

# KIDS COUNT



## The State of the Child in Tennessee

### Policy and Issue Guide



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### Policy and Issue Guide

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STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**

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Dear Reader:

The Tennessee Commission on Children and Youth (TCCY) is pleased to present *KIDS COUNT: The State of the Child in Tennessee Policy and Issue Guide*. Tennessee Code Annotated Section 37-3-103(a)(1)(E), includes the following statutory duty for TCCY:

Publish annually, on or before December 31, a comprehensive report on the status of children and youth in Tennessee; and distribute the report to the governor, to each member of the general assembly and to each of the state's depository libraries.

The report includes critical data on Tennessee children and families, what is helping them thrive and some of the biggest challenges they face. Data are organized into issue areas, with visually appealing, easy-to-understand formats. Many issue areas include questions for policymakers and elected officials to consider as they make decisions affecting our children's lives and the future of our state.

As the Annie E. Casey Foundation's KIDS COUNT partner in Tennessee, TCCY is proud to engage in and support data-driven advocacy for policies and programs that improve outcomes for Tennessee children and families. This report is released in conjunction with county profiles for all 95 Tennessee counties that include substantial county-level data and county ranks in important areas affecting child development: economic well-being, education, health and family and community. The report highlights several indicators that are available on the KIDS COUNT data center and encourages readers to explore the wealth of information available there on Tennessee children and families and how we compare to the nation.

The inauguration of a new governor always brings with it a change in priorities and a new way of looking at old problems. Governor Lee has put a focus on some of the state's most economically-challenged rural counties, and TCCY has disaggregated as much data as possible by rural status in the report to help identify policy priorities for those areas.

Over the last several years, TCCY has made an effort to disaggregate data by race and ethnicity to explore how some populations have lagged in key measures of well-being and to highlight the opportunity to improve Tennessee's success by helping all children reach their potential.

We know that Tennessee's future prosperity depends on the investments we make today in our greatest resource—the parents, workers, teachers and leaders of tomorrow—our children.

Sincerely,

Handwritten signature of Richard Kennedy in black ink.

Richard Kennedy  
Executive Director  
Tennessee Commission on Children and Youth

Handwritten signature of Rose Naccarato in blue ink.

Rose Naccarato  
Data and Communication Director  
Tennessee Commission on Children and Youth



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**TCCY Data and Communication Director—Rose Naccarato**  
**KIDS COUNT Data Manager—Sujit Das**  
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Sources for data in this publication are noted where the data appears. More detailed source information and links are listed by issue at the end of the publication.

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# DEMOGRAPHICS

Communities in all parts of Tennessee are increasingly diverse

*Understanding how our child population is changing*

JUST OVER

**1.5 MILLION**

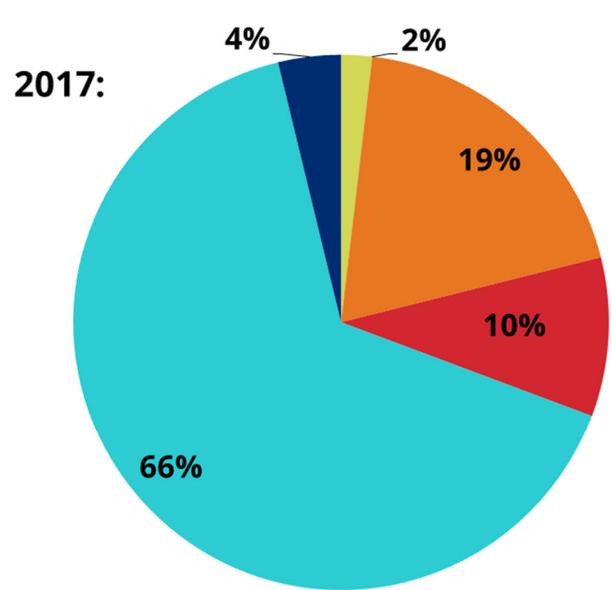
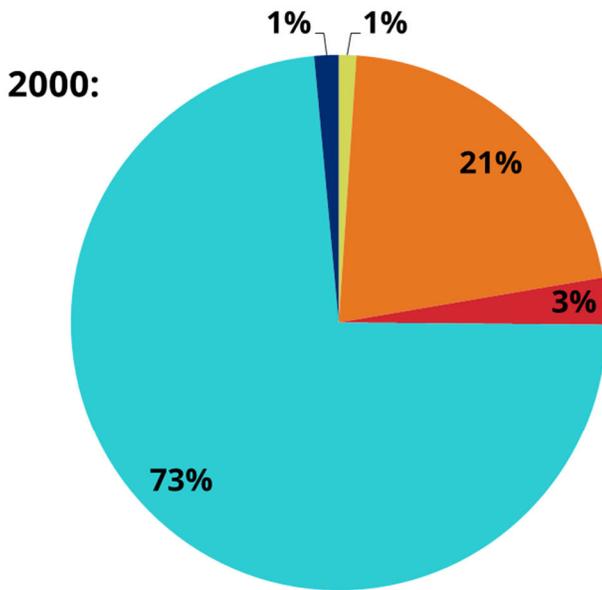
CHILDREN LIVE IN TENNESSEE

Source: Tennessee Department of Health

REPRESENTING ALMOST



ONE IN FOUR TENNESSEANS



■ Non-Hispanic Asian ■ Non-Hispanic Black ■ Hispanic or Latino ■ Non-Hispanic White ■ Two or More Races

**Hispanic or Latino:**

2000: 39,355  
2017: 144,503

↑ **267%**

**Two or more races:**

2000: 20,530  
2017: 56,291

↑ **177%**

**Asian:**

2000: 14,729  
2017: 27,938

↑ **90%**

**Black:**

2000: 296,717  
2017: 289,107

↓ **3%**

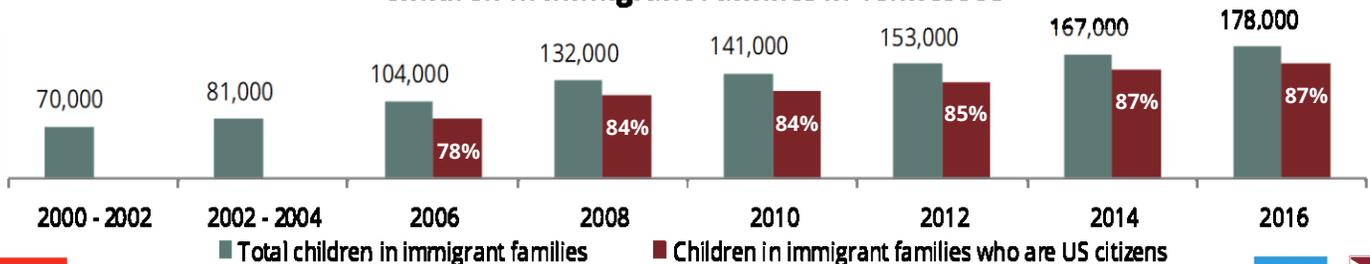
**White:**

2000: 1,024,560  
2017: 984,816

↓ **4%**

Source: US Census Bureau, Population Division

## Children in Immigrant Families in Tennessee

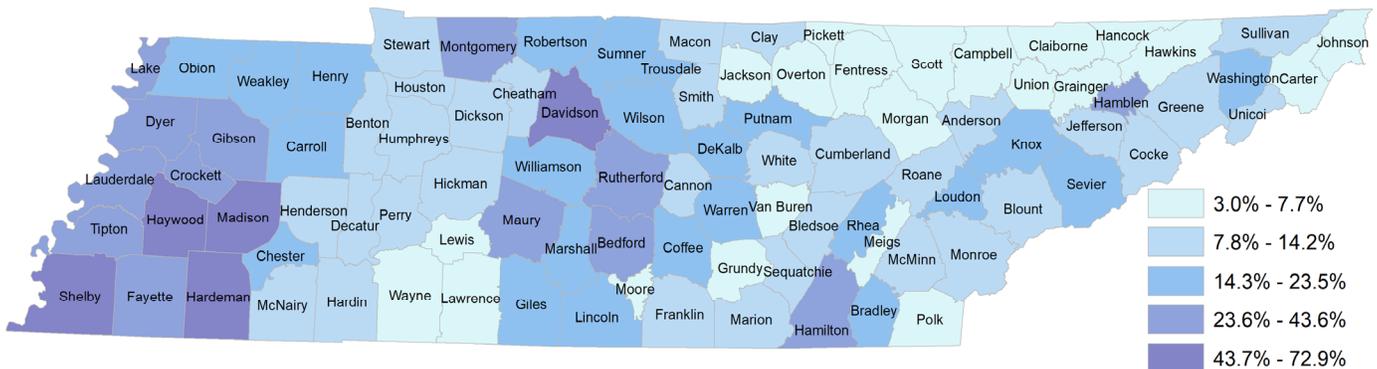


# DEMOGRAPHICS

## Questions for Policymakers, Candidates and Elected Officials

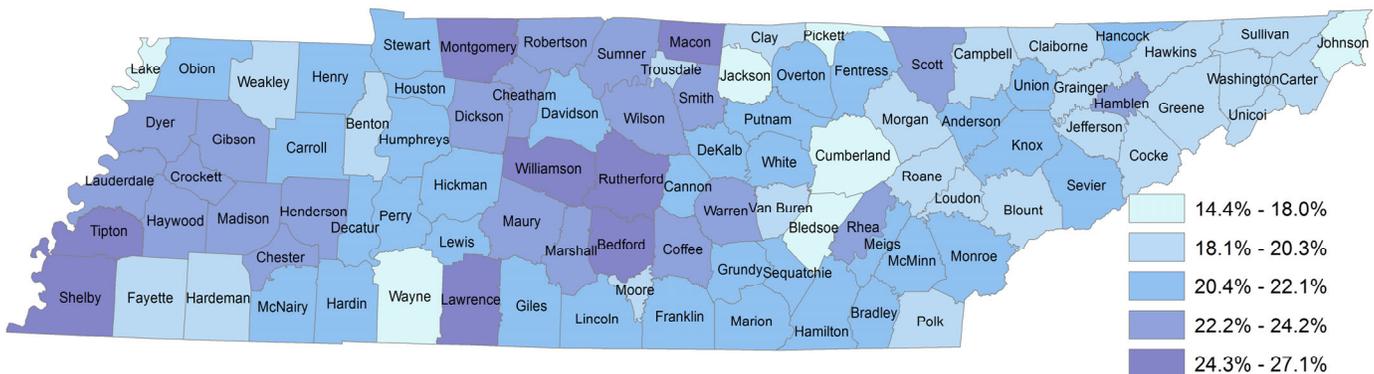
1. Tennessee's minority population is growing in all areas of the state. **What will you do to ensure all Tennessee children have opportunities for quality education and economic success?**
2. Tennessee's child population is more concentrated in and around the state's more urban areas, with the most rural parts of the state skewing a bit older. **How do differences in age distribution of Tennessee's population affect availability and quality of services for children and families in different parts of the state?**
3. The vast majority of Tennessee children in immigrant families are US citizens, though sometimes their parents are not. **Should such families, if qualified, be able to receive family-based services such as SNAP, child care assistance or housing assistance?**

### Minority (including Hispanic) percent of child population by county, 2017



**Five Tennessee counties had a majority minority child population in 2017: Davidson, Haywood, Hardeman, Madison and Shelby.**

### Rural counties tend to skew a bit older, with a smaller child percentage of population

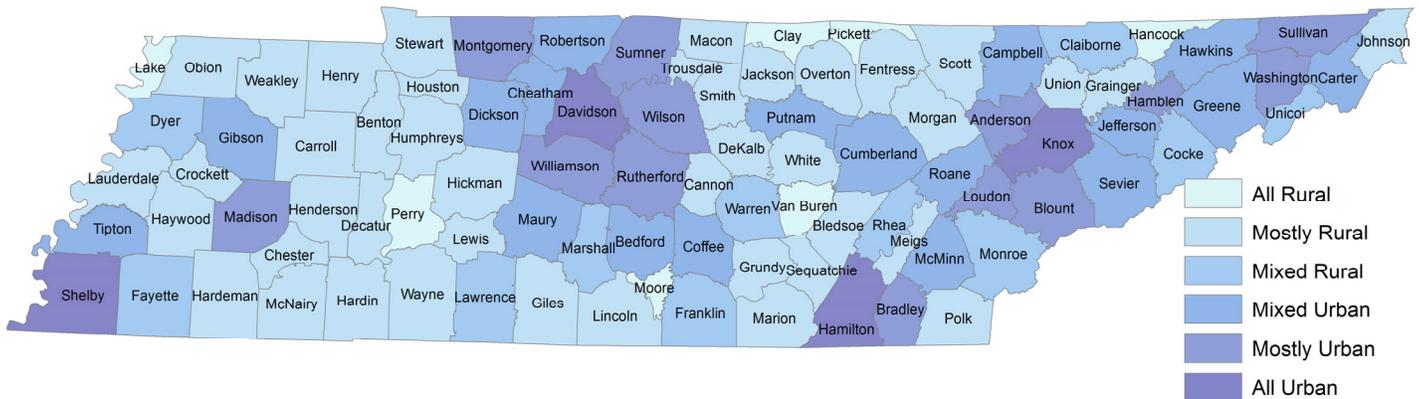


# DEMOGRAPHICS

## Rural and Urban Communities in Tennessee Can Face Different Challenges

*Understanding how geography affects our child population*

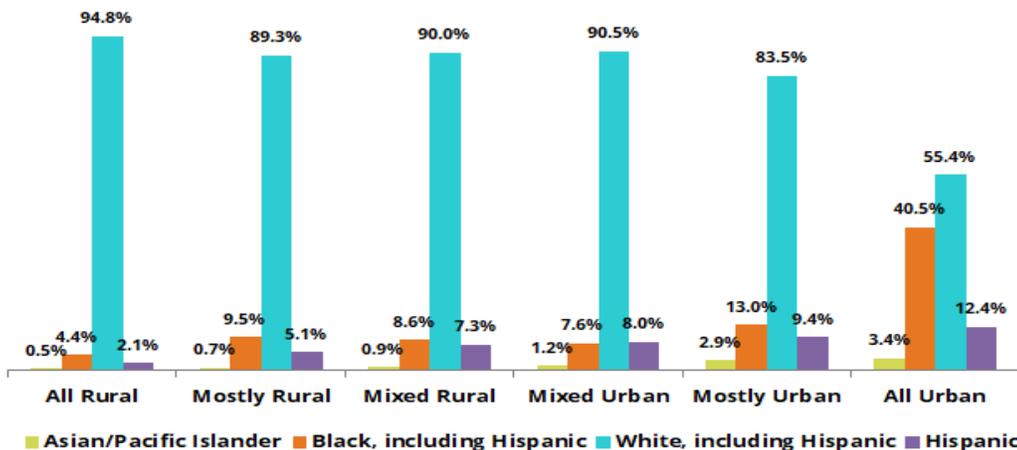
### How Rural is Rural?



### Finding a useful definition

Defining rural is not straightforward, but it is important. The most common definition is from the US Department of Rural Health Policy and utilizes census metropolitan and micropolitan data. Under this definition, 53 Tennessee counties are rural, and an additional 17 are partially rural. The Tennessee Advisory Commission on Intergovernmental Relations (TACIR) examined this issue in a 2016 report and found that these categories did not always reflect the character of Tennessee’s counties in a manner useful for formulating policy. The TACIR report explored several definitions, and this publication adopts the Purdue Center for Regional Development’s Index of Relative Rurality (IRR) put forth in the TACIR report. The IRR combines measures of population density, the percent of the county’s population that lives in an urban area and the distance to the closest urban area, giving each county a rural index value. It intentionally does not define where rural ends and urban begins, a choice with which the TACIR report agrees, arguing that creating discrete groups of counties often obscures subtle differences between similar counties. Nevertheless, some natural break points emerged in this continuum of values, and those will be used throughout this report in order to allow comparisons among geographic types.

