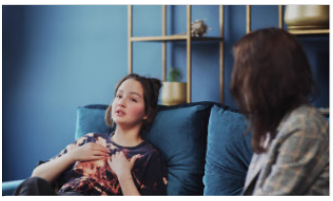

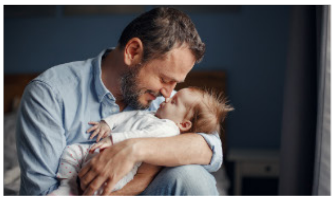

Tennessee Commission on Children & Youth's

FY2027-28 Budget Recommendations

- **Appropriate state funds to offset the new federal SNAP cost-sharing requirements, ensuring eligible Tennesseans retain access to benefits.**
- **Support the Tennessee Housing Development Agency's efforts to expand and preserve affordable housing supply, prioritizing the regions and household types where the gap is greatest for families with children.**
- **Make clearing the SmartSteps waitlist the top educational priority for the upcoming fiscal year and pursue all available funding mechanisms while maintaining existing services.**
- **Appropriate funds to the Commission on Children and Youth to conduct a Misalignment Index study of Tennessee's child care system, examining the gap between the care families need and want and what is currently available.**
- **Support increased access to free school meals for Tennessee students.**
- **Assess options to strengthen pediatric primary and specialty care access, including recruitment incentives and reimbursement rate adjustments.**
- **Appropriate funds to expand co-located pediatric and behavioral health care models, allowing families to access physical and mental health services in a single visit.**
- **Create a formalized partnership between Tennessee Department of Children's Services and the Department of Correction to track long-term recidivism outcomes for juvenile justice placements through deidentified data sharing with a public annual report.**
- **Establish a Department of Children's Services public dashboard, with metrics and timelines set by statute, to support transparency and accountability.**
- **Establish a single portal for the public to identify and access available state grant opportunities.**

Appropriate state funds to offset the new federal SNAP cost-sharing requirements, ensuring eligible Tennesseans retain access to benefits.

Quick Facts

Food Insecurity

In 2024, approximately
22.0%
of Tennessee children were food insecure, representing
346,790
children.[1]

SNAP Participation

In FY2026, approximately
19.5%
of Tennessee children participated in SNAP.[2,3]

County under 18 SNAP participation varied from[2,3]
2.2% to 49.1%

In FY2026, approximately
305,718
Tennessee children received SNAP benefits in FY2026.[2,3]

SNAP Cost-Sharing

In FY2025, the state administered
$752.49 M
in federal dollars for SNAP benefits to Tennessee children.[4]

In FY2025, Tennessee had a SNAP error rate of 9.44%.[5] With new cost-sharing requirements, Tennessee could be responsible for 10% of federal benefits or up
$75 million
in new state expenditures beginning in FY2028 just for children enrolled in SNAP.[5,6]

The Problem

With the passage of H.R.1 or the One Big Beautiful Bill Act, beginning in FY2028, depending upon a state's SNAP error rate (underpayment or overpayment of benefits) the state could potentially be responsible for a portion of its SNAP benefits. SNAP benefits have historically been paid for through federal dollars provided to the states. With the new structure, states with an error rate above 6% would have to cover between 5 and 15 percent of benefits.[6] In FY2025, Tennessee's error rate was 9.44%, meaning the state could be responsible for 10% of benefits.[5,6] For FY2028, the state will have the option to use the FY2026 error rate if it is lower, but that is unknown at this time. After FY2029, the error rate will be based off of one year data, changing every year.[6]

Why this Matters

SNAP is a critical component of Tennessee's commitment to the health of our youngest Tennesseans and our economic structure. In FY2025, 6,627 Tennessee retailers were authorized to participate in SNAP and $1.45 billion in redemptions were collected across those retailers.[7] Among Tennessee SNAP recipients, 88% were below the federal poverty level. When SNAP benefits were taken into consideration alongside their income, that figure dropped to 75.6%, a 12.4 percentage point decrease.[8] SNAP is an efficient program with relatively low administrative costs that ensures our children are fed, healthy and able to continue growing. Maintaining SNAP and ensuring that every eligible child is supported and able to continue to receive benefits is one of the key steps in ensuring the health and success of the next generation.

How we can fix it

The cost-shift to the state may require an allocation of new state funds. These funds may or may not be necessary each year depending upon the prior error rate.[6] Developing a plan for this potentially recurring funding stream and how to allocate the funds to continue to support children's health in development in the event that our error rate does not necessitate a cost-share will be a pressing need for the FY2028 and subsequent years' budgets. Alongside planning for the potential cost-share, continuing to support efforts to decrease the state's error rate and improve accuracy while not creating unnecessary administrative burden for recipients should continue to be a budget priority and area of significant focus.

Support the Tennessee Housing Development Agency's efforts to expand and preserve affordable housing supply, prioritizing the regions and household types where the gap is greatest for families with children.

