KIDS COUNT

The State of the Child in Tennessee

Policy and Issue Guide

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The state of Tennessee is an equal opportunity, equal access, affirmative action employer.
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,

[Signature]
Executive Director
Tennessee Commission on Children and Youth
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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.

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Communities in all parts of Tennessee are increasingly diverse

**Children in Immigrant Families in Tennessee**

*Source: Population Reference Bureau*

<table>
<thead>
<tr>
<th>Year</th>
<th>Non Hispanic Asian</th>
<th>Non Hispanic Black</th>
<th>Non Hispanic White</th>
<th>Hispanic or Latino</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>39,335</td>
<td>20,530</td>
<td>1,472,900</td>
<td>1,024,560</td>
<td>296,717</td>
</tr>
<tr>
<td>2016</td>
<td>987,270</td>
<td>55,321</td>
<td>137,897</td>
<td>27,168</td>
<td>177,049</td>
</tr>
</tbody>
</table>

**Percent change from 2000 to 2016**

- **Non Hispanic Asian**: 251%
- **Non Hispanic Black**: 169%
- **Non Hispanic White**: 92%
- **Hispanic or Latino**: 4%
- **Two or more races**: 2%

Source: US Census Bureau, Population Division

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**

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

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

More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
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**: Physical, Emotional, Sexual
- **NEGLECT**: Physical, Emotional, Mother treated violently, Incarcerated relative
- **HOUSEHOLD DYSFUNCTION**: Mental Illness, Substance Abuse, 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

## 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

Number of ACEs Reported by Tennessee Adults, 2016

Source: Centers for Disease Control Behavioral Risk Factor Surveillance System

39.0%

22.0%

12.2%

9.3%

17.5%

0

1

2

3

4+

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

Home visiting to pregnant women and families with newborns

Parenting training programs

Parent support programs for teens and teen pregnancy prevention programs

Intimate partner violence prevention

ABC

High quality child care

Sufficient income support for lower-income families

Mental illness and substance abuse treatment

rwjf.org/aces

1. The future prosperity of Tennessee depends on the investments we make in children today. Brain science demonstrates ACEs and growing up in persistent poverty can create toxic stress that impacts physical and mental health. Those experiences can be buffered by the provision of safe, stable, nurturing relationships and environments. **What initiatives would you champion to prevent and mitigate the effects of trauma and toxic stress in children?**

2. Building Strong Brains Tennessee (BSBTN) works to change the culture of Tennessee so the state’s overarching philosophy, policies, programs and practices for children, youth and young adults utilize the latest brain science to prevent and mitigate the impact of adverse childhood experiences. **What will you do to sustain the BSBTN momentum to prevent and mitigate ACEs?**

3. In the 2019 state budget, **$1.25 million in recurring dollars** are recommended for ACEs Innovation Grants to prevent, mitigate or help people recover from ACEs and promote the health and prosperity of Tennesseans. **What will you do to ensure this funding continues and increases?**

More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
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.

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.

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.

Percent of Tennessee Children Living in Poverty in 2016

U.S. Census Bureau, Small Area Estimates Branch

NEARLY HALF OF TENNESSEE CHILDREN ARE ECONOMICALLY DISADVANTAGED

1. Growing up in poverty makes a child less likely to achieve economic success as an adult. **What will you do to break the cycle of poverty and provide greater economic opportunity for all Tennessee children?**

2. Before they reach school age, children are more likely to live in poverty than they are after they enter school. At the same time, research shows children have their most rapid brain development in the preschool years, and the stress of poverty can affect their development for the rest of their lives. **What will you do to help families with young children relieve the stress of poverty and ensure all Tennessee children have opportunities for healthy development in their early years?**

3. In Tennessee, 15 percent of children live in areas of concentrated poverty, which is associated with high crime rates and low social mobility. Research shows that growth in concentrated poverty is highest in medium-sized metropolitan and suburban areas, while the urban base of concentrated poverty remains high. **What will you do to increase opportunity for children and families in areas of concentrated poverty?**

**Notes**

More data on Tennessee children and families available at http://datacenter.kidscount.org/data#TN
Tennessee children need food security to succeed

