

KIDS COUNT



The State of the Child in Tennessee

Policy and Issue Guide

KIDS COUNT

The State of the Child in Tennessee

Policy and Issue Guide

Tennessee Commission on Children and Youth

Andrew Jackson Building, 9th Floor

502 Deaderick Street Nashville, TN 37243-0800

(615) 741-2633 (800) 264-0904 Fax: (615) 741-5956

E-Mail: rose.naccarato@tn.gov

www.tn.gov/tccy/kc-soc17.pdf

www.facebook.com/tccyonfb

www.twitter.com/@tccy

Dear Reader,

Serving as the Annie E. Casey Foundation's KIDS COUNT partner in Tennessee is a great honor and benefit for the Tennessee Commission on Children and Youth. It provides us the opportunity to learn from the Foundation and other KIDS COUNT partners across the nation.

In 2017, two states, Virginia and New Jersey, published voter guides that highlighted critical data in the state and identified questions citizens could ask candidates who were running for office. These publications were visually appealing with lots of important data displayed in easy to understand formats. The questions highlighted important issues voters and elected officials faced.

For Tennessee, we decided to broaden the perspective for the report. We realize the questions for candidates are the same questions we would ask policymakers and newly elected officials. We wanted the Tennessee publication to have more "shelf life" than just the election season. The questions for policymakers, candidates and elected officials will be the same in 2019 as they are in 2018, so this document is a "KIDS COUNT: The State of the Child in Tennessee – Policy and Issue Guide."

We hope you will use the information in this publication to ask questions of candidates during the 2018 primary and general election cycle. Then, when there is a new governor, many new departmental commissioners and other key policymakers, and some of those candidates are newly elected legislators, continue to ask these questions in 2019.

There is a saying regarding working with the General Assembly: "No permanent friends. No permanent enemies." Over time, many of us have experienced how true this is, but we have also noticed there are permanent issues. Children's issues remain important, so this publication highlights issues that Tennessee advocates will continue to discuss in the years to come.

Fortunately, we continue to make steady progress improving the quality of life for Tennessee children and families to fulfill the Commission's Vision that all children in Tennessee are safe, healthy, educated, nurtured and supported, and engaged in activities that provide them with opportunities to achieve their fullest potential.

So keep asking questions and keep encouraging policymakers, candidates and elected officials to improve outcomes for Tennessee children. Truly the state's prosperity depends on this.

Sincerely,

A handwritten signature in blue ink that reads 'Linda O'Neal'.

Executive Director

Tennessee Commission on Children and Youth

Table of Contents

Acknowledgments.....	i
Demographics.....	1
Adverse Childhood Experiences (ACEs)	3
Poverty.....	5
Food and Nutrition.....	7
Access to Health Care	9
Access to Mental Health Care.....	11
Substance Abuse and the Opioid Epidemic	13
Domestic Violence.....	15
Home Visiting Programs.....	17
Early Childhood Education.....	19
Education Outcomes	21
Afterschool Programs.....	23
Child Welfare, Foster Care and Youth Transitions	25
Juvenile Justice	27
School to Prison Pipeline.....	29
Detailed Sources and Links.....	31

Acknowledgments

TCCY Executive Director and Executive Editor – Linda O’Neal
Tennessee KIDS COUNT Director – Rose Naccarato
Tennessee KIDS COUNT Data Manager – Sujit Das
Publishing Editor – Fay Delk
Writer – Rose Naccarato
Layout – Rose Naccarato

**This publication was inspired by issue guides by our KIDS COUNT partners,
Advocates for Children of New Jersey and Voices for Virginia’s Children.**

**The design is modeled after a similar publication by
Voices for Virginia’s Children.**

Sources for data in this publication are included where the data appears. More detailed source information and links are listed by issue at the end of the publication.

This research was partially funded by the Annie E. Casey Foundation. We thank the Foundation for its support but acknowledge the findings and conclusions presented in this report are those of the staff of the Tennessee Commission on Children and Youth alone and do not necessarily reflect the opinions of the Foundation.



Tennessee Commission on Children and Youth authorization number 316100
March 2018. 2,500 copies. This public document was
promulgated at a cost of \$1.60 each.

DEMOGRAPHICS

Communities in all parts of Tennessee are increasingly diverse

Understanding how our child population is changing

NEARLY

1.5 MILLION

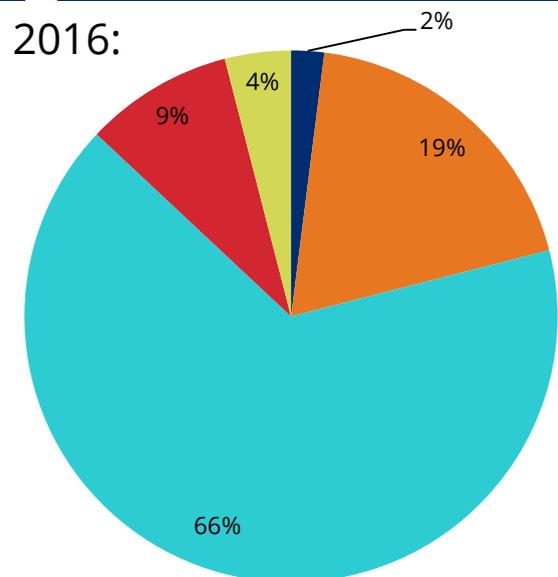
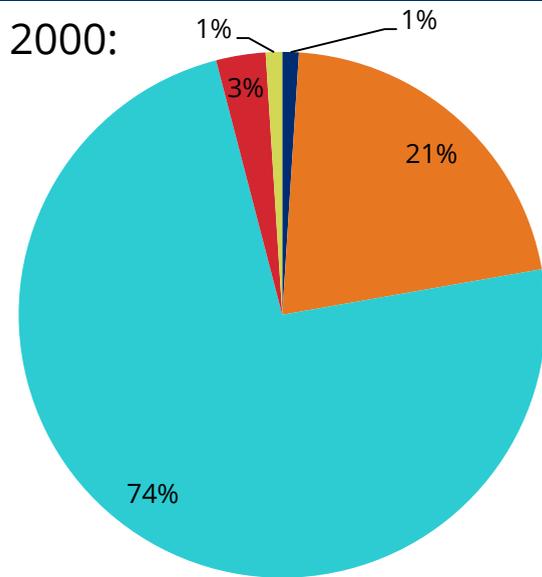
CHILDREN LIVE IN TENNESSEE

Source:
Tennessee
Department of Health

REPRESENTING ALMOST



ONE IN FOUR TENNESSEANS



■ Non Hispanic Asian ■ Non Hispanic Black ■ Non Hispanic White ■ Hispanic or Latino ■ Two or more races

Hispanic or Latino:

2000: 39,335
2016: 137,897

↑ 251%

Two or more races:

2000: 20,530
2016: 55,321

↑ 169%

Asian:

2000: 14,729
2016: 27,168

↑ 92%

White:

2000: 1,024,560
2016: 987,270

↓ 4%

Black:

2000: 296,717
2016: 290,049

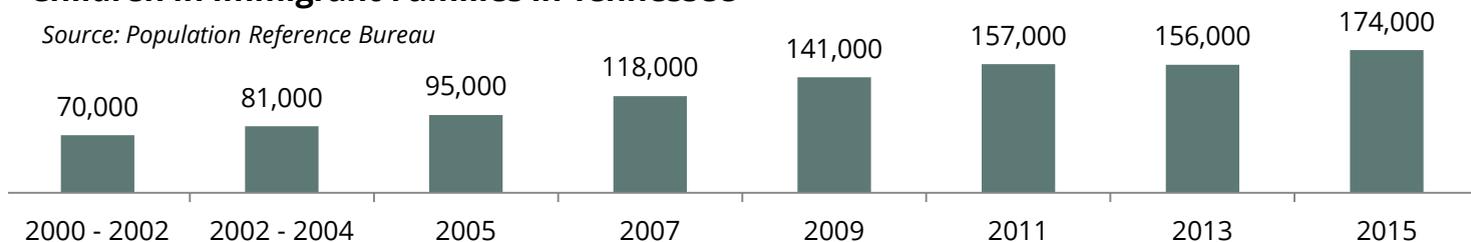
↓ 2%

Percent change from 2000 to 2016

Source: US Census Bureau, Population Division

Children in Immigrant Families in Tennessee

Source: Population Reference Bureau

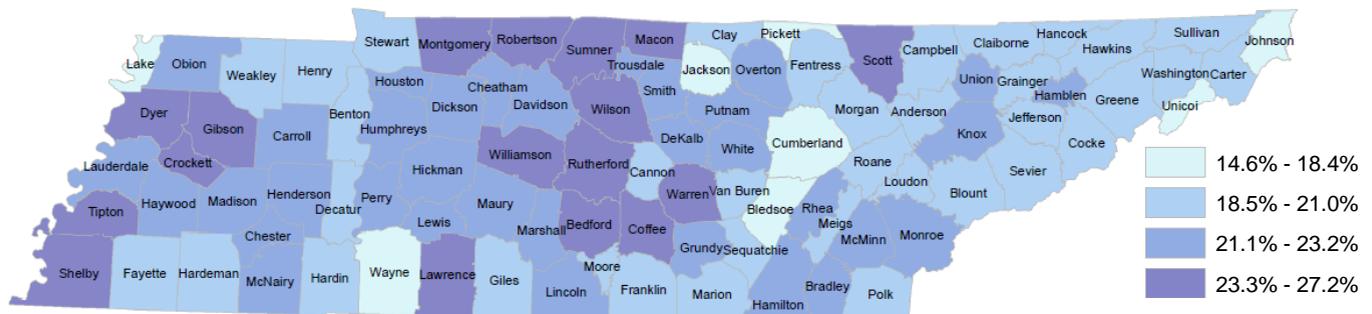


Questions for Policymakers, Candidates and Elected Officials

1. Tennessee's minority population is growing in all areas of the state. **What will you do to ensure all Tennessee children have opportunities for quality education and economic success ?**

