee, including our own education program participants, continue to be disproportionately affected by COVID-19, and as we witness the impact that health disparities are having on student achievement and postsecondary success, we know that our education goals intersect with many aspects of our students' lives."*[40]

McKinsey and Company estimates, *"that this would exacerbate existing achievement gaps by 15 to 20 percent."*[41] Not only is the achievement gap widening, but much needed services provided through schools is no longer available. School closure impacts low income and students of color more than it does high income or white students. Figure 9 below demonstrates this disparity.

Figure 9. National Data[42]



40 (Cano, 2020)
41 (COVID-19 and student learning in the United States: The hurt could last a lifetime, 2020)
42 (COVID-19 and student learning in the United States: The hurt could last a lifetime, 2020)

National educator survey data demonstrates this disproportionality in concern for mental health supports, too. Ariana Prothero summarizes for Education Week, *"In districts where more than three-quarters of students come from low-income families, 50 percent of their teachers and district leaders said they were very concerned about students receiving adequate mental health services. In districts where less than a quarter of students come from low-income families, 33 percent of educators said they were very concerned."*[43]

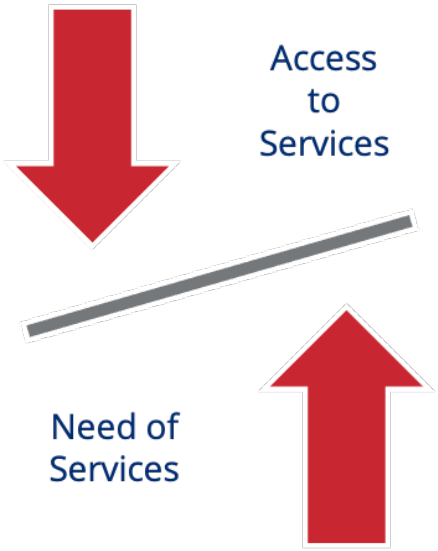
Learning loss is not the only concern associated with school closures due to the pandemic. Where the demand for mental and behavioral health services were apparent before the pandemic, COVID-19 has exacerbated the already strained resources. Kristen Robinson with Disability Rights Tennessee and member of the Task Force states, *"As a result of school closures due to COVID-19, our clients (and similarly situated individuals) are struggling greatly with the absence of these necessary supports. Parents have reported increases in problem behaviors, the emergence of new challenging behaviors, increased symptoms of anxiety and depression due to lack of routine and social interaction, and regression in communication and behavior progress."*[44] There are more families and children in need of mental health related supports, due to social distancing, the already limited pool of resources has in some places been harder to access.

The Communities In Schools of Tennessee COVID-19 Report states:

> ***"When we talk with caregivers, we learn that students' mental health struggles are exacerbated by a lack of medications and available counseling, as well as not having the daily structure and socialization that school provides. When we talk with older students, we learn about the addiction, domestic violence and other mental health strains happening in the home. In all cases, students and families are traumatized and research tells us that living with a constant level of heightened stress can become toxic, which can impede students' ability to learn and have lifelong negative consequences on their physical and mental health."*** [45]

While the need for services is apparent in Tennessee as is true in many states across the country, there are not enough mental health providers to meet the demand. *"We have a mental health provider shortage in this country generally,"* EAB managing director Pete Talbot said in an interview with Education Week. *"Schools have been thrust into this position, but they're not really resourced. In many respects it's an unfunded mandate."*[46]

Figure 10. Relationship between Need and Access



Education Week reports findings from a national survey conducted about what educators are experiencing through the pandemic and periods of school closure:

- 42% of educators stated that they were "very concerned" about students receiving mental health services. 47% were "somewhat concerned"
- Less than 25% of school leaders say they've been able to meet students' mental health needs at the same level they were prior to the coronavirus pandemic
- 5% of urban school leaders say they have been able to keep up with providing the same level of mental health supports[47]

43 (As Schools Stay Closed and Student Morale Slumps, Educators Worry About Mental Health, 2020)
44 (Robinson, 2020)
45 (Supporting Families Through a Global Pandemic, 2020)
46 (Schools Are the Main Source of Student Mental Health Care. Are They Ready?, 2020)
47 (As Schools Stay Closed and Student Morale Slumps, Educators Worry About Mental Health, 2020)

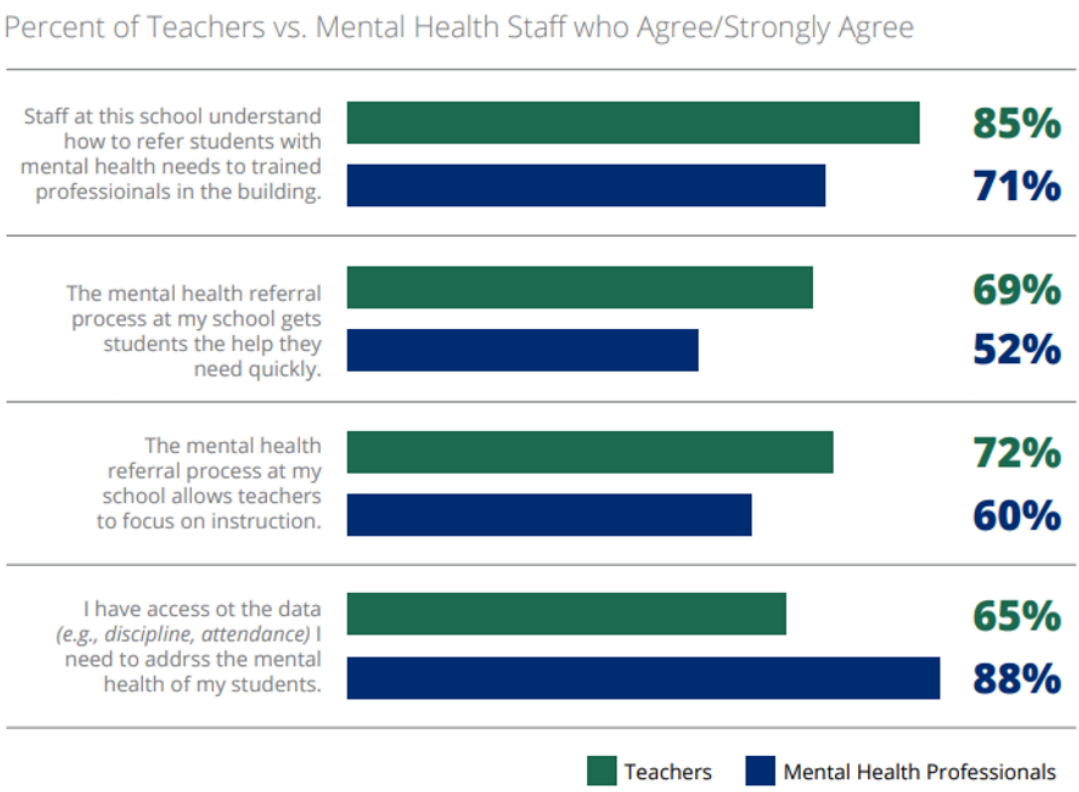
What makes this more troubling, is that children often receive the support and assistance they need through schools. With schools closed, children have lost their most significant support system. This is especially true for most students with disabilities who receive requisite therapeutic services through school. In a recent survey conducted by the Tennessee Department of Education regarding the Coronavirus Aid, Relief, and Economic Security (CARES) Act after the onset of the pandemic found that students with disabilities was the number one priority for 65% of school-based staff and 53% of parents who ranked this as a top-three priority.[48] Still, not all Tennessee schools and districts had the personnel or wellness supports prior to the pandemic.

In Tennessee, the coordinated school health program serves 136 of the 147 school districts across Tennessee. According to the Coordinated School Health 2018-19 Annual Report:

- 93% of districts offer school staff the influenza vaccine
- 77% of districts have an alternative breakfast program
- 60% of schools employ a nurse full-time in each school
- 43% of districts provide mental health support to staff
- 35% of districts meet the goal of one certified psychologist for every 1,000 students
- 20% of districts report meeting the goal of one certified social worker for every 1,500 students[49]

In the 2020 Tennessee Educator Survey which received response from 51% of teachers and 53% of leaders across the state, teachers reported high rates of understanding the process of referring students, while mental health professionals reported low rates of ensuring students get the help they need quickly.[50] Figure 11 below demonstrates complete results:

Figure 11. Tennessee Educator Survey Results



48 (Tennessee Department of Education, 2020)
49 (Coordinated School Health 2018-19 Annual Report , 2019)
50 (Tennessee Department of Education , 2020)

While there is little outcome data to demonstrate the impact of school closure on students and teachers, there have been several informal surveys conducted to quantify the effect. One national survey conducted by Education Week captured that throughout the period of school closures, teachers became increasingly worried about student engagement. In a two-week period, teacher concern about student engagement increased from 59% to 76%.[51]

Every two weeks, Education Week collects national educator perception data through their Survey Tracker: Monitoring How K-12 Educators Are Responding to Coronavirus.[52] Figures 12, 13, and 14 provide a snapshot:

Figure 12. National Data

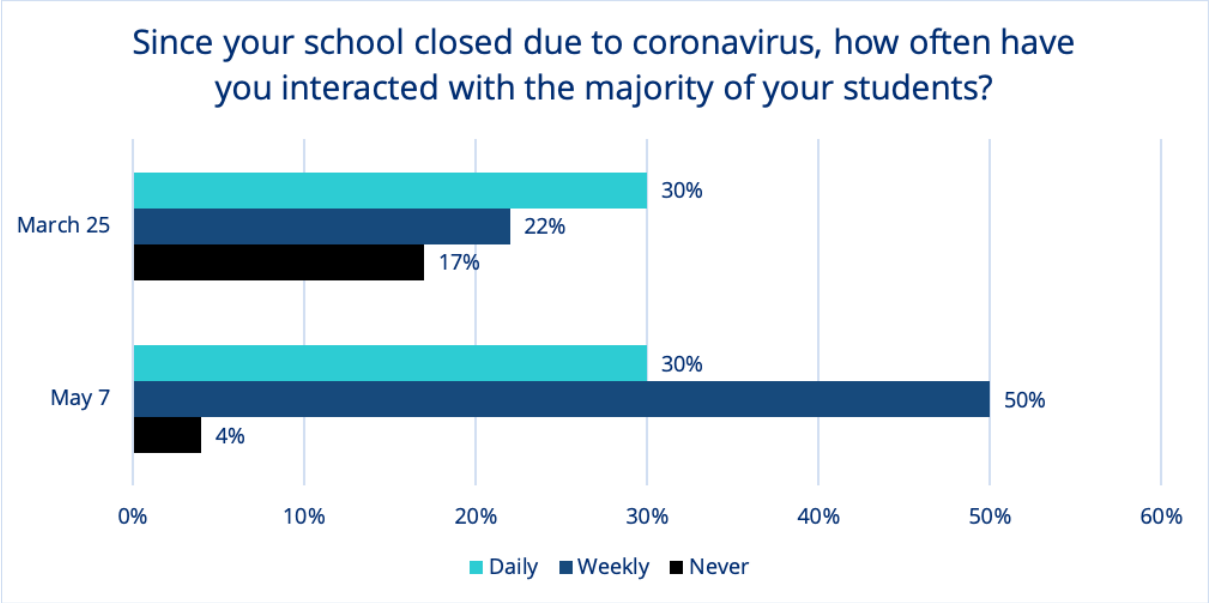
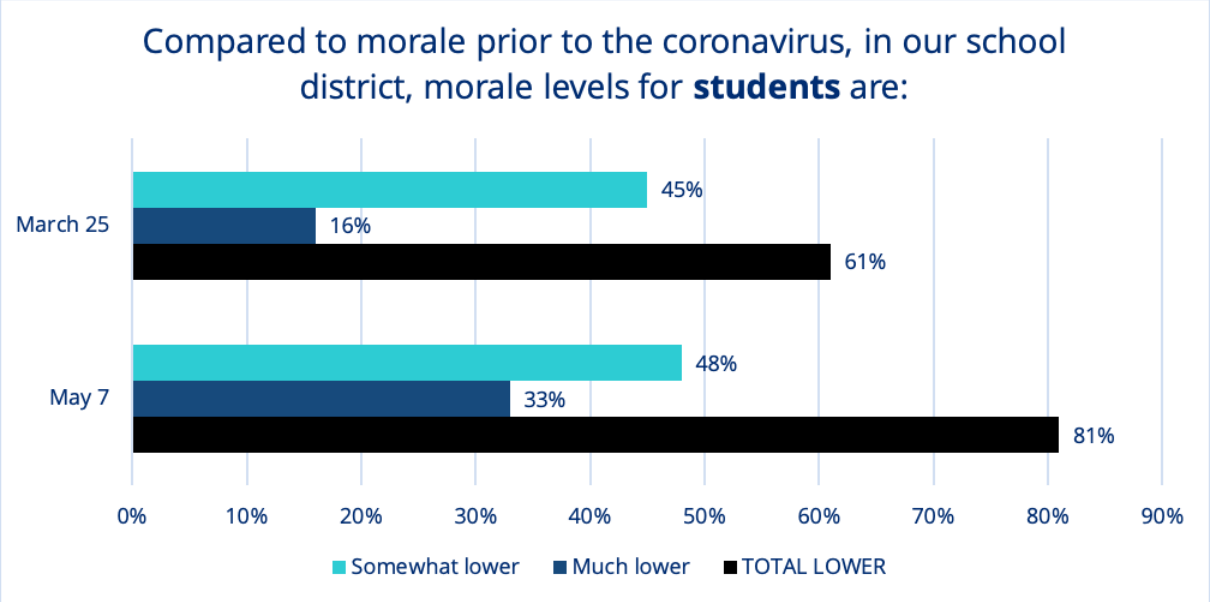
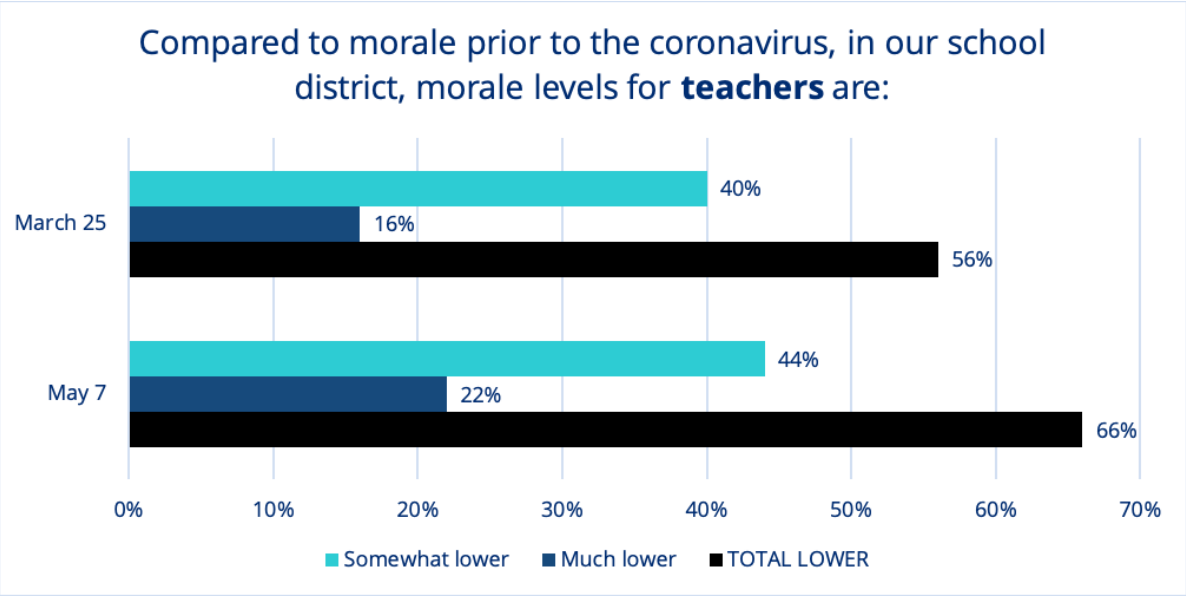