### There are clear differences in racial makeup among Tennessee’s rural and urban counties.



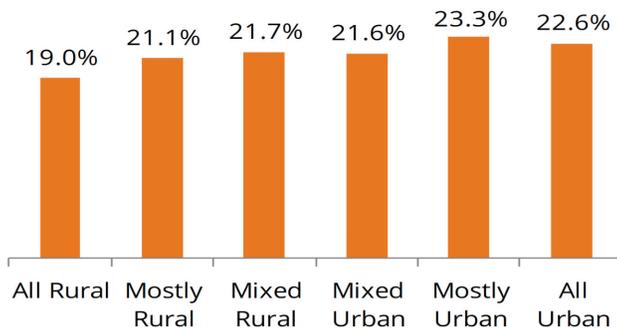
The percentage of the child population that is Native American was flat across geographic types at about one half of one percent, so the category was removed. Note that the percentage of children of Hispanic origin grows steadily as counties become more urban, but the percentage of children who are African American rises then drops before increasing substantially in “Mostly Urban” and “All Urban” counties.

# DEMOGRAPHICS

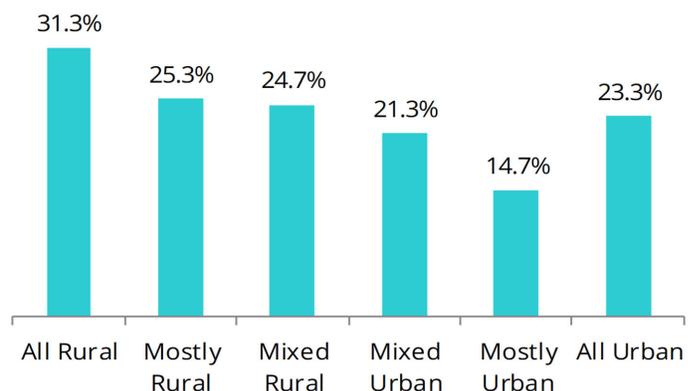
## Questions for Policymakers, Candidates and Elected Officials

1. While some of the problems that rural and urban areas face are similar, the underlying causes may be quite different. **How do you compare the needs of rural and urban areas, and how does that inform your policy choices?**
2. Many of the efforts to improve economic conditions in rural areas focus on increasing economic growth by recruiting businesses to those areas. Other efforts are aimed at keeping rural areas rural but helping them to thrive. **Do you believe that policies to improve economic conditions in rural areas should be driven by economic growth that may change their rural character?**
3. Many of Tennessee's poorer rural areas suffer from the same kinds of education challenges that plague the state's urban areas, but the population in rural areas is too small to support education choice programs. **How can the state drive educational improvement in rural areas? What education policies should the state bring to bear in areas without enough school children to support choice programs, and would these policies also be beneficial in more urban districts?**
4. Many economists who study the economic problems of rural America have failed to generate policy ideas likely to work. In the end, analysis shows the best policies for rural areas either provide income support to residents or make it less expensive for them to move closer to jobs. **What policies do you recommend to improve conditions in Tennessee's rural areas and have they worked in other states?**

**The most rural areas have a lower percentage of population that is under 18 years old.** The percentage peaks in the "Mostly Urban" category, which captures several collar counties around Nashville, Chattanooga and Knoxville.



**The most rural areas have the highest rates of child poverty.** The suburban counties are a large portion of the "Mostly Urban" category that has among the lowest child poverty rates in the state.



# CENSUS 2020

## A complete count is important to ensure Tennessee receives its fair share of federal funds

*Children under five are especially hard to count accurately*

AN ESTIMATED

# 20,000

TENNESSEE CHILDREN UNDER 5 WERE NOT COUNTED IN THE 2010 CENSUS

REPRESENTING ALMOST **1 IN 20**

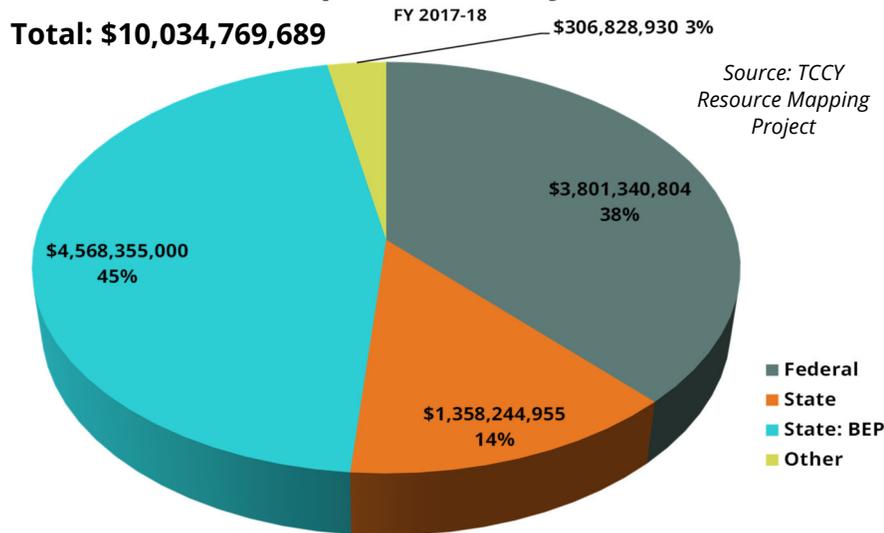


TENNESSEE CHILDREN UNDER 5

### Federal funds are important to Tennessee children and families

TCCY annually reviews expenditures that flow through the state and go to programs benefiting Tennessee children and youth in its *Resource Mapping Report to the Legislature*. In FY 2017-18, almost 40 percent of these expenditures were paid with federal dollars. When the Basic Education Program (BEP) is taken out of the calculation, almost \$9 of every \$10 spent on children through state programs were either federal or were required as matching or maintenance of effort dollars for federal funds.

#### Total Expenditures by Source



Because the BEP is such a large part of state spending on children and youth, and because it funds schools that serve children ages 5 and older, Tennessee already spends a disproportionately small amount of money on children under age 5. TCCY estimates total spending on children under 5 years of age accounted for 13.6 percent of all expenditures for children in Tennessee in FY 2017-18, while children under age 5 are 27 percent of all children in the state. The fact that these children are far more likely to be missed in the census count only puts them at greater risk of missing out on important supports they need to thrive.

### Billions in federal funds are at stake

FY 2014-15 analysis of federal spending on children's programs using census counts in distribution calculations

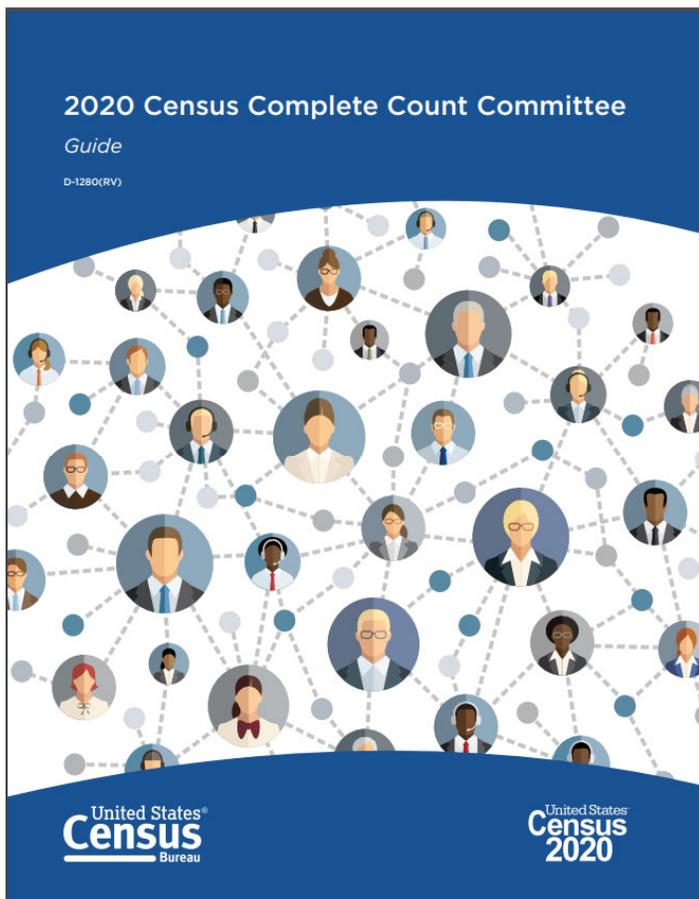
TennCare	\$1,838,096,223	CoverKids	\$198,088,000
SNAP	\$788,347,594	Head Start/ Early Head Start	\$154,705,552
Title I Grants to Local Education Agencies	\$278,206,734	WIC	\$119,185,504
National School Lunch Program	\$269,064,982	Foster Care (Title IV-E)	\$49,481,000
Special Education Grants (IDEA)	\$234,841,720	Child Care and Development Fund	\$71,810,000
		<b>Total</b>	<b>\$4,001,827,309</b>

Source: Annie E. Casey Foundation analysis

## Opportunities to advocate for a full and accurate count

### Why are so many young children missed?

**Some kids aren't counted because their whole family is not counted.** Some families are harder to count than others because their living arrangements are complex (for example, they live with non-relatives) or family members have other characteristics associated with low response rates. Hard-to-count families include those who are highly mobile or homeless and households without an adult fluent in English. Families living in poverty or headed by young adults or individuals without a high school diploma are less likely to respond to the census than more affluent, older and more highly-educated households. The households most likely to be missed have a disproportionate share of young children. **Some kids live in places traditionally harder to count.** These include neighborhoods where poverty is high and where multi-unit buildings and rental housing are more common. Nearly 25 percent of kids under age 5 live in hard-to-count tracts. The likelihood of a young child living in a hard-to-count tract varies dramatically by state, **Other kids aren't counted even though some of their family members are.** Some households respond to the census but don't include all members on the survey. This sometimes happens in multi-generational households, dual-family households, families with joint custody or where a grandparent or other relative cares for a child. Some people don't realize the importance of including every family member; young children, particularly newborns, are more likely to be excluded than school-age kids.



**Complete Count Committees** Complete Count Committees are volunteer committees established by tribal, state, and local governments and community leaders or organizations to increase awareness and motivate residents to respond to the 2020 Census. The committees serve as state and local "census ambassador" groups that play an integral part in ensuring a complete and accurate count of the community in the 2020 Census.

There are three kinds of Complete Count Committees:

- Tribal
- State and local government (regional, county, city, or town)
- Community

**A Complete Count Committee should be formed to:**

- Increase the self-response rate for households responding online, by phone, or mailing back their questionnaire through a focused, structured, neighbor-to-neighbor program.
- Utilize the local knowledge, expertise, and influence of each Complete Count Committee member to design and implement a census awareness campaign targeted to the community.
- Bring together a cross section of community members whose focus is 2020 Census awareness.

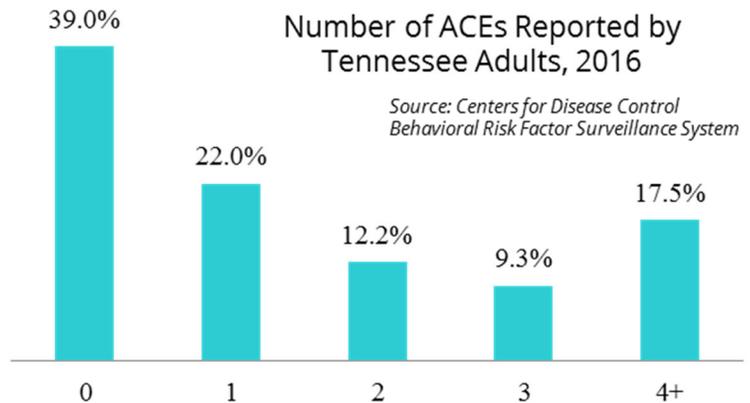
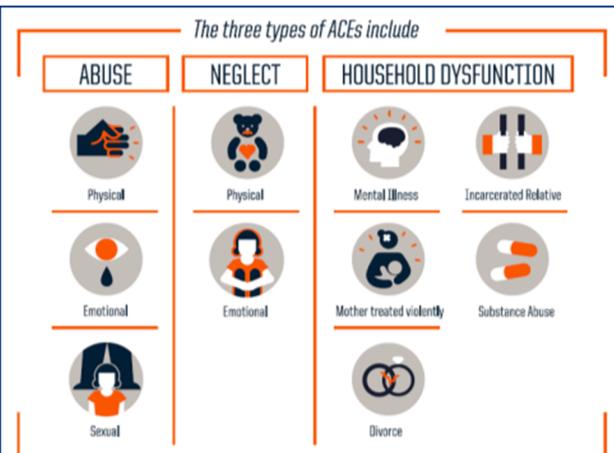
# ADVERSE CHILDHOOD EXPERIENCES (ACEs)

## 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**

**AMONG TENNESSEE ADULTS, 39 PERCENT REPORT TWO OR MORE ACEs DURING THEIR CHILDHOOD**

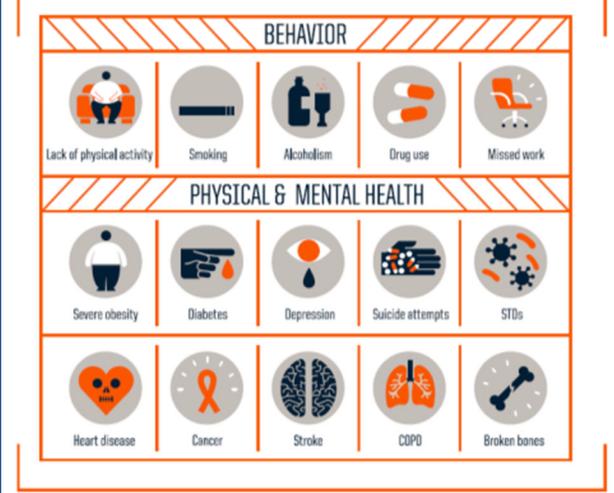


As the number of ACEs increases, so does the risk for negative health outcomes



## What CAN Be Done About ACEs Across the Lifespan?

Possible Risk Outcomes:



- Adopt Trauma-Informed School Policies and Practices
- Access to High-Quality, Affordable Childcare and Pre-K
- Home Visiting to Pregnant Women and Families with Newborns
- Business and Organization Policies that support working parents
- Access to Integrated Healthcare
- Parent Support Programs for Teens and Teen Pregnancy Prevention Programs
- Access to Mental Health and Substance Abuse Treatment
- Sufficient Income Support for Low-Income Families
- Intimate Partner Violence Prevention
- Bringing Community Development and Childhood Development together
- Health System Investment in Communities
- Social Supports for Parents

[rwjf.org/aces](http://rwjf.org/aces)

Source: Building Strong Brains Tennessee

# ADVERSE CHILDHOOD EXPERIENCES (ACEs)

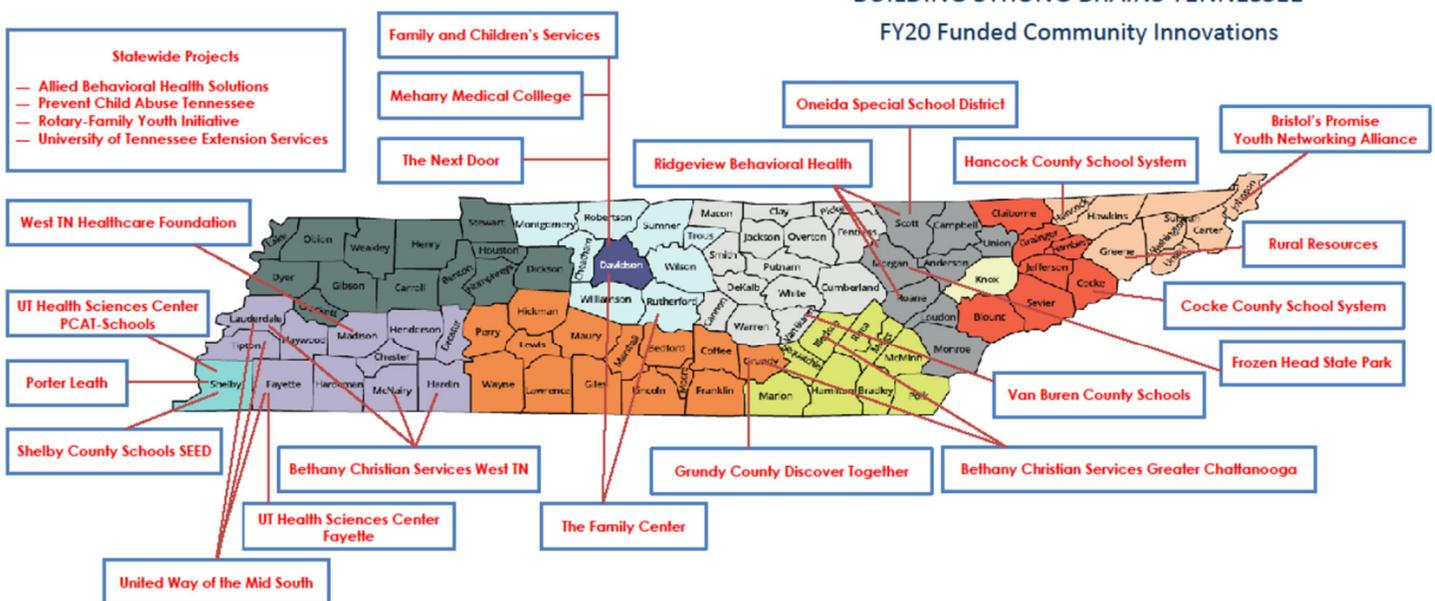
## Questions for Policymakers, Candidates and Elected Officials

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, \$2.45 million in recurring dollars were added 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?**

There are grant-supported Building Strong Brains Tennessee community innovation programs in every region of the state.