County maps

Child percent of total population by county, 2016



Source: Tennessee Department of Health

Minority (including white/Hispanic) percent of child population by county, 2016



Source: US Census Bureau

Percent of children living in single-parent households by county, 2017



Source: Data USA

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Preventing and mitigating ACEs in Tennessee builds strong brains

With appropriate supports, children can be resilient

SOME CHILDREN HAVE ADVERSE EXPERIENCES THAT IMPACT HEALTHY BRAIN DEVELOPMENT AND MAY HAVE LIFELONG EFFECTS ON BOTH BEHAVIOR AND HEALTH

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

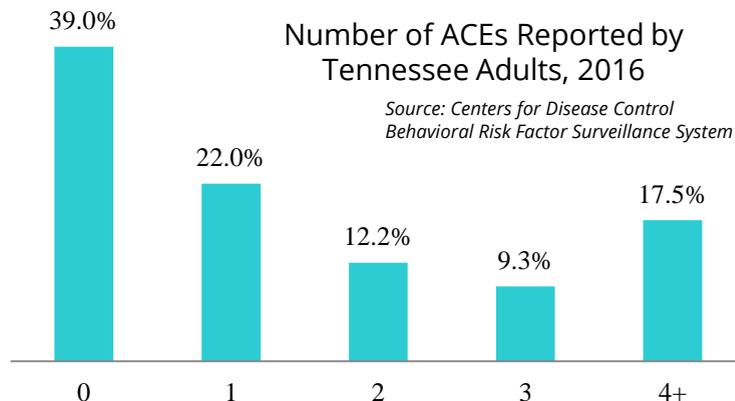
rwjf.org/aces

IN TENNESSEE

23% OF CHILDREN HAVE EXPERIENCED TWO OR MORE ACEs

Source: Child Trends

AND THEY WILL LIKELY EXPERIENCE MORE BEFORE THEY ARE GROWN, AS 39 PERCENT OF TENNESSEE ADULTS REPORT TWO OR MORE ACEs FROM THEIR CHILDHOOD



CHILDREN CAN BUILD RESILIENCE TO HELP THEM THRIVE DESPITE TRAUMA. EVIDENCE-BASED PREVENTION AND MITIGATION STRATEGIES CAN HELP

Source: Centers for Disease Control; Veto Violence



Home visiting to pregnant women and families with newborns



Social support for parents



Parenting training programs



Parent support programs for teens and teen pregnancy prevention programs



Intimate partner violence prevention



High quality child care



Sufficient income support for lower-income families



Mental illness and substance abuse treatment

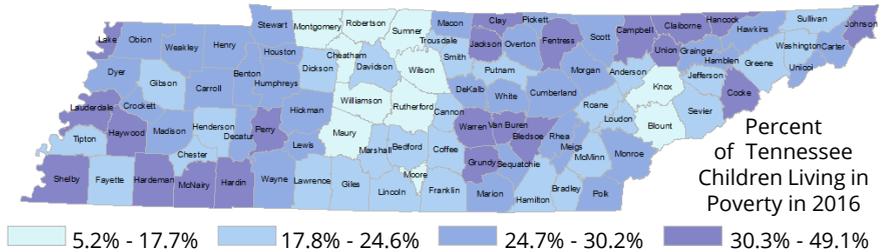


POVERTY

For children to contribute to Tennessee's future prosperity, they must first be economically secure
Too many families in Tennessee are struggling

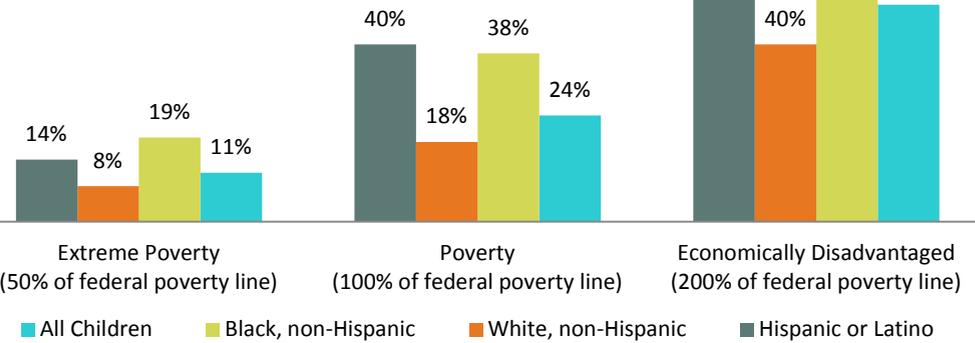
In Tennessee, 22.6% of children live in poverty. The range between the poorest and the wealthiest counties is significant, with a low of 5.2 percent in Williamson County to a high of nearly half, 49.1 percent, in Lake County.

CHILDREN IN EVERY PART OF TENNESSEE LIVE IN FAMILIES THAT STRUGGLE TO MEET BASIC NEEDS



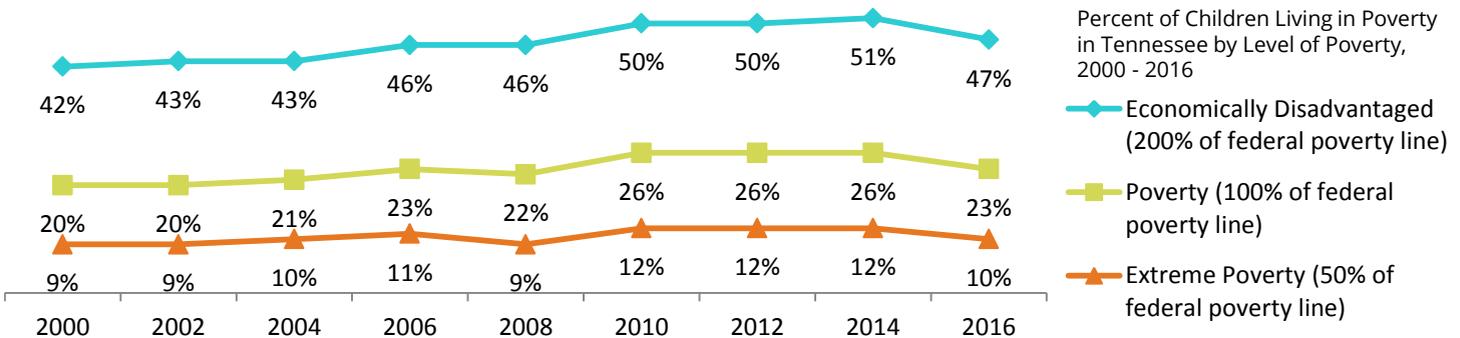
U.S. Census Bureau, Small Area Estimates Branch

RACIAL AND ETHNIC DIFFERENCES IN FAMILY ECONOMIC SECURITY LEAD TO INTERGENERATIONAL CYCLES OF POVERTY THAT CAN BE HARD TO BREAK



As clear as geographic differences are, racial and ethnic differences are also stark. While white children are least likely to be in poverty in every category, Hispanic children are most likely to be Economically Disadvantaged, while black children are most likely to live in Extreme Poverty.

NEARLY HALF OF TENNESSEE CHILDREN ARE ECONOMICALLY DISADVANTAGED



Tennessee children have fared better economically over the past several years, with the number living at all levels of poverty declining. This decline has held across racial and ethnic groups, but some counties have seen increases in child poverty levels over this time, including Dyer, Hawkins, Humphreys, Lake, Madison, McNairy, Shelby, Tipton, Van Buren and Warren.