Figure 13. National Data



51 (Most Educators Want Schools to Stay Closed to Slow Spread of COVID-19, 2020)
52 (Survey Tracker: Monitoring How K-12 Educators Are Responding to Coronavirus, 2020)

Figure 14. National Data



Common Sense Media collected informal national survey data from teenagers between the ages of 13 and 17. Striking are the differences between racial demographics when communicating concern about contracting the virus and maintaining employment. Data was captured by April 1, 2020 and is represented below in Figures 15 through 18:[53]

Figure 15. National Data

Percent of teens who report doing each of the following while in-person school activities are canceled ...			
	Total	Public school	Private school
Connecting with their teacher ... once a day or more	36%	31%	66%
... a few times a day	17%	15%	33%
... once an hour or more	4%	2%	14%
... less than once a week	24%	28%	4%

Figure 16. National Data

How worried are you ...						
		Total	**White**	**Black**	**Hispanic /Latino**	**Other**
... that you or someone in your family will be exposed to the coronavirus?	Worried	61%	56%	71%	66%	63%
	Not worried	39%	44%	29%	33%	37%
... about the effect the coronavirus may have on your family's ability to make a living or earn money?	Worried	63%	53%	74%	87%	50%
	Not worried	36%	47%	26%	13%	50%

53 (How Teens Are Coping and Connecting in the Time of the Coronavirus, 2020)

Figure 17. National Data

How lonely would you say you feel right now?			
	Total	Attended virtual or online classes	Haven't attended virtual or online classes
More lonely than usual	42%	42%	41%
About as lonely as usual	43%	43%	44%
Less lonely than usual	15%	14%	15%

Figure 18. National Data

How connected would you say you feel to your friends right now?			
	Total	Attended virtual or online classes	Haven't attended virtual or online classes
More connected than usual	16%	19%	13%
About as connected as usual	36%	34%	38%
Less connected than usual	48%	47%	49%

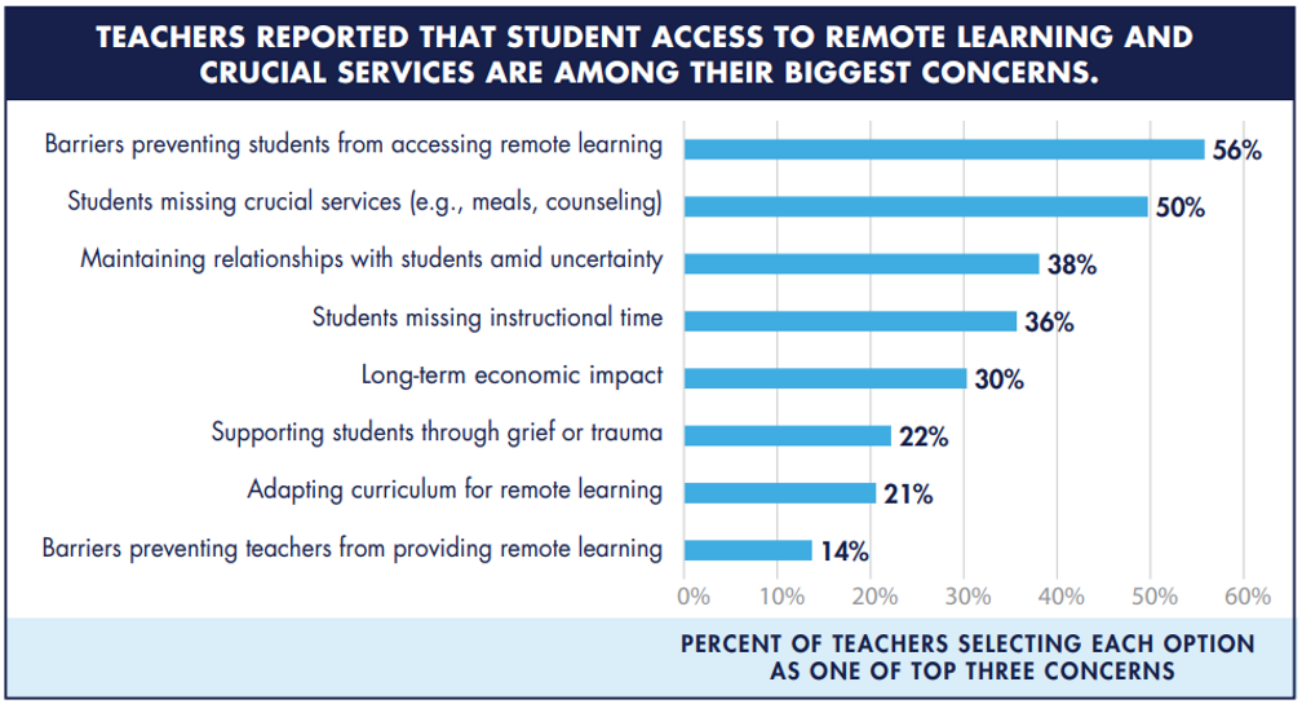
In Tennessee, data suggests that mental health is a top priority among educators. In the TDOE's CARES survey of district leaders:

- 53% of districts are prepared and able to address or check on the wellness and safety of students
- 44% of respondents listed mental health as a top-three priority
- 27% of districts are prepared and able to address the mental health challenges of students
- 21% of districts are prepared and able to address the school-based health needs of students[54]

54 (CARES Survey, 2020)

When teachers were asked through the Tennessee Educator Survey by the Tennessee Education Research Alliance (TERA), 50% of teachers identified "students missing critical services such as meals and counseling" as a top three concern. The rest of teacher responses are available in Figure 19 below:

Figure 19. Tennessee Data[55]



TERA goes on to state:

> *Educators expressed concern for the physical and mental health of students and their families in their open-ended comments. Teachers and leaders indicated that basic necessities—including adequate nutrition, security, and supervision—are crucial to ensure that students can successfully engage in remote learning. Our topical analysis also identified a clear pattern of clustered words, including "need"," student", "support", "family", "health", "emotional", "health", and "mental."*

"I'm worried about the mental and physical health of these kids for years to come."

The clustered words indicate how critical the concern for child and family wellbeing is for Tennessee teachers. In the same TERA report, one anonymous elementary teacher in Middle Tennessee commented:

> *"I have students whose parents are essential workers without childcare. I have students that do not feel safe and secure at home. I have students whose parents are unable to read themselves, and are not equipped to help their child log-on to online learning. It is SO MUCH more than just families that don't have a laptop...I'm worried about the mental and physical health of these kids for years to come."*[56]

55 (Teaching Through a Global Pandemic: COVID-19 Insights from the Tennessee Educator Survey, 2020)
56 (Teaching Through a Global Pandemic: COVID-19 Insights from the Tennessee Educator Survey, 2020)

Impact of COVID-19 on Children and Families

While there is more data available to demonstrate the impact of COVID-19 on children attending school, it will be critical to take into account children who are too young to attend school, those who are homebound or those who are homeschooled. We have little information to reflect the direct impact the pandemic has had on this population of children which is why a focus on families in addition to those children attending school will be the lens for this report. As such, it is important to consider the interconnectedness between health and economic opportunity as related to general wellbeing. In times of crisis, individuals may struggle to feel control over their health or economic future which can cause increased stress and trauma. Long standing research demonstrates the strong association between unemployment and poorer health outcomes.[57] The Tennessee Governor's office reports, "as the direct threat to Tennesseans' health has been mitigated, the threat to their livelihoods has increased. We know economic health promotes physical and mental well- being."[58]

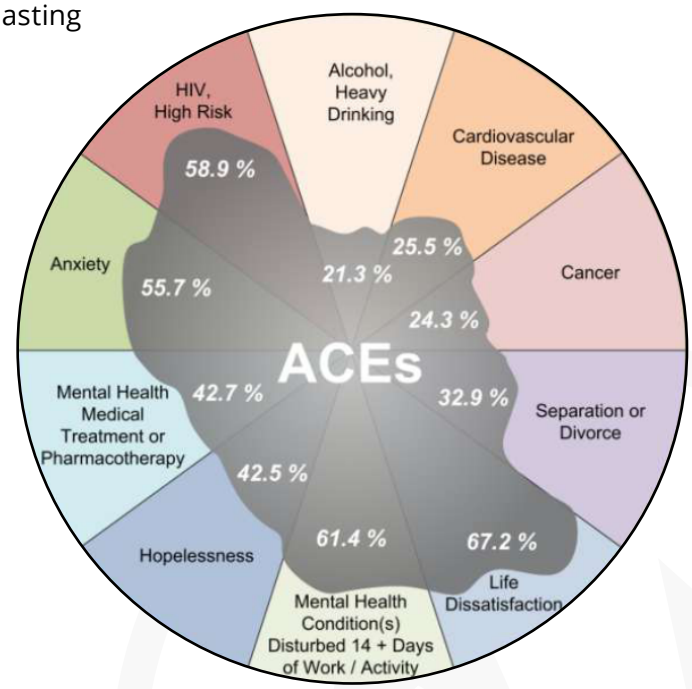
Furthermore, our most vulnerable populations stand to be impacted the most. According to TDOE's CARES Act Survey, one stakeholder responded, "The primary consideration should be the physical, mental, and emotional impact this economy will have on our students. The stress of new financial burdens upon our students and their families will be a monumental factor in the upcoming school year and beyond."[59]

Childhood Adversity – a Framework for Understanding COVID-19's Potential Impact on Children

Before discussing the experienced effects of COVID-19, it will be important to frame the conversation around childhood adversity, as there are many factors that may cause long and or short-term physical and mental health concerns. An article posted by Child Trends states, "childhood adversity, including [adverse childhood experiences] ACEs, can cause trauma and toxic stress—and, in turn, have a lasting impact on children's physical and mental health."[60] The various types of lasting impacts and associated risks are displayed in Figure 20.

This adversity can also negatively impact language development, communication, attendance, and academics and children who experience ACEs are more likely to drop out or choose not to pursue higher education."[62]

Figure 20. Impacts of ACEs[61]



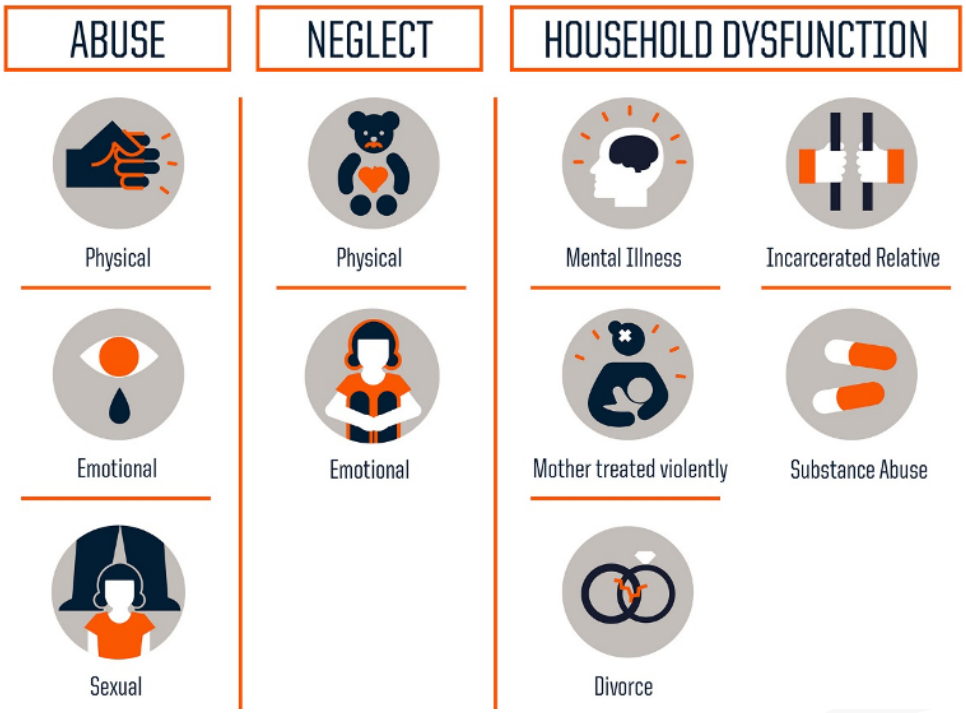
57 (Employment as a Social Determinant of Health: A Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Mental Health, 2015) as cited in (Our Health and Economy, 2020)
58 (Tennessee Office of the Governor, 2020)
59 (CARES Survey, 2020)
60 (Adverse childhood experiences are different than child trauma, and it's critical to understand why, 2019)
61 (Washington State Family Policy Council , n.d.)
62 (Childhood Domestic Violence Association , 2018)

Child Trends provides the following definitions and examples about childhood adversity relevant to this report:

Childhood adversity — a broad term that refers to a wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being. Common examples of childhood adversity include child abuse and neglect, domestic violence, bullying, serious accidents or injuries, discrimination, extreme poverty, and community violence. Research shows that such experiences can have serious consequences, especially when they occur early in life, are chronic and/or severe, or accumulate over time.