The Problem

When TCCY surveyed Tennesseans this summer about the challenges facing children and families, housing affordability and stability came out on top, and it wasn't close. Of 652 responses from 88 of Tennessee's 95 counties, 82% of respondents named housing affordability and stability as a challenge, ahead of poverty (71%) and access to affordable child care (70%).[1] When asked to rank their top concern, housing placed in more respondents' top three than anything else, and when asked where they'd direct new state funding, affordable housing led again, at 20%, nearly double the next-highest priority.[1]

From 2015 to 2024, the median household income in Tennessee grew 52%, but the median home sales price grew 200%, from $175,000 to over $350,000, and median rent climbed 64%.[2] In 2024, just 32% of homes sold in Tennessee were affordable to the median household, down from 71% only five years earlier.[2] In 2024, 11% of Tennessee households spent more than half of their income on housing. That percentage rose to more than 15% among the three highest counties (Shelby, Davidson, and Madison).[3]

Many of Tennessee's affordable housing units were built in the years following the Great Recession using the Low-Income Housing Tax Credit. These properties have reached the point in the LIHTC timeline where affordability restrictions can expire. Over the next decade, 42,621 LIHTC units across Tennessee will reach that point, and the state is on track to lose units to expiration faster than new affordable units are being added, meaning Tennessee's total affordable housing stock is projected to start shrinking within the next ten years.[4]

Why this Matters

Stable housing is foundational to a child's development, health, and education, and it's the thing Tennesseans told us they need most. Housing instability and affordability are not only being identified as an issue facing children, Tennesseans also report that finding help is hard. Among those who ranked housing as the number one issue facing children and youth, 96% reported that if a family in their community needed help with housing, finding support would be somewhat to very hard.[5]
It's also not evenly distributed as a problem. THDA's research shows fast-growing regions like Nashville, Knoxville, and Clarksville are short on supply outright, needing an estimated 315,000 new homes statewide by 2035 to meet demand.[2] Slower-growing areas like Memphis and Cleveland face a different problem: aging and substandard housing stock, where more than 40% of vacant units are substandard quality, inflating the on-paper availability numbers without actually giving families a livable option.[2]

How we can fix it

- Prioritizing preservation funding for LIHTC properties approaching the end of their affordability restrictions, particularly in high-demand urban markets where lost affordability is unlikely to ever be replaced, and in rural communities where these properties may be the only affordable option available
- Prioritizing new production funding in the state's highest-shortage, fastest-growing regions, where the gap between demand and supply is most acute
- Supporting rehabilitation of substandard housing stock in slower-growing regions, where the problem isn't a lack of units but a lack of livable ones
- Continuing to invest in deeply subsidized rental housing for the state's extremely low-income renters, where the private market alone will not close the gap.

Quick Facts

From 2015 to 2024, Tennessee Median Household Income increased

52%

but median home sales prices and median rent increased by

200% & 64%

respectively.[2]

In 2024, **11%**

of Tennessee households spent more than half of their income on housing. In Shelby, Davidson & Madison that figure rose to more than 15%.[3]

Make clearing the SmartSteps waitlist the top educational priority for the upcoming fiscal year and pursue all available funding mechanisms while maintaining existing services.

Quick Facts

Tennessee's Child Care Waitlist

Tennessee had
9,546
families and
13,835
children on the SmartSteps Waitlist as of June 2nd, 2026.[1] *

Children Served Through Child Care Development Grant Funding

FY2023 average number of Tennessee children served[2]
22,100

Children served through CCDF by type of care[3]

Family Home
5%

Group Home
4%

Center
91%

Child Care Providers Accepting Subsidy

As of August 15th, 2026,
54.2%
of Tennessee licensed or regulated child care providers participated in the child care certificate program.[4]

*Eligibility for SmartSteps is determined once the child receives a spot from the waitlist. Children/families currently on the waitlist may or may not be eligible.

The Problem

Tennessee's child care tuition assistance program, SmartSteps, is an essential component to having a growing workforce, thriving children, and strong economically secure families. SmartSteps is primarily funded through federal funds through the Child Care Development Fund (CCDF). In FY2025, Tennessee's discretionary award was reduced by $44.5 million.[5] This loss of funding resulted in several funding changes throughout the child care space, potentially the most significant being the implementation of a waitlist for the SmartSteps program.[5] The waitlist was implemented on August 26, 2025 and as of June 2nd, 2026 there were 9,546 families representing 13,835 children on the waitlist.[5,1] While the FY2026 award amount for the state has increased approximately $5 million, that still places the state at a net $39 million shortfall compared to FY2024.[6] A strong investment in child care is needed in the upcoming budget to make up for the shortfall and ensure Tennessee's child care infrastructure remains stable.

Why this Matters

Child care is a necessity for many Tennessee families. In 2024, 65% of Tennessee children under 6 had all available parents in the workforce, ranging by county from 40% - 85% in 2020-2024.[7,8] In 2022, Tennessee parents reported access and affordability as the most significant challenges in finding child care.[9] Both of these challenges are exacerbated by the current waitlist. Many parents, particularly those of infants, are already on a waitlist for a provider. Adding in another waitlist for the subsidy is another timing and logistical barrier to parents being able to engage in the workforce. The waitlist is negatively impacting providers across the state. Sometimes our problem isn't that the community lacks a physical seat; it's that a family cannot afford to use the seat that exists. In communities with a significant amount of families participating in SmartSteps, the provider looses tuition while the seat sits vacant. This has downstream impact on provider operations and educator wages. Clearing the assistance waitlist can turn existing capacity into actual access. Additionally, the uncertainty of timelines related to the waitlist make planning for both providers and families nearly impossible.

How we can fix it

CCDF discretionary awards are allocated on an annual basis. State allocations are based upon the number of children under age 5, the number of children eligible for free or reduced price lunch, and per-capita income.[10] Evaluating available policy changes to allow the state to draw down a larger share of the CCDF appropriation is a long-term solution, but in the meantime families and providers need relief now. Clearing the waitlist through new state appropriations or other federal funds should be the top educational budget priority this year. In supporting access to child care, it is critical that the state doesn't weaken other support services for children and those that care for them. In the event that new state appropriations are not available, amending statute to permit a one-time withdrawal from the TANF reserve fund (TCA 71-5-1204) with a codified 7 year build back plan would allow for waitlist relief without impacting existing programs.