BUILDING STRONG BRAINS TENNESSEE  
FY20 Funded Community Innovations



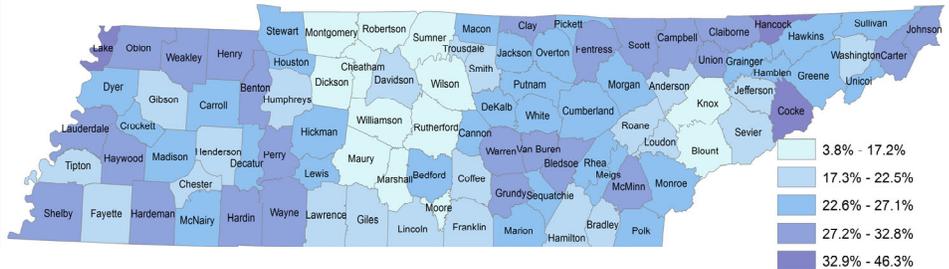
# POVERTY

All children need economic security to thrive and contribute to Tennessee's prosperity

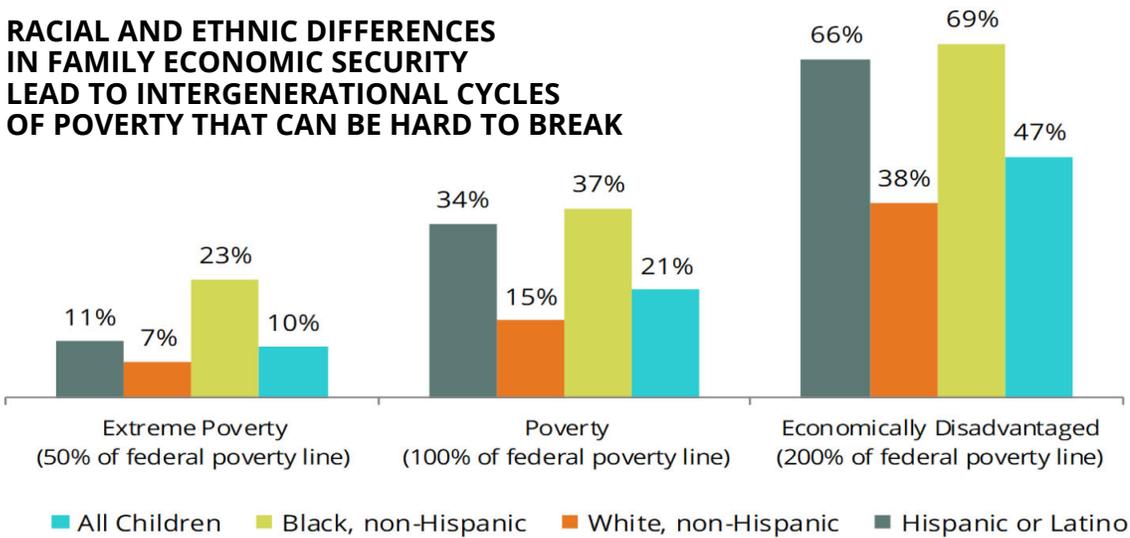
*Many families are struggling despite the state's strong economy*

In Tennessee, 21.1 percent of children live in poverty. The range between the poorest and the wealthiest counties is significant, with a low of 3.8 percent in Williamson County to a high of nearly half, 46.3 percent, in Lake County.

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

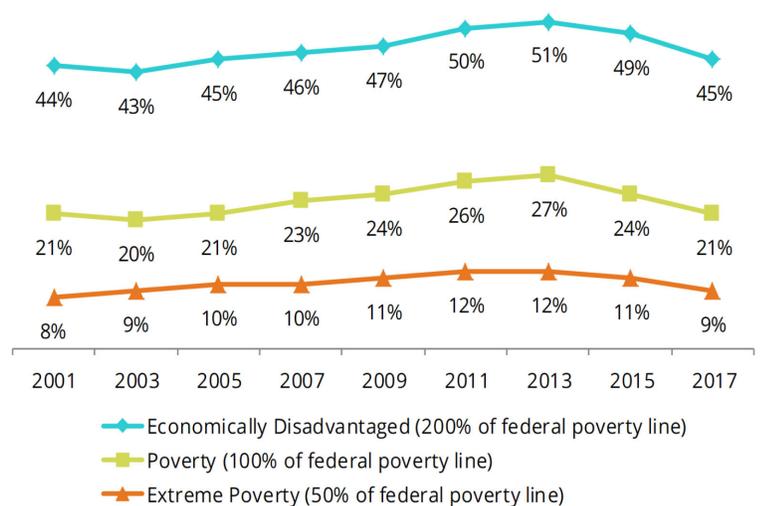


## RACIAL AND ETHNIC DIFFERENCES IN FAMILY ECONOMIC SECURITY LEAD TO INTERGENERATIONAL CYCLES OF POVERTY THAT CAN BE HARD TO BREAK



The percentage of children living in poverty is level or down for all races in all categories except for African American children in extreme poverty, which rose from 19 percent to 23 percent over the previous year.

Sharp declines in child poverty over the last few years have accompanied increased strength in Tennessee's economy. Poverty levels that remain, however, have shown themselves to be persistent and to be resistant to economic growth. Roughly one in five Tennessee children lives in poverty even when Tennessee's economy is humming, and about half of those live in extreme poverty. These families have more complex problems than joblessness and require more comprehensive services than basic assistance.

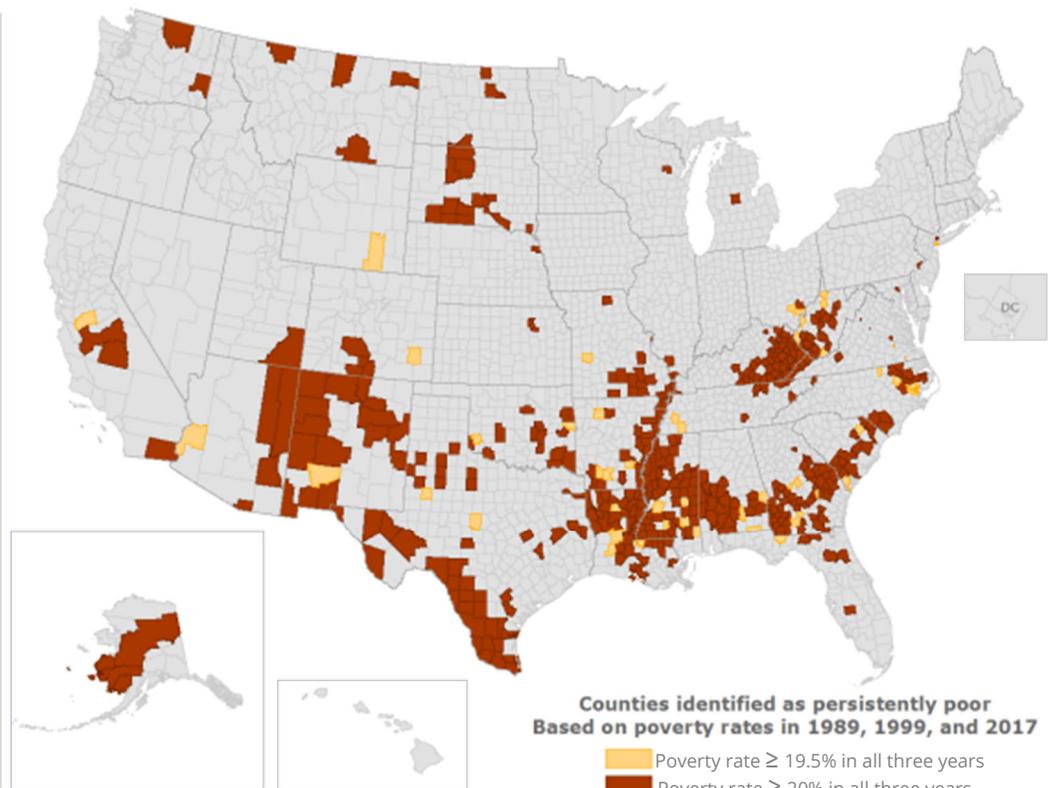


# POVERTY

## Questions for Policymakers, Candidates and Elected Officials

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 relieve the stress of poverty on families with young children 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?**

The US Census Bureau identified "Persistent Poverty Counties" in 2017 based on poverty rates over 30 years. This model is used to drive the 10-20-30 formula to battle persistent poverty: direct at least 10 percent of funding from any given federal program to communities where at least 20 percent of the population has lived at or beneath the poverty line for the last 30 or more years. The Census Bureau identified nearly 500 such counties across the country, including nine in Tennessee: Campbell, Claiborne, Cocke, Fentress, Grundy, Hancock, Johnson, Lake and Scott.



Source: Congressional Research Service

# FOOD AND NUTRITION

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

*Tennessee children need food security to succeed*

**Almost 1 in 4 food-insecure households in Tennessee do not qualify for government food programs.**



Source: Map the Meal Gap 2018

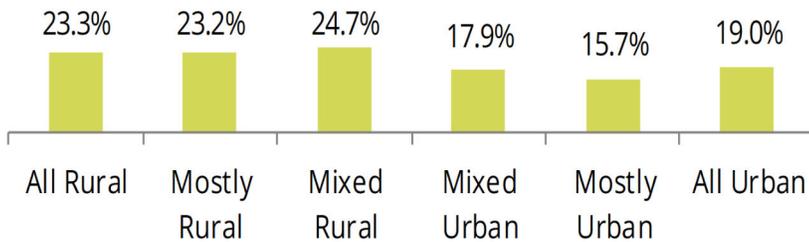
IN TENNESSEE

**20%**

**OF CHILDREN LIVE IN FOOD-INSECURE HOUSEHOLDS**

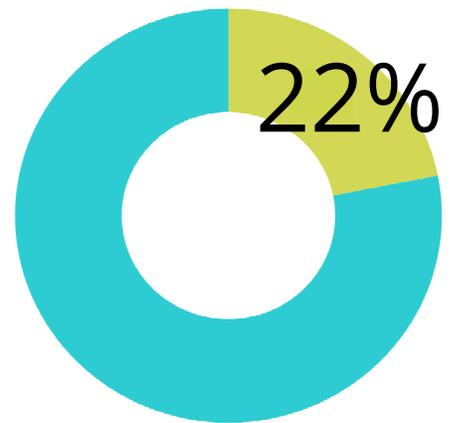
Source: Map the Meal Gap 2018

The percentages of children who suffer from food insecurity are broadly higher in the more rural counties than the most urban ones. While even the “Mostly Urban” category with the least child poverty shows almost 1 in 6 children experiencing food insecurity, it is clear that the three more rural classifications have higher rates. This may be related to food deserts. The map on the following page shows many rural areas are among the most impacted by this problem.



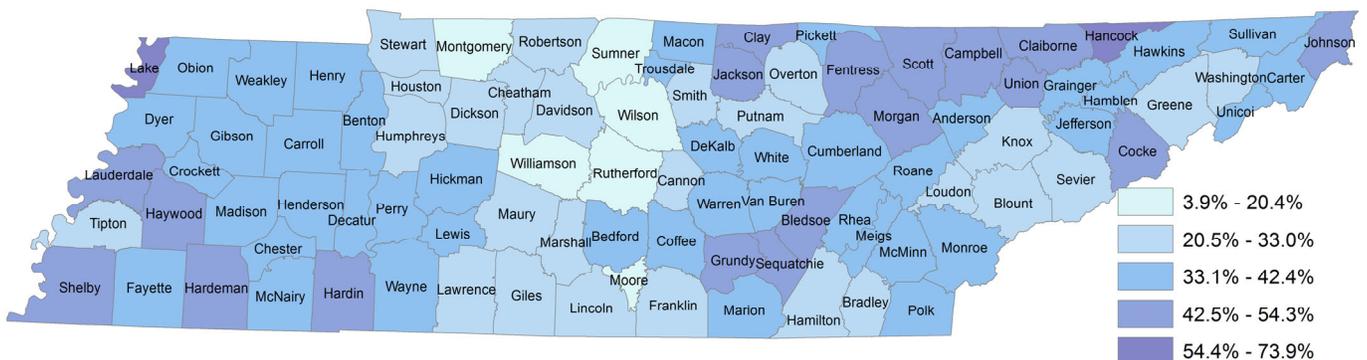
**More than 1 in 5 Tennessee children under 5 years of age receive WIC food benefits.**

Source: Tennessee Resource Mapping Project



## Large percentages of children across the state rely on SNAP

While the percentage of children relying on SNAP benefits for food security fell slightly statewide between 2016 and 2017, the counties with the highest usage for children stayed the same or increased. Williamson County has the lowest percentage at just under 4, but the next county, Wilson, is over 16 percent. Only 5 counties come in under 20 percent. At the other end of the spectrum, **more than half of the children in 8 Tennessee counties rely on SNAP. These 8 counties are all rural, mostly in the Appalachian and Delta regions of the state.**



Source: Tennessee Department of Human Resources



Tennessee county profiles of child well-being available at <https://www.tn.gov/content/tn/tccy/kc/tccy-kcsoc/county-profiles.html>



# FOOD AND NUTRITION

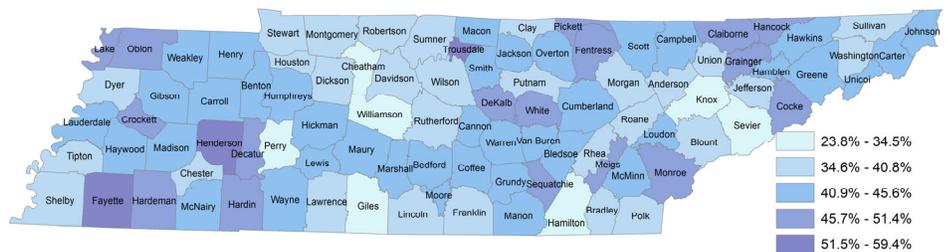
## Questions for Policymakers, Candidates and Elected Officials

1. The State of Tennessee has the 18th highest child food insecurity rate in the country. One in three children statewide benefit from SNAP, but Feeding America estimates 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?**

For further study of the Tennessee Food Desert Relief Act (SB 1176; 107<sup>th</sup> General Assembly), the Tennessee Obesity Task Force and the Prevention Resource Center in St. Louis undertook a Health Impact Assessment of various policies and issued a final report in 2016. Among its recommendations were more specific definitions of food deserts and of healthy food; broader food policy in general, that would coordinate efforts of schools, agriculture, etc.; a mini-grant pilot program; and a robust assessment and evaluation plan.