Good nutrition is a foundational building block of good health and is vital for brain development

Tennessee children need food security to succeed

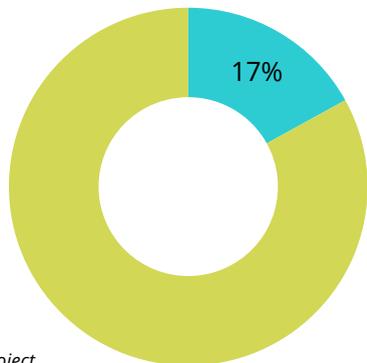
1 in 4 food-insecure households in Tennessee does not qualify for government food programs



Source: Map the Meal Gap 2017

An estimated 1 in 6 children under 5 in Tennessee benefit from the Women, Infants and Children (WIC) food program

Source: TCCY Resource Mapping Project



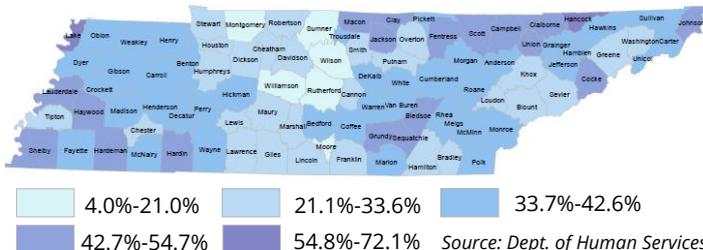
Department of Education food programs, 2016-17	Meals per day	Price per Meal
National School Breakfast	355,783	\$ 1.79
National School Lunch	604,034	\$ 2.62
Fresh Fruits and Vegetables	63,757	\$ 0.31
Seamless Summer Program	28,770	\$ 0.49
Afterschool Snack Program	25,529	\$ 0.73

Source: Tennessee Department of Education

In 2016-17, the Department of Human Services' Child and Adult Food Program served

170,000 children and their Summer Food Program served **50,030**

Large percentages of children across the state rely on SNAP



Source: Dept. of Human Services

IN TENNESSEE

21%

OF CHILDREN LIVE IN FOOD-INSECURE HOUSEHOLDS

Source: Map the Meal Gap 2017

What is the relationship between food insecurity and obesity?

Food insecurity may lead to a cycle of food deprivation and overeating, which can cause obesity. When food is scarce, people facing food insecurity may miss meals or eat less. When food is abundant, people dealing with food insecurity tend to binge and overeat. This type of eating pattern is associated with increased body fat and weight gain.

The resources available in a neighborhood can contribute to both food insecurity and obesity. For example, low-income communities are less likely to have a full-service grocery store or farmers market that sells nutritious foods. On the other hand, these communities often have fast-food restaurants and neighborhood corner stores that sell foods with less nutritional value. **Income contributes to food security while influencing the choices that affect obesity.** Having a low-income is the greatest risk factor for food insecurity. When resources are limited, households must choose between housing, transportation, health care, food costs, and other needs. To make ends meet, households may buy less expensive, high-calorie, and energy-dense foods instead of more costly, higher quality foods.

Access to transportation can influence both food insecurity and obesity. If families cannot get nutritious food in their own neighborhoods, their access to it depends on having reliable transportation. In addition, transportation and infrastructure systems affect the opportunities and amount of time people have to engage in physical activities that help maintain a healthy weight. **Food insecurity contributes to stress and poor mental health, which is a risk factor for weight gain.** The financial pressures of food insecurity, living in a resource-poor neighborhood, and lack of access to other needed services are associated with poor mental health, stress, and weight gain.

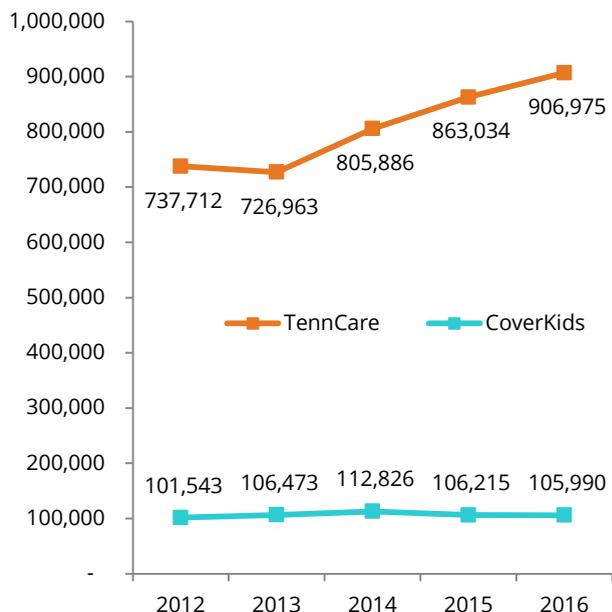
Source: The Sycamore Institute



Access to health care leads to better long-term outcomes for children and families

TennCare and CoverKids play an important role

TennCare and CoverKids combine to cover over a million children



Source: Medicaid.gov

How can expanding Medicaid help children?

Almost

50,000

Uninsured Tennessee children qualify for TennCare or CoverKids

If their parents qualify, the chance

INCREASES

that qualifying children will be enrolled

Children with Medicaid whose parents enrolled after expansion were

29% more likely

to get annual well child visits

IN TENNESSEE

95.8%

OF CHILDREN HAVE HEALTH INSURANCE

Source: Small Area Health Insurance Estimates

Medicaid & CHIP are Long-Term Investments in Children's Health and Future Success

Medicaid eligibility for pregnant women and children improves health throughout their lives, from prenatal development to adolescence to adulthood. When pregnant women have access to Medicaid, there are better health outcomes for their children during adulthood, including reduced rates of obesity and hospitalizations and improvements in oral health.

Medicaid eligibility leads to improvements in educational outcomes at the elementary, high school and college levels. One study found that increases in Medicaid/CHIP eligibility at birth led to improvements in reading test scores in the 4th and 8th grades. Another study found that increases in childhood Medicaid eligibility decreased high school dropout and increased college attendance and completion.

Childhood Medicaid protects the whole family from financial hardship by decreasing the probability of debt and bankruptcy for families. Nationally in 2010, Medicaid lifted an estimated 2.6 million to 3.4 million individuals out of poverty. Medicaid effectively shields many children from poverty, reducing their exposure to adverse childhood experiences that can influence their health in later life.

Childhood Medicaid produces economic benefits in adulthood, including increased employment, higher tax payments, and returns on public investment in Medicaid. One study found that each additional year of Medicaid eligibility from birth to age 18 increased an individual's cumulative tax payments by \$186 and reduced cumulative Earned Income Tax Credit (EITC) receipts by \$75.

Source: Center for Children and Families, Georgetown University Health Policy Inst.

All Tennessee children need access to quality, coordinated mental health care

Tennessee has made strides in mental health care access

Mental Health Facts CHILDREN & TEENS

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Source: Graphics by National Alliance on Mental Illness

TENNESSEE RANKS



ON MENTAL HEALTH AMERICA'S YOUTH RANKING

Components of the rank include:

9th on the percent of children with a major depressive episode in the last year but 50th on ensuring these youth receive treatment

9th on the percent of children with a severe major depressive episode in the last year but 49th on providing them consistent treatment

9th on the percent of children using alcohol or illicit drugs in the last year

24th in the percent of children with mental health insurance coverage

46th in identifying students with emotional disturbance and qualifying them for an individual Education Plan (IEP)

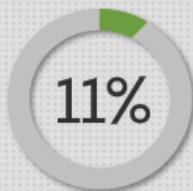
Source: Mental Health America

Many children have more than one mental health condition

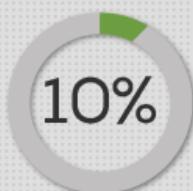
FACT: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



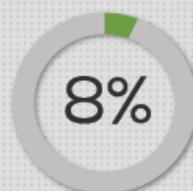
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹



Talk with your pediatrician



Get a referral to a mental health specialist



Work with the school



Connect with other families

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90%

90% of those who died by suicide had an underlying mental illness.¹

SUBSTANCE ABUSE AND THE OPIOID EPIDEMIC

Tennessee's opioid epidemic and substance abuse problems require a two-generation response

Solutions should prioritize treatment and support for families

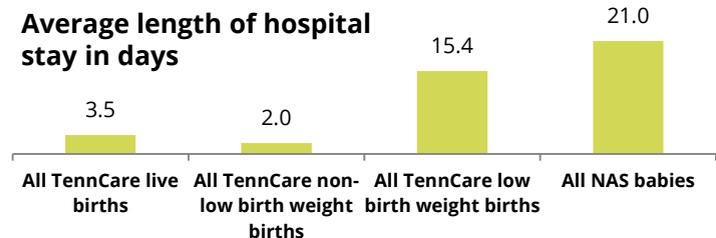
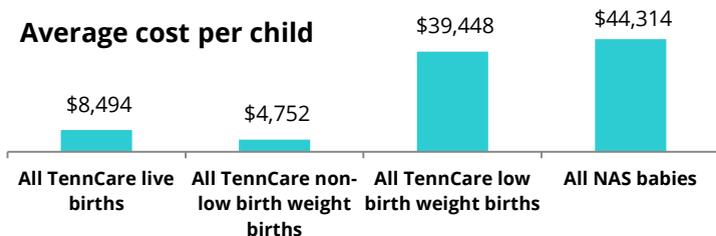
Substance abuse in the household is an Adverse Childhood Experience