Appropriate funds to the Commission on Children and Youth to conduct a Misalignment Index study of Tennessee's child care system, examining the gap between the care families need and want and what is currently available.

Quick Facts

Children with all Parents in the Labor Force

In 2024, approximately

65.0%

of Tennessee children under 6 had all available parents in the workforce, By county this measure ranges from*[1,2]

40-85%.

Child Care Capacity

In July 2026 there were approximately

328,700

child care slots for children under 6.[3]

The largest gap between child care capacity under 6 and children under 6 with all available parents was in Davidson County with a gap of [4]

3,540.

Misalignment Index

Nationally,

64%

of families using child care reported moderate to high misalignment between their current child care arrangement and their family's needs and preferences.[5]

The Misalignment Index evaluates four priorities families weigh: reasonable effort, affordability, meets parents' needs and supports children's development. [6]

* County data based on 5-year estimates (2020-24)

The Problem

The decision to place a child into an early education setting can be complex and difficult for parents. Many families have the care they desire and hope for their child, whether that be a certain size, facility type, quality and learning curriculum, location, price or a combination of all of the above. Oftentimes, due to limitations on available child care, there is a gap between the care parents ultimately desire and would choose and the care that is accessible, available and affordable to them. This discrepancy has been studied on a national level and in a handful of states, and labeled the Misalignment Index.[5]

Why this Matters

A truly successful system meets the needs of its consumers. Understanding the care and needs of parents is pivotal to ensuring we are investing in supporting and creating the right type of care, in the right locations. In Tennessee, .counties with more regulated child care spots than children with all available adults in the workforce, or where utilization rates of providers are low despite available capacity. Yet, many times when you talk with parents they mention significant waitlist and challenges finding care. The idea that the state has too much child care simply does not ring true for them. This disconnect is not serving Tennesseans seeking care or the providers. Slot counts don't provide a complete picture of the challenges families face in accessing care, nor do they tell policymakers the extent to which existing care actually aligns with what families need.[6] When the state is able to understand the needs and choices of parents and tailor our child care supply to support those choices, the whole system is uplifted.

How we can fix it

Understanding the gap between the kind of care parents want and need versus what is currently available to them is the first step in creating a child care system that meets the demands of a growing Tennessee. The Misalignment Index can be used to provide an overall picture of alignment between child care supply and family need within a state or community, and, perhaps more powerfully, to show where, and for whom, access gaps are greatest by breaking the data down by geography, income, or other family characteristics. This disaggregation is what gives the tool its policy value: it lets leaders move beyond a single access score to identify which specific dimensions are driving misalignment, for which families, and to track whether policy or funding changes are narrowing or widening those gaps over time.[5] Tennessee Commission on Children and Youth is a nimble, trusted state agency with the ability to quickly turn around reports and a reputation of providing reliable information for policy makers.

Support increased access to free school meals for Tennessee students.

Quick Facts

Food Insecurity

In 2024, approximately
22.0%
of Tennessee children were food insecure, representing
346,790
children.[1]

Financial Burden

Among Tennessee parents who paid for school meals
25%
reported that paying for children to eat at school made it difficult to pay for other household expenses. Among those making $35,000-$49,000 it increased to [2]
45%.

Public Support

85% of Tennessee parents support free school lunch for all, while only 5% oppose the idea.[3]

The Problem

Children struggle to learn when they are hungry. In 2024, 22% of Tennessee children were food insecure. Across Tennessee, more than a third of Tennessee counties have at least one in four children who are food insecure.[1] Among Tennessee parents who did not receive free school meals, 25% reported that paying for children to eat at school makes it difficult to pay for other household expenses. When asking those making between $35,000-$49,000, the percent increased to 45%.[2] Local budgets are tight, and while there are options for federal reimbursement, some districts cannot afford to pick up the remaining tab.

Why this Matters

Access to school meals can improve diet, food security and physical and mental health. In many instances school meals may be the most nutritional or only meal a child has in a day.[4] The impact of school meals goes beyond physical benefits and supports positive educational outcomes. A Tennessee specific study on Community Eligibility Provision implementation found a statistically significant improvement in suspension/expulsion rates and on-time grade promotion. [5] This is reflected in broad public support as well: 85% of Tennessee parents support free school lunch for all, while just 5% oppose the idea.[3]

How we can fix it

Of the 198 Schools/LEAs listed in Tennessee Department of Education's Community Eligibility Provision (CEP) Annual Notification of Local Education Agencies (LEA), 147 have implemented the Community Eligibility Provision district-wide during the 2024-25 school year.[6] Additionally, there are schools who participate as an individual site. Across the state, there are 247 schools who, based on their own ISP, are eligible to participate in CEP but have not.[6]

To support increased access to free school lunches for children, the state should invest dollars into:

- Encouraging and incentivizing eligible schools or LEAs to adopt the Community Eligibility Provision and offering financial support to participating schools, LEAs or school groups with an ISP between 25%-62.5%.
- Using state-funds, after federal funds have been exhausted, remove the reduced-price meal category allowing all children with incomes below 185% federal poverty level to access free meals.
- Pursue a stable funding stream for free school lunch for all students.