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

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

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

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

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

4.0%-21.0%  21.1%-33.6%  33.7%-42.6%  42.7%-54.7%  54.8%-72.1%

Source: The Sycamore Institute

1. The State of Tennessee has the 14th highest child food insecurity rate in the country. One in three children statewide benefit from SNAP, but Feeding America estimated that more than half of Tennessee children qualify. **How would you address the unmet nutrition needs of low-income children in Tennessee?**

2. School breakfast is critical to ensure that children start the school day ready to learn. Unfortunately, 180,000 Tennessee students do not have access to the breakfast program at their school because it requires them to arrive too early. **What kind of school breakfast model do you support and how would it help all children gain access to school breakfast?**

3. The U.S. Department of Agriculture (USDA) Economic Research Service estimates that 23.5 million people live in food deserts nationally, or areas without access to fresh, healthy, and affordable food. **Do you think that the government can play a role in eliminating food deserts?**

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**Notes**

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More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
**TennCare and CoverKids** play an important role

IN TENNESSEE

95.8% OF CHILDREN HAVE HEALTH INSURANCE

Source: Small Area Health Insurance Estimates

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**TennCare and CoverKids combine to cover over a million children**

IN TENNESSEE

95.8% OF CHILDREN HAVE HEALTH INSURANCE

Source: Small Area Health Insurance Estimates

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**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.

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**How can expanding Medicaid help children?**

Uninsured Tennessee children qualify for TennCare or CoverKids

**Almost 50,000**

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

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ACCESS TO HEALTH CARE

Questions for Policymakers, Candidates and Elected Officials

1. Almost 50,000 Tennessee children who qualify for TennCare or CoverKids nonetheless lack health insurance. **What will you do to provide outreach to families that do not know their children qualify for health insurance?**

2. Since Governor Haslam’s Insure Tennessee plan was rejected by the General Assembly, Tennessee has given up by some estimates over $6 million per day in health care benefits for some of the state’s most vulnerable populations. **What will you do to ensure Tennessee tax dollars are returned to Tennessee to benefit Tennesseans who lack health insurance?**

3. All children in foster care rely on TennCare for their health coverage, half of Tennessee births are covered by TennCare and 50 percent of all TennCare enrollees are children. If the federal government cuts Medicaid payments to the states, children and pregnant women will be potentially competing for TennCare coverage with the elderly and those with disabilities. **How would you handle this funding challenge for Tennessee?**

Notes

More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
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

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

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

11% of youth have a mood disorder.

10% of youth have a behavior or conduct disorder.

8% of youth have an anxiety disorder.

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

Suicide is the 3rd leading cause of death in youth ages 10-24.

Talk with your pediatrician.

Get a referral to a mental health specialist.

Work with the school.

Connect with other families.

1. In 2017, Tennessee ranked 50th in the nation for the rate of youth with major depression who did not receive any mental health treatment, with 76 percent of youth in Tennessee who live with depression not getting the treatment and support they need. There are many barriers to quality mental health treatment for children, including: insurance type, place of residence, lack of access and stigma. **What do you view as the most significant barrier to effective mental health care for children and adolescents in Tennessee, and how would you propose addressing this barrier?**

2. Tennessee is one of many states with a severe shortage of mental health professionals. The workforce shortage among specialized mental health professionals is even more pronounced. For example, there are only 112 child and adolescent psychiatrists in Tennessee (or 8 per 100,000 children). **How will you address this critical shortage of qualified mental health providers in Tennessee?**

3. Tennessee has an aggressive plan for expansion of System of Care sites. A system of care embraces effective mental health services and supports for children and youth and their families that is family-driven and youth guided, community based and culturally and linguistically competent. **How would you support Tennessee’s efforts to bring mental health services with care coordination to children and families?**

**Notes**

More data on Tennessee children and families available at http://datacenter.kidscount.org/data#TN
**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

**Average cost per child**

- All TennCare live births: $8,494
- All TennCare non-low birth weight births: $4,752
- All TennCare low birth weight births: $39,448
- All NAS babies: $44,314

**Average length of hospital stay in days**

- All TennCare live births: 3.5
- All TennCare non-low birth weight births: 2.0
- All TennCare low birth weight births: 15.4
- All NAS babies: 21.0

