Tennessee Commission On Children & Youth

Resource Map of Expenditures for Tennessee Children and Youth

Annual Report | April 2026

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Resource Mapping 2026

Resource Map of Expenditures for Tennessee Children and Youth

FY 2024–25 Data

Tennessee Commission on Children and Youth

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Cover Letter to the Governor and General Assembly

Dear Honorable Governor Bill Lee and Members of the 114th General Assembly:

In accordance with 2008 Public Chapter 1197, codified as TCA 37-3-116 (included as Appendix A), the Tennessee Commission on Children and Youth respectfully submits the Resource Mapping 2026 Report. This year's report is the most analytically comprehensive in the project's history. For the first time, it includes a Social Return on Investment analysis, a systematic review of 2,525 peer-reviewed studies, a federal funding disruption assessment, an analysis of how funds are distributed across functional categories, and ten years of expenditure trend data—tools designed to give the General Assembly an evidence-based view of what Tennessee's investment in children produces, not just what it costs.

The central finding is encouraging: Tennessee's children and youth's programming portfolio generates an estimated $1.71 in economic and social value for every dollar invested. Prevention and early intervention programs produce the strongest returns, and the state has absorbed a growing share of children's programming funding as federal sources have declined. At the same time, the data reveal areas warranting attention—early childhood investment has not kept pace with the broader portfolio, and federal funding disruptions are already reaching Tennessee's programs. TCCY appreciates the many staff across state government who made the collection of this data possible. Their responsiveness, cooperative nature, and dedication to accuracy are what make this report possible.

The data in this year's report reflect expenditures from 26 agencies and 300 programs totaling $15.3 billion in expenditures on children and youth across the state in FY 2025. Of the $15.3 billion total, $9.0 billion were state dollars, $5.8 billion were federal dollars, and $429 million were funds from other sources. 224 programs (representing $8.28 billion) met the criteria for inclusion in the Social Return on Investment analysis presented later in the report; the remainder were excluded because they serve predominantly or exclusively adult populations, function as fiscal pass-throughs, or lacked sufficient outcome data.

We thank the members of the General Assembly for their continued investment in this work. The data in this report demonstrate that Tennessee's commitment to its children is producing measurable returns. The recommendations that follow are grounded in those data and are offered in the spirit of ensuring that all Tennessee children are Safe, Healthy, Educated, Nurtured and Supported, and Engaged in activities that help them reach their potential.

If you are interested in receiving a briefing on this report individually or before committees, please contact Kylie Graves at (629) 259-0870 or Kylie.Graves@tn.gov. We look forward to continued collaboration with the Administration and General Assembly in the use of information provided in this report to improve outcomes for children, youth and families across Tennessee.

Sincerely,

Richard Kennedy, Executive Director Tennessee Commission on Children and Youth

Executive Summary

For every dollar Tennessee invests in children's programs, the state receives an estimated **$1.71 in economic and social value.** That is a central finding of this report—the first in the Resource Mapping project's history to include a Social Return on Investment analysis. Across 300 programs, 26 agencies, and $15.3 billion in total expenditures, the analysis tested the portfolio's return under 10,000 simulated scenarios varying every major assumption. The portfolio exceeded breakeven in every one. Twelve of thirteen program groups generate positive returns. Tennessee's investment in its children is working.

It works best when it starts early. Programs that reach children before problems develop generate the strongest returns in the portfolio: Early Intervention programs return an estimated $3.89 per dollar, Targeted Prevention programs return $2.18, and programs serving children under six return $3.32. The data reveal a consistent prevention gradient—as programs move from upstream prevention to downstream crisis response, returns decline. Early Intervention programs return more than triple what Intensive Intervention programs return per dollar invested. The gradient holds across all seven programmatic focus categories.

Yet Tennessee directs the least investment toward the programs that produce the greatest returns. Not including TISA, the state allocates 46 percent of its children's expenditure to moderate and intensive intervention and only 28 percent to targeted prevention and early intervention. Children under six represent approximately 26 percent of Tennessee's child population (U.S. Census Bureau, ACS, 2023) but receive 7.5 percent of total expenditures (excluding TISA, which by design serves only K–12 students and therefore cannot reach this age group). Programs serving these youngest children grew significantly slower than the broader portfolio in total expenditure, cost per child, and group median budget over the past decade—despite producing nearly double the estimated social return of other programs (3.32× vs. 1.61×). Median cost per child for early childhood programs fell from $904 in FY 2015 to $773 in FY 2024, while the rest of the portfolio rose from $302 to $518. The most robust finding in the entire ten-year trend analysis is that this gap is not new: it persists across every time window tested.

The state is stepping up. Between FY 2024 and FY 2025, state-source expenditures on children grew by $471 million (+5.5%; including TISA), while federal expenditures declined by $576 million (−9.0%). Since FY 2021, the state share of the portfolio has risen from 47 percent to 59 percent—a cumulative $2.2 billion shift in which Tennessee has absorbed a sustained federal retreat and replaced it with state dollars. Non-TISA state spending on children increased by $207 million in FY 2025, led by the Department of Children's Services (+$80.2 million), the Department of Health (+$39.4 million, a 69.6 percent increase across maternal and child health, disease prevention, and clinical services programs), TennCare (+$58.4 million), and the Department of Mental Health and Substance Abuse Services (+$24.9 million, a 34 percent increase supporting 87 programs across the full continuum from community-based prevention through regional mental health institutes). These are not abstract budget figures—they represent decisions the General Assembly and state agencies have already made that are producing measurable returns.

How state dollars reach children is as important as how much the state spends. For the first time, this report examines how Tennessee's children's spending is distributed across functional categories—direct services, contracted providers, program staff, and administration. The results reveal two distinct delivery models operating side by side. Large federally funded programs channel most of their expenditure through direct benefit transfers—TennCare

premiums, SNAP benefits, child care subsidies—reaching families as cash or in-kind assistance. State-funded programs operate differently: 46 percent of state dollars flow through contracted community providers, and another 22 percent support program staff. This pattern reflects a delivery architecture built on cross-sector partnerships—community mental health centers, early intervention service providers, school-based clinical partners, and local nonprofits that carry out the state's mission in communities across Tennessee. Those partnerships are not incidental to how state-funded programming works; they are the mechanism through which it works. As the state absorbs a growing share of children's funding, the resilience and capacity of this partnership infrastructure becomes a fiscal and programmatic priority in its own right.