Adverse childhood experiences — a term coined by researchers Vincent Felitti, Robert Anda, and their colleagues in their seminal study conducted from 1995 to 1997—are a subset of childhood adversities. Researchers found that the more ACEs adults reported from their childhoods, the worse their physical and mental health outcomes (e.g., heart disease, substance misuse, depression). Examples of ACEs include: abuse (emotional, physical, and sexual), household challenges (mother treated violently, substance abuse in household, mental illness in household, parental separation or divorce, incarcerated household member, and neglect (emotional and physical). (See Figure 21)

Figure 21. Examples of Adverse Childhood Experiences[63]



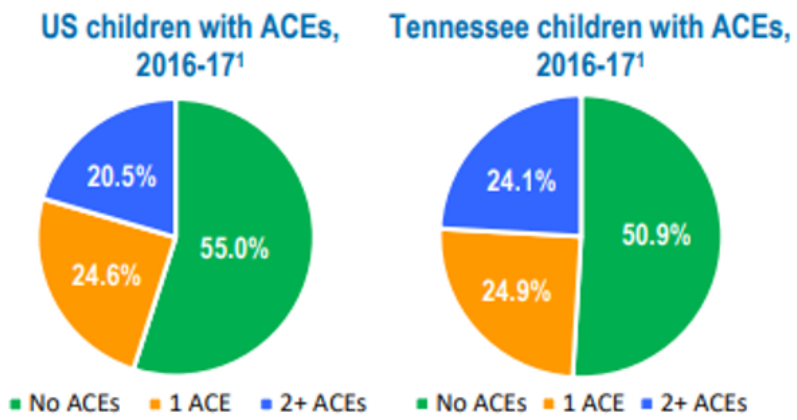
Trauma — one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both. With trauma, a child's experience of strong negative emotions (e.g., terror or helplessness) and physiological symptoms (e.g., rapid heartbeat, bedwetting, stomach aches) may develop soon afterward and continue well beyond their initial exposure. Some examples may include sudden loss of a family member, a natural disaster, a serious car accident, or a school shooting. Childhood trauma is associated with problems across multiple domains of development. However, trauma affects each child differently, depending on his or her individual, family, and environmental risk and protective factors.

Toxic Stress — the term when a child experiences adversity that is extreme, long-lasting, and severe (e.g., chronic neglect, domestic violence, severe economic hardship) without adequate support from a caregiving adult. Specifically, childhood adversities, including ACEs, can over-activate the child's stress response system, wearing down the body and brain over time. This over activation is referred to as toxic stress and is the primary way adversity damages a child's development and wellbeing.

63 (Take The ACE Quiz — And Learn What It Does And Doesn't Mean, 2015)

According to the Child and Adolescent Health Measurement Initiative (CAHMI) out of John Hopkins Bloomberg School of Public Health, over 45% of US children have been exposed to at least one ACE and over 20% have at least 2 ACEs[64]. As the number of experienced ACEs increases, so does the likelihood for more substantial impact. Figure 22 demonstrates the percentage of US and Tennessee children who have documented ACEs.

Figure 22. US and Tennessee Children with ACEs[65]



CAHMI also provides outcome data and likelihood for negative health outcomes in individuals who experience ACEs as shown in Figures 23 and 24.

Figure 23.[66]

Table 1: National & TENNESSEE CHILD outcomes by ACEs, (2016-2017 NSCH)[1,4,5]

Key child outcomes (age in years)	Nation[1]			Tennessee[1*]		
	No ACEs	1 ACE	2+ ACEs	No ACEs	1 ACE	2+ ACEs
Child has a chronic condition requiring above routine amount or type of health care services[4] (0-17)	13.2%	20.1%	32.2%	14.0%	19.9%	29.9%
Child has an ongoing emotional, developmental, or behavioral problem (0-17)	4.4%	8.1%	18.6%	3.6%	6.7%	16.3%
Child is overweight or obese (10-17)	25.5%	34.1%	37.2%	30.3%	48.4%	34.4%
Child is bullied, picked on, or excluded by other children (6-17)	14.6%	23.1%	34.2%	12.2%	23.5%	32.6%
Child's mother is in very good/excellent health (0-17)	75.4%	55.6%	41.1%	75.1%	54.6%	36.9%
Child engages in school (6-17)	75.4%	64.4%	53.1%	77.2%	64.8%	58.8%
Resilience and Flourishing[5] (met all 3 criteria) (6-17)	47.9%	37.8%	27.6%	46.8%	43.8%	33.5%
Child's family stays hopeful when facing problems (0-17)	60.9%	55.7%	48.7%	66.1%	64.7%	48.7%

64 (The Child and Adolescent Health Measurement Initiative , 2019)
65 (The Child and Adolescent Health Measurement Initiative , 2019)
66 (The Child and Adolescent Health Measurement Initiative , 2019)

Figure 24.[67]

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs

Key adult outcomes	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Suicide attempts	100%	180%	300%	660%	1220%
Injected drugs	100%	130%	380%	710%	1003%
Consider self an alcoholic	100%	200%	400%	490%	740%
Recent depression	100%	150%	240%	160%	460%
Lung disease	100%	160%	160%	220%	390%

Applying these definitions and understandings to the current pandemic, it is clear to see how critical immediate intentional action will be on behalf of our children. In an interview with Education Week, Franci Crepeau-Hobson, a professor at Colorado University's School of Education and Human Development, states:

> *"Now, add to that social isolation, anxiety over parents losing jobs, fears of loved ones falling ill, no respite from conflicts with family, and grief over death or missing important milestones such as graduation. The culmination of all of that will have a corrosive effect on students' mental health."*
>
> *This is such a different animal, in that it's not what we would call an acute traumatic stressor—those have a discrete beginning and end. This has a potential for chronic traumatic stress where people are walking around in this state of elevated arousal.*
>
> *Living day in and out in a fight-or-flight mode taxes the brain and the body.*
>
> *We can't access our cortex and higher-order thinking. We know that chronic stress is associated with all kinds of physical illnesses and diseases such as high blood pressure and diabetes … Then [there is] this increased risk for anxiety disorders and depression because people feel hopeless."*[68]

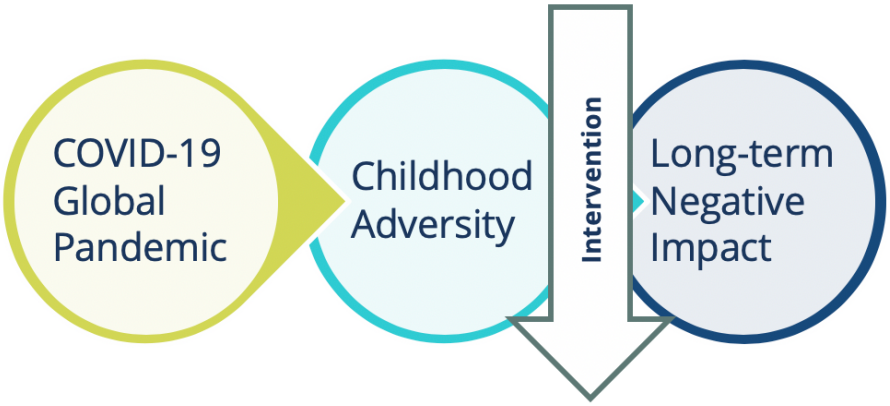
All children respond differently to trauma or toxic stress. Child Trends concludes, *"While most children eventually return to their typical functioning when they receive consistent support from sensitive and responsive caregivers, others are at risk of developing significant mental health problems, including trauma-related stress, anxiety, and depression. Children with prior trauma or pre-existing mental, physical, or developmental problems—and those whose parents struggle with mental health disorders, substance misuse, or economic instability—are at especially high risk for emotional disturbances."*[69]

The good news is that there is growing body of research to suggest that protective factors, resilience and positive childhood experiences can diminish the effect of adversity. Christina Bethell, the lead author on a study out of Johns Hopkins Bloomberg School of Public Health stated, *"We found that even among adults with multiple adverse experiences in childhood, those that also had positive experiences-such as caring, warm, and nurturing relationships with friends and a sense of belonging in school and the community-fared much better"*.[70]
Bethell goes on to recommend, *"we can promote positive experiences by working with children in our communities to foster nurturance. This requires building a society-wide caring capacity, which is strongly connected to our wellbeing"*[71].

67 (The Child and Adolescent Health Measurement Initiative , 2019)
68 (Schools Are the Main Source of Student Mental Health Care. Are They Ready?, 2020)
69 (Resources for Supporting Children's Emotional Well-being during the COVID-19 Pandemic, 2020)
70 (Zimlich, 2019)
71 (Zimlich, 2019)

In the next sections, we will discuss how COVID-19 has the potential of setting off a chain of events which could leave our children physically, mentally and or emotionally impacted unless there is prompt intervention, such as a focus on resiliency and positive childhood experiences. Because so many of these elements, such as the economy, physical health, mental health, and family dynamics in the home are so interconnected, there are a number of possible ways children may be negatively impacted and developing an intentional strategy for intervention, such as fostering resiliency through positive childhood experiences will be critical.

Figure 25. Connection between COVID-19, Adversity and Lasting Negative Effects



Economy and Employment

Economic security is a contributing factor to health and overall wellness. The economic toll the pandemic has taken not only impacts employment, but also impacts the availability of funds to ensure programs are maintained and services provided. State revenues, Gross Domestic Product (GDP), and sales tax are indicators of economic health and may indicate tough financial decisions for Tennessee.

According to revenue data from the Office of the Governor, beginning in March, many industries saw substantial loss to the tune of hundreds of millions of dollars.[72] Butch Eley, Commissioner of Tennessee's Department of Finance and Administration noted, "Overall state revenues for April were $1.3 billion, which is a negative growth rate of 39.75 percent compared to last year and $693.8 million less than the state budgeted."[73]

In addition to revenues, "Tennessee Gross Domestic Product is projected to decline $5 billion during 2020 as a result of closures and joblessness related to the pandemic, assuming businesses begin to reopen on May 1, 2020."[74] William Fox, an economist at the University of Tennessee, anticipates a 7% GDP decline compared to that of the Great Recession which was at 2.5% in 2009.[75]

Another potential implication for available funds comes from sales tax. Marguerite Roza, for Edunomics Lab provides evidence that Tennessee ranks second in reliance on sales tax at 40.7%, making Tennessee "more vulnerable to economic downturns."[76] Fox offers an additional perspective, whereby he predicts that Tennessee will arrive at a 2.7% decline compared to Great Recession which resulted in an 8.7% decrease.[77]

Economic factors dramatically impact education funding and the services schools are able to provide.

72 (Our Health and Economy, 2020)
73 (April Revenues, 2020)
74 (Our Health and Economy, 2020)
75 (State Funding Board Meeting, 2020)
76 (To What Extent Does Your State Rely on Sales Taxes?, 2018) as cited in (What will the financial turmoil mean for public education? , 2020)
77 (State Funding Board Meeting, 2020)

Due to the unprecedented nature of the pandemic, it is difficult for economists to forecast or agree on what the potential economic fallout may be. Predicting the timeframe for recovery is even more uncertain. Jon L. Smith, an associate professor of economics at East Tennessee State does not anticipate an optimistic recovery trajectory hypothesizing that it may take three to five years to get back to the pre-COVID growth plan.[78]

While this has direct implications for local business, it also has an impact for schools. "District obligations climb faster in an economic downturn," reports Roza. "Student needs increase, disproportionately affecting high-poverty schools."[79]

In addition to the impact on local districts, education at the systems level has also been impacted by economic instability in the past. Michael Griffith reports for the Learning Policy Institute:

> ***"The Great Recession started in 2008 but did not hit its low point for public education until 2010. According to data compiled by Daniel Thatcher, a Senior Fellow at the National Conference of State Legislatures, state k–12 funding hit its lowest point in 2010, when it was approximately 8% below 2008 levels. Also noteworthy is that it took 6 years—from 2008 to 2014—for state education spending, on average, to rebound to 2008 levels. Even then, average spending had not caught up to inflation, and many states were still spending below their pre-recession levels."***[80]

Economic factors not only play a role in viability of business, but also dramatically impact education funding and the staff and services schools are able to provide.