1 in 5 Tennessee adults report growing up in a home with parental substance abuse

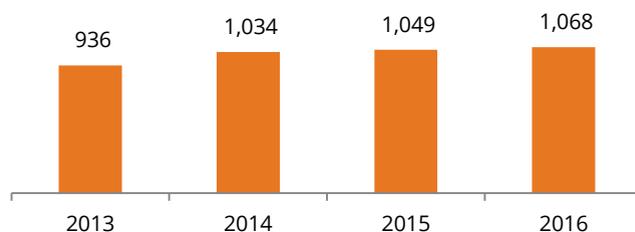
Source: Centers for Disease Control Behavioral Risk Factors Surveillance System

92% of babies with NAS are born to mothers on TennCare

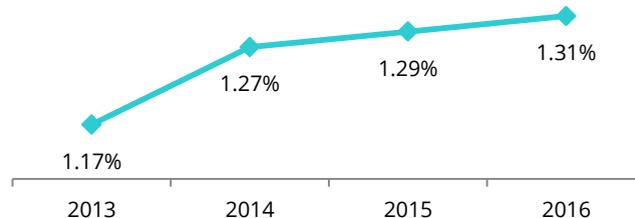


Neonatal Abstinence Syndrome (NAS) is a condition in which a baby has withdrawal symptoms after being exposed to certain substances *in utero*. Over the past decade, Tennessee has seen a nearly ten-fold rise in the incidence of babies born with NAS. Infants with NAS stay in the hospital longer than other babies and they may have serious medical and social problems.

Reported cases of NAS have increased every year



NAS percent of live births is increasing as well



14.9%

Of newborns with NAS end up in Department of Children's Services custody within one year

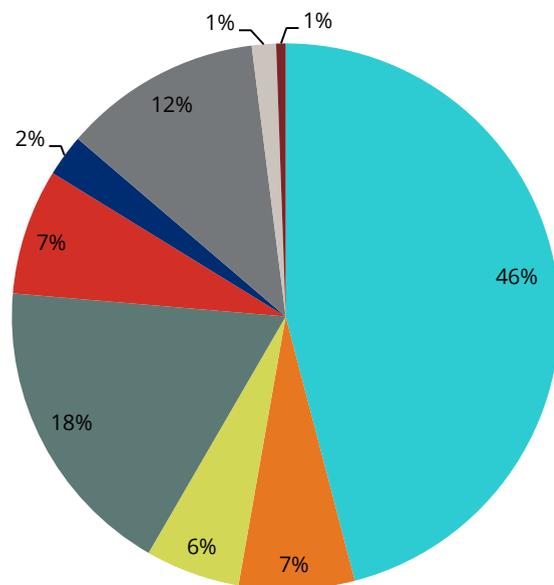
compared to 1.3% of all newborns

Source: TennCare

Legally prescribed medication is the most common source of NAS and has increased as a source of NAS over the last several years

- Medication assisted treatment
- Legal prescription of an opioid pain medication
- Legal prescription of a non-opioid
- Prescription opioid without a prescription
- Non-opioid prescription without a prescription
- Heroin
- Other non-prescription substance
- Other
- Unknown

Source: Tennessee Department of Health



HOME VISITING PROGRAMS

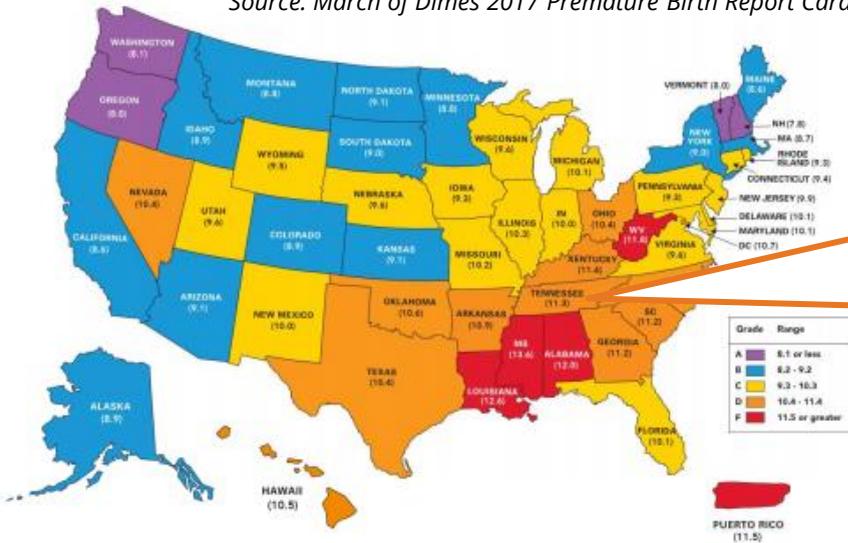
Home visiting programs promote parental responsibility and strengthen parent engagement

Two-generation programs create opportunities for families

Home Visiting Programs reduce preterm births

PRETERM BIRTH RATES & GRADES BY STATE

Source: March of Dimes 2017 Premature Birth Report Card



Tennessee
Grade: D at 11.3%
Ranks 45th among the 50 states and is among the worst 10 states in racial disparity in preterm births

Home Visiting Programs reduce the chance a child is placed in foster care

Average annual per-child cost for Tennessee's Healthy Start Program: **\$3,625**

Average annual per-child cost of foster care placement: **\$8,837**

Home visiting yields **short-term** savings

Families who participate in home visiting used fewer health services, resulting in **Medicaid savings**.

REDUCED
EMERGENCY ROOM VISITS

-33%

Children in home visiting were 33% less likely to use the ER

REDUCED
RATES OF LOW BIRTH WEIGHT

-70%

Home visiting moms were 70% less likely to have a low birth weight baby

REDUCED
RATES OF INFANT MORTALITY

-60%

Home visiting families experienced a 60% reduction in infant mortality rates

Results from the Nurse Family Partnership study, the longest-studied home visiting program, showed reductions in welfare use, child abuse and neglect, and criminal convictions among home visiting families

REDUCED
WELFARE USE

-10%

Families in home visiting were 10% less likely to use welfare dollars

REDUCED
INCIDENTS OF CHILD ABUSE AND NEGLECT

-48%

Families in home visiting had 48% fewer cases of child abuse and neglect

REDUCED
RATES OF CRIMINAL CONVICTION

-58%

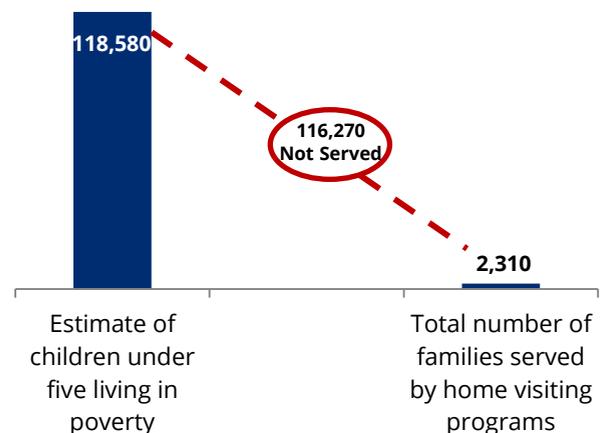
Children in home visiting were 58% less likely to be convicted of a criminal offense as a young adult

Home visiting yields **long-term** savings

Because home visiting programs coach mothers and fathers on positive parenting practices and set employment goals, participants in home visiting **engage in fewer negative social behaviors and are less reliant on welfare**.