Federal funding remains both indispensable and increasingly unreliable. Excluding TISA, federal sources still account for nearly two-thirds of targeted children's spending in Tennessee. This year, several agencies reported on federal disruptions—a new optional question added to the Resource Mapping instrument for the first time— across 26 programs with seven distinct pathways of impact. The most consequential impact reported to date is a $44.5 million reduction in federal Child Care and Development Fund (CCDF) discretionary funding to the Department of Human Services. The department reported that this reduction would trigger a waitlist for the Smart Steps Child Care Payment Assistance program beginning August 26, 2025, directly restricting the number of Tennessee families who can access child care subsidies. The department also reported reducing contracts with quality improvement partners that support child care licensing standards. These are anticipated FY 2026 actions identified by the agency during the FY 2025 data collection cycle; they are not yet reflected in the expenditure data presented elsewhere in this report.

Other disruptions included loss of federal technical staff that left programs operating for months without guidance, competitive rebids that halved available program slots, and grant terminations that eliminated coordination infrastructure. Several agencies with the largest federal portfolios—including those administering TennCare, child welfare, and SNAP, collectively accounting for more than $3.6 billion in federal children's funding— did not respond to this optional question. The full scope of disruption is almost certainly larger than what is documented here. Beyond the survey responses, a longitudinal analysis of historical Resource Mapping data traces the pandemic-era federal relief winddown—the largest federal funding transition in the portfolio's recent history. Pandemic relief flowed through more than 50 programs across six agencies between FY 2021 and FY 2025, peaking at approximately $1.43 billion and falling to $261 million by FY 2025. ESSER and GEER—the dominant vehicles—touched 17 programs at the Department of Education and the Governor's Early Literacy Foundation; other pandemic supplements reached the Departments of Health, Disability and Aging, Mental Health and Substance Abuse Services, and the Administrative Office of the Courts. Of these programs, four achieved full state replacement, including the $142.6 million CCTE Innovative School Models conversion; two continued at reduced scale, with Reading360 shrinking from $40 million to $12 million; approximately 30 returned to their pre-pandemic base funding when one-time supplements expired; and at least eight ended entirely. The pandemic relief experience provides a direct precedent for what the current wave of federal disruptions may produce: the pattern was selective replacement rather than comprehensive backfill, and the programs most likely to lose funding were the smaller, less visible ones closest to the communities they serve.

The risks are not distributed evenly. County-level analysis of 95 counties reveals that small rural counties have the fewest programs in absolute terms—most are served by just 3 to 4 Early Intervention programs—and are simultaneously the most reliant on federal formula funding. The counties with the highest per-child intensive intervention spending are the same counties where prevention and early intervention programs are thinnest. Any disruption to federal programs

would hit these communities hardest, with the greatest per-capita impact in the places that currently have the least capacity to absorb it.

Taken together, these findings point in a clear direction. The seven major findings and nine recommendations that follow identify specific, data-grounded actions the General Assembly can take to build on what is working, address what is not, and strengthen the system's resilience to the fiscal pressures ahead.

FY 2025 Major Takeaways

The FY 2025 Resource Mapping report presents the most comprehensive analysis of Tennessee's children's programming portfolio in the project's history. Across 300 programs, 26 agencies, and $15.3 billion in total expenditures, seven findings stand out for their relevance to policy and budget decisions.

Tennessee's investment in children generates positive returns. The first-ever Social Return on Investment analysis estimates that every dollar invested in children's programs returns $1.71 in economic and social value. Twelve of thirteen program groups exceed breakeven. In 10,000 simulated scenarios, the portfolio as a whole exceeded breakeven every time.

Prevention and early intervention produce the highest returns per dollar. Programs that reach children before problems develop—Early Intervention (3.89×), Targeted Prevention (2.18×), and programs serving children under six (3.32×)—consistently generate the strongest returns. Tennessee currently allocates a larger share of its analyzed expenditure to intervention than to prevention, despite prevention generating stronger returns per dollar.

The state has absorbed a cumulative $2.2 billion in federal retreat since FY 2021. In the most recent year alone, state expenditures grew by $471 million (+5.5%; including TISA) while federal expenditures declined by $576 million (−9.0%). Tennessee's state share of the portfolio rose from 55.7% to 59.0%. Non-TISA state spending on children increased by $207 million, led by the Department of Children's Services, Department of Health, TennCare, and the Department of Mental Health and Substance Abuse Services.

State dollars and federal dollars purchase different things—and the distinction matters for how Tennessee delivers services. The first-ever Expenditure by Category analysis reveals that approximately 75 cents of every non-formula dollar went to Direct Services, 9 cents to contracted providers, 9 cents to program staff, and 5 cents to administration. But these portfolio-wide figures mask a fundamental structural difference. Large federally funded programs operate primarily as benefit transfers—dollars flowing to families through TennCare, SNAP, and child care subsidies. State-funded programs operate through a different model: 46 percent of state dollars flow through contracted community organizations, and 22 percent support program staff delivering services directly. Programs with mixed state and federal funding resemble the state-funded pattern rather than the federal one, suggesting that when Tennessee agencies secure federal grants to complement state funds, they channel those dollars through the same community partnership networks. This delivery architecture—built over decades of collaboration between state agencies and community-based providers—is the mechanism through which the state's investment reaches children. Protecting and strengthening it is essential as the state assumes a growing share of total children's funding.

Early Childhood programs are losing ground relative to the rest of the portfolio. Early childhood expenditures increased from 11.4% to 13.1% of the non-TISA portfolio in FY 2025, a notable single-year rebound. However, children under six represent 26% of the state's child population (U.S. Census Bureau, ACS, 2023), and the ten-year trend analysis found that early childhood programs grew significantly slower than the broader portfolio in total expenditure, cost per child, and group median budget—despite producing more than double the estimated return (3.32× vs. 1.61×). Whether this single-year gain reflects a lasting policy shift or a one-time correction remains to be seen; a single year of improvement does not yet reverse a decade of relative decline.