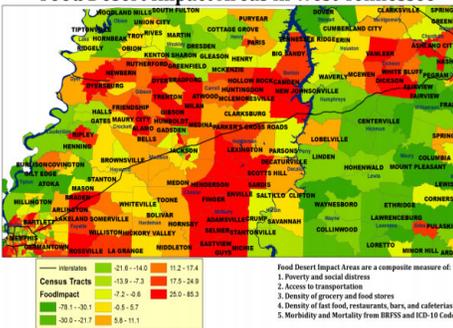
### Higher than recommended Body Mass Index (BMI) among public school students is a problem in all parts of Tennessee.

Even the counties with the lowest numbers of public school students measured as overweight or obese have almost 1 in 4 students facing these health issues. In some Tennessee counties, it is more than half.

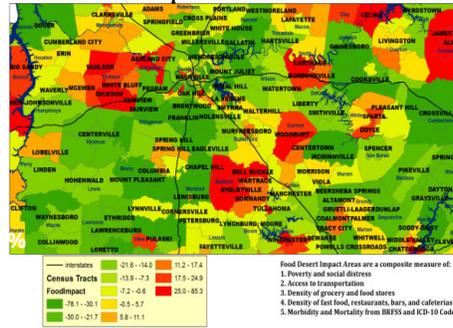


Source: Tennessee Department of Education, Coordinated School Health

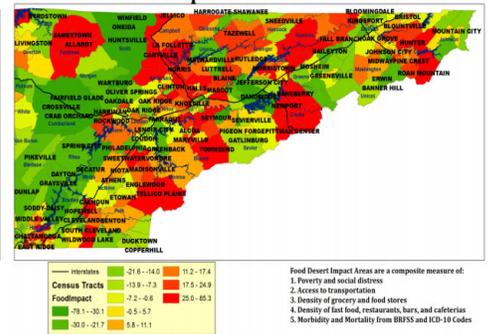
#### Food Desert Impact Areas in West Tennessee



#### Food Desert Impact Areas in Middle Tennessee



#### Food Desert Impact Areas in East Tennessee



Source: Prevention Resource Center in St. Louis



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

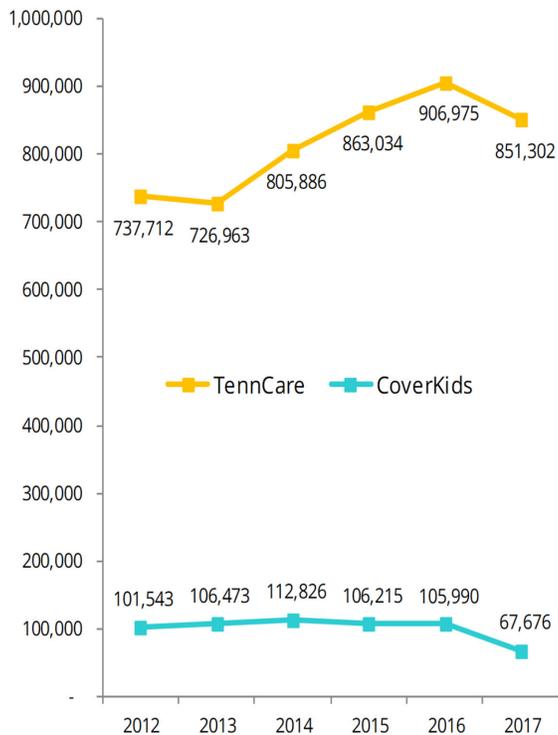


# ACCESS TO HEALTH CARE

## Consistent 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 almost a million children



IN TENNESSEE

# 95.6%

## OF CHILDREN HAVE HEALTH INSURANCE

Source: Georgetown University Health Policy Institute

The numbers of children on TennCare and CoverKids are down generally because of a stronger economy. Nonetheless, both the US and Tennessee experienced the first year in a decade in which the number and the percentage of children who are uninsured ticked upwards. For a state that has not expanded Medicaid, Tennessee's uninsured rate for children is low. The state's leadership has long understood that children's health care is primarily preventative and money spent insuring children enjoys a significant return on investment. Further, the federal government pays about two-thirds of the cost of insuring children on TennCare and almost all of the cost of insuring children on CoverKids. **Still, over 45,000 Tennessee children who qualify for TennCare or CoverKids remain uninsured.**

### Geographic availability of care is one of the top barriers to accessing health care for children and families across Tennessee

With 12 closures, Tennessee has lost the second-highest number of rural hospitals among all states since 2010. Several more remain at risk.



**Orange:** Closed hospital but retained ER. 287 beds lost. **Dark Grey:** Closed hospital. 223 beds lost.

**Teal:** Has a rural hospital operating at a loss and at risk of closure. Over 1,500 beds at risk.

Source: Cecil G Sheps Center for Health Services Research, Chartis Center for Rural Health and American Hospital Directory



Tennessee county profiles of child well-being available at <https://www.tn.gov/content/tn/tccy/kc/tccy-kcsoc/county-profiles.html>



# ACCESS TO HEALTH CARE: MATERNAL AND INFANT

## Tennessee continues to be challenged by high rates of low birth-weight and premature births

*Access to prenatal and pediatric care can change outcomes*

**Maternal mortality** is defined as the number of deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

IN TENNESSEE

# 23.3

**WOMEN PER 100,000 BIRTHS DIE OF PREGNANCY-RELATED CAUSES**

Racial disparities in rates contribute to the problem



Source: Americashealthrankings.org

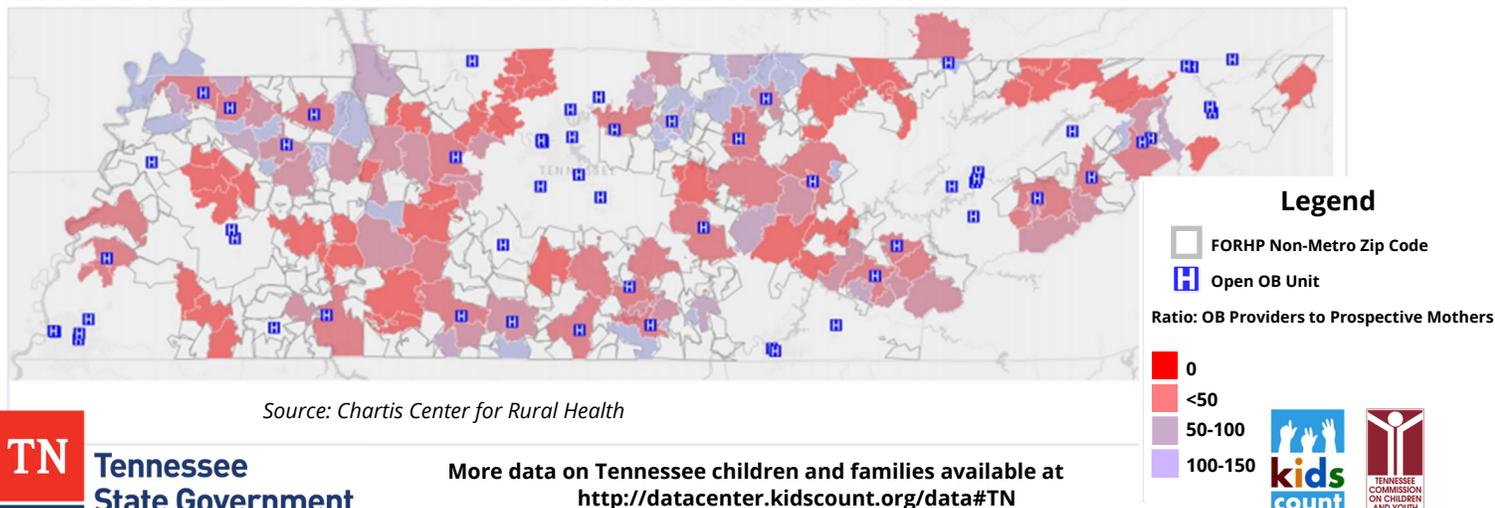
Pregnancy-related deaths in the United States during 2011–2015 were caused by:

- Hemorrhage: 11.2%
- Infection or sepsis: 12.4%
- Amniotic fluid embolism: 5.5%
- Anesthesia complications: 0.3%
- Cerebrovascular accidents: 7.6%
- Cardiomyopathy: 10.8%
- Thrombotic pulmonary or other embolism: 9.2%
- Hypertensive disorders of pregnancy: 6.8%
- Other cardiovascular conditions: 15.1%
- Other non-cardiovascular conditions: 14.3%

The cause of death is unknown for 6.7 percent of all 2011–2015 pregnancy-related deaths.

Source: Centers for Disease Control and Prevention

**“Maternal Health Deserts” are a growing problem. Declining access to obstetric services in rural Tennessee affects both maternal and infant health.**



Source: Chartis Center for Rural Health

# ACCESS TO HEALTH CARE: DENTAL

## Oral health is an often overlooked but important aspect of overall child health

*Access to preventive oral care is a smart investment*

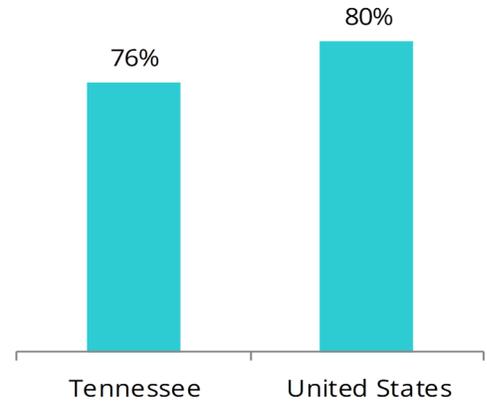
Tooth decay is caused by a bacterial disease and is the most common chronic disease of early childhood. Disparities in access to dental care exist based on income, race and geography.

Every dollar spent on preventive dental care could save \$8 to \$50 in restorative and emergency treatments.

Source: Cigna - Improved Health and Lower Medical Costs

A smaller percentage of children in Tennessee receive preventive dental care than do children nationally.

Source: Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.



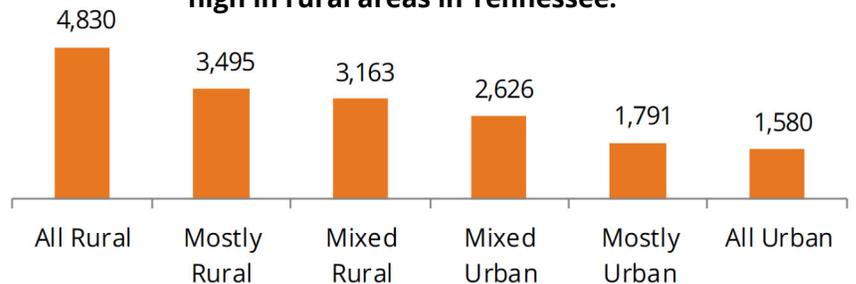
### Research shows that...

Rural populations have

- lower dental care utilization,
- higher rates of dental caries,
- lower rates of insurance,
- higher rates of poverty,
- less water fluoridation,
- fewer dentists per population, and
- greater distances to travel to access care than urban populations.

Source: Journal of Public Health Dentistry

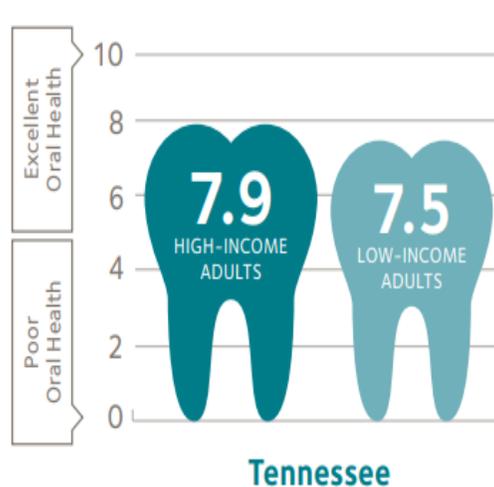
The number of people per practicing dentist is high in rural areas in Tennessee.



### According to the American Dental Association....

Income is a factor in oral health status.

Children in low-income families are 3X as likely to miss school due to oral health problems.



90% OF TENNESSEE'S POPULATION ON COMMUNITY WATER SYSTEMS RECEIVE FLUORIDATED WATER

# ACCESS TO HEALTH CARE

## Questions for Policymakers, Candidates and Elected Officials

1. Over 45,000 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. Regular preventive maternal and infant care and dental care are increasingly difficult to access in rural areas and do not always lend themselves to alternatives like telemedicine. Further, maternal care is especially prone to the need for emergency services. **What will you do to ensure Tennesseans in all areas of the state are able to access both preventive and emergency health care close to their homes and in a timely fashion?**
3. All children in foster care rely on TennCare for their health coverage, half of Tennessee births are covered by TennCare and half of all TennCare enrollees are children. If the federal government accepts Tennessee's bid to block grant Medicaid payments, children and pregnant women will be competing for TennCare coverage with the elderly and those with disabilities. **How would you handle this funding challenge for Tennessee?**

### Medicaid & CHIP are long-term investments in children's health and future success

Good for  
Children's  
Health!

**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.

Good for  
Educational  
Outcomes!

**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 4<sup>th</sup> and 8<sup>th</sup> grades. Another found increases in childhood Medicaid eligibility decreased high school dropout rates and increased college attendance and completion.

Protects  
Family  
Finances!

**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.

Improves  
Employment in  
Adulthood!

**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 Institute

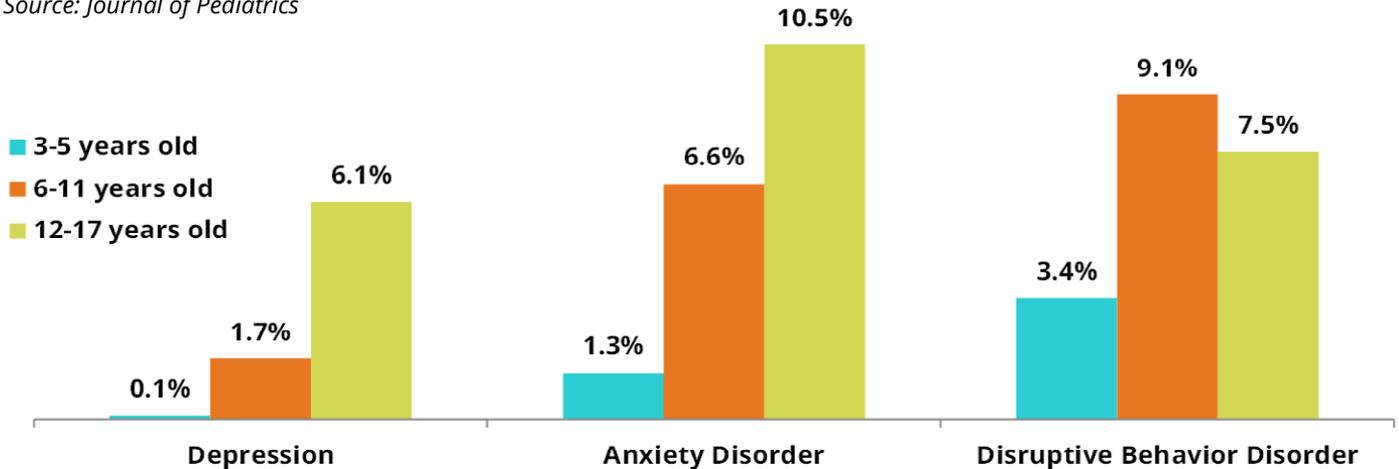
# ACCESS TO MENTAL HEALTH & SUBSTANCE USE CARE

Mental health is an important part of every stage of development for children and youth

*Investment in healthy social emotional development is key*

## Mental health diagnoses occur at all ages

Source: Journal of Pediatrics



## Tennessee lacks adequate numbers of mental health providers for children across the state but especially in rural areas

### Available providers per 10,000 children age 0 to 17

Source: Centers for Disease Control, 2015 data



## Nationally, youth data show the same trends and issues as Tennessee

YOUTH MENTAL HEALTH IS AN INCREASING CHALLENGE AND ACCESS TO CARE IS LIMITED



Source: of graphic: Mental Health America

# ACCESS TO MENTAL HEALTH & SUBSTANCE USE CARE

## Youth substance use can affect growth and development, especially brain development

*Substance abuse in the home 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

Children whose parents use drugs and misuse alcohol are:

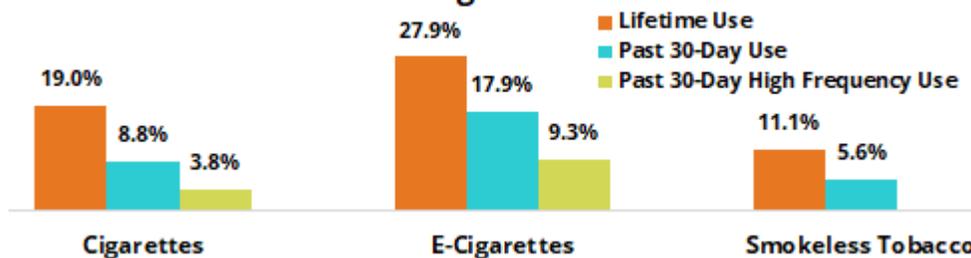
**3X** more likely to be physically, sexually, or emotionally abused and  
**4X** more likely to be neglected than their peers.