Source: Council for a Strong America

Too few families receive home visiting services in Tennessee



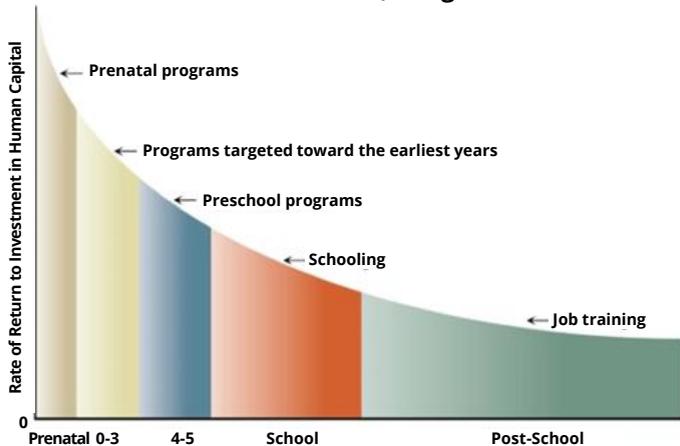
EARLY CHILDHOOD EDUCATION

Early childhood education is a smart public investment with a high return

High quality pre-K returns \$7 for every \$1 spent

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

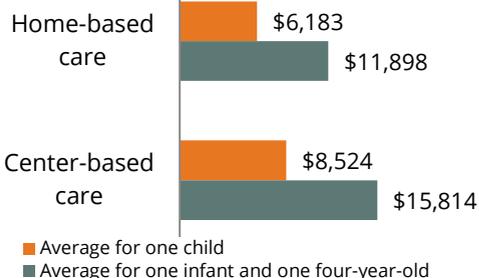
Tennessee spends the least where return on investment is highest



Percent of Tennessee children who are under 5
Source: TCCY Resource Mapping Project

Percent of Tennessee child expenditures aimed at children under 5

High-quality child care is increasingly out of reach for many Tennessee families



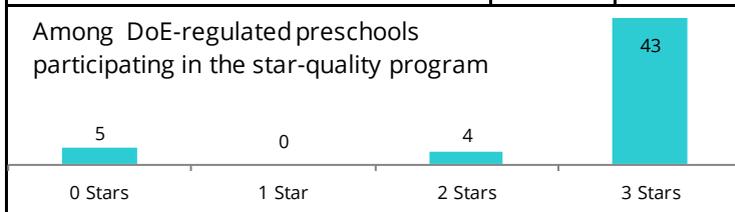
Source: Child Care Aware of America

Compared to:
Public college tuition **\$8,446**
Median household income **\$48,506**

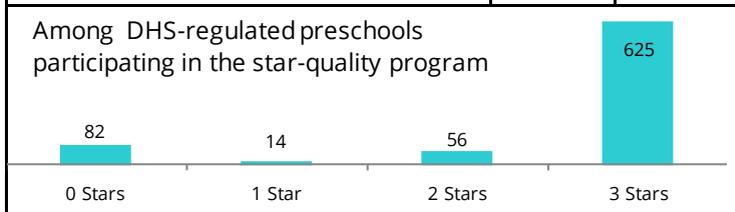
Preschool is regulated by both the Department of Education (DoE) and the Department of Human Services (DHS). DoE-regulated preschools are educational pre-k classrooms and pre-k aftercare, while DHS-regulated preschools are more typical day care settings. Capacities listed for preschools are often based on square footage rather than on available staff or other resources, so capacity does not necessarily reflect available seats.

In 2000/2001, Tennessee launched the Star-Quality program to improve child care and give parents more information about the quality of care their children receive. Unlike the Child Care Report Card Program, the Star-Quality Child Care Program is voluntary.

Preschool Regulation Department	Number	Capacity
Education		
Includes public and private schools	1,107	54,928
Star-Quality program	52	3,261



Human Services	Number	Capacity
Includes Head Start and Early Head Start	855	62,147
Star-Quality program	777	58,047



Tennessee's Early Intervention System (TEIS) is the program for infants and toddlers with disabilities and is required under Part C of the Individuals with Disabilities Education Act (IDEA). TEIS helps prepare young children with disabilities for school.

Children under 3	2012	2013	2014	2015	2016	2017	% Change 2012-2017
Number served	4,000	3,966	4,165	4,392	5,018	5,736	43.4%
Rate per 1,000	16.6	16.7	17.5	18.4	20.6	21.8	31.3%



EDUCATION OUTCOMES

A good education gives every child the tools they need to succeed in work and in life

All Tennessee children need a solid educational foundation

Almost

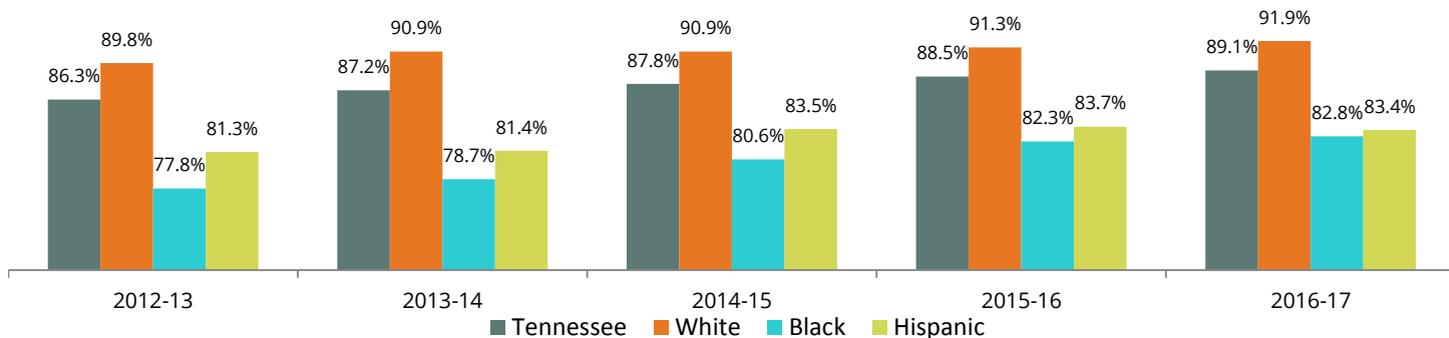
1 Million

Children attended Tennessee public schools in 2016-17

Tennessee has increased per-student spending every year, even in recessions

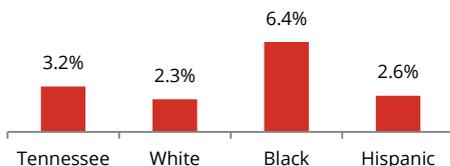


Racial disparities in high school graduation rates persist...



...but those disparities are improving, with graduation rates among black students increasing twice as much as the state as a whole since 2012-13

Percent change in graduation rate, 2013-2017



2016-17 was the first year the Tennessee Department of Education reported scores for third to eighth grades on the new TN Ready assessment. Levels of proficiency are not comparable to the previous test, the TCAP, so only one year of data is included. There are noticeable disparities among children of different races, economic conditions and disability status.

Targeted supports help at-risk students succeed

More than 1 in 3 Tennessee public school students are economically disadvantaged



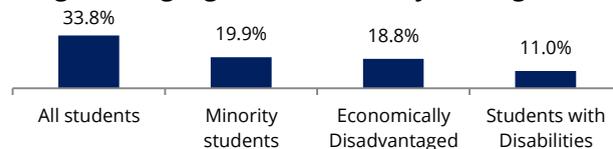
About 1 in 7 Tennessee public school students has a disability affecting education



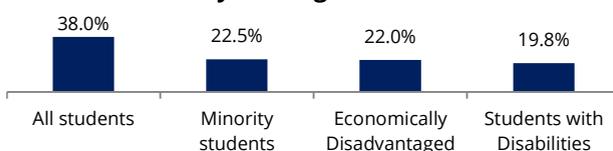
About 1 in 20 Tennessee public school students has limited English proficiency



English Language Arts Proficiency 3rd-8th grade



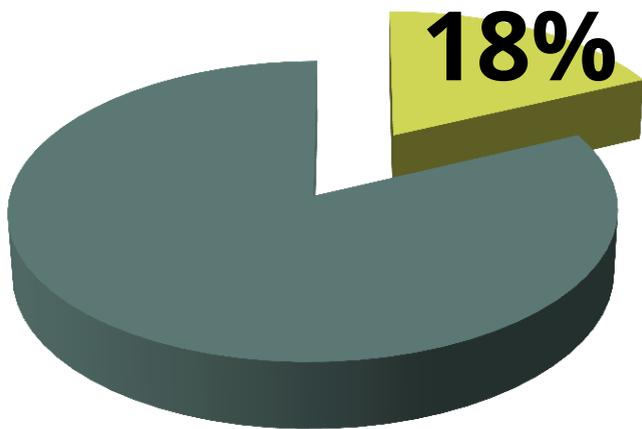
Math Proficiency 3rd-8th grade



AFTERSCHOOL PROGRAMS

Afterschool programs help Tennessee children learn and grow in a safe environment

Enriching activities spark children's interest in school and learning



of Tennessee's K-12 children participate in afterschool programs, including 21,786 kids in programs supported by the U.S. Department of Education's 21st Century Community Learning Centers. *Source: Tennessee Afterschool Network*

1 in 3 Tennessee students who are not involved in afterschool programs would be likely to enroll if a program were available to them.



Every **\$1** invested in afterschool programs returns at least **\$3** by:

- ✓ Increasing children's earning potential
 - ✓ Increasing children's school attendance
 - ✓ Offering opportunities for physical activity and healthy snacks
 - ✓ Improving children's performance in school
 - ✓ Reducing crime and juvenile delinquency
- Source: Tennessee Afterschool Network*



Among Tennessee parents:

59% report their afterschool program offers learning opportunities in science, technology, engineering and math. STEM jobs are among the fastest-growing and highest-paying jobs in America.