Federal funding disruptions are already reaching Tennessee's programs. Twenty-six programs across eight agencies reported federal disruptions in the first year this question was asked. The most consequential impact—a $44.5 million reduction in child care discretionary funding—was reported by the Department of Human Services as likely to trigger a waitlist restricting access to child care subsidies. Several agencies with the largest federal portfolios did not respond to this optional question, meaning the full scope of disruption is likely larger. A longitudinal analysis of the pandemic-era federal relief winddown shows that pandemic funding flowed through more than 50 programs across six agencies between FY 2021 and FY 2025, peaking at approximately $1.43 billion. The state successfully replaced funding for some high-profile programs (CCTE Innovative School Models transitioned to $142.6 million in state funds) but not others (Reading360 shrank from $40 million to $12 million; at least eight programs ended entirely). The pandemic precedent suggests that future federal losses will follow a similar pattern of selective, rather than comprehensive, state replacement.

Data infrastructure improvements are yielding results and should continue. FY 2025 marks the first year of expenditure-by-category reporting, federal funding disruption tracking, eligibility-of-funding questions, concrete outcome data reporting, and systematic demographic analysis. Each of these first-year analyses produced actionable findings despite partial coverage. Standardizing and expanding these data collection efforts will strengthen the Commission's ability to provide the General Assembly with the comprehensive view of Tennessee's children's programming that TCA 37-3-116 envisions.

Recommendations

The following recommendations are grounded in the seven major findings above and the detailed analyses presented in this report.

Shift New Investment Toward Prevention and Early Childhood

The SROI analysis finds that Early Intervention programs return an estimated $3.89 per dollar invested and programs serving children under six return $3.32—the two highest returns in the portfolio. Yet Tennessee allocates 46 percent of its analyzed expenditure to moderate and intensive intervention and only 28 percent to prevention and early intervention, the categories that consistently produce stronger returns. The ten-year trend analysis confirms that programs serving children under six grew significantly slower than the broader portfolio in total expenditure, cost per child, and group median budget over the past decade. Median cost per child for early childhood programs fell from $904 in FY 2015 to $773 in FY 2024, even as the rest of the portfolio rose from $302 to $518. Children under six represent 26 percent of Tennessee's child population (U.S. Census Bureau, ACS, 2023) but receive 7.5 percent of total

expenditures (excluding TISA, which by design serves only K–12 students and therefore cannot reach this age group).

These data do not suggest cutting intensive services—children already in crisis must be served. They do suggest that expanding evidence-based prevention and early intervention, particularly for children from birth to age five, would reduce the number of children who eventually need intensive services while generating more value per dollar invested. The General Assembly could direct new or redirected resources toward this end of the continuum, where Tennessee's own data show the return is strongest and the trajectory is weakest.

Build State Resilience to Federal Funding Disruption

Federal sources account for nearly two-thirds of non-TISA children's spending in Tennessee. The federal share of the portfolio has fallen from 50 percent in FY 2021 to 38 percent in FY 2025—a cumulative $2.2 billion shift the state has largely absorbed through increased state expenditures. As documented in the Executive Summary and the Federal Funding Disruption section of this report, 26 programs across eight agencies have already identified disruptions through seven distinct pathways—including a $44.5 million reduction in child care discretionary funding expected to trigger a waitlist for Tennessee families. The full scope of disruption is likely larger, as several agencies with the largest federal portfolios did not respond to this first-year optional question. The pandemic-era relief winddown provides a concrete case study of what happens when large federal funding streams expire: pandemic relief flowed through more than 50 programs across six agencies, peaking at $1.43 billion in FY 2021 and falling to $261 million by FY 2025. The state successfully replaced funding for several large programs—most notably converting CCTE Innovative School Models to $142.6 million in state funds and securing a confirmed state takeover for AP Access for All—but it did not replace all losses. Reading360 shrank by 70 percent, at least eight programs ended entirely, approximately 30 programs that had received one-time pandemic supplements returned to their pre-pandemic base funding without replacement of the lost capacity, and Grow Your Own and Leadership Development remains ESSER-dependent with no replacement indicated in the FY 2025 data. The pattern was selective replacement, not comprehensive backfill—and the programs most likely to lose funding were the smaller, less visible ones closest to the communities they served.

The General Assembly could take three specific steps: require agencies with high federal dependency to maintain contingency plans identifying which services would be affected by a 10, 25, or 50 percent federal reduction; prioritize state bridge funding for programs where federal reductions would leave Tennessee children without access to critical services; and direct TCCY to produce an annual federal funding vulnerability assessment as a standing component of future Resource Mapping reports.

Strengthen and Sustain the Partnership Infrastructure That Delivers Tennessee's Children's Services

The first-ever Expenditure by Category analysis reveals that Tennessee's state-funded children's programs do not primarily operate as benefit transfers. Instead, 46 percent of state dollars flow through contracted community providers—community mental health centers, early intervention service agencies, school-based clinical partners, home visiting organizations, and local nonprofits—and another 22 percent support the program staff who deliver services directly. Programs with mixed state and federal funding follow the same pattern. This means that the state's growing investment in children is only as effective as the community-based organizations and inter-agency coordination structures through which it is delivered.

That infrastructure is already under strain. The Federal Funding Disruption section documents the loss of coordination grants—including the SOCAT Network grant that funded statewide system-of-care coordination for children's mental health—and the scaling back of cross-agency coordination councils that connect services across regions. The Department of Human Services reported reducing quality improvement partner contracts that support child care licensing standards. These are not line-item reductions; they are losses of connective tissue that hold the delivery system together. When a coordination council stops convening, when a quality partner loses its contract, when a community mental health center loses its state contract and cannot sustain operations independently, the capacity to deliver services does not merely shrink—it fragments.