Source: American Academy of Pediatrics

Children of substance abusing parents are more than twice as likely to have an alcohol and/or drug use disorder themselves by young adulthood compared to their peers.

The 2018-19 Tennessee Together Student Survey was administered to over 20,000 8th-, 10th-, and 12th-grade students enrolled in public schools.

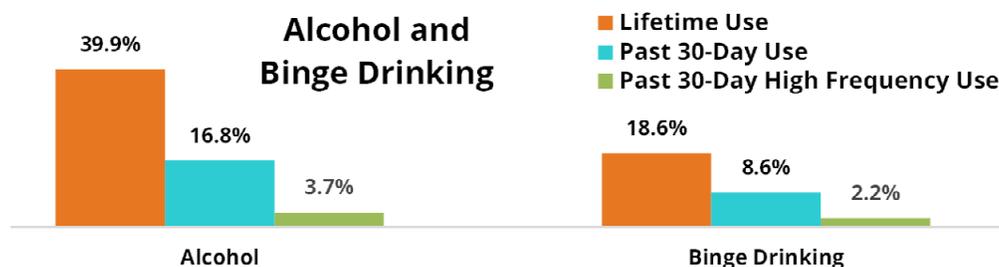
### Tobacco and Electronic Cigarettes



#### Average age of first use

Cigarettes  
**13.2 years**  
E-Cigarettes:  
**14.4 years**

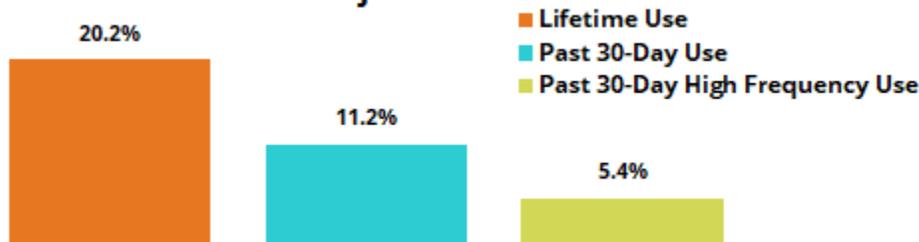
### Alcohol and Binge Drinking



#### Average age of first use

**13.7 years**

### Marijuana



#### Average age of first use

**14.1 years**

Source: Tennessee Department of Mental Health and Substance Abuse Services

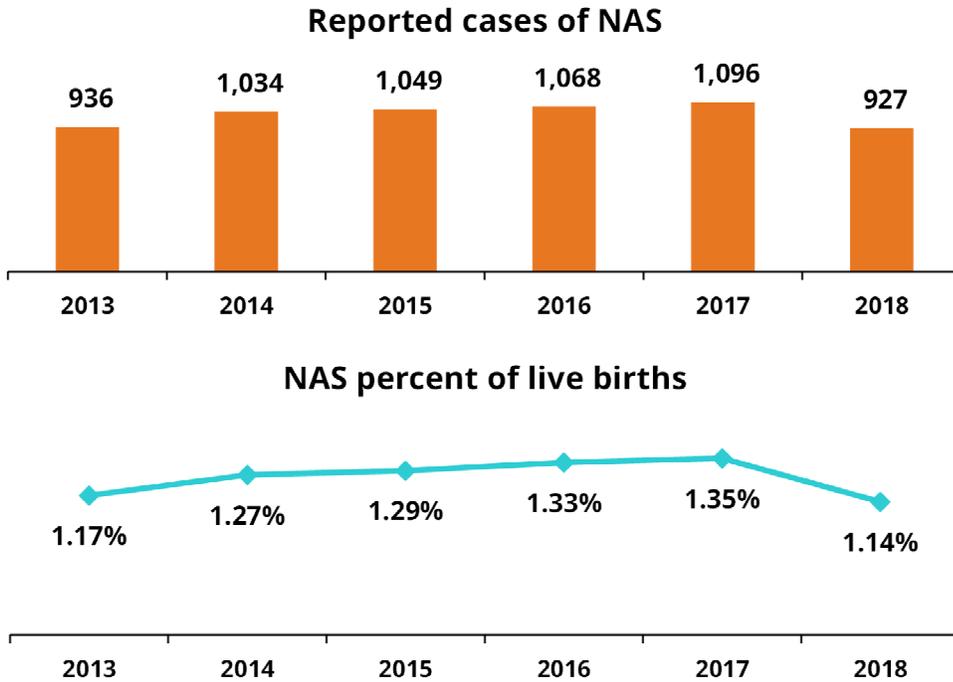
# ACCESS TO MENTAL HEALTH & SUBSTANCE USE CARE

When babies are born addicted to substances, they can suffer ongoing medical and social problems

*Infants with NAS may require significant additional care*

In 2018, Tennessee saw the first decline in Neonatal Abstinence Syndrome (NAS) rates since surveillance began in 2013.

Since the early 2000s, the use of opioid pain relievers in the United States and Tennessee has increased rapidly. Accompanying this increase in drug use has been a ten-fold increase in the incidence of Neonatal Abstinence Syndrome (NAS), a condition in which an infant experiences withdrawal from opioid substances the mother took during pregnancy.



Source: Tennessee Department of Health

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

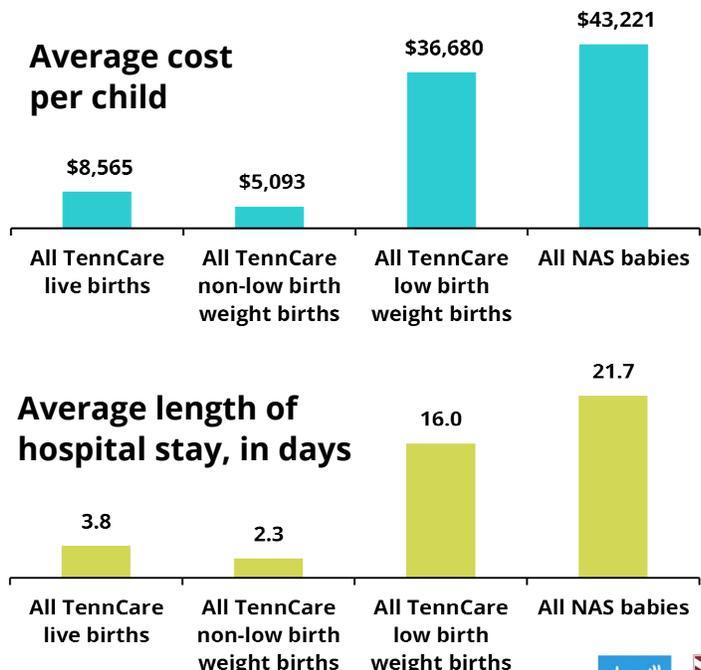
**17.8%** of newborns with NAS end up in

Department of Children's Service custody within one year

compared to

**1.8%** of all newborns.

Source: Division of TennCare

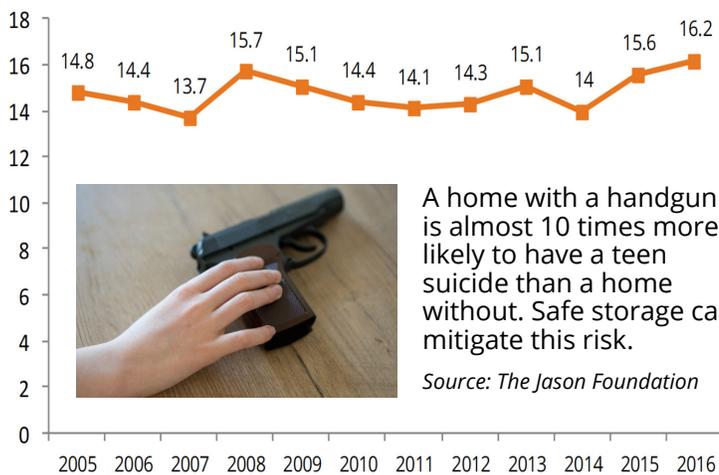


# ACCESS TO MENTAL HEALTH & SUBSTANCE USE CARE

## Questions for Policymakers, Candidates and Elected Officials

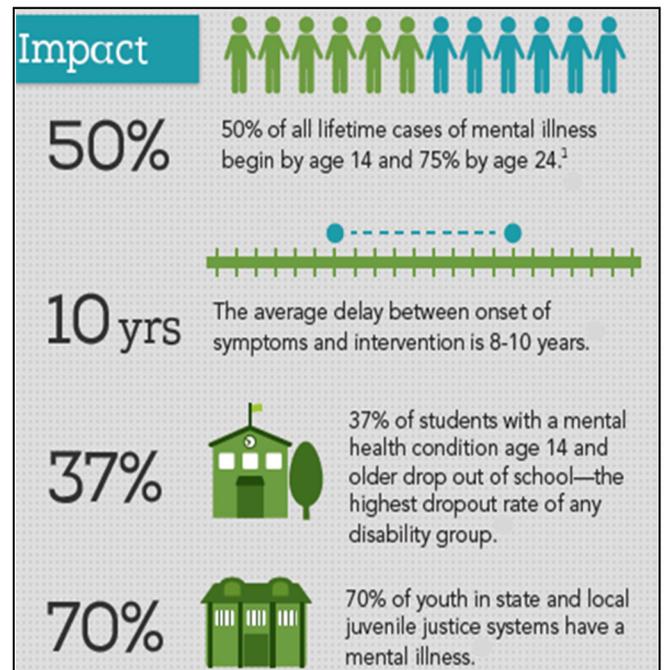
1. The Association of Infant Mental Health in Tennessee (AIMHiTN) worked with ZERO TO THREE and Davidson County Juvenile Court to begin Infant Mental Health Courts in Tennessee based on the ZERO TO THREE Safe Babies Court Team approach. In 2016-17, the General Assembly funded additional programs across the state. These specialized family courts help reunify families and reduce repeat incidents of abuse and neglect. **How do you view the team approach to infant mental health and how important do you believe reunification should be as a goal in family court?**
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 107 child and adolescent psychiatrists in Tennessee (or 7 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?**

Though there has been some year-to-year movement, Tennessee's rate (per 100,000) of suicide among teens is at its highest point in over a decade. *Source: Tennessee Suicide Prevention Network*



A home with a handgun is almost 10 times more likely to have a teen suicide than a home without. Safe storage can mitigate this risk.

*Source: The Jason Foundation*



*Source of graphic: National Alliance on Mental Illness*



# DOMESTIC VIOLENCE AND HUMAN TRAFFICKING

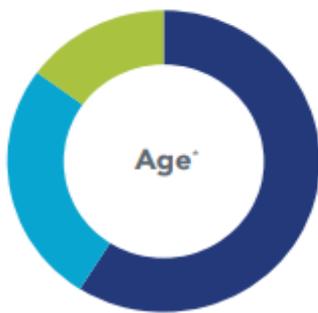
All Tennessee youth deserve the opportunity to develop healthy relationships

*Victims of trafficking are not free to make their own choices*

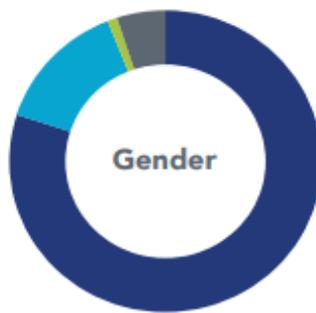
U.S. law defines human trafficking as the use of force, fraud or coercion to compel a person into commercial sex acts or labor or services against his or her will. The one exception involves minors and commercial sex. Inducing a minor into commercial sex is considered human trafficking regardless of the presence of force, fraud or coercion.

The Polaris Project gathers data on human trafficking victims. Their 2018 data is below.

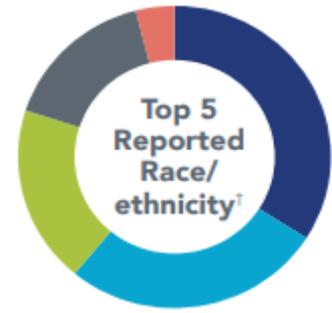
## DEMOGRAPHICS



Adult **6,204**  
 Minor **2,762**  
 Unknown **1,575**

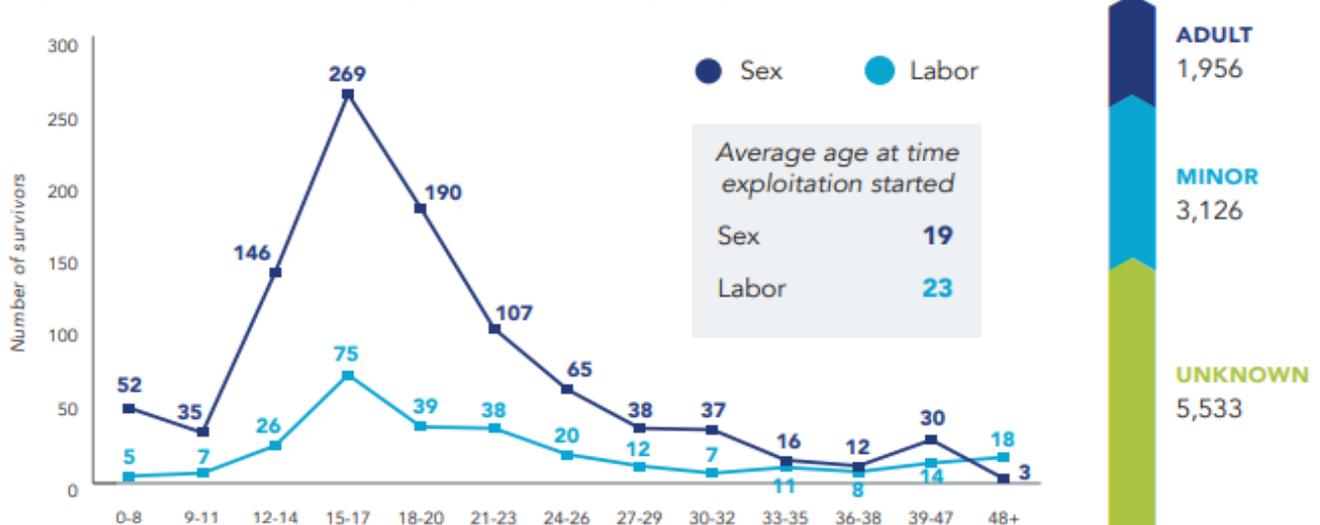


Female **8,561**  
 Male **1,454**  
 Gender Minorities **59**  
 Unknown **541**



Latino **1,230**  
 Asian **979**  
 White **699**  
 African, African-American, Black **592**  
 Multi-Ethnic, Multi-Racial **136**

## AGE AT TIME SEX OR LABOR TRAFFICKING BEGAN



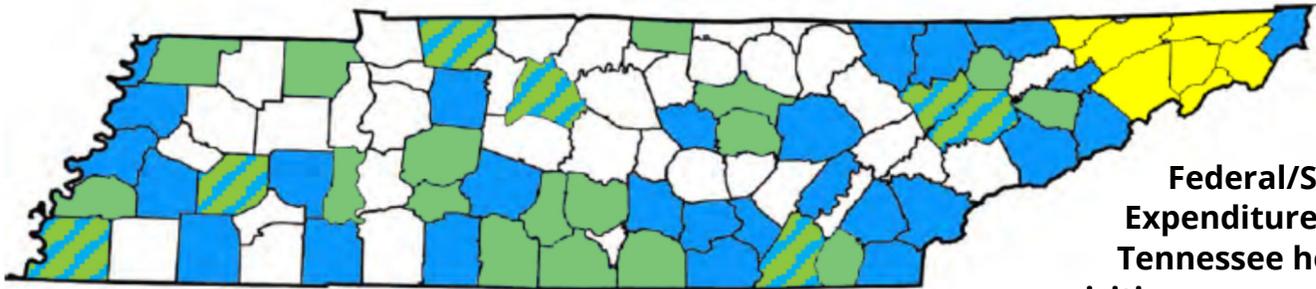
Source of data and graphics: The Polaris Project

# HOME VISITING PROGRAMS

## Home visiting programs promote parental responsibility and strengthen parent engagement

*Two-generation programs create opportunities for families*

Several different evidence-based and promising approach home visiting models provide the basis for services across the state. Programs are supported by both state and federal funds.