**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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>936</td>
</tr>
<tr>
<td>2014</td>
<td>1,034</td>
</tr>
<tr>
<td>2015</td>
<td>1,049</td>
</tr>
<tr>
<td>2016</td>
<td>1,068</td>
</tr>
</tbody>
</table>

**NAS percent of live births is increasing as well**

<table>
<thead>
<tr>
<th>Year</th>
<th>NAS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1.17%</td>
</tr>
<tr>
<td>2014</td>
<td>1.27%</td>
</tr>
<tr>
<td>2015</td>
<td>1.29%</td>
</tr>
<tr>
<td>2016</td>
<td>1.31%</td>
</tr>
</tbody>
</table>

**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*
1. Substance abuse by parents affects both the parents and their children. Brain research shows that positive attachment between a parent and child in the first few years of life is critical to the development of strong brain architecture. Substance abuse can significantly impact those early bonds between parents and children. **What policy solutions would you promote to address the needs of the whole family?**

2. A critical period to reach substance abusing women is during pregnancy. Tennessee has prioritized pregnant women for substance abuse treatment, but there are still too few slots in too few places. Once they give birth and are no longer prioritized, women have an even more difficult time accessing treatment. **How would you address the substance abuse treatment needs of low-income women during and after pregnancy?**

3. Substance abuse is not new; we know generations of families have dealt with this issue. **What do you think is different about the opioid epidemic that Tennessee is currently facing, and how do you propose to respond to it?**
DOMESTIC VIOLENCE

All Tennessee children need safe, stable nurturing relationships with caring adults

*Violence against children is often committed by trusted adults*

The United States Department of Justice defines domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Domestic violence is an Adverse Childhood Experience (ACE) not just when a child is a victim, but also when a child is a witness to violence in the household. Tennessee adults have responded to surveys asking about each of these types of abuse from their childhood.

**Physical Abuse** 1 in 10  
**Sexual Abuse** 1 in 10  
**Emotional Abuse** 1 in 5  
**Witnessed Abuse** 1 in 8

1 in 5 girls and 1 in 20 boys are child victims of abuse, often resulting in noticeable behavior changes.

With 78,000 reported cases of domestic violence in Tennessee in 2016, about 7,500 victims were children. Of the remaining 70,500 instances of domestic violence, estimates are a third may be witnessed by children. Research also suggests anywhere from 50% to 70% of domestic violence incidents go unreported.

**Source:** Centers for Disease Control Behavioral Risk Factor Surveillance System

**Source:** National Center for Victims of Crime

**Source:** Tennessee Bureau of Investigation

With 78,000 reported cases of domestic violence in Tennessee in 2016, about 7,500 victims were children. Of the remaining 70,500 instances of domestic violence, estimates are a third may be witnessed by children. Research also suggests anywhere from 50% to 70% of domestic violence incidents go unreported.

10% of known domestic violence victims in Tennessee are children. An unknown number of the other 90% of victims suffer abuse witnessed by children in the household.

With 78,000 reported cases of domestic violence in Tennessee in 2016, about 7,500 victims were children. Of the remaining 70,500 instances of domestic violence, estimates are a third may be witnessed by children. Research also suggests anywhere from 50% to 70% of domestic violence incidents go unreported.

**Source:** Tennessee Bureau of Investigation

### Questions for Policymakers, Candidates and Elected Officials

1. Domestic violence is an Adverse Childhood Experience (ACE) and creates toxic levels of stress in children. Witnessing or experiencing domestic violence increases the risk that children will perpetuate the cycle. Research suggests that as many as half the adults who commit domestic violence experienced or witnessed such violence in their own homes as children. **What would you do to reduce domestic violence and improve safe, stable, nurturing relationships and environments for children?**

2. Research indicates in 30 percent to 60 percent of families where spousal abuse takes place, child maltreatment also occurs. Children in violent homes may witness parental violence, be victims of physical abuse themselves, or be neglected by parents who are focused on their partners. **How would you ensure that children are safe from neglect and abuse at home?**

3. Mental health and substance abuse issues are important risk factors for domestic violence. **What do you think is the most effective way to reduce the incidence of untreated mental illness and substance abuse?**

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**Notes**

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More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
Home visiting programs promote parental responsibility and strengthen parent engagement