The General Assembly could take three steps to protect this infrastructure. First, direct agencies to identify and prioritize the community provider contracts and coordination structures that are most critical to sustained service delivery—particularly in rural counties where a single contracted provider may be the sole point of access for an entire service category. Second, invest in the cross-system data integration capabilities that would allow Tennessee to track children across programs rather than relying on duplicated service-contact counts—a capability that multiple states have implemented while maintaining data confidentiality (Data Quality Campaign, 2024) and that would transform the state's ability to identify gaps, reduce duplication, and measure whether services are reaching the children and families they are designed to serve. Third, sustain and expand the inter-agency coordination functions—such as system-of-care networks, home visiting leadership alliances, and young child wellness councils—that connect programs across agencies and regions; these structures cost a fraction of the direct services they support but are disproportionately vulnerable to federal grant cycles because they lack dedicated state funding.

Close Health Coverage Gaps That Undermine Child Outcomes

Health-focused programs represent the largest outcome category in the portfolio, with 92 programs and $3.80 billion in expenditure generating an estimated SROI of 2.35×. TennCare/CoverKids alone is the largest single program in the non-TISA portfolio. These children's health programs realize strong economic and social returns through pathways that include reduced emergency utilization, improved school attendance, and lower medical and behavioral health costs. Ensuring children have and maintain health insurance increases the likelihood of regular well-child visits which provide preventative care, early detection and treatment of physical and mental health conditions (Hagan et al., 2017; Cohodes et al., 2016). Addressing these issues early reduces the likelihood of needing more costly interventions later (Hagan et al., 2017). More than 65 percent of Tennessee's uninsured children—an estimated 59,000 or more—were financially eligible for coverage through TennCare or CoverKids but not enrolled (U.S. Census Bureau, SAHIE, 2023). Continuing and expanding efforts such as ex-parte and automatic renewals of TennCare/CoverKids, retroactive coverage, continuous eligibility provisions and enrollment outreach is essential to Tennessee children maintaining their health insurance coverage and reducing coverage loss due to administrative errors.

The systematic literature review supporting those valuations consistently documents that those same pathways are mediated by parental and caregiver access to care (Sommers et al., 2017; Currie, 2020)—that is, the returns the state earns on children's health investments are partially contingent on whether the adults in those children's lives can access preventive care themselves.

Tennessee has approximately 572,636 uninsured adults (U.S. Census Bureau, ACS, 2023), many of whom are parents and caregivers of children served by programs in this portfolio. The data in this report cannot quantify exactly how much of the health category's 2.35× return depends on caregiver coverage, but the literature the SROI valuations rest on consistently identifies it as a mediating factor (Currie, 2020; Cohodes et al., 2016; Sommers et al., 2017).

Regardless of the mechanism the General Assembly chooses, reducing administrative disenrollment and closing coverage gaps for parents and caregivers would protect and strengthen the returns the state is already generating on its $3.80 billion health investment.

Protect Program Infrastructure in Rural and Small Counties

The county-level geographic analysis reveals that small rural counties face a compounding vulnerability: they have the fewest absolute programs, meaning the loss of any single program has a disproportionate impact on families with no alternative. At the same time, the maps show that the counties spending the most on intensive intervention are the same counties where early intervention and prevention programs are thinnest, reinforcing a downstream pattern that is more expensive and less effective.

Federal formula funding drives most of the geographic variation in per-child spending, which means any disruption to federal programs would hit the highest-need rural communities hardest—the very communities where the public safety net is already thinnest in absolute terms. The General Assembly could ensure that state funding decisions account for this asymmetric vulnerability and could direct agencies to identify new and buttress existing programs in counties where a single funding loss would eliminate an entire service category for children and families.

Maintain TISA's Equity Weights and Inflationary Adjustments

TISA distributes $6.5 billion annually and represents 43 percent of the total portfolio for child-serving programs. Its per-student formula with weighted allocations for economically disadvantaged students, English learners, and students with disabilities represents a significant structural improvement over the formula it replaced in 2023. But TISA does not cover the full scope of what children need from their schools. Outside of TISA, the $1.6 billion in targeted education spending—special education, school nutrition, career readiness, and school-based mental health—grew slower than other portfolio categories over the past decade. If TISA funding were to erode, these already-lagging programs would be the first to absorb the pressure.

As the General Assembly considers future modifications to TISA, the data in this report underscore the importance of maintaining annual appropriations to TISA at a rate consistent with inflation. Although the data from FY 2025 demonstrate the General Assembly's sizable investment in TISA, increases that are subject to annual appropriations and the absence of a required inflationary adjustment create the risk that future General Assemblies in tight budget years may not sustain that level of investment—leaving TISA's purchasing power vulnerable to the same budget-cycle volatility that affects any line item without a statutory inflation floor. Eroding the state's investment in TISA would shift cost pressure onto the targeted education programs that supplement TISA—programs that are already growing more slowly than the broader portfolio and that serve the students with the greatest documented need. The General Assembly could preserve the investment in TISA by requiring annual inflationary adjustments and direct TCCY and the Department of Education to jointly assess whether TISA's equity

weights are reaching the student populations that the SROI data identify as highest-return—particularly early learners and students receiving school-based behavioral health services—and report those findings in future Resource Mapping cycles.

Invest in Grant-Writing and Managing Capacity to Maximize Available Federal and Competitive Funding

Every federal or competitive dollar a program does not access is a dollar that must come from state general funds, be borne directly by families, or go unspent. At a time when federal sources are contracting and the SROI analysis demonstrates that Tennessee's programs generate positive returns across nearly every domain, the state has both the motive and the evidence base to pursue every available dollar. Yet the Eligibility of Funding analysis found that more than 97 percent of programs responded "No," "N/A," or left the field blank when asked whether they had access to funding sources they were not currently utilizing. This near-universal non-response does not mean Tennessee has exhausted all available funding—it reflects a structural gap. Program-level reporters may lack the specialized knowledge to identify grant opportunities, the personnel to manage grant-funding even if secured, and several explicitly noted they did not have the capacity to research the question rather than asserting that no opportunities existed.