As industries are impacted, so is employment. Severe economic hardship may lead to toxic stress and possible physical and or mental consequences. The stress of economic insecurity takes a toll, adding additional anxiety, worry, and pressure to family dynamics. Unemployment impacts a family's ability to access foundational resources and increases the need for mental and behavioral health supports for adults in the family unit.

The Tennessee Department of Labor and Workforce Development reported that the state's highest-ever unemployment rate occurred during the COVID-19 pandemic, stating:

> ***"The preliminary seasonally adjusted statewide unemployment rate for April 2020 is 14.7%, which is an unprecedented spike of 11.4 percentage points when compared to March's revised rate of 3.3%. This is Tennessee's highest unemployment rate in a generation. Before the pandemic, the state's all-time highest seasonally adjusted rate was 12.9%, which occurred in back to back months in December 1982 and January 1983."***[81]

Furthermore, educator employment may be impacted as districts make important budget decisions. School and district staffing cuts may not only include teachers, but may result in the loss of mental health professionals just when students and teachers need the support the most. Michael Griffith continues:

> ***"The current economic downturn will put a large number of public school teachers' jobs at risk. How do I know this? Because it happened to us before, just 12 years ago. Between 2008 and 2010, during the Great Recession, our country lost more than 120,000 teaching positions (of 3,222,000 in 2008). The number of impacted jobs would have been even worse if not for the Federal Recovery Act, which provided $97.4 billion to our public schools. According to the U.S. Department of Education, 'Approximately 275,000 education jobs, such as teachers, principals, librarians, and counselors, were saved or created with Recovery Act funding.'***

78 (State Funding Board Meeting, 2020)
79 (What will the financial turmoil mean for public education? , 2020)
80 (The Impact of the COVID-19 Recession on Teaching Positions, 2020)
81 (COVID-19 Has Staggering Impact on Tennessee Unemployment, 2020)

In other words, if the federal government had not stepped in to help our public schools, more than 395,000 education jobs would have been lost."[82]

There is little certainty regarding the rebound of employment. While stay-at-home orders may lift and allow more employees to return to work, it is impossible to estimate what this may mean for the work force long-term.

Physical Health, Health Services, and Nutrition

Physical Health

Since physical and mental health are interdependent, it is impossible to separate the two. For the purpose of investigating the various health related components impacted by COVID-19 on children and families, typical physical health and mental health categories are separated into different sections.

Data collected thus far currently indicates that while all children are capable of contracting the coronavirus, they tend to experience the virus differently, often with less severe symptoms. As of April 2, 2020 the CDC reported that while children 18 years old or younger make up 22% of the US population, they account for 1.7% of confirmed COVID-19 cases and three deaths. The health of our children will always be a top priority and communities and schools should continuing taking all necessary precautions to protect children from contracting the virus.

COVID-19 might not directly impact children as it impacts adults, but there is still a need to confront the physical health related toll COVID-19 has on youth. Stephanie Landtroop, Director of Nutrition at Tennessee's TrustPoing Hospital states, "Rest and sleep, exercise, and nutrition work in unison for the health of the body and mind. All are vital to improving the learning and lives of school-age children. Achieving the proper balance of these elements may be more challenging when children are learning from home, particularly in an unstructured environment."[83]

Health Services

Access to health care covered by insurance often is provided through employers. Due to the economic impact of the pandemic, an estimated 5.4 million Americans lost health insurance between February and May of 2020 which is 39% higher than any other previously recorded loss.[84] In Tennessee, a reported 19% of nonelderly adults are uninsured.[85]

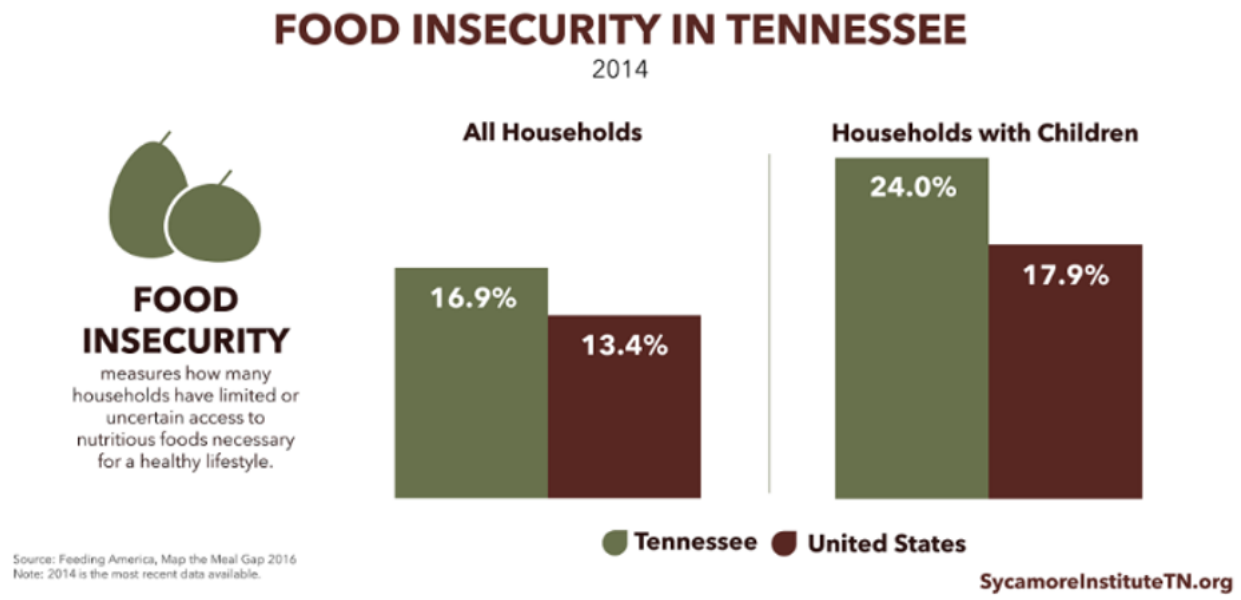
Nutrition

One of the primary functions schools serve in addition to academics, is providing lunch for those students who are eligible and in many cases, breakfast. In fiscal year (FY) 2019, the US Department of Agriculture (USDA) reported 30.4 million children utilized free or reduced price lunch in 2016.[86] In data recorded prior to the pandemic, 19.6% of American children lived in a home that was food insecure.[87] COVID-19 has dramatically exacerbated issues with access to food, as 10% of US adults reported not having access to enough food and 32% not having access to the foods they needed.[88] Further, approximately 14 million children are not receiving enough to eat which is above the Great Recession peak. [89] To summarize the importance of nutrition, Landtroop states, "Poor nutrition can lead to an increased risk of mental illness. Nervousness, irritability, poor sleep, low mood, and a variety of gastrointestinal complaints are often seen in children with poor nutrition and/or a lack of appropriate and consistent meal timing, and as a result of nutritional deficiencies."[90]

82 (The Impact of the COVID-19 Recession on Teaching Positions, 2020)
83 (Landtroop, 2020)
84 (Dorn S. , 2020)
85 (Dorn S. , 2020)
86 (US Department of Agriculture, 2017)
87 (Brazier, 2017)
88 (Callen, 2020)
89 (Bauer, 2020)
90 (Landtroop, 2020)

The Sycamore Institute reports that Tennessee is more food insecure than the national average as demonstrated in Figure 26 below[91]:

Figure 26. Food Insecurity



Physical Activity

There are many known benefits of incorporating physical activity daily. Benefits of physical activity include reducing the risk of developing health conditions such as heart disease, cancer, type 2 diabetes, high blood pressure, osteoporosis and obesity; children who are physically active tend to have better grades and improved cognitive performance.[92] The CDC recommends children receive 60 minutes of physical activity every day.[93] In 2017, 44.1% of Tennessee children met the daily physical activity goal.[94] Schools also serve to ensure children receive physical activity during the school day. During periods of school closure and through stay-at-home orders, it is unclear how children have been impacted. In homes where children have access to safe places to play outdoors, physical activity may have been maintained. For some children, there may not be a safe place to play outdoors and could have missed out on the necessary opportunities to remain physically active. This might be especially true as some parks closed due to the pandemic and community centers or gyms also closed their doors to reduce the spread of the virus. Little data is available to demonstrate the impact the pandemic has had on physical activity of children and additional investigation will need to be pursued.

Mental Health, Substance Abuse, and Domestic Violence

Mental Health

In the past decade, across the country, mental health needs have skyrocketed. According to Mental Health America (2020), "Nationally, youth mental health is worsening. From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. Now over two million youth have MDE with severe impairment."[95]

This trend was apparent prior to COVID-19 and often observed by educators as schools often serve to both identify students in crisis and provide requisite services. Mental health is not only important to

91 (Melton, 2017)
92 (Centers for Disease Control and Prevention , 2020)
93 (Centers for Disease Control and Prevention , 2020)
94 (Tennessee Department of Education, 2019)
95 (Mental Health America, 2020)

our students, but we also know that the mental health of family members living in the same household may lead to physical and or mental concerns associated with childhood adversity. The mental health of our educators must also be considered, not only for personal individual benefit, but for the good of the children in the classroom.

There are wide variants in predicting the number of children who may have a mental health need. The CDC estimates 13-20% of children living in the US experience a mental disorder in a given year[96]. 20% in youth ages 13-18 live with a mental health condition[97] and 1 in 6 children between 2 and 8 (17.4%) has a diagnosed mental, behavioral, or developmental disorder.[98] Of the nearly one million students in Tennessee, it can be expected that anywhere between 130,000 and 200,000 children fall into the category of having a mental health condition or diagnosis.

The Tennessee Department of Mental Health and Substance Abuse (DMHSAS) utilizes a couple of different sources when reflecting the number of children with either severe emotional disturbance or substance abuse[99]:

Figure 27.

Severe Emotional Disturbance (SED) in Tennessee	
Children and youth under age 18 (2017)	152,000 10.1% of 1,507,502 children [100]
Children and youth ages 9-17 (2018)	99,730 13% of 767,064 children [101]

Figure 28.

Substance Use Disorder	
Children and youth ages 12-17 (2017)	21,000 4.04% of 513,298 children [102]
Children and youth ages 12-17 (2018)	26,020 3.9% of 513,623 children [103]

Youth who received services primarily were served through private insurance and through Tennessee agencies such as TNDMHSAS, TennCare, Medicare, and VA Health Care. Approximately 3% of children were uninsured.[104]

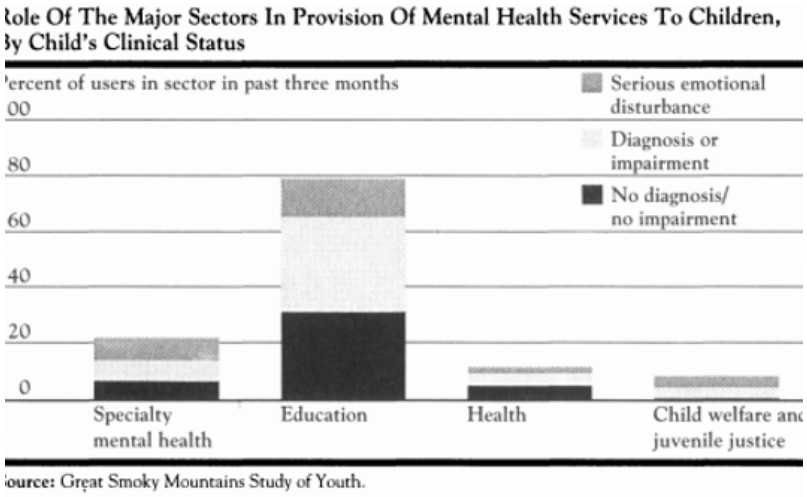
Tennessee parents are also worried about the mental health of children. In a recent health poll conducted in 2019 by the Vanderbilt Center for Child Health Policy which surveyed only 1,100 parents, found:

- 29% of children have been diagnosed with a mental health condition
- 19% of children have been diagnosed with 2 or more mental health conditions
- 33% of children may have an undiagnosed mental health condition[105]

96 (Centers for Disease Control and Prevention, 2019)
97 (National Alliance on Mental Illness)
98 (Centers for Disease Control and Prevention, 2019)
99 (Tennessee Department of Mental Health and Substance Abuse Services)
100 (Nathaniel J Williams, 2017)
101 (National Research Institute, 2018)
102 (Annie E. Casey Foundation , 2016)
103 (National Research Institute, 2018)
104 (Tennessee Department of Mental Health and Substance Abuse Services)
105 (Vanderbilt Center for Child Health Policy , 2020)

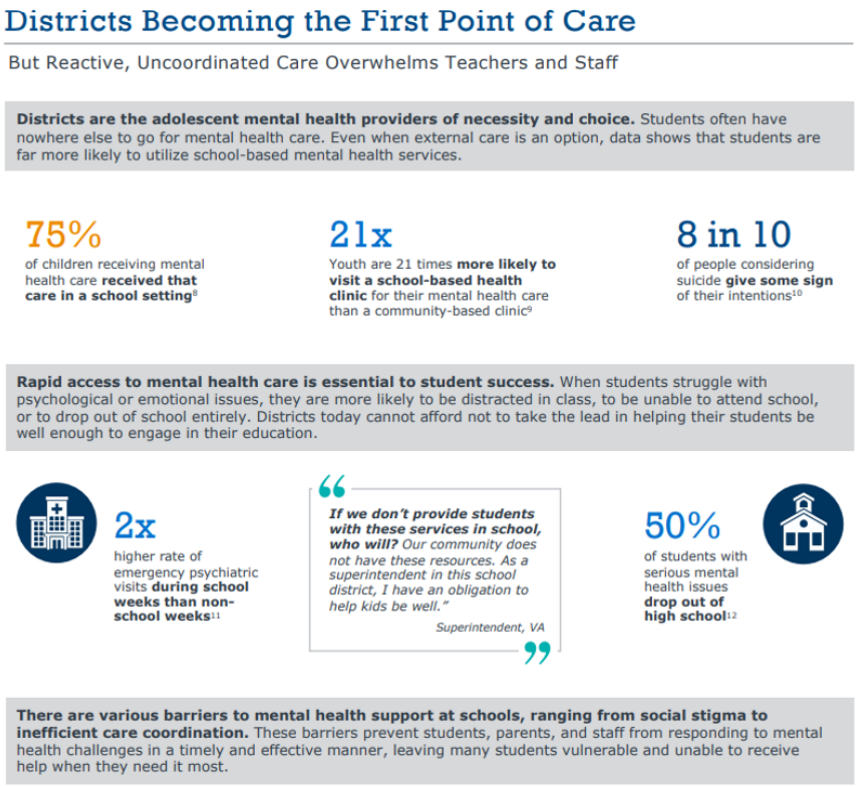
Local ecosystems of mental health support rely on close coordination between schools, community-based partners and private practitioners. Community-based partners may provide services at school sites. The following data demonstrates the setting in which students receive services. In a 1995 study investigating mental health services across sectors, it was determined that children were more likely to receive mental health supports at their school sites, when compared to specialty mental health, health, and child welfare and juvenile justice as showing in Figure 29 below:

Figure 29. Mental Health for Children by Service Sector[106]



The findings of this study have recently been corroborated that children are still more likely to receive mental health services in their school buildings. In February 2020, EAB published a report, Are Districts the Nation's Adolescent Mental Health Care Provider? A Mandate to Support Seven Million Students in Crisis[107] which included Figures 30, 31, and 32:

Figure 30. National Data



106 (Barbara J. Burns, 1995)
107 (Are Districts the Nation's Adolescent Mental Health Care Providers?, 2020)

Figure 31. National Data

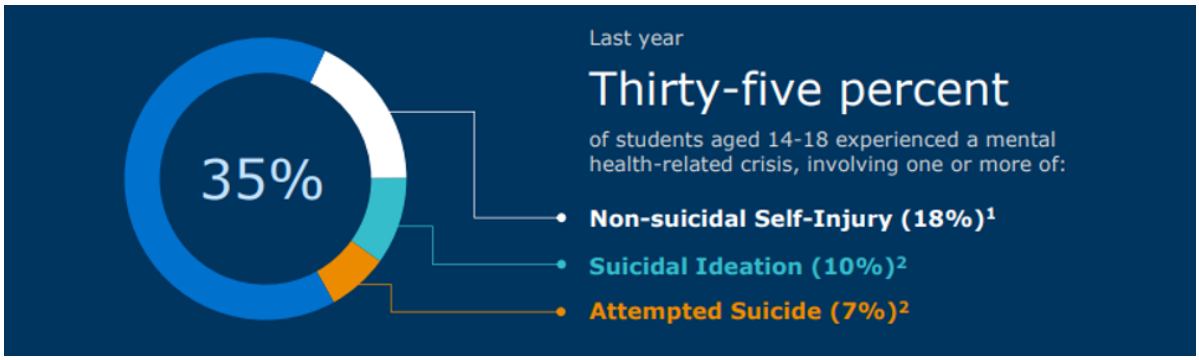
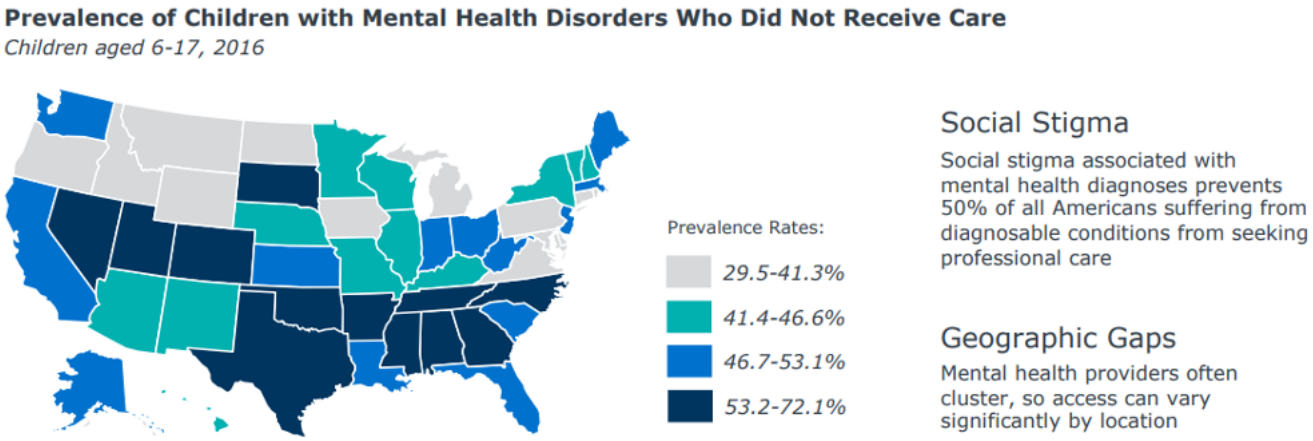


Figure 32. National Data



According to Mental Health America, out of 50 states plus the District of Columbia, Tennessee ranks:

- 38th in overall youth mental health
- 13th for youth with substance use disorder
- 17th for youth with at least 1 major depressive episode (MDE) in the last year
- 25th for youth with MDE who did not receive mental health services
- 38th for youth with severe MDE who received some consistent treatment
- 39th for youth with severe MDE
- 46th for students identified with emotional disturbance for an IEP
- 48th for youth with private insurance that did not cover mental health problems[108]

In Tennessee specifically, there is demonstrated urgency for mental health supports and services for children. Both the EAB and Mental Health America reported that Tennessee was in the bottom quartile in either providing care or providing consistent treatment.[109] The DMHSAS states that this data is not inclusive of all the practices taking place across Tennessee and therefore not reflective of the current state.

108 (Mental Health In America - Youth Data, 2020)
109 (Are Districts the Nation's Adolescent Mental Health Care Providers?, 2020) and (Mental Health In America - Youth Data, 2020)

The DMHSAS provides additional information reflecting the current state of support in Tennessee:

"Tennessee is fortunate to have a statewide community mental health continuum, statewide youth mobile crisis units with 24/7 response, as well as strong partnerships with local schools and districts whereby more than 45,000 children and youth accessed 600,000 key behavioral health services, according to Tennessee Association of Mental Health Organizations Report. These services are fundamental to responding to children and youth's behavioral healthcare needs. Five key programs that are available are 1) School Based Behavioral Health Liaisons, which will be doubled and cover all 95 counties with an aim to serve 20,000 children and youth in the 2021 fiscal year. 2) The newly approved Governor Lee and legislative funded behavioral health safety net for children and youth 0-18, which aims to serve up to 5,000 children and youth in the first year providing a continuum of services ranging from therapy, medication management, care coordination, education and training. 3) A dedicated Youth Mobile Crisis Unit that served 11,766 youth mobile crisis assessments/face to face assessments in FY19. 4) Project Rural Recovery, which we received federal funding to implement mobile integrated primary and behavioral healthcare buses in rural Tennessee counties. This initiative is set to begin providing services to adults and children in November 2020. 5) System of Care which focuses on providing wraparound services to children and families.

By leveraging these resources and positioning the school as a locus of care, the work of local schools can be augmented with community-based professionals who are uniquely positioned to support behavioral health prevention, early intervention, and treatment services. Based on the following metric 9.4% of Tennessee children receive services vs. 6.1% of US average, based on the TDOE Project Aware report.

School Based Behavioral Health Liaison Data

FY21: With the additional funding provided by Governor Lee and the legislature, our goal is to serve up to 20,000 children and youth

FY20: Prelminiary Data:

FY19: Served 8,092 children and youth

FY18: Served 5,187 children and youth

FY17: Served 7,758 children and youth

In FY19, in addition to services provided to students...Liaisons served a total of 3,887 unduplicated teachers, including 1,869 teachers who were provided with 59 formal trainings, and 2,018 teachers who were provided with 248 informal trainings; Additionally, of the total number of teachers served, 3,067 of these teachers were provided with 8,372 consultations. In addition, Liaisons served a total of 4,205 children and youth. Liaisons provided 11,466 one on one sessions to 2,667 children and youth; and provided 851 psycho-educational groups to 1,538 children and youth.

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) Community Mental Health Block Grant Uniform Reporting System and the Mental Health Statistical Improvement Project (MHSIP), in 2019 Tennessee children/families receiving public behavioral health services (i.e. either funded by TDMHSAS or TennCare) reported the following:

- 89% of parents reported overall satisfaction with care received;
- 87% reported satisfaction with access to care;
- 95% reported satisfaction with cultural sensitivity of providers;
- and 91% reported satisfaction with participation in treatment planning"[110]

110 (Tennessee Department of Mental Health and Substance Abuse Services)

There are great efforts taking place to support mental health across the state. Still, there is a demonstrated need for greater access to service providers. Figures 33 and 34 reflect the mental health challenges and access as reported through the TDOE's district survey administered in the fall of 2019, well before the outbreak of the COVID-19 pandemic.

Figure 33. Tennessee District Response to Mental Health Service Challenges[111]

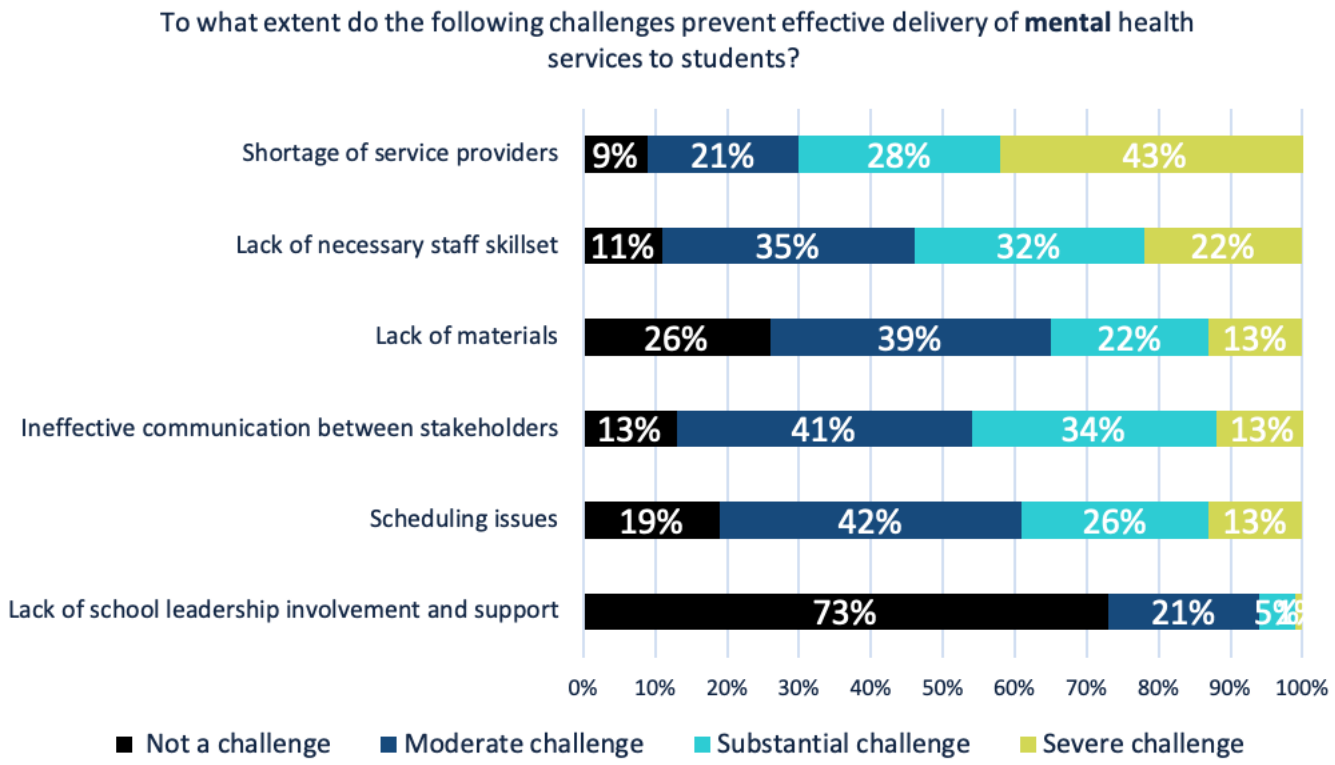
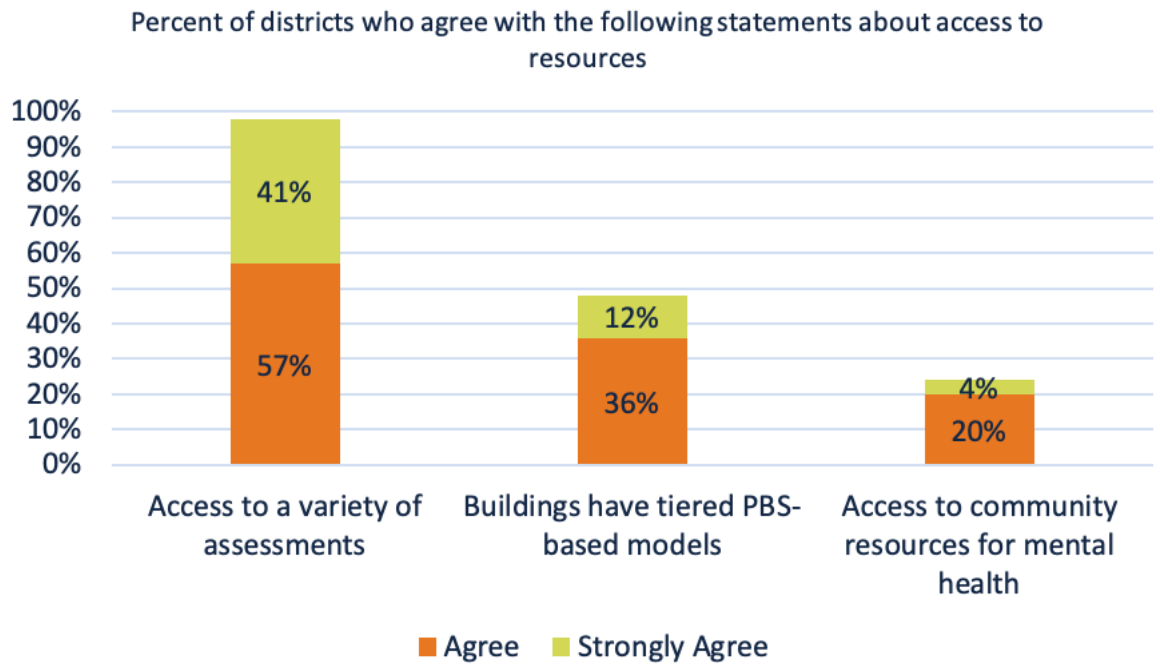