Two-generation programs create opportunities for families

**PRETERM BIRTH RATES & GRADES BY STATE**

Source: March of Dimes 2017 Premature Birth Report Card

**Home Visiting Programs reduce preterm births**

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

**Too few families receive home visiting services in Tennessee**

- 118,580 families served
- 2,310 families not served

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

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:

- **-33%** reduction in emergency room visits
- **-70%** reduction in low birth weight
- **-60%** reduction in infant mortality
- **-10%** reduction in welfare use
- **-48%** reduction in incidents of child abuse and neglect
- **-58%** reduction in rates of criminal conviction

Source: Council for a Strong America

1. A complex cluster of risk factors contribute to preterm birth. Its causes may include individual-level behavioral and psychosocial factors, neighborhood characteristics, environmental exposures, medical conditions, infertility treatments, biological factors and genetics. Many of these factors occur in combination, particularly in those who are socioeconomically disadvantaged or who are members of racial and ethnic minority groups. **How would you propose reducing risk factors for preterm birth among pregnant women?**

2. Certain life situations such as single parenting, domestic violence, postpartum depression and other stressful events can contribute to the likelihood of child maltreatment, particularly when parents are isolated socially or lack sufficient emotional or financial support. **How will you help support new parents so that they are relieved of the types of stresses that contribute to child abuse and neglect?**

3. Placing a child in foster care is expensive and disruptive to the child's life. **How would you support parents who are struggling so that they can make the changes needed to keep their children at home?**

**Notes**

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More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
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

- Prenatal programs
- Programs targeted toward the earliest years
- Preschool programs
- Schooling
- Job training

Source: James Heckman, Nobel Laureate in Economics

Tennessee spends the least where return on investment is highest

<table>
<thead>
<tr>
<th>Percent of Tennessee children who are under 5</th>
<th>Percent of Tennessee child expenditures aimed at children under 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>27%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: TCCY Resource Mapping Project

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

<table>
<thead>
<tr>
<th>Care Type</th>
<th>Average Cost</th>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based care</td>
<td>$6,183</td>
<td>$48,506</td>
</tr>
<tr>
<td>Center-based care</td>
<td>$8,524</td>
<td>$15,814</td>
</tr>
</tbody>
</table>

Compared to:

- Public college tuition: $8,446
- Median household income: $48,506

Source: Child Care Aware of America

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.

<table>
<thead>
<tr>
<th>Preschool Regulation Department</th>
<th>Number</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>1,107</td>
<td>54,928</td>
</tr>
<tr>
<td>Star-Quality program</td>
<td>52</td>
<td>3,261</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Services</th>
<th>Includes Head Start and Early Head Start</th>
<th>Number</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Star-Quality program</td>
<td>855</td>
<td>62,147</td>
<td></td>
</tr>
<tr>
<td>Among DoE-regulated preschools</td>
<td>52</td>
<td>3,261</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served</td>
<td>4,000</td>
<td>3,966</td>
<td>4,165</td>
<td>4,392</td>
<td>5,018</td>
<td>5,736</td>
<td>43.4%</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>16.6</td>
<td>16.7</td>
<td>17.5</td>
<td>18.4</td>
<td>20.6</td>
<td>21.8</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

1. A child's first five years are the most critical period when social, emotional and cognitive brain development happen at a rapid pace. However, a substantial number of young Tennessee children do not have access to a quality early learning environment. What will you do to make these important services available to more children and families?

2. In 2016, the Tennessee General Assembly enacted Public Chapter 703 to require implementation of steps to ensure Pre-K quality: coordination between Pre-K and elementary schools to ensure elementary grade instruction builds upon pre-K classroom experiences; engagement with parents and families of Pre-K students; more professional development to improve quality; and use of a Pre-K/Kindergarten growth portfolio. What will you do to ensure continued successful implementation of these steps?

3. Early learning opportunities are provided by a variety of departments and systems in Tennessee using varying program models and levels of quality. What will you do to improve coordination and quality across programs and systems?
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...