The General Assembly could invest in dedicated grant-writing capacity within agencies that serve children, reduce barriers to meeting federal matching requirements, and direct TCCY to compile an annual inventory of underutilized funding streams for which Tennessee programs may be eligible.

Strengthen Program Reach Reporting to Identify Service Delivery Gaps

TCA 37-3-116 directs TCCY to identify "gaps in service delivery" across Tennessee's children and youth programming in TN. Fulfilling that mandate requires knowing whether programs are reaching the children they are funded to serve—and right now, the data to answer that question are largely absent. In FY 2025, only 28.5 percent of child-focused programs reported usable data on who their programs are reaching. Coverage was lowest for precisely the programs where gap analysis matters most: none of the 11 Nurtured and Supported programs and only 20 percent of Early Intervention programs provided this information. Without basic reach data, the Commission cannot determine whether a program funded to serve rural preschool-age children is actually enrolling rural preschool-age children, or whether families in a given region have access to the services the state is paying to provide there.

This is a gap in fiscal accountability, not a reporting technicality. When the state invests $15.3 billion across 300 programs, the General Assembly should be able to verify that those programs are reaching their intended populations. The General Assembly could direct that basic program reach reporting—including all relevant demographics (e.g., age groups served, geographic distribution, disability status, and income eligibility levels of recipients)—be a required component of the Resource Mapping instrument, with standardized fields that allow TCCY to identify where funded services are not reaching the children and communities they were designed for.

Continue Investing in the Resource Mapping Data Infrastructure

FY 2025 marks the first year of SROI analysis, ten-year expenditure trend analysis, expenditure-by-category reporting, federal funding disruption tracking, eligibility-of-funding questions, and systematic recipient analysis. Each of these first-year analyses produced

actionable findings despite partial coverage and incomplete response rates. The 59 historical data corrections applied this year—the most in the project's history—were possible only because new verification infrastructure was built into the data collection process.

Throughout this report, TCCY has identified specific improvements needed to strengthen the data infrastructure that produced these findings. Appendix D documents 32 planned changes to the data collection process alone. The Federal Funding Disruption section recommends making disruption questions mandatory and adding structured response options. The Expenditure by Category section identifies the need for custodial-care reporting approaches, sub-category taxonomy development, and cross-agency classification guidance. The Recipient Demographics section calls for standardized demographic fields to replace the open-text format that produced usable data from only 28.5 percent of programs. The Eligibility of Funding section recommends shifting from open-ended questions to curated funding inventories. And multiple sections throughout the report identify the need for cross-system data integration to move beyond duplicated service-contact counts. These are not separate initiatives. They are components of a single infrastructure investment that would transform the General Assembly's visibility into what Tennessee's $15.3 billion children's portfolio produces.

That investment falls into four areas. First, completing the transition from Excel-based data collection to a secure online platform—already planned for FY 2026—would reduce reporter burden, enable real-time validation at the point of entry, and allow TCCY to pre-populate returning programs with prior-year data so that new reporters have a documented baseline rather than starting from scratch. Second, building a public-facing data dashboard would transform Resource Mapping from a static annual document into a tool legislators and agency leaders can query directly—which programs serve children in a given district, how those programs are funded, what outcomes they report, and how their funding has changed over time. The data to power such a dashboard already exist within TCCY's FUTURE data dashboard on child wellbeing; what is needed is infrastructure to make them accessible year-round. Third, developing cross-system data integration—linking Resource Mapping project data to administrative records in education, health, and child welfare—would allow Tennessee to track individual children across programs rather than relying on the duplicated counts that currently make gap analysis impossible at the child level. This is the single capability that would most directly advance the Commission's ability to fulfill the statutory mandate of TCA 37-3-116 to identify gaps in service delivery. Multiple states have implemented similar systems while maintaining data confidentiality (Data Quality Campaign, 2024) – TN's Resource Mapping project would benefit greatly from leveraging those systems. Fourth, connecting program enrollment data to measurable administrative outcomes would move the SROI analysis from national benchmarks to Tennessee-specific results—allowing the General Assembly to see not just what programs cost, but what they actually produce for Tennessee's children.

Sustaining and expanding these capabilities also requires sustained analytical capacity. The five first-year analyses in this report—SROI, ten-year trends, expenditure by category, federal funding disruption, and demographic analysis—were each built from scratch during a single reporting cycle. Maintaining them as standing analytical products, while simultaneously improving the data collection infrastructure and expanding to new capabilities like outcome verification and cross-system integration, requires the kind of dedicated, year-round analytical investment that a single annual reporting cycle cannot absorb. The General Assembly could direct that TCCY be resourced to sustain these analytical capabilities on a continuing basis and to pursue the platform, dashboard, and data integration investments that would make the Resource Mapping infrastructure permanent and accessible. The analytical foundation has been built: ten years of cleaned longitudinal data, a validated classification system, a working SROI

methodology, and established relationships with reporters across 26 agencies. Resource Mapping is the only system that tracks what the state's $15.3 billion annual investment in children produces across agencies, outcomes, and geographies. Investing in its capacity is investing in the General Assembly's ability to verify that those dollars are reaching the children they are designed to serve.

What's New in Resource Mapping 2026

The 2026 report marks a significant modernization of the Resource Mapping data collection and analysis process. In accordance with TCA 37-3-116, TCCY has implemented several enhancements designed to strengthen the quality, consistency, and analytical depth of the data upon which this report is built.

Modernized Data Collection. The legacy online reporting application has been replaced by a structured excel-based reporting instrument with standardized fields, dropdown menus, and clear instructions and examples for entry. Starting in FY2026 reporting, the reporting portal will be replaced with a widely-used secure online data capture platform. This transition improves data consistency across agencies and reduces the manual data cleaning previously required.

Multi-Year Trend Analysis. The Resource Mapping Project has now accumulated more than a decade of program and expenditure data. To capitalize on this longitudinal depth, this report presents a detailed statistical analysis of changes in expenditures by agency, programmatic focus, and primary outcome across ten fiscal years. These analyses provide a clear picture of how Tennessee's investment in children has evolved over the past decade and establish a data-driven baseline for assessing the direction of that investment going forward.