About the Community Eligibility Provision:[7]

From USDA Food & Nutrition Administration:
The Community Eligibility Provision (CEP) is a non-pricing meal service option for schools and school districts in low-income areas. CEP allows the nation's highest poverty schools and districts to serve breakfast and lunch at no cost to all enrolled students without collecting household applications. Instead, schools that adopt CEP are reimbursed using a formula based on the percentage of students categorically eligible for free meals based on their participation in other specific means-tested programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

Assess options to strengthen pediatric primary and specialty care access, including recruitment incentives and reimbursement rate adjustments.

Quick Facts

Pediatrician Availability

Across the state, there are

1,214 children per Pediatrician

by county this ranges from a low of

497 to 14,344

children per pediatrician.[1]

106,768

Tennessee children live in a county without a pediatrician.[1]

In 2024, across 10 subspecialities, adult providers were compensated between **24% - 93%** more than their pediatric counterparts.[2]

Pediatric Well-Visits

In 2023-24 ,

80%

of Tennessee children age 0 to 17 had a preventative check up in the last 12 months.[3]

In 2025,

54%

of Tennessee children were covered by TennCare.[4]

Currently AAP Guidelines recommend

15 preventative visits

before a child's 5th birthday.[5]

The Problem

In 2025, 32 of Tennessee's 95 counties did not have a board certified pediatrician.[1] Of the remaining 63 counties, nearly half had 3,000 or more children per pediatrician.[1] Availability of pediatric subspecialty care is even more dire. One contributing factor is the pay gap between pediatricians and adult medicine providers. This gap is particularly prevalent among sub-specialists. Despite similar or sometimes even longer training, pediatric specialists earn considerably less.[2] In Hematology and Gastroenterology adult specialists earned 93% more than their pediatric peers.[2] With half of Tennessee's children covered by Medicaid, low reimbursement rates make it financially difficult for pediatric practices to operate. In a survey of physicians, 91% said they are concerned current reimbursement levels are interfering with early intervention and prevention efforts in pediatric care.[6] These factors have discouraged medical students and residents from pursuing pediatrics or are resulting in providers leaving the field. In a survey of pediatricians and subspecialists, 69% said lower pay was making them consider a career change and 23% already have or plan to do so.[7] Additionally, in the 2026 fellowship match, none of the pediatric subspecialties filled all of their available training slots.[8,9]

Why this Matters

Access to regular well-visits and subspecialty care when necessary is a cornerstone to healthy development. Pediatric workforce shortages can mean months long wait lists for specialized care, resulting in delayed diagnosis or postponed treatment. In 2023-24, 80% of Tennessee children age 0 to 17 had a preventative visit within the last year.[3] Current American Academy of Pediatric guidelines recommend 15 preventative visits before the child's 5th birthday.[5] When a family doesn't have a general pediatrician nearby, well-visits and preventative check-ups become more burdensome as parents may have to travel significant distances, take more time off of work or arrange transportation. Regular well-visits provide the opportunity for early intervention and identification of serious illnesses, disease or developmental challenges.

How we can fix it

Supporting the pediatric workforce requires addressing the systemic payment issues that are deterring individuals from entering the field while also finding ways to recruit, incentivize and strengthen the pediatric workforce pipeline. These could include:[10,11]

- Increase pediatric Medicaid reimbursement rates
- Support pediatric scholarships and loan forgiveness
- Invest in housing stipends or housing support programs for pediatric residents
- Provide funding to children's hospitals to engage in K-12 classroom outreach promoting pediatric health care careers.

Appropriate funds to expand co-located pediatric and behavioral health care models, allowing families to access physical and mental health services in a single visit.

Quick Facts

Children's Mental Health

In 2022-23

63%

of Tennessee youth with a past year Major Depressive Episode did not receive mental health services.[1]

1/3

of Tennessee parents reported their child had a mental or behavioral health condition. Of those, **37%** did not receive specialized care for their child's condition.[2]

The Problem

For many Tennessee families, a child's behavioral or mental health need means a separate referral, a separate waitlist, and a separate provider from their pediatrician. This new provider is often in a different location entirely. In 2022-23, 63% of Tennessee youth with a past year Major Depressive Episode did not receive mental health services.[1] In a poll of Tennessee parents, one in three reported their child had a mental or behavioral health condition. Of those, 37% did not receive specialized care for their child's condition.

For families already managing work schedules, transportation, and the demands of caring for other children, a second system to navigate is often the barrier that causes care to be delayed or skipped altogether. This is compounded by Tennessee's existing pediatric workforce shortage, meaning families without reliable access to a pediatrician are even less likely to have access to co-located behavioral health support.

Why this Matters

Co-locating behavioral health providers within pediatric primary care allows a child's physical and mental health needs to be addressed in the same visit, by a coordinated care team, without a new referral or a new relationship with an unfamiliar provider. Tennessee already has working models for this process. ETSU's Institute for Integrated Behavioral Health has embedded behavioral health providers into pediatric, family medicine, internal medicine, and OB/GYN residency training clinics across Northeast Tennessee. Its Baby Steps Clinic pairs a pediatrician with a behavioral health consultant and a broader interdisciplinary team for children affected by prenatal substance exposure.