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

1. The achievement gap between lower-income students and their higher-income peers and between white students and students of color has been a persistent problem in Tennessee. **How would you address the achievement gap in Pre-K to 12 education?**

2. Tennessee lags behind many other states in its targeted support to assist students from low-income families. Family Resource Centers served children in just 78 Tennessee school districts in 2016-17. **How would you ensure that lower-income students have the resources they need to succeed?**

3. Tennessee Coordinated School Health (CSH) connects physical, emotional and social health with education. CSH reports that just 55 percent of schools have a full-time nurse and less than 20 percent of school districts meet the goal of one certified social worker for every 1,500 students. **What will you do to ensure that Tennessee students have access to the health services they need so they arrive at school each day ready to learn?**
AFTERSCHOOL PROGRAMS

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

*Enriching activities spark children’s interest in school and learning*

18% 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

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)

AFTERSCHOOL PROGRAMS

Questions for Policymakers, Candidates and Elected Officials

1. The gap between families’ work and school schedules can be up to 25 hours per week. Afterschool is a safe haven that helps children avoid risky behaviors—online and offline—from 3 to 6 p.m., which is when juvenile crime and victimization peaks. What would you do to support working families who do not have safe, supervised places for their school-age children in the afternoon?

2. Even schools that do have afterschool programs often do not have appropriate programs for children with special needs. Though programs are not allowed to deny children because of a disability, parents may not be comfortable with the ratios or the safety of the program space for special needs children. How would you support working families with special needs children who need safe, appropriate afterschool programs for their children?

Notes
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.

Evaluations of Infant Courts find

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

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.

Most children enter state custody because of improper care

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.

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.

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?**

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**Notes**

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More data on Tennessee children and families available at [http://datacenter.kidscount.org/data#TN](http://datacenter.kidscount.org/data#TN)
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.

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

Interaction with the Juvenile Justice system creates disconnection.

Some Tennessee county profiles of child well-being are available at https://www.tn.gov/content/tn/tccy/kc/tccy-kcsoc/county-profiles.html
1. Every step in the juvenile justice system, both nationally and in Tennessee, shows disproportionately harsher outcomes for children and youth of color. **What would you do to ensure all children are treated fairly and equitably within the juvenile justice system?**

2. Almost half of Department of Children’s Services Juvenile Justice custody dispositions are for low-level offenses, including misdemeanors, traffic offenses, technical violations and status offenses. Research shows detention for a low-level offense creates more negative outcomes for children than community-based approaches. **How do you think the Tennessee juvenile justice system should address non-violent, low-level offenses?**

3. Emerging research consistently shows that labeling a child as delinquent and putting them into detention has a self-fulfilling outcome, making the child believe he is a delinquent and continue to act accordingly. Negative outcomes also result from removing youth from their home and communities. **How would you address the negative outcomes that result from youth interaction with the juvenile justice system?**

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

School discipline should help children stay in school and succeed

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

K-12 Enrollment, 2016-17

- White: 64%
- Black: 24%
- Hispanic: 10%
- Asian: 2%

Suspension, 2016-17

- White: 35%
- Black: 57%
- Hispanic: 7%
- Asian: 1%

Expulsion, 2016-17

- White: 25%
- Black: 68%
- Hispanic: 6%
- Asian: 1%

K-12 Enrollment, 2013-14

- White: 67%
- Black: 23%
- Hispanic (any race): 8%
- Asian (any race): 2%

Top 5 Reasons for School Arrests and Referrals

- Truancy
- Possession of tobacco products
- Unruly behavior
- Dependency/Neglect
- Disorderly conduct

Source: Tennessee Department of Education

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

Source: Tennessee Council of Juvenile and Family Court Judges

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?**
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.

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.

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.

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.


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

Adverse Childhood Experiences (ACES)

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/4vNFSvuyALPtERIA-ojG-2FBbHGz/ACES%20Brief%20(embargoed%20until%2010pmpm%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.ten.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


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

**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

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/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://www.sycamoreinstitutetn.org/wp-content/uploads/2017/05/2017.05.16_SubsTennCareNASData2015.pdf

**Food and Nutrition**
Data on food insecurity is from Feeding America at

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

Information on the relationship between food insecurity and obesity is from the Sycamore Institute.
http://www.sycamoreinstitutetn.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

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**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.

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

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

---

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/

**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/

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


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/


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

Per cents 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


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


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


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