74% say afterschool helps young people gain workforce skills, including teamwork, leadership and critical thinking.

78% say afterschool programs help working parents keep their jobs.

78% believe afterschool reduces the likelihood that children will engage in risky behaviors.

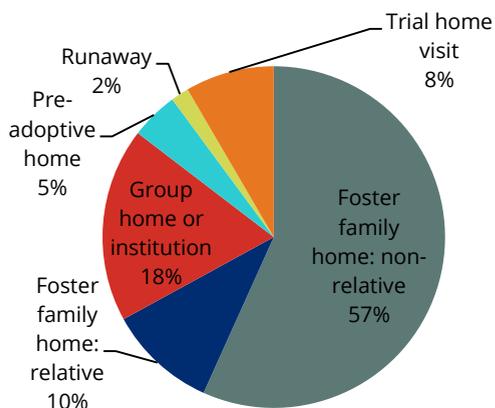
Source: Tennessee Afterschool Network



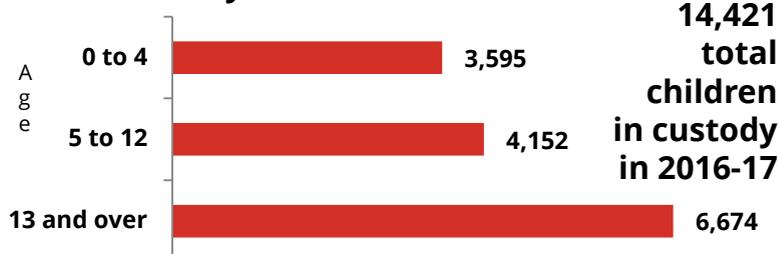
Success for children in foster care relies on strengthening families

The majority of children leave care to live with family

Most children in foster care are placed in non-relative homes



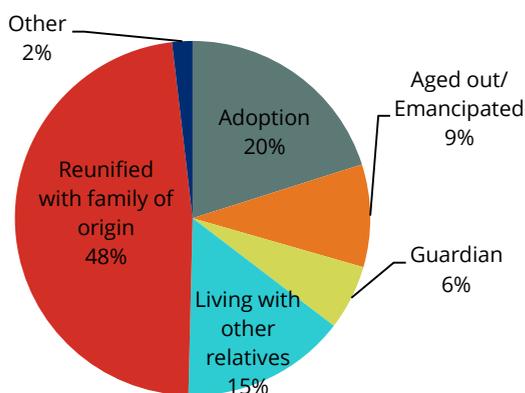
Just under 1% of Tennessee children were in state custody in 2016-17



Priorities for the youngest children in state custody:

Infant Court is a specialized court that brings focused attention to the specific needs of infants and toddlers with a goal of mitigating the impact of adverse early childhood experiences.

Three out of every five children who leave foster care go to live with family



Evaluations of Infant Courts find

99% were protected from further maltreatment while under court supervision

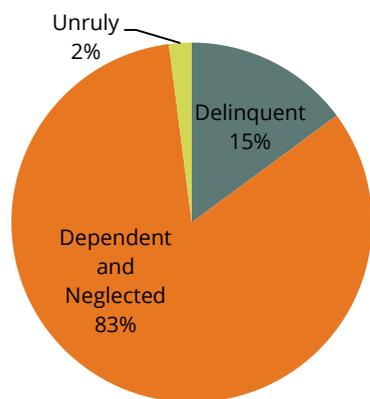
2.67 times Children in the program reached permanency 2.67 times faster than a comparison group

Source: Zero to Three

Court Appointed Special Advocates (CASA) volunteer to speak up for abused and neglected children in juvenile court. These volunteers represent the best interests of the child with the goal of securing a safe, permanent home.

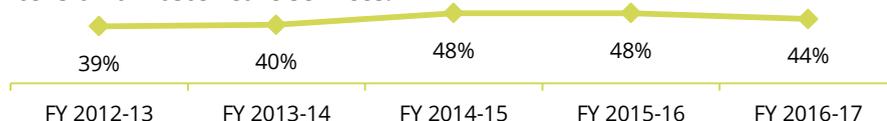
5,208 children were represented by CASAs in Tennessee in 2016-17, **just over a third** of children in state custody. **52 of Tennessee's 95 counties** have CASA programs.

Most children enter state custody because of improper care



Almost half the children in state custody are old enough to start preparing to transition to independence. Extension of foster care services can provide scholarships, help with housing, health insurance, a living allowance, work development programs and more.

Nearly half the eligible youth exiting foster care take advantage of Extension of Foster Care services.



Questions for Policymakers, Candidates and Elected Officials

1. Studies show that children who have been involved in the child welfare system face a number of adverse outcomes compared to their peers, including higher rates of mental health issues, homelessness, risk of sexual abuse, poor educational attainment, over-prescription of psychotropic medications and other obstacles that hinder their overall well-being. **What would you do to achieve better outcomes for youth in foster care?**
2. According to census data, approximately 62,000 children in Tennessee are living in informal kinship family placements. Kinship care promotes a sense of belonging, helps children stay connected to their families and culture and prevents them from remaining in foster care. **What role, if any, do you think government should play in supporting children being raised in kinship homes?**
3. Most children entering foster care are returned to their families. Usually, these families do not receive additional support and services from the child welfare system after a short transition period, which can lead to poor health and education outcomes for children and increase the risk for repeat maltreatment and return to custody. **How do you think Tennessee can better support children once they are returned to their families?**
4. The Centers of Excellence for Children in State Custody provide important assessment and case consultation services for children in custody who are exhibiting serious behavioral health issues. **What will you do to ensure these resources are available to assist DCS in serving these children with challenging behavior?**

Notes

We know youth outcomes are better when needed services are provided in homes and communities

Interaction with the Juvenile Justice system creates disconnection

Justice by Geography

The percentage of delinquency petitions that result in detention varies significantly by county



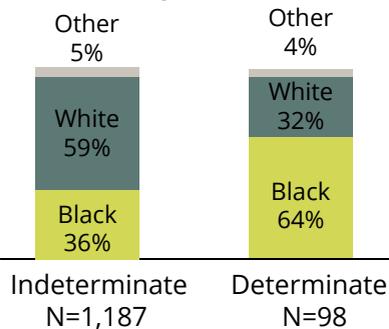
In smaller counties, almost all delinquency petitions (adjudicated or not) and adjudicated unruly petitions are ordered fines and fees



Some counties use diversion/alternatives to adjudication in most cases while others rarely use it



Length of juvenile sentences has increased 8% over the last four years. Black youth are more likely to receive determinate sentences, which are both longer and more rapidly increasing.



Seven of the top ten offenses for juvenile delinquency petitions are misdemeanors

Violation of probation

Assault

Simple possession

Theft of property less than \$500

Disorderly conduct

Domestic assault

Aggravated burglary

Aggravated assault

Burglary

Vandalism less than \$500

Almost half of Department of Children's Services Juvenile Justice custody dispositions are for low-level offenses.

Source: Joint Ad-hoc TN Blue Ribbon Task Force on Juvenile Justice

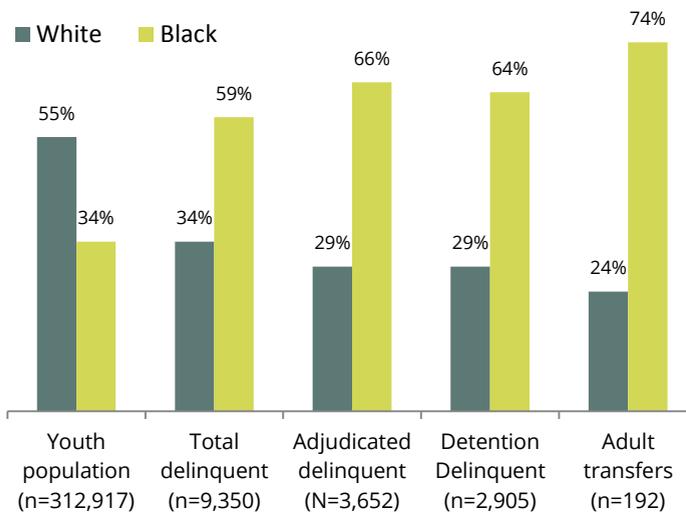
44%
Misdemeanors and other minor violations

Just THREE of the Top TEN Are felonies



Disparities for black youth among delinquency cases grow as youth progress through the system

Source: Joint Ad-hoc TN Blue Ribbon Task Force on Juvenile Justice



SCHOOL TO PRISON PIPELINE

Out-of-school suspension is still the main disciplinary tool in Tennessee schools

School discipline should help children stay in school and succeed



Zero tolerance policies increase suspensions and expulsions. Both disproportionately affect minority students.