The benefit of co-located care extends well beyond behavioral diagnoses. Many Tennessee children are managing chronic physical health conditions, and co-located behavioral health support can help children and families navigate the behavioral and physical management of these conditions, including blood sugar control and asthma symptoms. This model also gives pediatricians an earlier, lower-barrier entry point for identifying adolescent mental health conditions that carry serious medical risk, including eating disorders, which have the highest mortality rate of any mental health condition and often first present through physical symptoms a pediatrician is positioned to catch.[4,5]

The evidence base is well established nationally. The Collaborative Care Model has over 90 randomized controlled trials behind it, has proven effective in rural and underserved settings, and carries dedicated Medicare and Medicaid billing codes that support long-term financial sustainability.[6] For the state, this is a prevention investment: addressing behavioral health needs early, in a primary care setting, is more cost-effective than addressing them later through crisis services, hospitalization, or juvenile justice involvement.

How we can fix it

Tennessee doesn't need to build this model from scratch, rather the state can invest in scaling models that are already working. Appropriating funds to expand co-located care lets the state build directly on existing pediatric practices, academic partnerships like ETSU's Institute for Integrated Behavioral Health, and federally qualified health centers, rather than creating new infrastructure. A phased, competitive grant approach, prioritizing counties with the greatest gaps in pediatric and behavioral health access and structured around billing codes already reimbursed by Medicaid and Medicare, would let the state target investment where it's needed most, measure outcomes, and scale based on results.

Create a formalized partnership between Tennessee Department of Children's Services and the Department of Correction to track long-term recidivism outcomes for juvenile justice placements through deidentified data sharing with a public annual report.

Quick Facts

Youth Placements

In FY2025,

118

youth were placed at Wilder Youth Development Center and

217

were at a Hardware Secure facility. Additionally,

607

youth were placed in a Staff Secure facility. [1]

Cost Per Child Annually

Wilder Youth Development Center: [1]

$511,365

Other Hardware Secure Facilities:*[2]

$214,255

Example Scenarios

If a teen was in DCS custody at a hardware secure facility, released 17 years old and re-offends after their 18th birthday, there is not currently a way for that to be reflected in our juvenile justice recidivism data.

Or youth who remain in DCS custody until their 19th birthday are out of the jurisdiction of juvenile court and DCS immediately upon discharge, leaving the state unable to measure the effectiveness of our investment.

The Problem

Having reliable recidivism data and being able to evaluate how successfully our juvenile justice placements and programming intervene and prevent youth from engaging in future criminal behavior is a foundational piece of a juvenile justice system that keeps communities safe, kids accountable and leaves them more equipped to be productive members of society than when they left. Currently available DCS recidivism data only captures involvement with the department and is limited to delinquent youth known to DCS via DCS's own data system.[1] While improvements to recidivism data will become available through a statewide centralized case management system for juvenile courts, it will not answer the question of how successful our programs transition youth into adulthood and out of criminal behavior.

Why this Matters

A child or teen's interaction with our juvenile justice system, particularly if it escalates to a placement with the Department of Children's Services, is a critical juncture in that child's life. The treatment, care, services and education a child receives while in the custody of the State can substantially impact that child's trajectory in life. The prevalence of criminal behavior tends to peak in the late teen years and taper off into the early 20s, this well-researched pattern is often called the age-crime curve. With Tennessee's current system, we lose the ability to effectively measure the success of our programs, right at their peak pressure point (18 to 19 years old). Without a deidentified recidivism tracking process, we are not able to effectively evaluate our investments to measure success 3 or 5 years out. In FY2025, Wilder cost $1,401 per day, per-child or $511,365 per year. FY2025 cost per day was not published for other hardware secure providers, but in FY2024 it was $587 or $214,255 annually. This level of investment should leave children better equipped for adulthood than when they entered and as responsible stewards of tax dollars, the State should be gathering the information to answer if that is the case.

How we can fix it

Establishing a data sharing agreement using deidentified, unique IDs to evaluate whether an individual who was previously in DCS's Juvenile Justice custodial population re-offends and enters into the custody of Department of Corrections will allow for the state to track the success of our Juvenile Justice interventions 3 to 5 years out. This two agency partnership can also be a launching pad for a broader statewide longitudinal data system.

* FY2024 data used due to FY2025 not being published.

Establish a Department of Children's Services public dashboard, with metrics and timelines set by statute, to support transparency and accountability.

Quick Facts

Current Status

The Department of Children's Services currently has an online dashboard titled the "Commissioner's Dashboard". This dashboard is updated regularly, in some instances monthly or daily. The Dashboard covers custodial trends, hotline reports, foster care trends, trial home visits, juvenile justice placements, probation, adoptions and more. But, the dashboard is not publicly available.

Given the existing infrastructure of the Commissioner's Dashboard, a small investment to add codified metrics and ensure privacy protections are in place for public use would buy a significant amount of public trust.

Metrics for Consideration (Not currently reported in Commissioner's Dashboard)

- Percent of caseworkers with fewer than 20 cases during the last month by division (Foster Care, Child Protective Services, Special Investigation Unit, etc)
- Supervisor worker ratio
- On-time case plans and Child and Family Team Meetings.
- Substantiated abuse cases by type of abuse
- Child placement moves (including offices and transition homes)
- Medical visits
- CPS response times

The Problem

Tennesseans including policy makers, parents, foster parents, social services workers, and the general public are rightfully invested in how our Department of Children's Services is performing. Currently, there is not a single, simple location for Tennesseans to access up-to-date key metrics. The Department publishes annual reports, but data in those reports typically lag as expected and do not reflect the current status of the department. While information is available, it requires knowledge of federal databases or reports, public records requests, or observing legislative hearings. All of these are things that many Tennesseans, even those deeply invested in the care of our children, simply don't have the time or capacity to do.