Federal/State Expenditures on Tennessee home visiting programs in FY 2017-18



State (Healthy Start): \$ 1,892,500  
 State (Nurse Home Visitor): \$ 345,000  
 Federal (Maternal & Infant Early Childhood Home Visiting): \$ 7,467,200  
 Federal (TANF): \$ 832,293

<p>Home visiting yields <b>short-term</b> savings</p> <p>Families who participate in home visiting used fewer health services, resulting in <b>Medicaid savings</b>.</p>	<p><b>REDUCED EMERGENCY ROOM VISITS</b></p> <p><b>-33%</b></p> <p>Children in home visiting were 33% less likely to use the ER</p>	<p><b>REDUCED RATES OF LOW BIRTH WEIGHT</b></p> <p><b>-70%</b></p> <p>Home visiting moms were 70% less likely to have a low birth weight baby</p>	<p><b>REDUCED RATES OF INFANT MORTALITY</b></p> <p><b>-60%</b></p> <p>Home visiting families experienced a 60% reduction in infant mortality rates</p>
	<p>Home visiting yields <b>long-term</b> savings</p> <p>Because home visiting programs coach mothers and fathers on positive parenting practices and set employment goals, participants in home visiting <b>engage in fewer negative social behaviors and are less reliant on welfare</b>.</p>	<p><b>REDUCED WELFARE USE</b></p> <p><b>-10%</b></p> <p>Families in home visiting were 10% less likely to use welfare dollars</p>	<p><b>REDUCED INCIDENTS OF CHILD ABUSE AND NEGLECT</b></p> <p><b>-48%</b></p> <p>Families in home visiting had 48% fewer cases of child abuse and neglect</p>

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

Source: Council for a Strong America

Less than **2%** of eligible families in Tennessee receive home visiting services

Impact of evidence-based home visiting on **2,512** Tennessee families in FY 2017-18:

**99%** of children in participating families were free of abuse or neglect and remained in their homes.

**86%** of participating mothers were screened for post-partum depression.

**81%** of children in participating families were up to date on immunization at 24 months of age.

# HOME VISITING PROGRAMS

## Questions for Policymakers, Candidates and Elected Officials

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 stressors 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 stress 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?**

Three evidence-based models received federal and state funds through the Tennessee Department of Health in FY 2017-18. Thousands of families received tens of thousands of home visits at a per-family cost that is much lower than later, more intensive interventions.

Funding source	Model	Families served	Home visits	Total cost	Per-family cost
Maternal, Infant and Early Childhood Home Visiting (MIECHV) Federal Grant	Healthy Families America	1,084	12,109	\$6,343,826	\$5,853
	Parents as Teachers	249	3,766	\$1,025,430	\$4,118
	Nurse Family Partnership	28	419	\$97,944	\$3,498
Healthy Start, State	Healthy Families America	442	5,289	\$1,892,500	\$4,291
Nurse Home Visitor, State	Nurse Family Partnership	101	866	\$345,000	\$3,416

Source : Tennessee Department of Mental Health and Substance Abuse Services Home Visiting Annual Report

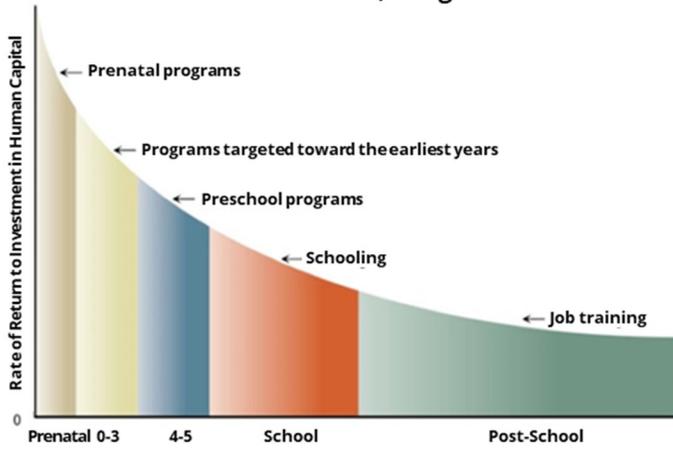
# EARLY CHILDHOOD EDUCATION

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

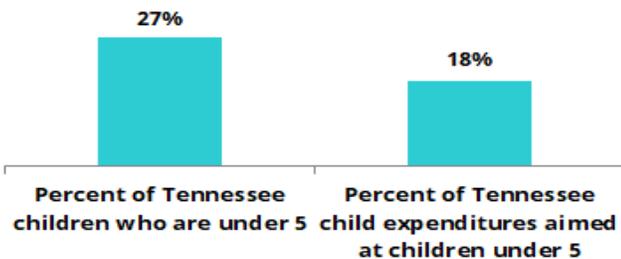
The earlier the investment, the greater the return



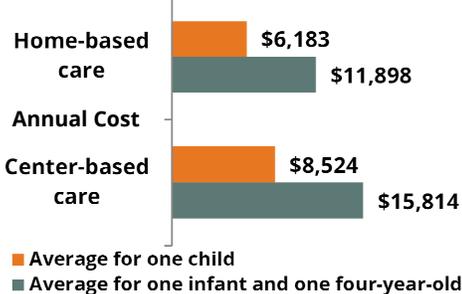
Source: James Heckman, Nobel Laureate in Economics

### Tennessee spends the least where return on investment is highest

Source: TCCY Resource Mapping Project



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



Source: Child Care Aware of America

Compare 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 preschools are educational pre-K classrooms and aftercare while DHS preschools are more typical day care settings.

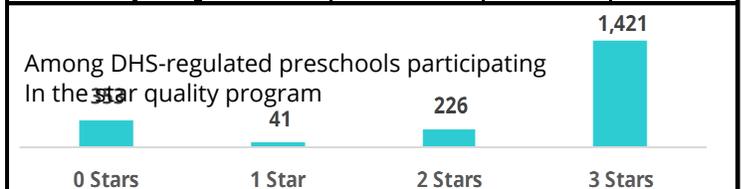
Capacities listed for preschools are based more on square footage than on any other available resources and do not reflect available seats.

Tennessee's Star-Quality rating program was launched in 2000 to give parents more information about the quality of care their children receive. It is voluntary.

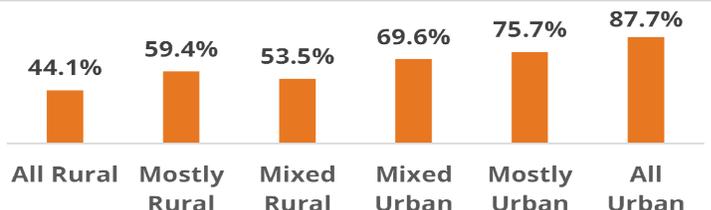
Preschool Regulation Department	Number	Capacity
Education (public and private)	1,938	153,448
Star Quality Program Participants	118	13,281



Human Services (includes Head Start)	Number	Capacity
Star Quality Program Participants	2,041	142,550



While capacity does not necessarily reflect open child care seats, it is a measure of existing seats plus the short-term ability to make seats available with additional staffing and resources. Square footage of available child care space is a big part of the measure. The portion of the under-5 population that is covered by existing capacity is significantly lower in rural areas.



# EARLY CHILDHOOD EDUCATION

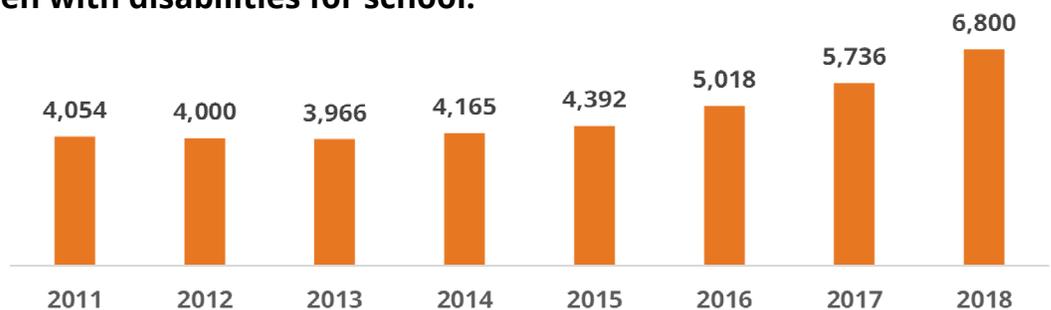
## Questions for Policymakers, Candidates and Elected Officials

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?**

**Tennessee's Early Intervention System (TEIS) is the state's program for infants and toddlers with disabilities. It is required under Part C of the Individuals with Disabilities Education Act (IDEA). TEIS helps families with children with disabilities or developmental delays connect to the supports and services they need and helps prepare young children with disabilities for school.**

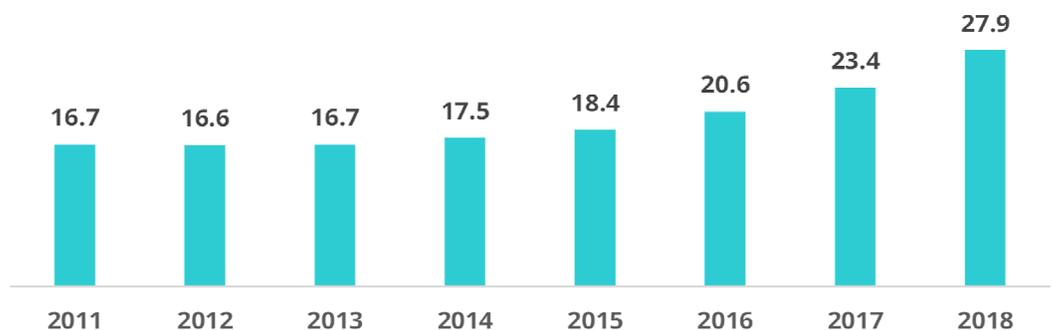
The number of children served by TEIS has increased steadily since 2013, showing a five-year increase of

**71 percent**



The rate of children under 3 served by TEIS has also increased steadily since 2013, showing a five-year increase of

**67 percent**



# EDUCATION OUTCOMES

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

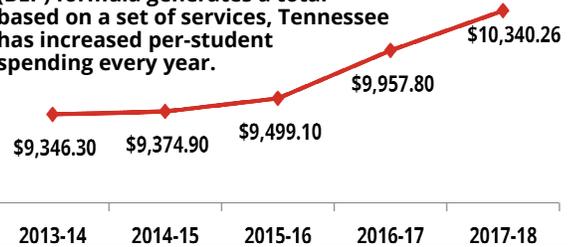
*All Tennessee children need a solid educational foundation*

Almost

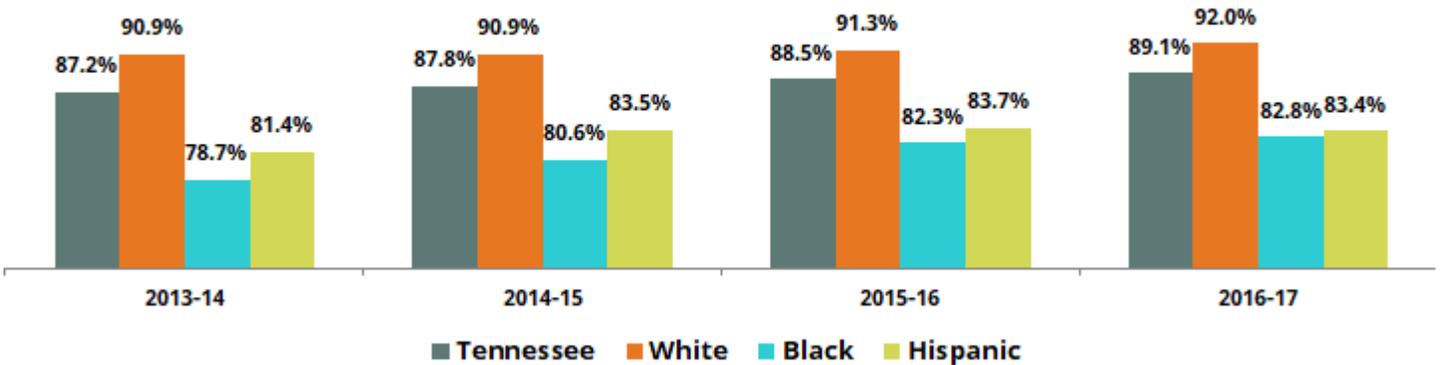
1 Million

Children attended Tennessee public schools in 2017-18

Because the Basic Education Program (BEP) formula generates a total based on a set of services, Tennessee has increased per-student spending every year.

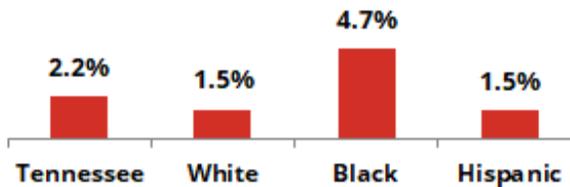


## Racial disparities in high school graduation rates persist...

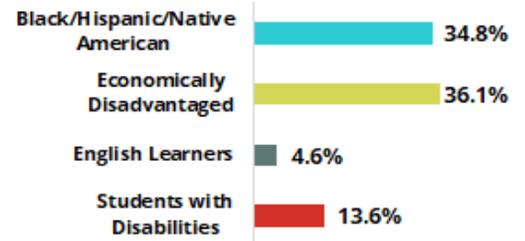


...but some of those disparities are improving, with graduation rates among black students increasing twice as much as the state as a whole since 2013-14.