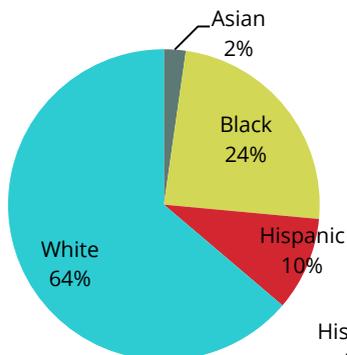
School Resource Officers on campus increase referrals and arrests. Both disproportionately affect minority students.

Youth feel disconnected from school, and are more likely to drop out, increasing their chance of involvement with law enforcement.

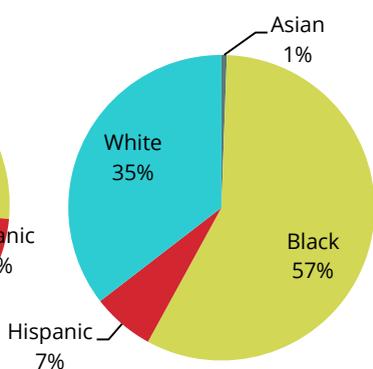


Racial disparities in suspension, expulsion and arrest lead to racial disparities in graduation, college attendance and employment

K-12 Enrollment, 2016-17

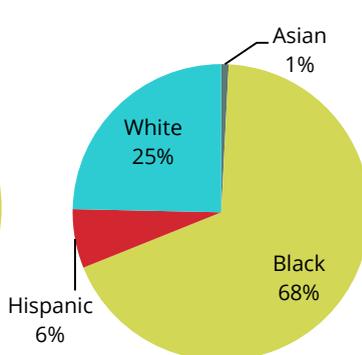


Suspension, 2016-17



Source: Tennessee Department of Education

Expulsion, 2016-17



Top 5 Reasons for School Arrests and Referrals

Truancy

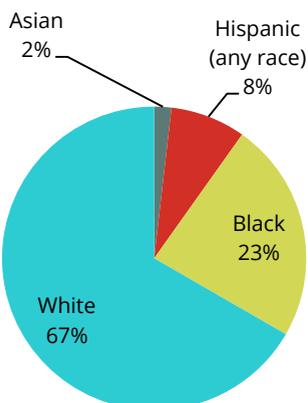
Possession of tobacco products

Unruly behavior

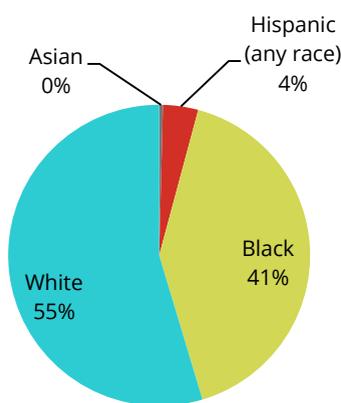
Dependency/Neglect

Disorderly conduct

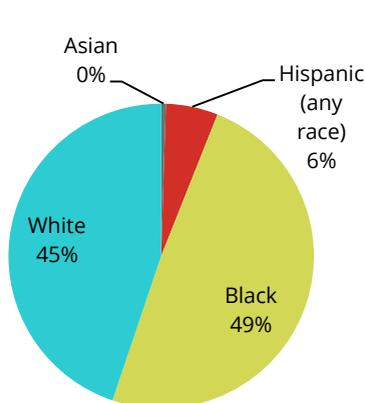
K-12 Enrollment, 2013-14



School-related arrests, 2013-14



More than one suspension, 2013-14



Source: US Department of Education Civil Rights Data Collection, Tennessee data

Source: Tennessee Council of Juvenile and Family Court Judges



Questions for Policymakers, Candidates and Elected Officials

1. Statistics show that truancy and chronic absenteeism have devastating effects on both students and communities. The short-term effects are increases in delinquent, criminal and gang activity. Long-term effects include poor physical and mental health, the continuance of family poverty and a high risk of addiction and incarceration. **What efforts do you think Tennessee should be making to keep children in school?**
2. Tennessee schools disproportionately suspend black students and students with disabilities. In 2016-17, African American students represented 24 percent of the student population but were subjected to 57 percent of suspensions and 68 percent of expulsions. In 2013-14, 10 percent of students with disabilities were suspended, compared to 6.5 percent of the general education population. **What would you do to ensure that all children are treated equally in the school system when it comes to behavior and discipline?**
3. Some Tennessee school districts have analyzed their school discipline data, made changes to their codes of student conduct and school resource officer procedures, and instituted alternatives to suspension and court referrals. The Tennessee Department of Education is working to expand the use of evidenced-based approaches to improve student behavior. **What is your view on investing in programs that promote alternatives to suspension?**

Notes

Demographics

Population under 18 and overall population are calculated by the Tennessee Department of Health using US Census data and are available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/3022-population-under-age-18?loc=44&loct=2#detailed/2/any/false/870/any/10029,17459>

<http://datacenter.kidscount.org/data/tables/3021-total-population?loc=44&loct=2#detailed/2/any/false/870/any/10023>

Child population by race is from the US Census Bureau, Population Bureau and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/68,69,67,12,70,66,71,72/423,424>

Children in immigrant families is from the Population Reference Bureau's analysis of US Census data and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/68,69,67,12,70,66,71,72/423,424>

Percent of children living in a single-parent home comes from DataUSA.

https://datausa.io/map/?level=county&key=children_in_singleparent_households&translate=494.33062508005764,662.1772925357075&scale=3483.59906815525

Poverty

Children living in poverty by county is from the US Census Bureau, Small Area Estimates Branch and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/6229-children-in-poverty?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/any/13227,12961>

Children at different levels of poverty by race are from the Population Reference Bureau's analysis of US Census data and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/47-children-below-200-percent-poverty?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/any/329,330>

<http://datacenter.kidscount.org/data/tables/8783-children-in-extreme-poverty-50-percent-poverty-by-race-and-ethnicity?loc=44&loct=2#detailed/2/44/false/870,573,869,36,133/4038,4040,4039,2638,2597,4758,1353/17619,17620>

<http://datacenter.kidscount.org/data/tables/44-children-in-poverty-by-race-and-ethnicity?loc=44&loct=2>

Children living in concentrated poverty is from the US Census Bureau, Small Area Estimates Branch and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/6795-children-living-in-high-poverty-areas?loc=44&loct=2#detailed/2/44/false/1572,1485,1376,1201,1074/any/13891,13892>

Adverse Childhood Experiences (ACEs)

The Truth About ACEs graphic is from the Robert Wood Johnson Foundation and is available at

<https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>

The percent of children who have two or more ACEs is based on surveys on the lives of children currently. It is gathered and analyzed by Child Trends, available at [https://partnershipforamericaschildren.onlinegroups.net/groups/partnershipcommunications/files/f/x8sBieiuZmY4vNFSvUyAPLFErIA-ofjG-2FIBHGz/ACES%20Brief%20\(embargoed%20until%2010pm%20ET%202122018\).pdf](https://partnershipforamericaschildren.onlinegroups.net/groups/partnershipcommunications/files/f/x8sBieiuZmY4vNFSvUyAPLFErIA-ofjG-2FIBHGz/ACES%20Brief%20(embargoed%20until%2010pm%20ET%202122018).pdf)

The number of ACEs reported by Tennessee adults is from the Centers for Disease Control Behavioral Risk Factor Surveillance System

<https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/data-reports.html>

The graphic on evidence-based prevention and mitigation strategies is adapted from one done by the Centers for Disease Control. The original is available for download here

https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

ACEs funding proposed in the Governor's 2018-19 budget (ACEs proposal on page xxiii) is available online at

<https://www.tn.gov/content/dam/tn/finance/budget/documents/2019BudgetDocumentVol1.pdf>

Early Childhood Education

The "smart investment" graphic is from James Heckman and is available at

<https://heckmanequation.org/resource/the-heckman-curve/>

The comparison of spending on children under five to their portion of the population is from the TCCY Resource Mapping Project and is available online at <https://www.tn.gov/content/dam/tn/tccy/documents/rm/MAP-rpt17.pdf>

The cost of child care comparisons are from Child Care Aware of America and are available at <https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>

The number, capacity and star quality of child care programs is from the Department of Human Services and was extracted from data available for download at <https://www.tn.gov/humanservices/for-families/child-care-services/find-child-care.html>

The Tennessee Early Intervention Service data is from the Department of Education as reported to the TCCY Resource Mapping Project and is available on the KIDS COUNT data center. <http://datacenter.kidscount.org/data/tables/8303-early-child-intervention?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/any/16877,16878>

Home Visiting

The preterm birth rate report card, data and map are from the March of Dimes and are available online at <https://www.marchofdimes.org/mission/prematurity-reportcard.aspx>

The Home Visiting return on investment graphic was adapted from one done by the Council for a Strong America. The original is available online at <https://www.strongnation.org/articles/409-the-case-for-home-visiting-infographic>

The cost comparison data for home visiting programs and information on number served are from the Department of Health's most recent Home Visiting Program Annual Report, available online at https://www.tn.gov/content/dam/tn/health/documents/Home_Visitation_Report_2015-2016.pdf