Why this Matters

Department of Children's Services is tasked with some of the most consequential and fraught work conducted by the State. The decisions to remove a child from their parents, the investigation and evaluation of abuse, finding a child a safe home for what may be the first time in their life. All of these are monumental decisions being made by the state. Ensuring transparency and accountability into the key metrics that can factor into the success of this system is a simple step toward a more trusted and supported Department.

How we can fix it

Creating an online and publicly accessible dashboard with metrics and reporting timelines set in statute will allow Tennesseans to understand where progress is being made within the Department, where pressure points still exist and follow trends. By codifying the metrics and timelines, it will allow Tennesseans to know what to expect and when to expect it. It will allow grant recipients, social services non-profits, and private philanthropy to have consistent reliable data that does not change with commissioners or administration change. A successful child welfare system is not just one Department, it requires the investment of non-profits, private providers, philanthropy, faith communities and Tennesseans all across the state. If we are asking for their investment, clear and easily accessible data is the foundation of that partnership.

Example: New Jersey Child Welfare Data Dashboard: https://www.nj.gov/dcf/insights/reports/child-welfare-data-dashboard/

Establish a single portal for the public to identify and access available state grant opportunities.

The Problem

Through the state, there are many opportunities for grant funding. However, with 22 cabinet-level agencies and several other boards and commissions, keeping track of all of funding opportunities can be daunting. The lack of a consolidated grant portal for state funding opportunities means that many non-profits or other entities who may be eligible simply don't apply because they don't know where to find the information. Additionally, this can narrow the field of applicant to just those who can afford to have a grant writer, oftentimes disadvantaging small rural providers.

Why this Matters

Getting funds directly into the community, to those who know and understand their communities best and supporting local initiatives is one of the greatest uses of our state dollars. Our current system, which lacks a single consolidated location for all Tennessee state grants, means that the state may not be getting the best, most competitive applicants each time. Many smaller organizations may not have the funds or capacity to employ a grant writer or allocate the time to search for grants. By creating a streamlined, efficient system to post grant notices we will ensure that all those eligible can apply, evening the playing field for our rural communities and smaller organizations. Our communities know best what they need, when the state has the funds to support those needs it is our responsibility to remove administrative barriers and make the process as efficient as possible. Every hour an organization spends navigating government websites to find and apply for a grant is one taken away from Tennesseans who desperately need their work.

How we can fix it

Allocate funds and designate one state agency to develop and manage the grant portal, in some states this is the State Library. Require each state agency to register every grant administered prior to solicitation or beginning the award process. To ensure clear, useful information is available to Tennesseans, each submitted funding opportunity should include the following details:[1]

- The title of the grant opportunity and grant identification number.
- The revenue source allocated to fund the grant.
- The purpose of the grant.
- A brief description of the grant, including, but not limited to, the mechanism used to announce the availability of funding.
- Any eligibility requirements, including, but not limited to, any matching funds requirements.
- Geographic limitations, if any.
- The period of time covered by the grant.
- The date the grant will be issued.
- The deadline for proposals to be submitted.
- Internet address for electronic submission of the proposal.
- Contact information of a staff member responsible for communicating the grant requirements.

Additionally, requiring agencies to report data on grant recipients and awards would further government transparency and accountability.

Tennessee Children's Digital Protection Fund

Tennessee's recent $750 million settlement with Meta creates an opportunity to put funds back into the state's efforts to support and protect children. This suit was brought based on a lack of transparency by Meta, and parents and Tennesseans deserve clear transparency regarding where these settlement funds are being used.

While TCA 9-4-217 establishes the general purposes of the fund, it does not yet provide the public and potential grantees with a clear, single spot to see what funding opportunities are available, how and where to apply, and who is eligible. This new funding stream creates an opportunity to pilot the grant portal on a small scale. This is a low-cost way to test the concept before a statewide rollout, while also giving Tennesseans a first, tangible sign that these settlement dollars are making a meaningful difference. All funds appropriated through this act should remain subject to public outcome reporting.

References

Affordability & Economic Security

Appropriate state funds to offset the new federal SNAP cost-sharing requirements, ensuring eligible Tennesseans retain access to benefits.

1. Feeding America. (2026). *Map The Meal Gap 2024*.
2. Tennessee Department of Human Services. (2026). EBMS Monthly Case and Recipient Count SFY2025 & SFY2026. Population Data: Note: Estimated percent of children enrolled is based on annual average of reported monthly enrollment totals.
3. Tennessee Department of Health, Division of Population Health Assessment. (2026). 2025 Population Data.
4. Tennessee Department of Human Services. FY2025 Resource Mapping of Expenditures on Children and Youth Submission.
5. U.S. Department of Agriculture, USDA Food and Nutrition Administration. (2026). *Supplemental Nutrition Assistance Program: Payment Error Rates Fiscal Year 2025*.
6. One Big Beautiful Bill Act, Pub. L. No. 119-21, § 10105, 139 Stat. 72 (2025).
7. U.S. Department of Agriculture, USDA Food and Nutrition Administration. (2026). *Retailer Management Year End Summary- Fiscal Year 2025*.
8. U.S. Department of Agriculture, USDA Food and Nutrition Administration. (2026). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2024*. Table B.13. Distribution of participating households by poverty status and by state, and effect of SNAP benefits on the poverty status of SNAP households.

Support the Tennessee Housing Development Agency's efforts to expand and preserve affordable housing supply, prioritizing the regions and household types where the gap is greatest for families with children.