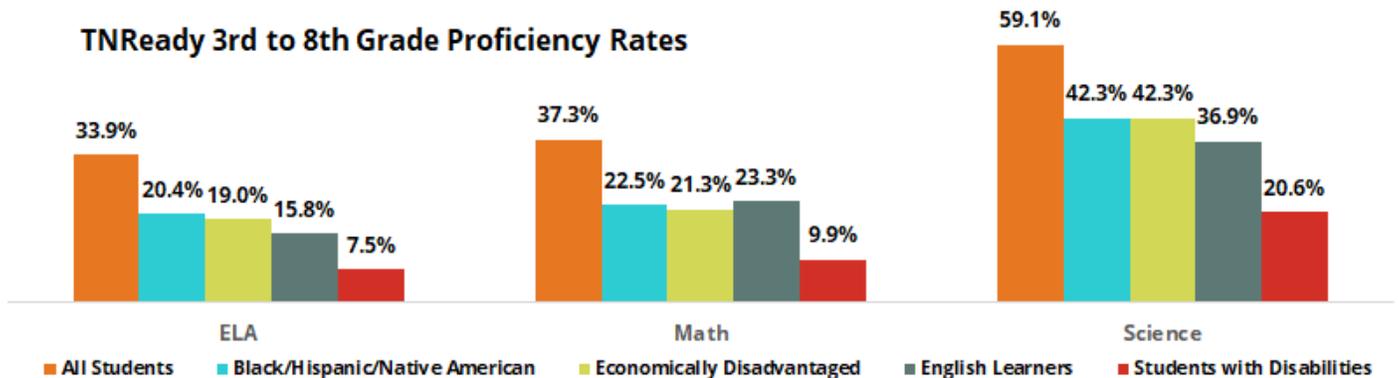
### Percent change in graduation rate, 2014-2018



### At-risk groups make up a significant portion of the PK-12 student body



## TNReady 3rd to 8th Grade Proficiency Rates

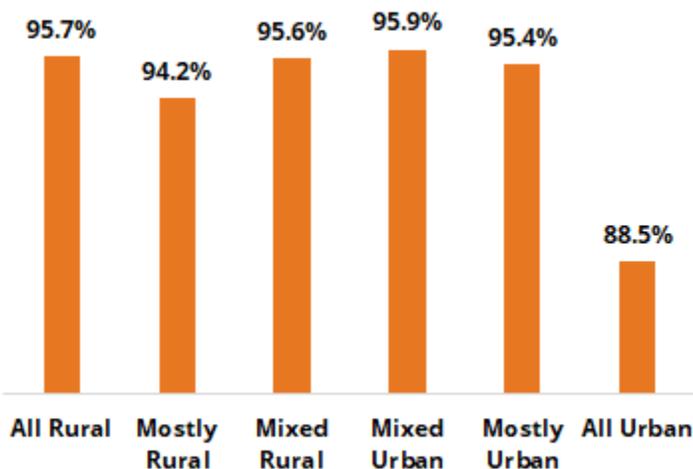


# EDUCATION OUTCOMES

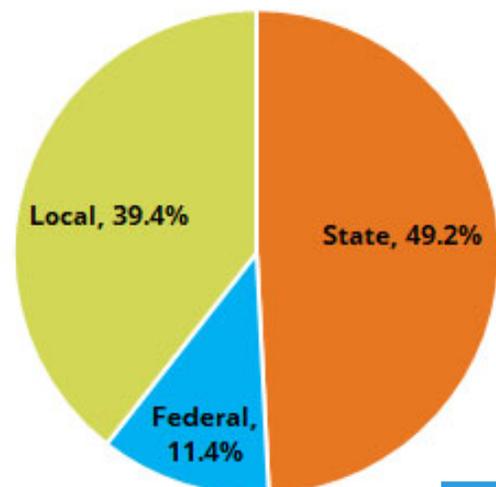
## Questions for Policymakers, Candidates and Elected Officials

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 2017-18. **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?**

Graduation rates by urban/rural category show few differences other than in the most urban areas, where rates are noticeably lower. Surprisingly, the “Mostly Urban” category that captures so many of the wealthier suburban collar counties does not have higher graduation rates than the rest of the non-urban counties.



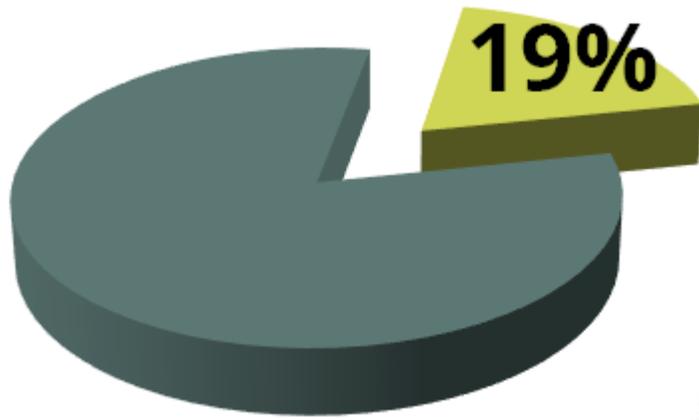
Tennessee is heavily reliant on federal funds for many services for children and youth. Education is the one category that is primarily funded through state and local governments. Some individual districts still have high federal fund dependence. Etowah schools in McMinn County and Humboldt schools in Gibson County are highest at over 20 percent federal while Williamson County is lowest at just over 2.5 percent. The state as a whole receives over 11 percent of its education expenditures from the federal government.



# OUT OF SCHOOL TIME PROGRAMS

## Afterschool and summer 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 22,904 kids in programs supported by the US Department of Education's 21st Century Community Learning Centers and 13,121 kids in programs supported by Lottery for Education: Afterschool Programs (LEAPs).

*Source: Tennessee Afterschool Network & TCCY Resource Mapping Project*

# 1 in 3

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, and
- Reducing crime and juvenile delinquency.

Among Tennessee parents:

*Source: Tennessee Afterschool Network*

**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*

# OUT OF SCHOOL TIME 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?**

A Rand Corporation study found that Out of School Time (OST) programs enjoy strong public support for three reasons:

1. After school, unsupervised kids may engage in risky behaviors.
2. Youth access to enrichment activities is highly dependent on family income.
3. Low-income students trail substantially behind more-affluent peers, in terms of academic achievement.



OST programs provide cumulative opportunities to a child.



In FY 2017-18, 21st Century Community Learning Centers served **22,904 Tennessee students** in 75 school districts plus the Achievement School District. Programs were supported by over **\$20 million** in federal Every Student Succeeds Act (ESSA) funds.



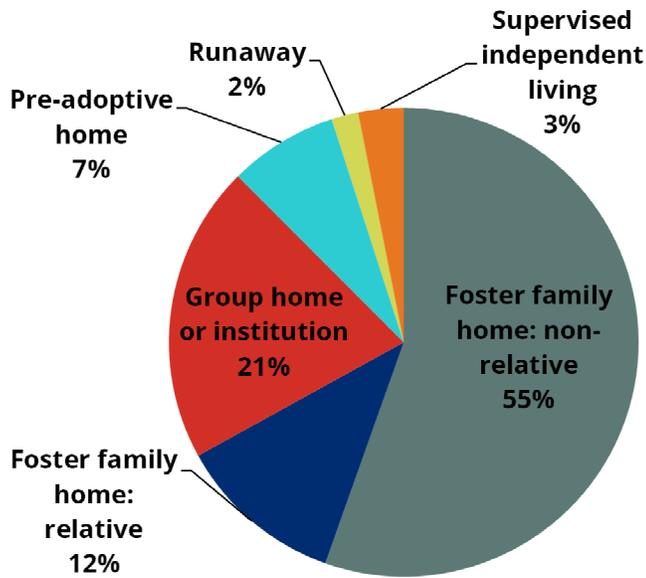
In FY 2017-18, Lottery for Education: Afterschool Programs (LEAPs) served **13,121 Tennessee students** in 62 school districts plus the Achievement School District. Programs were supported by **almost \$12 million** in unclaimed state lottery funds. Amounts of unclaimed funds available for afterschool programs vary each year.

# CHILD WELFARE, FOSTER CARE AND YOUTH TRANSITIONS

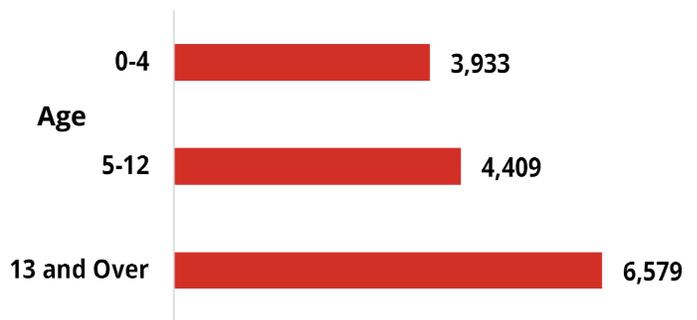
## Success for children in foster care relies on strengthening families

*The majority of children leave care to live with family*

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

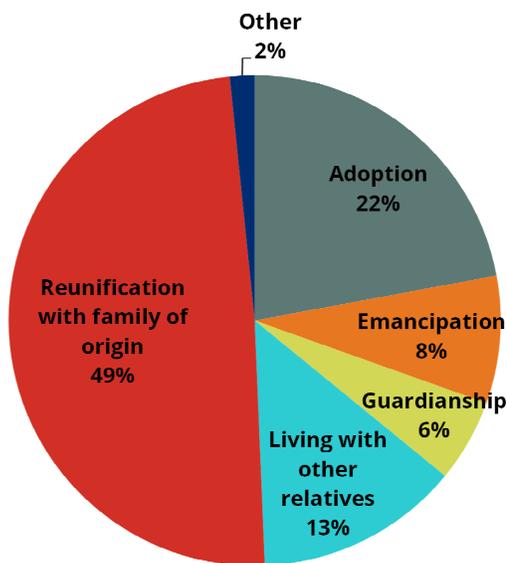


Just under 1 percent of Tennessee children were in state custody in 2017-18



14,921 total children in custody in 2017-18

3 out of every 5 children who leave foster care reunify with parents or go to live with other relatives



Source: AFCARS data retrieved from [datacenter.kidscount.org](http://datacenter.kidscount.org)

**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. In 2017-18, the Tennessee CASA network had **31 programs** serving **54 counties**.



Source: Tennessee CASA Association

# CHILD WELFARE, FOSTER CARE AND YOUTH TRANSITIONS

## Success for children in foster care relies on strengthening families

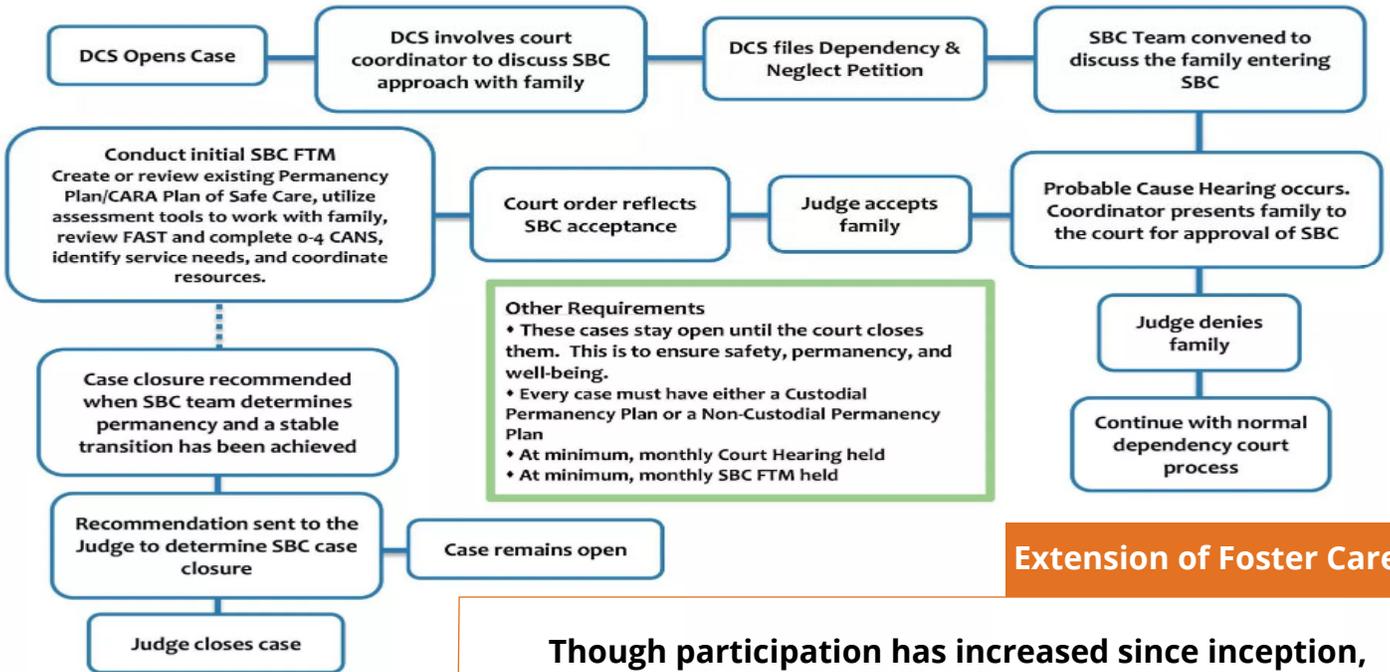
*Youth who "age out" of foster care need extra support*

### Tennessee Safe Baby Courts

In recent years, Tennessee has undergone a transformation in recognizing the long-lasting impact traumatic events can have on young children. Nationally, every 10 seconds, there is a report of child abuse. Every six minutes, an infant or toddler is removed from his/her home because of abuse or neglect. These children will then have repeated interactions with the judicial system. Safe baby courts are the key to ensuring those interactions are compassionate, collaborative and, above all, put the long-term needs of the child first.

#### Safe Baby Court Process Map

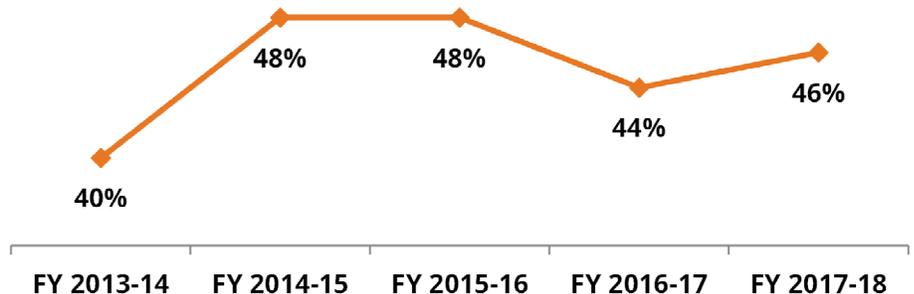
*Created by TNsafebabycourts*



#### Extension of Foster Care

Though participation has increased since inception, fewer than half of eligible youth aging out of foster care accept Extension of Foster Care services.

Young adults ages 18 to 21 leaving foster care may enroll in Extension of Foster Care Services, providing them support to prepare for their futures by receiving additional educational opportunities, employment opportunities, and consistent and safe housing.



# JUVENILE JUSTICE

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

*Interaction with the Juvenile Justice system creates disconnection*

## Findings of the 2017 Joint Ad-hoc Tennessee Blue Ribbon Task Force on Juvenile Justice

- Youth charged with lower-level offenses like misdemeanors and unruly offenses (which would not be crimes if committed by an adult) make up the majority of the juvenile justice population. Nearly half of youth placed in out-of-home facilities are committed for non-felonies.
- Youth who are put under state supervision are staying longer and have more out-of-home placements during their time in custody than they were five years ago.
- Community-based interventions that effectively hold youth accountable, reduce recidivism and keep families intact are not available across the state—especially in rural jurisdictions. A lack of statewide guidance for the courts leads to inconsistent outcomes for youth.
- Data collection and information sharing is insufficient and inconsistent across the state, leading to a lack of accountability and inability to measure the effectiveness of the juvenile justice system.