Structured Program Descriptions. Programs now respond to four specific prompts — What does the program do? Whom does it serve? What is it trying to achieve? How is it delivered? — replacing the previous open-ended description field. These structured descriptions enable more precise classification and make program information more accessible to policymakers and the public.

New Programmatic Focus Category. A seventh programmatic focus category, "Adult-Focused Capacity Building and Support," has been added to capture programs that serve children indirectly by training and equipping parents, caregivers, educators, and service providers. This acknowledges that a meaningful share of children's programming operates by building adult capacity rather than delivering direct services to children.

Demographic Data. For the first time, programs serving children directly report the demographic distribution of children served, including race, gender, Hispanic/Latino ethnicity, poverty status, and disability status. This enables the Commission to begin assessing whether programs are reaching children proportional to their representation in the population, as required by TCA 37-3-116(a)(2)'s mandate to organize data by "target population" and "any other grouping."

Expenditures by Category. Programs now report how funds are used across standardized categories — Direct Services, Contracted Services, Personnel, Equipment, Training & Development, Administrative/Overhead, and Other — in addition to total amounts by funding source. This responds to TCA 37-3-116(a)(3), which requires a description of "the manner in which the funds are being used."

Expanded Outcome Reporting. Programs report intended outcomes, performance measures, evaluation methods, and outcome data — even qualitative or informal measures — strengthening the report's ability to address the TCA 37-3-116(a)(3) statutory requirement for "the performance measures in place to assess the use of such funding and the intended outcomes of the programs and services."

Federal Funding Impact Assessment. A new section captures whether programs were affected by recent federal funding changes, how they are adjusting, and what effects they anticipate. This provides an early-warning system for identifying vulnerabilities in the state's service infrastructure for children.

Systematic Literature Review. For the first time, the report includes an evidence base section drawing on a systematic review of 2,525 peer-reviewed articles examining child and family service interventions. This provides a benchmark against which Tennessee's service landscape can be compared across dimensions of programmatic focus, intended outcomes, economic evidence, and population targeting.

Classification Validation. TCCY independently coded all programs for Programmatic Focus and Primary Outcome based on their structured descriptions and conducted an inter-rater agreement analysis against reporter classifications. This improves the accuracy of expenditure aggregations and identifies opportunities for strengthened reporter training.

Methodology

This report draws on a longitudinal dataset maintained by TCCY covering fiscal years 2015 through 2025. The dataset contains one record per program per fiscal year, compiled from annual submissions by approximately 25 state agencies. Each record includes total expenditures, state-only expenditures, federal expenditures, the number of children served, program descriptions, and classification codes.

A five-step Python cleaning pipeline processed the raw longitudinal file through sequential transformations: column standardization, program name harmonization across 284 variant names, agency consolidation, BEP/TISA passthrough correction ($72.1 million in double-counted formula dollars removed), NServed normalization, and adult-only program filtering. All corrections are applied programmatically; the authoritative raw file is preserved at original reporter values.

Programs were classified along two dimensions: Programmatic Focus (seven categories from Universal Promotion and Prevention through Intensive Intervention, plus Adult-Focused Capacity Building and General Services) and Target Outcome (the five TCCY domains: Healthy, Safe, Educated, Nurtured and Supported, and Engaged). Initial coding was performed using a large language model with structured prompts, followed by a complete manual audit of all 593 program-year records. Inter-rater reliability between TCCY's coding and reporter classifications yielded Cohen's kappa of 0.72 for Programmatic Focus and 0.69 for Primary Outcome, indicating substantial agreement (Landis & Koch, 1977).

The ten-year trend analysis uses bootstrap inference (B = 10,000 resamples, BC 90% confidence intervals) to test whether each category's median expenditure growth slope differs significantly from the rest of the portfolio. Three analysis windows are examined: the full decade (FY 2015–FY 2024), the pre-COVID baseline (FY 2015–FY 2019), and the COVID and recovery

period (FY 2020–FY 2024). All figures are nominal dollars; a program with a nominal growth rate below approximately 3.2% per year was effectively shrinking in purchasing power. These are exploratory analyses and findings should be interpreted as policy-relevant signals rather than confirmatory tests.

The Social Return on Investment analysis follows the Nicholls et al. (2012) framework, applying outcome-specific dollar values, population baseline rates, effectiveness rates, deadweight discounts, and attribution factors to each program. Uncertainty is quantified through Bias-Corrected bootstrap (10,000 iterations) with PERT-distributed sensitivity parameters. All parameters are traceable to named published sources and are documented program-by-program in the SROI Methodology supplement and Master Documentation workbook.

Complete technical documentation of the data cleaning pipeline, classification framework and validation results, bootstrap inference procedures, SROI parameter sources, and literature review protocol is published separately in the Resource Mapping 2026 Methodology Supplement. Readers requiring replication-level detail should consult that document.

Data Quality and Reporter Responsiveness

The Resource Mapping dataset is built from data submitted by reporters at 26 state agencies, each completing a detailed instrument for every program their department administers. This section documents the quality assurance processes applied to both the current year's data and the historical dataset, the responsiveness of agency reporters during the verification process, and the known data limitations that remain.

Historical Data Corrections (FY 2015–FY 2024)

As part of the FY 2025 data pipeline, TCCY conducted a systematic review of all historical data spanning FY 2015 through FY 2024. This review—the most comprehensive in the project's history—identified and corrected **59 data quality issues across 24 programs in 7 agencies.** The types of issues corrected included expenditure misattributions where reporters had submitted cumulative grant-period totals rather than annual expenditures, population count errors where reporters had used total program contacts or service-area populations rather than unduplicated children served, programs that were entirely absent from earlier years of the dataset despite having been operational, and input errors where digits were transposed or decimal points misplaced.