1. Tennessee Commission on Children and Youth Survey of Child and Family Needs. Survey conducted from July 20, 2026 – August 18, 2026. Unweighted data based on 652 complete survey responses from 88 of Tennessee's 95 counties.

2. Tennessee Housing Development Agency. (2026). 2026 Tennessee Housing Market at a Glance: Overview.

3. U.S. Census Bureau, American Community Survey (2025). Housing Costs as a Percentage of Household Income in the Past 12 Months, ACS 2020-2024 5-Year Estimates Detailed Tables, Table B25140. Note: Includes rented, owned and mortgaged homes.
4. Tennessee Housing Development Agency. (2026) Preserving Affordable Rental Homes in Tennessee, The LIHTC Story and What Comes Next — Preliminary Analysis.
5. Tennessee Commission on Children and Youth Survey of Child and Family Needs. Survey conducted from July 20, 2026 – August 18, 2026. Unweighted data. Includes respondents who identified housing as a number one priority but did not respond to the question regarding difficulty obtaining help.

Education & Early Learning

Make clearing the SmartSteps waitlist the top educational priority for the upcoming fiscal year and pursue all available funding mechanisms while maintaining existing services.

1. Tennessee Department of Human Services, Personal Communication, June 2nd, 2026
2. U.S. Department of Health and Human Services, Administration for Children & Families, Office of Child Care. (2026). *FY2024 CCDF Data Tables (Preliminary) Table 1: Average Monthly Adjusted Number of Families and Children Served*.
3. U.S. Department of Health and Human Services, Administration for Children & Families, Office of Child Care. (2026). *FY2024 CCDF Data Tables (Preliminary) Table 3: Average Monthly Percentages of Children Served by Type of Care*
4. Tennessee Department of Human Services. (2026). Child Care Web Provider List – August 15, 2026.

5. Tennessee Department of Human Services. Update on Child Care Funding - Frequently Asked Questions. Retrieved August 31, 2026 from: https://www.tn.gov/humanservices/for-families/child-care-services/update-on-child-care-funding.html

6. U.S. Department of Health and Human Services, Administration for Children & Families, Office of Child Care. (2026). GY2026 CCDF State and Territory Funding Allocations (Based on Appropriations).

7. U.S. Census Bureau, U.S. Department of Commerce. (2024). Age of Own Children in Families and Subfamilies by Living Arrangements by Employment Status of Parents. American Community Survey, ACS 1-Year 2024 Estimates Detailed Tables, Table B2300

8. U.S. Census Bureau, U.S. Department of Commerce. (2024). Age of Own Children in Families and Subfamilies by Living Arrangements by Employment Status of Parents. American Community Survey, ACS 5-Year 2020-2024 Estimates Detailed Tables, Table B2300

9. Tennesseans for Quality Early Education. (2022). The Economics of Tennessee's Child Care Crisis.

10. Bipartisan Policy Center. (2026). Understanding the Funding Specifics of the Child Care and Development Fund.

Appropriate funds to the Commission on Children and Youth to conduct a Misalignment Index study of Tennessee's child care system, examining the gap between the care families need and want and what is currently available.

1. U.S. Census Bureau, U.S. Department of Commerce. (2024). Age of Own Children in Families and Subfamilies by Living Arrangements by Employment Status of Parents. American Community Survey, ACS 1-Year 2024 Estimates Detailed Tables, Table B2300

2. U.S. Census Bureau, U.S. Department of Commerce. (2024). Age of Own Children in Families and Subfamilies by Living Arrangements by Employment Status of Parents. American Community Survey, ACS 5-Year 2020-2024 Estimates Detailed Tables, Table B2300

3. Tennessee Department of Human Services. (2026). Child Care Web Provider List – July 15, 2026.

4. U.S. Census Bureau, U.S. Department of Commerce. (2024). Age of Own Children in Families and Subfamilies by Living Arrangements by Employment Status of Parents. American Community Survey, ACS 1-Year 2024 & 5-Year 2020-2024 Estimates Detailed Tables, Table B2300. Note: 2024 1-Year Estimates were used for Anderson, Blount, Bradley, Cumberland, Davidson, Greene, Hamilton Knox, Montgomery, Rutherford, Sevier, Shelby, Sullivan, Sumner, Washington, & Williamson Counties. & Tennessee Department of Human Services. (July 2026). Child Care Web Provider List July 15, 2026. Note: This list of regulated child care providers include those licensed by the Department of Human Services (TDHS) or approved by the Department of Education, as well as license-exempt Boys and Girls Clubs. Providers that listed a minimum age above 6 years were excluded. Those that provided no minimum age were included.

5. Daily, S., Hirilall, A., Gerson, C., & Richards, K. (2026). Understanding child care access challenges require family-centered solutions. Child Trends. DOI: 10.56417/2895y1066c

6. Child Trends, Early Childhood Education Access Center. Tennessee Statewide Family Child Care Access and Misalignment Study Draft Scope of Work.

Support increased access to free school meals for Tennessee students.