Figure 34. Tennessee District Response to Access to Mental and Behavioral Health Resources[112]



111 (Tennessee Department of Education , 2019)
112 (Tennessee Department of Education , 2019)

Many Tennesseans are experiencing increased stress. A Communities In Schools of Tennessee survey of approximately 900 families from Nashville and the distressed counties stated, "In particular, our students and their families are struggling with issues of mental health and general wellbeing. In some cases, respondents cited excessive stress and emotional strain that kept them from wanting to participate in our needs survey at all."[113]

Prior to the pandemic, suicide was the third leading cause of death for youth in Tennessee.[114] Unfortunately, COVID-19 has caused additional hopelessness as indicated by increased suicidal ideation. Chuck Morris with WSMV FOX News Nashville reports, "Former U.S. Rep. Patrick J. Kennedy, D-RI, said calls to suicide hotlines are up over 800% and the overdose rate is up substantially."[115] Not only does this have implications for children who demonstrate signs of suicide, but for children of family members who are suicidal or are successful in committing suicide. Death of loved ones and family members may cause trauma for children which may cause additional health implications.

Prothero for Education Week writes, "Even before the pandemic, rates of anxiety, depression, and suicide were on the rise among adolescents, and schools—which have in many areas become the de facto mental health-care providers for children in their communities—have struggled to keep up with the growing need."[116]

While we think about providing services to students who have demonstrated a mental health need, Commissioner Williams raises a critical consideration:

> ***"Although not every student will develop a diagnosable mental health disorder, or serious emotional disturbance, it could be argued, that every student can benefit from mental health education, mental health literacy, and school-wide activities which promote positive mental well-being. Recognizing that mental health falls on a spectrum, utilizing a multi-tiered system of support will provide strategies that promote well-being for all students (e.g. trauma-informed policies, mental health education), will provide early intervention for students at risk (e.g. group counseling), and offer intensive services (e.g. community-based mental health treatment, wraparound) to those students living with a mental health disorder."***[117]

Substance Abuse

Like the mental health of family members in a household, substance abuse is also considered a factor contributing to childhood adversity. The Substance Abuse and Mental Health Services Administration reports, "about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a past year substance use disorder (SUD). SUDs are characterized by recurrent use of alcohol or other drugs (or both) that results in significant impairment."[118]

There is a clear link between mental health and substance abuse. HelpGuide.org writes about the relationship between mental health and substance abuse as follows:

- Alcohol and drugs are often used to self-medicate the symptoms of mental health problems
- Alcohol and drug abuse can increase the underlying risk for mental disorders
- Alcohol and drug abuse can make symptoms of mental health problems worse[119]

113 (Supporting Families Through a Global Pandemic, 2020)
114 (American Foundation for Suicide Prevention , 2019)
115 (Mental health issues, domestic violence on the rise during COVID-19 crisis, 2020)
116 (As Schools Stay Closed and Student Morale Slumps, Educators Worry About Mental Health, 2020)
117 (Tennessee Department of Mental Health and Substance Abuse Services)
118 (Children living with parents who have a substance use disorder, 2017)
119 (Substance Abuse and Mental Health Issues, 2019)

Further, on behalf of *The Journal of the American Medical Association*, the National Alliance on Mental Health states:

- Roughly 50% of individuals with severe mental disorders are affected by substance abuse
- 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness
- Of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs

Experiencing stress can be a trigger for substance abuse. The National Institute on Drug Abuse collected evidence from a variety of studies to understand the connection between stress and substance abuse:

- individuals exposed to stress are more likely to abuse alcohol and other drugs or undergo relapse
- high stress was found to predict continued drug use among opiate addicts
- there is overlap between neurocircuits that respond to drugs and those that respond to stress
- among drug-free cocaine abusers in treatment, exposure to personal stress situations led to consistent and significant increases in cocaine craving, along with activation of emotional stress and a physiological stress response.

The DMHSAS offers additional Tennessee specific data regarding substance abuse rates among youth. Commissioner of DMHSAS, Marie Williams states:

> ***"Please note that Tennessee is doing better than the national average in all, but one indicator related to youth in our state. We believe this is due to jointly funded and multi-agency led targeted services and supports.***

Figure 35.

Ages 12–17	Tennessee 2011–2012	National 2011–2012	Tennessee 2016–2017	National 2016–2017
Pain reliever misuse in past year	6.6%	5.6%	3.3%	3.3%
Alcohol use in past month	10.2%	13.1%	9.0%	9.5%
Binge alcohol use in past month	6.5%	7.3%	4.8%	5.1%
Tobacco use in past month	11.5%	9.3%	7.1%	5.1%
Marijuana use in past year	11.1%	13.9%	11.7%	12.2%
Marijuana use in past month	5.9%	7.6%	5.8%	6.5%

> ***The table included displays Tennessee specific results from the National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). Tennessee numbers are shown in comparison to national averages for the same time period."***[120]

120 (Tennessee Department of Mental Health and Substance Abuse Services)

Abuse and Domestic Violence

Physical, emotional and sexual abuse, physical and emotional neglect, and mothers being treated violently are all ACEs contributing to childhood adversity, trauma, and possibly toxic stress. Witnessing or experiencing violence in the home can have lasting negative repercussions on physical and mental health. Richard Soper for the American Society of Addiction Medicine states, "15.5 million children in the US live in families in which partner violence occurred at least once in the past year."[121]

A national study of American children in 2009 found that:

- 60% were exposed to violence, crime, or abuse in their homes, schools, and communities.
- 40% were direct victims of 2 or more violent acts
- 1 in 10 were victims of violence 5 or more times.
- almost 1 in 10 saw one family member assault another family member
- more than 25% had been exposed to family violence during their life
- children are more likely to be exposed to violence and crime than adults[122]

Research demonstrates a connection between substance abuse and child abuse or neglect, "Nationally, one-third to two-thirds of child maltreatment cases involve some type of substance use."[123] Further, children with parents who abuse alcohol or drugs are more likely to experience abuse or neglect than children in other households.[124] [125]

Soper continues, "Substance abuse has been found to co-occur in 40-60% of IPV [intimate partner violence] incidents across various studies… Research has found that on days of heavy drug and/or alcohol use, physical violence was 11 times more likely among IPV batterers and victims.[126]

> **"With Covid-19 ravaging the economy, such crises are set to become much more frequent."**

What Can Be Learned from Previous Disasters

While this is certainly an unprecedented time, there is information to be gleaned from investigating impacts of previous disasters on wellness, especially substance abuse and domestic violence. Lloyd I. Sederer, MD writes for Medscape:

> ***"COVID-19 is expected to leave well over 30 million Americans jobless and many more without health or other safety-net benefits. Compound this with what we know from post-disaster studies (eg, 9/11, hurricanes, floods, and tornadoes), that use of substances generally increases following major traumatic events, especially use of alcohol, which is easier to measure and thus report. Rates rise especially high among those who had substance use and abuse problems before a disaster."***[127]

121 (Intimate Partner Violence and Co-Occurring Substance Abuse/Addiction, 2014)
122 (Violence, abuse, and crime exposure in a national sample of children and youth, 2009) as cited in (Children Exposed to Violence, 2020)
123 (Parental Substance Use and the Child Welfare System, 2014)
124 (Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span, 2001)
125 (Hanson, Self-Brown, & Fricker-Elhai, 2006)
126 (Intimate Partner Violence and Co-Occurring Substance Abuse/Addiction, 2014)
127 (What Past Disasters Tell Us About COVID-19 and Substance Abuse, 2020)

Psychologist Josie Serrata, PhD, a research and evaluation consultant and co-owner of Prickly Pear Therapy and Training found that in families impacted by Hurricane Harvey, those who had already experienced domestic violence led to increased instances of domestic violence and child abuse after the hurricane. Serrata told Abramson with the APA, "We found social factors that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems. With this pandemic, we're seeing similar things happen, which unfortunately leads to circumstances that can foster violence."[128]

Sederer summarizes, "We may be in for a perfect storm of factors driving substance abuse rates higher than we have seen before—the "triple trouble" of a pandemic, unemployment, and diminished personal and community supports."[129]

Education and the Child Welfare System

Certainly, education is not operating alone in responding to the needs of children and families. Educators, as mandatory reporters of suspected or reported child abuse play an important role in connecting alerting entities such as Child Protective Services (CPS) or Department of Children's Services (DCS). Like educators, child welfare workers needed to think about a variety of service methods as it wasn't always possible to meet with families in person.

During periods of school closure or social distancing, children have far less access to individuals such as teachers making it much more challenging to identify students who may need intervention. The Brookings Institute states that 20.5% of reports (screened-in referrals) come to the attention of CPS agencies from teachers and education personnel which is the largest reporting group. Only 16.6% of reports come from nonprofessionals which are much less likely to be substantiated as accurate.[130]

The Brookings Institution, a public policy organization who conducts research to develop ideas for solving societal problems states:

> ***"COVID-19 has created a perfect storm of factors that will almost certainly lead to a sharp increase in unreported cases of child abuse and neglect, as children are cut off from interactions with professionals and teachers, confined at home with caregivers and relatives, and families are feeling the stress of job loss and economic uncertainty. The nation's system of detecting abuse and neglect, which is heavily dependent on reports by teachers, doctors, and other professionals, is rendered almost completely powerless in this new situation as in-person and face-to-face interactions between children and professionals are being minimized by the stay-at-home orders issued by most states."***[131]

Clark Flatt, member of the Task Force and President of the Jason Foundation, an organization committed to suicide prevention states, "It has long been known (and accepted) that during the summer months when school is out the number of individuals, particularly our youth, referred for treatment drops significantly and increases as school begins again. This is not because during the summer months there are less young people struggling with mental health issues, but that the system (our schools) we have learned to rely upon for recognizing and assisting our youth struggling with such issues to get help simply is not there those months...We simply have lost the system that we have depended on to help recognize and assist such young people who may be dealing with mental health issues – even suicide."[132]

128 (How COVID-19 may increase domestic violence and child abuse, 2020)
129 (What Past Disasters Tell Us About COVID-19 and Substance Abuse, 2020)
130 (What COVID-19 means for America's child welfare system, 2020)
131 (What COVID-19 means for America's child welfare system, 2020)
132 (Flatt, 2020)

TN Department of Children's Services tracks child abuse hotline calls which demonstrates the significant decline in calls during the COVID-19 outbreak in the spring as shown in Figure 36[133].

Figure 36. TN Trend Data: Child Abuse Hotline Numbers[134]

	2020	2019
January	10,090	10,359
February	9.675	9,316
March	8,070	9,934
Q1 TOTAL	27,835	29,609
Reduction of 6% from 2019		
April	6,677	11,023
May	7,621	10,449
June	8,634	8,073
Q2 TOTAL	21,666	29,545
Reduction of 27% from 2019		

The Tennessee Family and Child Tracking System also reported the number of delinquent youth entering DCS custody during the pandemic decreased by 8.5% from April to June 2020.[135]

Even when reports or referrals could be made during social distancing, caseworkers and welfare staff were faced with potential coronavirus exposure or with families who were even less likely to engage with outsiders. When face-to-face visits were impractical, case managed families became reliant upon technology and internet which not all families have access to. The TN DCS team continued to provide services to families.

133 (Tennessee Family and Child Tracking System)
134 (TN Department of Children's Services , 2020)
135 (Tennessee Family and Child Tracking System)

Needs

While most governors in the country either mandated or recommended closure of schools through the spring due to the pandemic, it will be important to recognize that as we look forward, local communities may be called to make those decisions, not only as they relate to COVID-19 but as other emergencies or natural disasters occur.

It is not the intention of this report to make any recommendation regarding the closing of schools, understanding that there are mixed opinions based on location will help to ensure that any response be differentiated to meet the various needs demonstrated across stakeholder groups. This difference of preference can depend on a variety of factors which is best discussed at the local level.

Recognizing local communities will inevitably demonstrate different needs, the ultimate recommendation may be to ensure each county, district, city, etc. conduct their own local needs assessment to better understand and tailor response strategy. Molly Blankenship, the Executive Director of Chattanooga 2.0 and member of the Task Force said,

> ***"As COVID-19 and resulting school closures, layoffs, and quarantines have impacted our community's residents as well as whole sectors of our economy, it's become even more clear that a focus on systemic change is imperative to our coalition's efforts to transform outcomes and opportunities for students and families. Our current crisis has shown us that when it comes to vital sectors like early childhood, the system we have today is a patchworked one, and it will give under pressure"[136].***

The need to focus on systems level coalition building is a foundation from which the work of the Task Force is building, knowing coordination across all sectors is critical for the future. In addition to a systemic level strategy, there are addition tangible needs surfaced by a variety of stakeholder groups.