**Almost half of Juvenile Justice custody dispositions are for low-level offenses.**

**44%**  
Misdemeanors and other minor violations

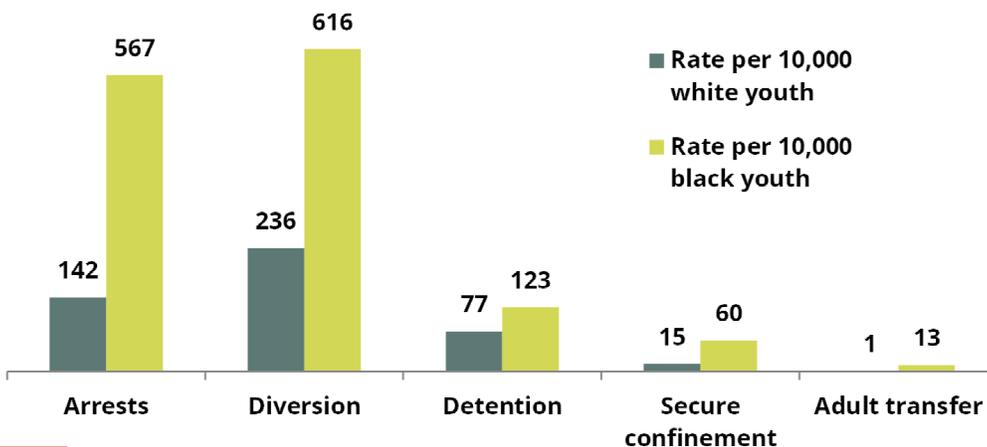
**10% Other (traffic, technical violation, status)**

**34% Misdemeanor**

**56% Felony**

The rate at which black and white youth interact with the juvenile Justice system is disproportionate, and becomes more so as one moves toward heavier sentences.

Source: Office of Juvenile Justice and Delinquency Prevention



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

# JUVENILE JUSTICE

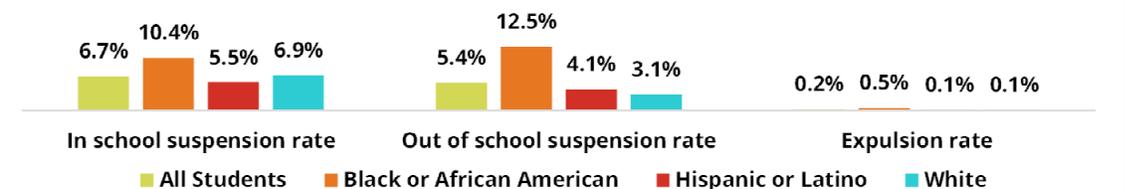
## Questions for Policymakers, Candidates and Elected Officials

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

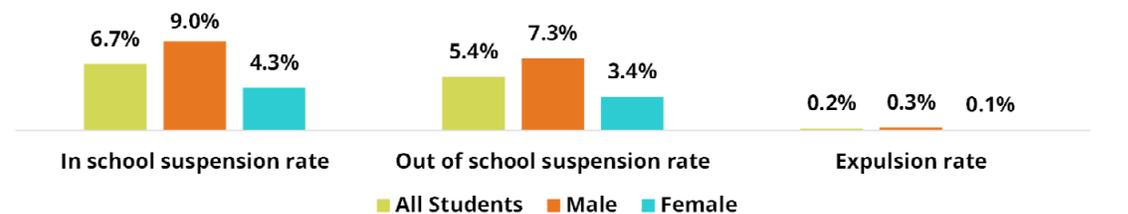
### Disproportionalities in school discipline practices lead to the “school to prison pipeline”



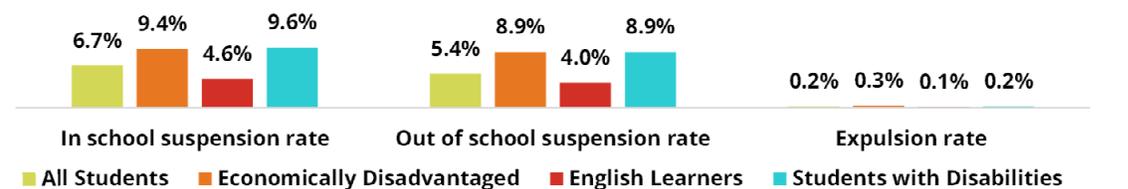
#### Differences by Race



#### Differences by Gender



#### Differences by At-Risk Group



Source: Tennessee Department of Education

## **Demographics**

Population under 18 and overall population are calculated by the Tennessee Department of Health using US Census data and are on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/3022-population-under-age-18?loc=44&loct=2#detailed/2/any/false/37,871,870,573,869/any/10029,17459>

Total population by county is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/3021-total-population?loc=44&loct=2#detailed/2/any/false/37,871,870,573,869/any/10023>

Child population by race is from the US Census Bureau, Population Bureau and is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=44&loct=2#detailed/2/44/false/37,871,870,573,869,36,868/68,69,67,12,70,66,71,72/423,424>

Children in immigrant families is from the Population Reference Bureau analysis of US Census data and is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=44&loct=2#detailed/2/44/false/37,871,870,573,869,36,868/68,69,67,12,70,66,71,72/423,424>

The TACIR report provided the basis for the rural and urban definition. Available at <https://www.tn.gov/content/dam/tn/tacir/documents/2016JustHowRuralOrUrban.pdf>

The most recent Index of Relative Rurality data is from the Purdue Center for Regional Development. Available at <https://purr.purdue.edu/publications/2960/supportingdocs?v=1>

The percent of children living in poverty by county is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/6229-children-in-poverty?loc=44&loct=5#detailed/5/6420-6514/false/871,870,573,869,36,868,867,133,38,35/any/13227,12961>

## **Census 2020**

Analysis of data by Andrew Reemer and William O'Hare at the Annie E. Casey Foundation. Unpublished.

Tennessee child expenditure data from TCCY's Resource Mapping Report to the Legislature for 2019. Available at <https://www.tn.gov/content/dam/tn/tccy/documents/rm/MAP-rpt19.pdf>

Information on Complete Count Committees from the US Census Bureau. Available at [https://www.census.gov/programs-surveys/decennial-census/2020-census/complete\\_count.html](https://www.census.gov/programs-surveys/decennial-census/2020-census/complete_count.html)

## **Adverse Childhood Experiences (ACEs)**

The Truth About ACEs graphic is from the Robert Wood Johnson Foundation. Available at <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>

The number of ACEs reported by Tennessee adults is from the Centers for Disease Control Behavioral Risk Factor Surveillance System. Available at <https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/data-reports.html>

Community Innovation Grants map produced by Building Strong Brains Tennessee. Available at <https://www.tn.gov/content/dam/tn/tccy/documents/ace/ACEs%20FY%2020%20FUND.pdf>

## **Poverty**

Children living in poverty by county is from the US Census Bureau, Small Area Estimates Branch and is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/6229-children-in-poverty?loc=44&loct=5#detailed/5/6420-6514/false/871,870,573,869,36,868,867,133,38,35/any/13227,12961>

Children at different levels of poverty by race is from the Population Reference Bureau's analysis of US Census data and is on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/6726-children-below-200-percent-poverty-by-race?loc=44&loct=2#detailed/2/44/false/871,870,573,869,36,868,867,133,38,35/10,11,9,12,1,185,13/13819,13820>

<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>

<https://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/871,870,573,869,36,133,35,16/4038,4040,4039,2638,2597,4758,1353/17619,17620>

Persistent Poverty Counties map is from the Congressional Research Service. Available at [https://www.everycrsreport.com/reports/R45100.html#\\_Toc4755057](https://www.everycrsreport.com/reports/R45100.html#_Toc4755057)

## **Food and Nutrition**

Data on food insecurity is from Feeding America. Available at <https://www.feedingamerica.org/sites/default/files/research/map-the-meal-gap/2016/2016-map-the-meal-gap-all-modules.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 the percentage of students with a higher than recommended BMI is from the Tennessee Department of Education, Coordinated School Health. Available at <https://datacenter.kidscount.org/data/tables/8705-public-school-students-measured-as-overweight-or-obese?loc=44&loct=2#detailed/2/any/false/871,870,573,869,36,868,35/any/17473>

Food desert map is from the Prevention Resource Center Rapid Health Impact assessment. Available at <https://www.ejoo.org/-/media/assets/external-sites/health-impact-project/prc-2015-sb1176-report.pdf>

## **Access to Health Care, Maternal and Infant Health Care and Dental Health Care**

CHIP and TennCare enrollment data are from Medicaid.gov. 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. Available at <https://www.census.gov/data-tools/demo/sahie/sahie.html>

Data on Tennessee hospital closures and those at-risk for closure is from the Cecil G. Sheps Center for Health Services, Chartis Center for Rural Health and American Hospital Directory. Available at <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

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

Maternal Mortality data, including by race, is from America's Health Rankings. Available at <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

Causes of pregnancy-related deaths is from the Centers for Disease Control and Prevention. Available at [https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)

Maternal Health Deserts map is from Chartis Center for Rural Health. Available at [https://www.ivantageindex.com/wp-content/uploads/2019/02/CCRH\\_State-OB-Map\\_Tennessee.pdf](https://www.ivantageindex.com/wp-content/uploads/2019/02/CCRH_State-OB-Map_Tennessee.pdf)

Preventive dental care return on investment information and graphic and effects of oral health problems on school attendance are from Cigna. Available at <https://dentistry.uic.edu/blog/value-preventive-oral-health-care>

Tennessee and national child preventive dental care rates are from a Child Trend analysis of data from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health. Available at <https://datacenter.kidscount.org/data/tables/9696-children-who-have-received-preventive-dental-care-in-the-past-year#detailed/2/44/true/1603/any/18937,18938>

Information on rural dental health care challenges is from the *Journal of Public Health Dentistry*. Available at <https://doi.org/10.1111/j.1752-7325.2010.00178.x>

Number of practicing dentists by county is from the Health Professional Licensing Reports, Tennessee Department of Health. Available at <https://datacenter.kidscount.org/data/tables/3039-dentists-by-county-of-practice?loc=44&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/any/10147,13279>

Graphics on oral health differences by income and water fluoridation rates are from the American Dental Association Tennessee fact sheet. Available at <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthCare-StateFacts/Tennessee-Oral-Health-Care-System.pdf>

## **Access to Mental Health & Substance Use Care**

Mental health diagnosis prevalence by age is from the *Journal of Pediatrics*. Available at <https://www.sciencedirect.com/science/article/pii/S0022347618312927?via%3Dihub>

The number of mental health workers in Tennessee is from the Centers for Disease Control behavioral health services by state. Available at <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/tennessee/index.html#table>

National youth mental health statistics and graphic are from Mental Health America. Available at <https://www.mentalhealthamerica.net/sites/default/files/2018%20The%20State%20of%20MH%20in%20America%20-%20FINAL.pdf>

The *Mental Health Facts* Impact graphic is from the National Alliance on Mental Illness. Available at <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

Increased risk of suicide from having a handgun in the house is from The Jason Foundation, quoted in a PBS news story. Available at <https://www.pbs.org/thesilentepidemic/riskfactors/guns.html>

Teen suicide rates in Tennessee from the Tennessee Suicide Prevention Network. Available at <http://tspn.org/wp-content/uploads/2010/08/Youth-Data.pdf>

The number of ACEs reported is from the Centers for Disease Control Behavioral Risk Factor Surveillance System. Available at <https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/data-reports.html>

Data on the impact of substance abuse in the home on children is from the American Academy of Pediatrics. Available at <http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1575>

The Tennessee Together Student Survey was conducted by the Tennessee Department of Mental Health and Substance Abuse Services. Available at <https://tntogether.com/activities/participate-tennessee-together-student-survey-0>

Neonatal Abstinence Syndrome data is from two sources, the Department of Health and TennCare annual reports of NAS data. Available at <https://www.tn.gov/content/dam/tn/health/documents/nas/NAS%20Annual%20Report%202018%20FINAL.pdf> and <https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareNASData2017.pdf>

### **Domestic Abuse and Human Trafficking**

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

The percent of boys and girls who suffer abuse and signs they may exhibit are from The National Center for Victims of Crime. Available at <http://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

Tennessee domestic abuse statistics are from the TBI 2017 Domestic Violence Report. Available at [https://www.tn.gov/content/dam/tn/tbi/documents/tibrs/Domestic%20Violence%202017\\_Final.pdf](https://www.tn.gov/content/dam/tn/tbi/documents/tibrs/Domestic%20Violence%202017_Final.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. Available at <https://www.childwelfare.gov/topics/can/factors/contribute/family/domviolence/>

Human trafficking data and graphics are from The Polaris Project. Available at <http://polarisproject.org/sites/default/files/2017NHTHStats%20%281%29.pdf>

### **Home Visiting**

The map showing types of evidence-based home visiting programs across the state is from the Home Visiting Leadership Alliance. It is unpublished.

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

The cost 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 at [https://www.tn.gov/content/dam/tn/health/program-areas/reports\\_and\\_publications/Home\\_Visiting\\_Report\\_2018.pdf](https://www.tn.gov/content/dam/tn/health/program-areas/reports_and_publications/Home_Visiting_Report_2018.pdf)

### **Early Childhood Education**

The "smart investment" graphic is from James Heckman. Available at <https://heckmanequation.org/resource/the-heckman-curve/>

The comparison of spending on children under 5 to their portion of the population is from the TCCY Resource Mapping Project. Available at <https://www.tn.gov/content/dam/tn/tccy/documents/rm/MAP-rpt19.pdf>

The cost of child care comparisons are from Child Care Aware of America. 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 online. Available at <https://www.tn.gov/humanservices/for-families/child-care-services/find-child-care.html>

The Tennessee Early Intervention System data is from the Department of Education as reported to the TCCY Resource Mapping Project and is available on the KIDS COUNT data center. Available at <https://datacenter.kidscount.org/data/tables/8303-early-child-intervention?loc=44&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867/any/16877,16878>

## **Education Outcomes**

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

High school graduation rates by race are from the Tennessee Department of Education and are available on the KIDS COUNT data center. Available at <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 its data download page. Demographic data on the student population is available on the same page under Profile & Demographic Information. Available at <https://www.tn.gov/education/data/data-downloads.html>

The percentage of funds from federal state and local sources is from the Tennessee Department of Education Annual Statistical Report for 2018-19. Available at <https://www.tn.gov/education/data/department-reports/2018-annual-statistical-report.html>

## **Afterschool Programs**

Data and research on Tennessee afterschool usage and opinions is from the Tennessee Afterschool Network. Available at <http://www.tnafterschool.org/>

The Rand study information and graphic are from the Rand Corporation. Available at <https://www.rand.org/pubs/infographics/IG134.html>

Family Resource Center and 21<sup>st</sup> Century Community Learning Center data are from the Department of Education as reported to the TCCY Resource Mapping Project.

## **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. Available at <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>

Children in state custody by age are from the Department of Children's Services Annual Report. Available at [https://www.tn.gov/content/dam/tn/dcs/documents/quality\\_improvement/annual-reports/Annual%20Report%2011-2018.pdf](https://www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/annual-reports/Annual%20Report%2011-2018.pdf)

The Safe Baby Court process map is from TNsafebabycourts. Available at <https://tnsafebabycourts.org/criteria-and-requirements/safe-baby-court-flow/>

CASA data is from the Tennessee CASA Annual Report. Available at <https://www.tncasa.org/about-us/annual-report.html>

Extension of Foster Care use data is from the Tennessee Youth Transitions Advisory Council Annual Report. Available at <https://www.tn.gov/content/dam/tn/tccy/documents/ytac/yt-ar-18.pdf>

## **Juvenile Justice**

Relative Rate Index (disproportionate race) data is from the Office of Juvenile Justice and Delinquency Prevention. It requires membership and was accessed by TCCY Juvenile Justice staff.

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

Data on custody dispositions is from the Joint Ad-Hoc Tennessee Blue Ribbon Task Force on Juvenile Justice Final Report. Available at <http://www.capitol.tn.gov/joint/reports/docs/joint%20Ad%20Hoc%20TN%20Blue%20Ribbon%20Task%20Force%20on%20Juvenile%20Justice%20Final%20Report.pdf>

Enrollment, suspension and expulsion data by race 2017-18 is from the Department of Education and is available on its data download page under Profile and Demographic Information (enrollment, under profile data) and Additional Data (suspension and expulsion, under discipline). Available at <https://www.tn.gov/education/data/data-downloads.html>