1. Feeding America. (2026). Mapping the Meal Gap 2024.

2. U.S. Census Bureau, Household Pulse Survey. (2024). *Phase 4.2 Cycle 09 Household Pulse Survey: August 20 – September 16, 2024. Table 5b. Paying for Children to Eat At School and Burden on Other Household Expenses, by Select Characteristics*

3. Vanderbilt University Medical Center, Vanderbilt Child Health Poll. (2025). *2024 Vanderbilt Child Health Poll Release 2. 3.6 Support for Free School Meals.*

4. Food Research and Action Center. (2021). *School Meals Are Essential for Student Health and Learning.*

5. *Kho, A., & Hunter, S. (2026).* Free meals for all: the effects of Tennessee's community eligibility provision on student non-academic outcomes. *Educational Studies, 52(2), 129-147.*

6. Tennessee Department of Education. Districts and Schools Eligible to Participate in CEP School Year 2024-25.

Retrieved on August 31, 2026 from: https://www.tn.gov/education/districts/health-and-safety/school-nutrition/community-eligibility-provision-cep.html

7. U.S. Department of Agriculture, Food and Nutrition Administration. Community Eligibility Provision. Retrieved August 31, 2026 from: https://www.fna.usda.gov/cn/cep

Health & Development

Assess options to strengthen pediatric primary and specialty care access, including recruitment incentives and reimbursement rate adjustments.

1. The American Board of Pediatrics. 2025 Pediatric State and County Distributions Data. December 2025 Chapel Hill, NC & Under 18 population data from: 2025 Census Data. Note: Includes the combination of those certified in General Pediatrics (alone) and those certified in both General Pediatrics and in another ABMS specialty. County and State location is determined using the latest mailing address on file.
2. Doximity.(2025). Physician Compensation Report 2025, Pediatric Pay Gap.
3. Child and Adolescent Health Measurement Initiative. 2023-2024 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)
4. Tennessee Department Finance and Administration, Division of TennCare. (2026) . Calendar Year 2025 Unduplicated TennCare or CoverKids Enrollment by County. Note: Enrollment count includes an unduplicated count of those under 19 who were enrolled at any point over the calendar year, only TennCare enrollee counts were used in this report.
5. American Academy of Pediatrics. (2025). Recommendations for Preventative Pediatric Health Care – Updated February 2025.
6. Doximity. (2025). Physician Compensation Report 2025, Pediatric Reimbursement Challenges
7. Doximity. (2025). Physician Compensation Report 2025, Pediatric Compensation Concerns.
8. National Resident Matching Program. (2025). Advance Data Tables, 2025 Main Residency Match. Table 6-A.
9. Stroustrup, A. (2026). The Alarming Shortage of Pediatricians — and 4 Solutions to Break the Cycle. National Children's Hospital Association
10. Children's Hospital Association. (2026). Why the Pediatric Workforce Crisis Demands Federal Action.
11. Children's Hospital Association. (2026). Securing Kids' Futures: A federal policy blueprint to bolster the pediatric workforce.

Appropriate funds to expand co-located pediatric and behavioral health care models, allowing families to access physical and mental health services in a single visit.

1. Mental Health America. (2025). *Youth (ages 12-17) with major depressive episode (MDE) who did not receive mental health services 2022-23*. Data based upon SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2022-23.
2. Vanderbilt Child Health Poll. 2025 Vanderbilt Child Health Poll Fact Sheet.
3. Buchanan, G.J.R., Berge, J.M., & Piehler, T.F. (2024). "Integrated behavioral health implementation and chronic disease management inequities: an exploratory study of statewide data." BMC Primary Care, 25, 302.
4. Laurie L. Hornberger, Margo A. Lane, THE COMMITTEE ON ADOLESCENCE, Laurie L. Hornberger, Margo Lane, Cora C. Breuner, Elizabeth M. Alderman, Laura K. Grubb, Makia Powers, Krishna Kumari Upadhya, Stephenie B. Wallace, Laurie L. Hornberger, Margo Lane, MD FRCPC, Meredith Loveless, Seema Menon, Lauren Zapata, Liwei Hua, Karen Smith, James Baumberger; Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics* January 2021; 147 (1): e2020040279. 10.1542/peds.2020-040279
5. Krug, I., Liu, S., Portingale, J., Croce, S., Dar, B., Obleada, K., ... & Fuller-Tyszkiewicz, M. (2025). A meta-analysis

of mortality rates in eating disorders: an update of the literature from 2010 to 2024. *Clinical psychology review*, *116*, 102547.

6. Meadows Mental Health Policy Institute. Collaborative Care Model – Collaborative Care Evidence Base. Retrieved from: https://mmhpi.org/cocm/

Child Safety & Risk Behaviors

Create a partnership between DCS and the Department of Correction to track long-term recidivism outcomes for juvenile justice placements through deidentified data sharing.

1. Department of Children's Services, Office of Juvenile Justice. (2026). Annual Report FY2025
2. Department of Children's Services, Office of Juvenile Justice. (2025). Annual Report FY2024

Government Systems

Establish a single portal for the public to identify and access available state grant opportunities

1. Cal. Gov. Code § 8333 (as amended by Stats. 2018, ch. 318, § 1 (AB 2252)).

TENNESSEE COMMISSION ON CHILDREN & YOUTH

TCA 37-3-103(a)(1)

The commission shall perform each of the following duties:

(A) Make recommendations concerning establishment of priorities and needed improvements with respect to programs and services for children and youth;

(B) On or before September 1 of each year, make recommendations for the state budget for the following fiscal year regarding services for children and youth and submit the recommendations to the governor, the finance, ways and means committee of the senate, the finance, ways and means committee of the house of representatives, the legislative office of budget analysis, and the affected state departments;

TN Commission on Children and Youth, Authorization # ND8UE7-1, 300 copies, September 1, 2026. This public document was promulgated at a cost of $.61 per copy.