It is likely that additional funding will be required to ensure adequate statewide access to needed technology, personnel, and programs. Due to economic impact of the pandemic, state departments, districts, non-profit organizations that contribute to this work may find themselves with fewer financial resources. Additionally, agencies and organizations that already serve students and families may not be able to keep up with the growing demand for services. Kathleen Minke for Education Week writes, "...while every school has been touched by this pandemic, the effects will not be equally distributed. Schools already stressed by limited resources, high poverty rates, or other recent crises likely will experience the greatest difficulty."[137]

Mental and emotional health has been stated repeatedly by local and national constituents as a growing concern as loved ones perished and social supports dwindled. Before the pandemic, EAB states, "Student mental health is a top-of-mind issue for every school district in the country. Recent surveys show superintendents in every state identify "adolescents in crisis" as a top-three concern in their schools, and serious mental-health-related crises now affect more than a third of adolescents in America." The need to prioritize mental health was apparent to educators prior to the pandemic meaning the demand for these supports has only increased.

136 (Blankenship, 2020)
137 (The Pandemic Is Causing Widespread Emotional Trauma. Schools Must Be Ready to Help, 2020)

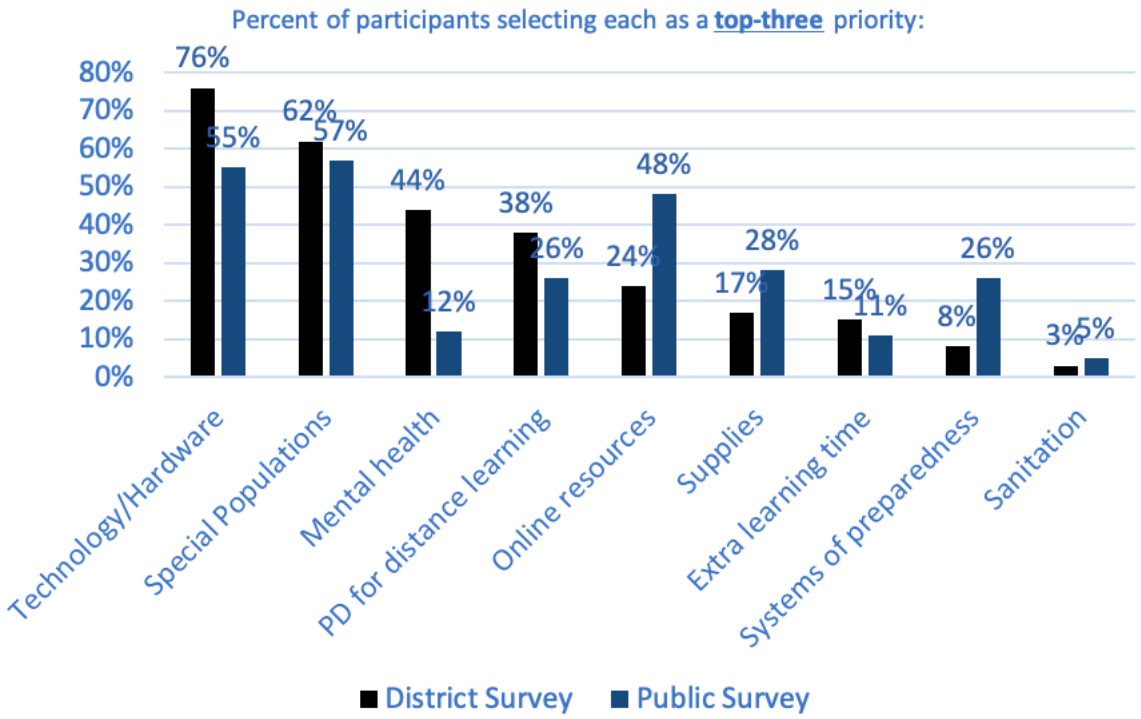
Education Week's survey center reports a striking reality for district leaders across the country:

- 92% say they have a plan for continuing to support students' mental health needs even as school buildings remain shuttered
- 87% say that school mental health workers are continuing to meet with students
- 58% say their district is offering students therapy online or over the phone
- less than 25% say they've been able to meet students' needs to the same degree as before the pandemic
- 5% of urban school superintendents say they have been able to provide the same level of mental health supports as before[138]

Tennessee district leaders are reporting similar needs. In the TDOE CARES Survey, one district leader writes, "We need to have a plan in place that can ensure all students can get the help they need and deserve during times like these. We desperately will need increased mental health services when we come back." Additional data from the CARES Survey of district leaders can be found in Figure 37 and in the findings below:

- 85% of superintendents agree that they are adequately able to support meals and nutrition
- 51% of superintendents agree that they are adequately able to support safety and wellness
- 25% of superintendents agree that they are adequately able to support mental health
- 20% of superintendents agree that they are adequately able to support school-based health
- 15% of districts report that they can meet both the mental health and school-based health needs of their students

Figure 37. Tennessee Top-three COVID-19 Supports Priorities[139]



A respondent further explains the challenge in determining and meeting needs: "There is no way to support current needs in every district because we cannot evaluate what is going on in homes."[140]

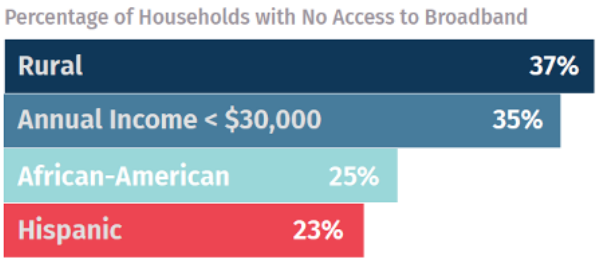
138 (As Schools Stay Closed and Student Morale Slumps, Educators Worry About Mental Health, 2020)
139 (Tennessee Department of Education, 2020)
140 (CARES Survey, 2020)

Much of the need for mental and behavioral support stems from the reliance on students physically being in schools with teachers and other school-based support staff. Due to school closure, school personnel have needed to solve for the inability to see students face-to-face, identify additional students in crisis beyond those who already receive supports, and ensure there is a degree of privacy and confidentiality to any virtual check-in.[141]

Access to technology and hardware serves both delivery of instruction and possible telehealth related services. For students and families who do not have internet or hardware devices to connect remotely, the pandemic is even more devastating and has the potential for generating even greater inequities.

Not only is access to devices a concern, so is access to internet. According to the Tennessee Chamber of Commerce and Industry, Nationally, 12 million students across the US weren't able to finish classwork due to lack of internet access which has a more substantial impact on specific demographics of students as demonstrated in Figure 38.[142]

Figure 38. National Data



Since Tennessee is predominantly rural, access to internet is a relevant concern. The Tennessee Chamber of Commerce and Industry provides additional Tennessee specific information:

- **274,000** Tennesseans have NO wired Internet providers available where they live.
- **492,000** Tennesseans do not have wired Internet access capable of 25mbps download speeds, a minimum requirement for most online learning.[143]

More directly, there is a need to provide training to educators especially for those students who may have had a family member or friend die. In a national survey conducted by Education Week, 39% of district leaders and 24% of teachers have received training on how to talk to students that are grieving the death of a loved one.[144]

In Tennessee, prior to the start of the pandemic, TDOE collected survey data from Tennessee superintendents and school leaders at various conferences and convenings indicating the top needs and supports for their districts or schools:

Top Needs:

- Counseling, psychological and social services
- Social and Personal Skills and school climate
- Family engagement and community involvement

Requested Supports:

- Additional personnel
- Resources for teachers
- Resources for families
- Training

> "Teachers will need so much professional help from school therapists, social workers, nurses, and social-emotional specialists."

141 (Schools Struggle to Meet Students' Mounting Mental-Health Needs, 2020)
142 (Tennessee Chamber of Commerce and Industry, 2020)
143 (Tennessee Chamber of Commerce and Industry, 2020)
144 (Helping Students Grieve From a Distance, 2020)

After COVID-19 impacted Tennessee schools, stakeholder continue to demonstrate similar needs. TERA utilized Tennessee educator survey data to summarize:

> *"The pandemic has heightened existing educational inequalities and educators need additional resources to support the most marginalized students and families. Fifty percent of teachers and 60 percent of school leaders identified students missing crucial services as one of their top concerns, and adequately responding to these heightened needs will likely require additional investment in counselors, meals, and other critical services to ensure that all students are able to access services regularly and safely."*[145]

Within the same report, an elementary school teacher said, "Teachers will need so much professional help from school therapists, social workers, nurses, and social-emotional specialists."

Communities In Schools of Tennessee interviewed approximately 900 families in Nashville and the distressed counties regarding the top needs:

Figure 39. CIS TN Rural COVID-19 Needs[146]

Nashville	Rural
1. Finding and using educational resources (**61%**)	1. Adult stress in the home (**45%**)
2. Adult stress in the home (**51%**)	2. Child stress in the home (**42%**)
3. Food (**50%**)	3. Finding and using educational resources (**31%**)
4. Child stress in the home (**47%**)	4. Employment/Income (**31%**)
5. Lack of devices (**46%**)	5. Internet accessibility (**30%**)

During the TDOE's Whole Child Engagement Group with superintendents from Tennessee's eight regions, stated district needs included:

- specific re-entry guidance (fear of returning to school, family members that may have been sick, etc.)
- mental health supports (grief, loss, telehealth and the need to prioritize before students can access academic content)
- collaboration with and guidance from Tennessee Department of Health and Tennessee Department of Mental Health and Substance Abuse Services
- tools for educators, students, and families in reducing stress and feeling safe at school[147]

Education isn't the only sector with demonstrated needs to ensure child wellbeing. While the Tennessee DCS has not experienced the same challenges[148], other Departments of Children's Services across the country are struggling to navigate this unprecedented time, as service delivery mechanisms have changed, referrals through mandated reporters reduced, and the potential for increased demand. SAMHSA summarizes a study from the APA:

145 (Teaching Through a Global Pandemic: COVID-19 Insights from the Tennessee Educator Survey, 2020)
146 (Supporting Families Through a Global Pandemic, 2020)
147 (TN Superintendent Whole Child Work Group Meeting , 2020)
148 (Tennessee Department of Children's Services)

> *"Child protection agencies are experiencing strained resources with fewer workers available, making them unable to conduct home visits in areas with stay-at-home orders. Since children are not going to school, teachers and school counselors are unable to witness the signs of abuse and report to the proper authorities. Also, many at-risk families may not have access to the technology children needed to stay connected with friends and extended family.*[149]

The Brookings Institute offers a similar sentiment:

> *"These realities have caused the child welfare system to struggle to address the unprecedented challenges posed by the coronavirus pandemic. The isolation of families and other institutions, coupled with the reactionary nature of the system, has deprived CPS agencies of the proper tools to identify, investigate, and support children that may be victims of maltreatment."*[150]

Perhaps the most unfortunate need is for children to be able to access safe people. Medscape writes, "Moreover, through isolation and social distancing, they will be deprived of people in their lives who provide support, which is essential to resilience."[151] The New York Times notes, "The isolation has also shattered support networks, making it far more difficult for victims to get help or escape."[152]

> **"It is possible that this crisis could act as a catalyst that causes us to reevaluate child protection at its core."**

What these previous statements demonstrate is the need for additional resources, technology, and infrastructure to properly identify, investigate and support children from both an education and child welfare perspective. Support systems for children often include the close partnership between education, health sectors, and agencies like CPS or DCS. If these entities are all lacking resources to adequately continue the work of serving children, then children will suffer.

149 (Intimate Partner Violence and Child Abuse Considerations During COVID-19, 2020)
150 (What COVID-19 means for America's child welfare system, 2020)
151 (What Past Disasters Tell Us About COVID-19 and Substance Abuse, 2020)
152 (A New Covid-19 Crisis: Domestic Abuse Rises Worldwide, 2020)

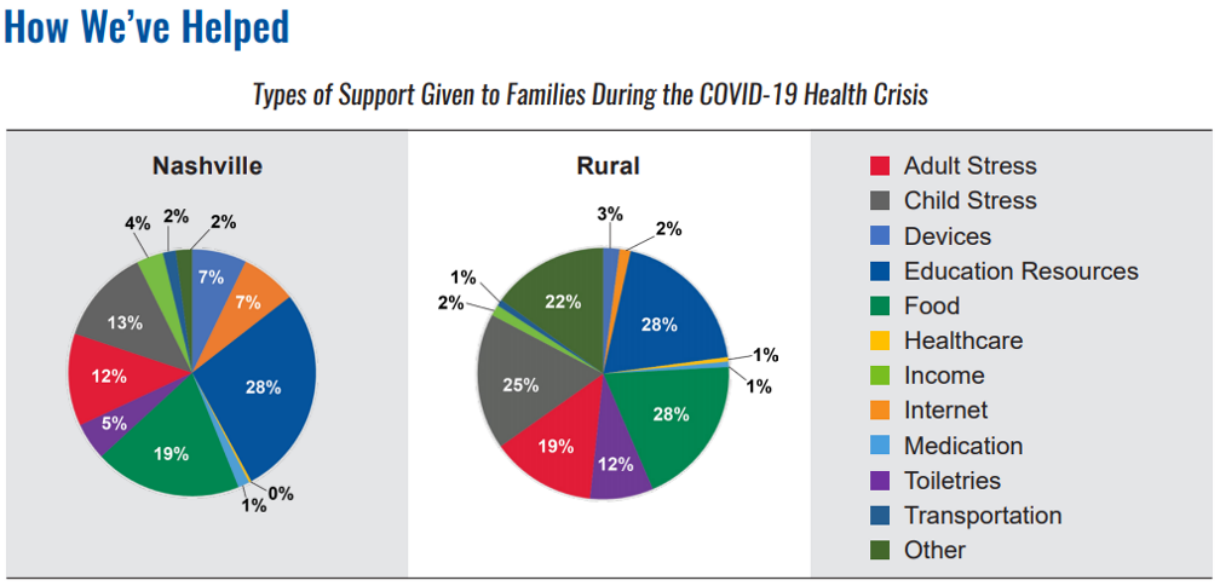
Response

Stakeholder groups around Tennessee have been dedicated 24 hours a day, seven days a week to intentionally designing a response with the goal of ensuring Tennesseans have requisite supports and services throughout the pandemic. There are exemplars of support strategies demonstrated across the state, from educators, partner organizations, and state departments.