The magnitude of some corrections was substantial. In one case, a program's reported expenditures had been systematically inaccurate for nearly a decade, with some years off by an order of magnitude—reported at $2.4 million when the actual figure was $93 million. In another, a program had reported its full multi-year grant award as an annual expenditure for three consecutive years, overstating annual spending by roughly eight times. A third program's children-served count swung from 1,500 to over one million across a three-year period because different reporters used fundamentally different denominators: one used the total state population, another used a single grantee's direct contacts, and a third used a county-level projection. In each of these cases, the underlying program was operating normally—what changed was the reporter's interpretation of the question, not the program's performance.

All corrections are documented in a master log, applied programmatically through the cleaning pipeline, and reproducible from the raw data. **No previously published finding or**

recommendation was materially affected by these corrections. The corrections do, however, improve the precision of year-over-year trend analyses and cost-per-child calculations for the affected programs.

FY 2025 Data Verification

Every FY 2025 submission was compared against the prior year's data using an automated flagging system that identified programs with identical values across years (suggesting copy-forward rather than updated reporting), large unexplained changes in expenditures or children served, missing data where values had been reported in prior years, and new programs appearing for the first time. This process flagged **approximately 90 items across 9 agencies** for follow-up verification.

Of these flagged items, the majority were resolved through direct correspondence with agency reporters. Resolutions fell into three categories: confirmation that reported values were accurate despite appearing anomalous (for example, a program whose expenditures increased 225 percent because federal funds were included for the first time—a real change in reporting scope, not an error); correction of submitted values where reporters identified inaccuracies upon review; and clarification of programmatic changes—mergers, renames, reorganizations—that explained apparent discontinuities in the data.

The most significant involved a large agency where all programs had submitted identical children-served counts in FY 2024 and FY 2025, suggesting that the FY 2025 figures had not been updated. TCCY flagged the discrepancy and the agency confirmed the issue, subsequently providing corrected counts that are reflected in the data presented in this report. This case illustrates both the value of the automated flagging system and the willingness of agency reporters to engage constructively with the verification process.

Reporter Responsiveness

The FY 2025 data collection cycle placed significant demands on agency reporters. In addition to the standard reporting instrument, this year introduced new questions on federal funding disruption, eligibility of un-accessed funding, demographic profiles of children served, and outcome data—substantially increasing the reporting burden. TCCY also sent detailed verification emails to more than a dozen reporters identifying specific data anomalies and requesting clarification.

The majority of reporters were highly responsive and engaged constructively with the verification process. Several reporters participated in extended back-and-forth correspondence over multiple weeks to resolve complex issues spanning program mergers, historical corrections, and reporting methodology changes. Others coordinated responses across multiple program contacts within their departments to ensure comprehensive and timely replies. In several cases, reporters proactively identified additional issues in their own submissions beyond those TCCY had flagged, demonstrating genuine investment in the quality of the dataset. The collaborative spirit of these exchanges reflects well on the professionalism of the state's program reporting workforce and contributed directly to the data improvements documented in this section.

A smaller number of agencies did not respond to verification requests within the reporting window. In each case, the data as originally submitted are included in the report and any known quality concerns are noted in the relevant analyses. These gaps are documented to support

follow-up in the FY 2026 cycle rather than as criticism of the agencies involved—the verification process itself is new, and building a culture of iterative data improvement takes time.

Reporting Variability and the Need for Standardized Guidance

A recurring theme across the data quality issues identified this year—both in the historical corrections and in the FY 2025 verification—is the absence of standardized guidance for how reporters should estimate key data elements, particularly the number of children served. The Resource Mapping instrument asks every program to report a count of children served, but until this year it provided limited direction on how that count should be derived. For programs with enrollment rosters or case management systems, the answer is relatively straightforward. For programs that operate at the community or population level—public awareness campaigns, media-based health promotion, environmental safety initiatives, nutrition education delivered through schools—the concept of "children served" is inherently ambiguous, and reporters have historically been left to make their own methodological decisions about what to count.

The consequences of this ambiguity are visible throughout the dataset. Programs of similar type and scale have reported children-served counts that differ by orders of magnitude depending on whether the reporter counted direct contacts, estimated the target population, or used a service-area denominator. The same program, under different reporters in successive years, has shown number served estimates that swing wildly—not because the program changed, but because the counting methodology did. These inconsistencies complicate trend analysis and can produce misleading cost-per-child calculations if taken at face value.

This variability is compounded by staff turnover at the agency level. When a reporter leaves and a new staff member assumes responsibility for the instrument, institutional knowledge about how prior figures were calculated is often lost. The new reporter makes a reasonable but different methodological choice, producing a discontinuity in the time series that looks like a programmatic change but is actually a measurement artifact. Several of the most significant historical corrections applied this year appear to have originated at points of staff transition where the incoming reporter did not have access to the outgoing reporter's methodology.

The FY 2025 cycle represented a significant step forward in addressing these challenges. TCCY undertook the most comprehensive overhaul of the data collection process in the project's history, including a **redesigned reporting template** with detailed, field-level instructions explaining what each question asks and how reporters should derive their answers; **two workshops with all reporters invited** to provide an overview of new data requirements and answer questions; **reporter office hours** offered as open sessions where reporters could ask questions, discuss ambiguous cases, and receive real-time guidance from TCCY staff; **individualized meetings with program reporters** to walk through the instrument, review prior-year data, and discuss program-specific counting methodologies; and **systematic verification correspondence** in which TCCY reviewed every submission against prior-year data and contacted reporters directly with specific questions about anomalies, providing the context and comparison data needed for reporters to identify and correct errors.

These efforts produced the 59 historical corrections and approximately 90 FY 2025 flags documented above—not because data quality was worse this year, but because the infrastructure to detect and resolve issues was, for the first time, built into the process. The volume of corrections is itself evidence that the collaborative approach is working: reporters engaged with the verification process, provided corrected figures, and in several cases proactively identified additional issues. The result is a dataset that is more accurate, more

transparent, and more thoroughly documented than any previous edition of the Resource Mapping report.