The estimate of children under five living in poverty was derived from American Fact Finder table B17001 and is available on the KIDS COUNT data center. <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=44&loct=2#detailed/2/any/false/870,573,869,36,868/17,18,36/12263,12264>

Information on risk factors for preterm birth paraphrased from *Preterm Birth: Causes, Consequences, and Prevention*, a report by the National Institutes of

Health. <https://www.ncbi.nlm.nih.gov/pubmed/20669423>

Risks of child maltreatment were paraphrased from information provided by the Child Welfare Information Gateway. <https://www.childwelfare.gov/topics/can/factors/contribute/family/>

Education Outcomes

The number of children and cost-per-child data for Tennessee public schools comes from the Department of Education state report card and is available online at <https://www.tn.gov/education/data/report-card.html>

High school graduation rates by race is from the Tennessee Department of Education and is available on the KIDS COUNT data center. <http://datacenter.kidscount.org/data/tables/9162-high-school-graduation-by-race-and-ethnicity?loc=44&loct=2#detailed/2/any/false/870,573,869,36/2160,2159,2157/18172>

TN Ready data is from the Department of Education and is available under State Assessments on their data download page. Demographic data on the student population is available on the same page under Profile & Demographic Information. <https://www.tn.gov/education/data/data-downloads.html>

Family Resource Center data and Coordinated School Health data are from the Department of Education as reported to the TCCY Resource Mapping Project.

Information on the calculation of special education assistant state funds is from the BEP Calculator available online at <http://www.comptroller.tn.gov/orea/bep>

Access to Health Care

CHIP and TennCare enrollment data are from Medicaid.gov and are available at <https://www.medicaid.gov/chip/reports-and-evaluations/index.html>

Data on the percent of children with health insurance and on uninsured children who qualify for Medicaid and CHIP is from the US Census' Small Area Health Insurance Estimates and is available online at <https://www.census.gov/data-tools/demo/sahie/sahie.html>

Research on the effects of offering insurance coverage to parents on children's coverage and well-child visit rates is from the Center for Children and Families at Georgetown University's Health Policy Institute and is

available online at

<https://ccf.georgetown.edu/2017/04/10/medicaid-a-smart-investment-in-children/>

Return on investment information for Medicaid and CHIP is from the Center for Children and Families at Georgetown University's Health Policy Institute and is available online at

<https://ccf.georgetown.edu/2017/04/10/medicaid-a-smart-investment-in-children/>

The cost of rejecting the Medicaid expansion over 10 years is from healthinsurance.org and is available online at <https://www.healthinsurance.org/tennessee-medicaid/>

Child Welfare, Foster Care and Youth Transitions

Children in foster care by placement type and reason for exiting are from Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and are available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=44&loct=2#detailed/2/44/false/573,869,36,868,867/2622,2621,2623,2620,2625,2624,2626/12994,12995>

<http://datacenter.kidscount.org/data/tables/6277-children-exiting-foster-care-by-exit-reason?loc=44&loct=2#detailed/2/44/false/573,869,36,868,867/2631,2636,2632,2633,2630,2629,2635,2634/13050,13051>

Reasons for entering state custody and children in state custody by age are from the Department of Children's Services Annual Report available online at

https://www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/annual-reports/DCS%20Annual%20Report%202018.pdf

Infant Court evaluation data is from Zero to Three and is available online at

<https://www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution>

CASA data is from the Tennessee CASA Annual Report, available online at

<https://tncasa.org/filelibrary/2017%20TN%20CASA%20Annual%20Report.pdf>

Extension of Foster Care use data is from the Tennessee Youth Transitions Advisory Council Annual Report available online at

<https://www.tn.gov/content/dam/tn/tccy/documents/ytac/yt-ar-17.pdf>

Children in kinship care data is from Current Population Survey Annual Social and Economic Supplement and is available on the KIDS COUNT data center.

<http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care#detailed/1/any/false/1564,1491,1443,1218,1049/any/14207,14208>

Substance Abuse and the Opioid Epidemic

The number of ACEs reported by Tennessee adults is from the Centers for Disease Control Behavioral Risk Factor Surveillance System

<https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/data-reports.html>

Neonatal Abstinence Syndrome data is from two sources, the Department of Health and TennCare. Their most recent reports are available online.

https://www.tn.gov/content/dam/tn/health/documents/nas/NAS_Annual_report_2016_FINAL.pdf

<https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareNASData2015.pdf>

Data on the impact of substance abuse in the home on children is available from many sources, two are linked here.

<http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1575>

<https://www.psychologytoday.com/blog/the-athletes-way/201607/harvard-study-pegs-how-parental-substance-abuse-impacts-kids>

Food and Nutrition

Data on food insecurity is from Feeding America at <http://www.feedingamerica.org/research/map-the-meal-gap/2015/2015-mapthemealgap-exec-summary.pdf>

Data on the number of food-insecure households that do not qualify for federal programs is from Feeding America at

http://www.feedingamerica.org/research/map-the-meal-gap/2015/MMG_AllCounties_CDs_CFI_2015_2/TN_AllCounties_CDs_CFI_2015.pdf

Information on the relationship between food insecurity and obesity is from the Sycamore Institute.

<http://www.sycamoreinstitute.tn.org/wp-content/uploads/2017/05/2017.05.16-FINAL-The-Food-Insecurity-Obesity-Paradox.pdf>

Data on WIC participation for children under 5, for the Child and Adult Food Program and Summer Food Program and on child SNAP participation are from the

Department of Human Services as reported to the TCCY Resource Mapping Project.

Data on Department of Education food programs is from the Department of Education as reported to the TCCY Resource Mapping Project.

Data on school breakfast access from No Kid Hungry. <http://bestpractices.nokidhungry.org/sites/default/files/download-resource/Ending%20Childhood%20Hunger%3A%20A%20Social%20Impact%20Analysis.pdf>

Food desert data is from the US Economic Research Service. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/#population>

School-to-Prison Pipeline

Enrollment, suspension and expulsion data by race 2016-17 is from the Department of Education and is available on their data download page under Profile and Demographic Information (enrollment) and Additional Data (suspension and expulsion). <https://www.tn.gov/education/data/data-downloads.html>

Enrollment, more than one suspension and school-related arrests are from 2013-14 and are available on the federal Department of Education Civil Rights Data Collection web page at <https://ocrdata.ed.gov/>

Reasons for school arrest referrals are from the Tennessee Council of Juvenile and Family Court Judges 2014 Annual Juvenile Court Statistical Report. http://www.tncourts.gov/sites/default/files/docs/2014_annual_juvenile_court_statistical_report.pdf

Domestic Abuse

Adults who report suffering types of abuse as children are from the Centers for Disease Control Behavioral Risk Factor Surveillance System <https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/data-reports.html>

Percents of boys and girls who suffer abuse and signs they may exhibit are from <http://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

Tennessee domestic abuse statistics are from the Tennessee Bureau of Investigation 2016 Domestic Violence Report. <http://www.jrsa.org/pubs/sac-digest/vol-26/tn-2016-domestic-violence.pdf>

Information on the co-occurrence of spousal abuse and child maltreatment is quoted nearly directly from

information provided by the Child Welfare Information Gateway. <https://www.childwelfare.gov/topics/can/factors/contribute/family/domviolence/>

Juvenile Justice

Juvenile population by race and gender are from American Fact Finder and are available online. https://www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2016_PEPASR6H&prodType=table

Juvenile arrest data is from the Tennessee Bureau of Investigation Crime Insight data tool. <https://crimeinsight.tbi.tn.gov/public/Browse/browsetables.aspx>

The remaining data on delinquency petitions and custody dispositions is from the Joint Ad-hoc Tennessee Blue Ribbon Task Force on Juvenile Justice Final Report. <http://www.capitol.tn.gov/joint/reports/docs/Joint%20Ad%20Hoc%20TN%20Blue%20Ribbon%20Task%20Force%20on%20Juvenile%20Justice%20Final%20Report.pdf>

Information on success of diversion programs over detention comes from Michigan State University research on the Adolescent Diversion Project. <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=332>

Access to Mental Health Care

System of Care program information for Tennessee is from Systems of Care Across Tennessee (SOCAT). <http://socacrosstn.org/>

Tennessee's youth mental health ranking is from Mental Health America's 2017 rankings of states. <http://www.mentalhealthamerica.net/issues/2017-state-mental-health-america-youth-data>

The *Mental Health Facts* graphics adapted from the "Mental Health Facts Children and Teens" graphic created by the National Alliance on Mental Illness. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

The number of mental health workers in Tennessee is from the American Academy of Child and Adolescent Psychiatry workforce maps. https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

Afterschool Programs

All the data and research from this section is from the Tennessee Afterschool Network. <http://www.tnafterschool.org/>