Some mental health professionals have turned to telehealth to provide virtual counseling sessions. In May 2020 the TDOE Superintendent Whole Child Engagement Group discussed examples of local response which included teachers maintaining weekly phone calls with all students, some educators conducting home visits, and districts creating websites specifically for mental health and counseling.

Partner organizations such as Communities In Schools of Tennessee have addressed a multitude of demonstrated student and family needs as depicted in Figure 40 below:

Figure 40. CIS TN Response [153]



Since March 12, Communities In Schools of Memphis processed 4,110 services through virtual touchpoints, supported 571 families, provided 247 families with financial assistance through the resiliency fund, and disbursed $52,050 to families to assist with food, rent, utilities and phone costs.[154]

Save the Children Tennessee predominantly serves rural communities and was able to provide 26,808 children with educational materials, essential resources, food, and other materials. Additionally, they distributed over 868,931 meals in nine counties, provided over $428,028 in gifts to TN children, and provided Summer Feeding Grants and Summer Reading Challenge micro-grants to eight counties in Tennessee totaling approximately $243,000.[155]

Conexión Américas an organization creating community and opportunities for Latino families has provided 3,200 fresh produce boxes, COVID-19 Relief Kits, translated information reaching over 2,000 families weekly, funding to assist 320 families across five counties, virtual case management for at least 600 students, education programs offered three times per week in addition to supplemental instructional support, as well as a variety of other family and community related services.[156]

Tennessee state agencies have prioritized developing resources for stakeholders as well as additional funding opportunities.

153 (Supporting Families Through a Global Pandemic, 2020)
154 (Communities In Schools of Memphis, 2020)
155 (Save the Children , 2020)
156 (Cano, 2020)

From the TN Department of Mental Health & Substance Abuse Services (TDMHSAS):

"While we recognize there are opportunities to increase access to mental health supports, Tennessee is in a good position to capitalize, leverage, and work to scale, expand, and reinforce existing programs that have demonstrated positive outcomes for children and youth. Specific to mental health supports and based on increased investments made by the Lee Administration and the state legislature, programs such as the School-Based Behavioral Health Liaisons (TDMHSAS) are being expanded to all 95 counties in Tennessee. Moreover, a Children's Behavioral Health Safety has been funded in FY21 which will ensure that no student goes without necessary community-based mental health treatment, providing supports to uninsured children and families. Other existing programs that have demonstrated notable outcomes include Project AWARE (TDOE), youth mobile crisis services (TDMHSAS/TennCare), and Coordinated School Health (TDOE/TDOH)."[157]

"The COVID-19 pandemic presents a unique opportunity for enhanced multi-system collaboration and coordination using a System of Care (SOC) approach. The SOC approach is useful both on a local level and on a state level. Tennessee State Government, collectively, is in a unique position to create and implement policies, braid funding, advance evidence-based services, and provide technical assistance which supports local communities and enables their ability to improve child well-being and coordination across child-serving systems (e.g. education, behavioral health, health, child welfare, etc.). Existing efforts such as the Council on Children's Mental Health (TCCY), System of Care Across Tennessee (TDMHSAS), and the Single Team/Single Plan (TDCS) are examples of present efforts that should be further mobilized to support both state and local system collaboration and coordination.

System of Care is a child and family-based philosophy that includes wraparound service delivery that works in tandem with other community behavioral health funded services.

Recent feedback on services are as follows:

1. While in SOCAT services, eighty-nine percent (89%) of children, youth and young adults enrolled remained in their homes and community.
2. Ninety-two percent (92%) remained in the custody of their parent/caregiver.
3. Eighty-eight percent (88%) had no further psychiatric hospital admissions.
4. Caregivers reported that their child had less difficulty with behaviors at school or their job after receiving SOCAT services, an average decrease of 35%."[158]

TN Department of Mental Health & Substance Abuse Services

157 (Tennessee Department of Mental Health and Substance Abuse Services)
158 (Tennessee Department of Mental Health and Substance Abuse Services)

From the TN Department of Intellectual and Developmental Disabilities (DIDD):

Tennessee's Early Intervention System (TEIS) is a voluntary educational program for families with children, age's birth to three years old, that have disabilities or developmental delays. The program is governed by Part C of the Individuals with Disabilities Education Act (IDEA) and lead by the TN Department of Intellectual and Developmental Disabilities (DIDD). Part C of IDEA was created to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age.

TEIS partners with families of eligible children to develop an Individualized Family Service Plan (IFSP) that meets the unique needs of the child reflecting the family's resources, priorities, and concerns within the context of the family's daily routine. TEIS has the flexibility to provide services in the child's natural environment or the setting, deemed most appropriate for supporting IFSP identified goals. Services are provided in a home, clinic, child care facility, or other setting through both face to face and tele intervention methods. TEIS's model of service delivery supports family engagement in all aspects of the early intervention system. The family is the central figure within the service delivery system and leads their child's IFSP team through all levels of decision making.

TEIS utilizes various methods to support system improvement and initiative development. Using a robust data management system, TEIS implements regular and frequent monitoring of child progress and make data-based decisions to provide intervention that is tailored to the child's individual needs . TEIS employs an annual family survey to support continued improvement and to best meet the needs of families. According to 2020 Family Survey results, over 95% of families indicated that the early intervention provided through TEIS facilitated (a) knowledge of rights and contacts for securing services and supports for the child, (b) two-way communication about specific needs of the family and child, (c) increased understanding of the child's development and progress. TEIS routinely gathers data from stakeholder groups to ensure that interagency partnerships, state early intervention staff, and family input is represented.

The Center on the Developing Child at Harvard University summarized decades of rigorous research showing that children's earliest experiences play a critical role in brain development. The research states that high quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities. Early social/emotional development and physical health provide the foundation upon which cognitive and language skills develop. Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later. TEIS also encourages infant and toddler mental health through the development of sturdy brain structure, decreasing toxic stress through appropriate affection and protection by a nurturing caregiver, and supporting a secure attachment between child and caregiver that sets the foundation for a society's civic and economic prosperity.[159]

- Commissioner Brad Turner

Grant opportunities from the TN Council on Developmental Disabilities provided assistance to individuals with disabilities. The most requested support was for technology devices to help with education, social isolation, anxiety reduction and access to teletherapy.[160]

TN Department of Intellectual & Developmental Disabilities

159 (Tennessee Department of Intellectual and Developmental Disabilities)
160 (TN Council on Developmental Disabilities , 2020)

From the TN Department of Children's Services (DCS):

The TN DCS created a two-page guide for families, stating, "Children and families across the state may need additional support during this unprecedented and challenging time. As always, our priority is ensuring the safety, permanency and well-being of children by building strong, healthy and empowered families."[161] Through the spring, Tennessee DCS Commissioner Jennifer Nichols reports case workers were able to maintain contact with families:

- Initial contact with families – 94% on time
- Mandated follow-up visits – 95% in person or virtually[162]

Emergency petitions were also filed with the juvenile courts to ensure children were protected when necessary. Virtual court hearings occurred when there were issues directly related to immediate protection, intervention and child safety concerns.[163]

The monthly compliance goal for parent/child visitation for custodial children was established at 50% when the Department was under the Brian A Settlement Agreement and currently remains as a standard for federal compliance reviews. The goal recognizes the complexities of completing parent/child visits under numerous circumstances which may include parents refusing to be engaged in reunification planning, incarceration, whereabouts unknown, etc.[164]

Figure 41. March-June 2020 Data on Parent/Child Visitation[165]

	#/% of Children with Parent/Child Visits Each Month		
Month	Adjusted Population	# Children w/At Least One Parent/Child Visit	% Children with At Least One Visit
March	5,641	2,454	43.5%
April	5,627	2,217	39.4%
May	5,563	2,286	41.1%
June	5,414	2,250	41.6%
Total	22,245	9,207	41.4%

TN Department of Children's Services

161 (Family Resource Guide, 2020)
162 (Tennessee Family and Child Tracking System)
163 (TN Department of Children's Services , 2020)
164 (Tennessee Department of Children's Services)
165 (Tennessee Family and Child Tracking System)

From the TN Division of TennCare:

As the health care benefits provider for a significant portion of the state's children, TennCare, through its Managed Care Organizations, has provided support through numerous measures, including:

- Delivering protective masks to TennCare members' homes and donating personal protective equipment to health care providers;
- Supporting technology for healthcare providers so that care, including behavioral health care, can continue;
- Delivering food, with targeted efforts on food deserts within the state;
- Increasing pharmacy case management to ensure members have access to needed medications;
- Supporting local organizations that offer assistance to families and children;
- Donating computers across the state to address telehealth service access, virtual learning, preventing learning loss, and staying connected to friends[166]

Telehealth services have been a major focus of the response effort. As providers have needed to adapt to service delivery due to social distancing, many mental health and substance use disorder professionals have turned to telehealth to provide virtual counseling sessions and TennCare has supported these efforts.[167]

In addition, TennCare is providing financial assistance to mental health providers to specifically address revenue shortfalls and needs caused by the pandemic. $5 million in state and federal funds will be distributed to mental health and substance use disorder agencies in an effort to preserve this critical provider network that serves many Tennesseans in need, including school-aged children.[168]

166 (Tennessee Division of TennCare)
167 (Tennessee Division of TennCare)
168 (Tennessee Division of TennCare)

From the TN Department of Education:

The Tennessee Department of Education created a number of toolkits that outlines what needs to be in place for school to occur in-person, in an easy-to-use checklist format. When remote instruction is necessary, the department is also overseeing continuous learning plans (CLPs), as outlined in State Board rule and policy. This includes what instruction will look like next year in the case of remote learning, but prioritizing in-person instruction (including models that support ideas and alternatives to maximize in-person attendance).

The department developed an LEA Guide for Reopening Schools, which is an extensive resource produced to provide an overview framework for districts to use as they begin planning for school reopening. Alongside the overview guide, 50+ toolkits, guidance, and resources on school closures and reopening were created which resulted in over 250,000 downloads. The reopening guidance toolkits and documents cover a series of topic-specific toolkits that provide checklists, best practices, reflective questions, and more intended to support effective and locally-driven planning for reopening.

The department hosts calls three times per week with all superintendents in addition to weekly 1:1 calls with superintendents. Further, the department has developed concierge support teams to provide districts targeted support. Finally, the department hosts bi-monthly partner calls statewide to outline opportunities for coherent support of the reopening strategy.

The departments of education and health have co-created a series of resources to walk districts through decisions to reopen in person as well as considerations for when to make closure decisions should confirmed positive cases be found in schools during the year.

In the past three months, the Tennessee Department of Education has launched partnerships and resources to support districts, students and families during the pandemic and into the new school year.

This includes a PBS Summer Learning series and STE(A)M Resource Hub; free professional development for all teachers on digital learning and for principals for leading well in the new COVID-19 environment; the Child Well-Being Task Force to empower local communities to meaningfully engage in ways that support child wellbeing; free and optional innovative assessment supports; 7 million dollars in grant funds to support students with special needs; and more than 25 Reopening toolkits and guidance documents, available on the department's reopening guidance webpage: https://www.tn.gov/education/health-and-safety/update-on-coronavirus/reopening-guidance.html.

Tennessee Governor Bill Lee and the Financial Stimulus Accountability Group announced $61 million in Coronavirus Aid, Relief and Economic Security (CARES) funding is available through grants for K-12 schools to assist with plans for safe reopening. Read more about this here: https://www.tn.gov/education/news/2020/7/7/gov--lee-announces--81-million-in-coronavirus-relief-grants-for-k-12-and-higher-education-institutions.html

TN Department of Education

Conclusion

As the COVID-19 pandemic continues, it is with near certainty that all individuals will be impacted in one way or another. Where a need to advance the wellbeing of children and families existed prior to the coronavirus, early data suggests that conditions have been exacerbated. Wellbeing is contingent upon many interwoven components, such as economic factors, physical and mental health, safety, education, and community connectedness. As some form of adversity due to the pandemic is to be anticipated, it is important to focus on mitigation efforts to reduce the risk of experiencing this adversity while putting in place intervention strategies to wrap supports and services around children and families, boosting the likelihood for resilience.

While the ecosystem of support entities in Tennessee is tirelessly working to provide resources and services for stakeholders, we know that the work continues and there is an opportunity to approach solutions in an innovative way. This will undoubtedly take a statewide coordinated effort across state actors and could be the right time to realign education, child protective agencies, health related agencies and human service agencies. Further, close collaboration must be ensured with local partners and leaders, who already have established relationships with members of their community. Coordination across all sectors can be streamlined, to promote efficiencies in the use and allocation of resources as well as establishing clear protocols to promote robust services while avoiding duplicity.

While this crisis is unlike anything most have experienced and requires innovative response efforts, there is an opportunity to create a lasting legacy of infrastructure which not only serves Tennesseans through the extent of the pandemic, but ensures consistent and perpetual access to requisite services long after the coronavirus has been contained.

As more data is made available and additional evidence-based best practices revealed, the Child Wellbeing Task Force will make recommendations for future action to mitigate impact.

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Appendix

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