For FY 2026, TCCY intends to build on this foundation with three additional instrument improvements. **First, the reporting instrument will include program-type-specific guidance for estimating children served**, with distinct instructions for direct-service programs (count enrolled or registered children), population-level programs (use the target population in the service area, with a defined methodology for estimating the child share), and intermediary or systems-building programs (report the number of children in the systems the program supports, or note that the program does not serve children directly). **Second, the instrument will ask reporters to document their estimation methodology**, creating a record that subsequent reporters can reference and that TCCY can use to assess consistency across years. **Third, TCCY will provide program-specific reference sheets for returning programs**, pre-populated with the prior year's reported values and the methodology used to generate them, so that new reporters can see what their predecessor reported and how they arrived at the figure.

These changes will not eliminate all variability—the diversity of Tennessee's children's programs means that no single counting methodology will apply universally—but they will make the remaining variability interpretable. The goal is not perfect uniformity but documented consistency: if a number changes from one year to the next, it should be possible to determine whether the change reflects a real programmatic shift or a change in measurement approach.

Known Data Limitations

Several data quality issues remain that readers should consider when interpreting the findings in this report:

Children-served counts are duplicated across programs. The aggregate count of approximately 37.5 million children served represents duplicated totals—the same child is counted by every program that serves them. The actual number of individual children in Tennessee is approximately 1.5 million (U.S. Census Bureau, ACS, 2023). This is a structural feature of the data collection instrument, not a reporting error, and it means that per-child calculations at the portfolio level should be interpreted as ratios of spending to service contacts rather than as spending per unique child.

Response rates to new survey questions varied across agencies. The federal funding disruption, eligibility of funding, and demographic profile questions were answered at different rates. Where agencies did not engage with these questions, the data are absent rather than affirmatively reported as "none." The response rates for each question are documented in the relevant sections of this report.

The "How Affected" field in the federal funding questions did not function as intended. All 26 programs that reported federal disruption left this field blank or marked "None," despite affirming that they were affected. The instrument presented three adjacent open-text fields—"How Affected," "How Adjusting," and "What's Expected Going Forward"—and reporters appear to have interpreted the first two as a single prompt, providing their descriptions of disruption impacts in the "How Adjusting" field rather than the "How Affected" field. The disruption pathway analysis presented in the Federal Funding Disruption section was therefore derived from responses to the "How Adjusting" and "What Expected" fields, which captured substantive detail despite the instrument design issue. This is an instrument design problem, not a reporter error. For FY 2026, the instrument will be revised to collapse overlapping fields and introduce

structured response options for common disruption types—such as funding reduction, loss of federal personnel, administrative transfer, and competitive rebid—which will reduce reporter burden while producing more precise and analyzable data.

Historical corrections improve but do not perfect the longitudinal dataset. The 59 corrections applied this year represent the issues that were identifiable through automated comparison and reporter follow-up. It is likely that additional inaccuracies remain in the historical data, particularly in years prior to FY 2020 when the verification process was less systematic. Trend analyses in this report use the corrected data and should be more reliable than in prior editions, but they are not immune to residual data quality issues.

Resource Mapping 2026: Analysis and Findings

The sections that follow present the analytical core of the Resource Mapping 2026 report. Each analysis examines Tennessee's $15.3 billion children's program portfolio from a different angle, and together they are designed to answer a set of interconnected questions: How has the state's investment in children changed over the past decade? How does the current fiscal year compare to that trajectory? What is the reach of Tennessee's investments across the state? How are funds being used across agencies? What social value does this spending generate? And how vulnerable is the portfolio to federal funding disruption?

The sequence is intentional. The ten-year trend analysis traces the structural shifts in how the state has invested in children since FY 2015, providing the baseline against which the current fiscal year is measured. The FY 2025 snapshot brings these threads together with the most current data available: expenditure tables by source and agency, maps showing program reach across the state, first-ever analyses of how funds are allocated across functional categories, a Social Return on Investment analysis estimating the economic value generated per dollar spent, and an assessment of the portfolio's exposure to federal funding disruption. Before any of these analyses can be interpreted correctly, however, it is essential to understand the role of the single largest line item in the portfolio: the Tennessee Investment in Student Achievement.

Why TISA Is Excluded from Most Analyses in This Report

Understanding why the state's largest single expenditure is excluded from most trend and composition analyses is essential context for everything that follows.

TISA is Tennessee's primary K–12 education funding formula, distributing $6.5 billion annually to school districts through a per-student allocation. It is the single largest line item in the child-serving portfolio, representing 43.3 percent of total expenditures. Because it functions as a general infrastructure formula rather than a targeted program, TISA is excluded from most analyses in this report. Understanding what TISA does not cover is essential to interpreting the remaining $8.28 billion portfolio.

Outside the education domain entirely, TISA has minimal connection to child protective services, foster care, juvenile justice, mental or behavioral health treatment, early childhood services for children birth to age four, nutrition assistance such as SNAP or WIC, family stability programs, or disability services outside the school setting. These needs are served by programs across the rest of the state's child-serving agencies, collectively representing $6.2 billion of the portfolio.

Within education, TISA does not fund: career and technical education programs that prepare students for workforce entry (Perkins grants, Governor's Schools, Jobs for Tennessee Graduates); special education services for students with disabilities beyond the formula weight (IDEA Part B and Preschool 619, which are separately funded at $297 million); school nutrition programs that feed children (the School Lunch, Breakfast, and Snack programs); after-school and extended learning programs (21st Century Community Learning Centers, LEAPs); school-based mental health services (Tennessee Project AWARE); pre-kindergarten for children under five (Voluntary Pre-K at $86 million, Early Childhood Quality); targeted intervention for struggling schools (School Improvement Grants); college readiness and access programs (AP Access for All, Dual Enrollment, GEAR UP, Advise TN); English language acquisition for immigrant and multilingual students (Title III); services for migrant and homeless students (Title I-C, McKinney-Vento); school safety infrastructure (Public Schools Security Grants); or educator preparation and professional development (Grow Your Own, Education Licensure). These 46 programs collectively represent $1.6 billion in education spending that addresses specific needs, specific populations, and specific outcomes — none of which are captured by the TISA formula.

TISA is designed to fund the base infrastructure of public education — a classroom with a teacher, the building it's in, and the bus that gets children there. It supports teacher salaries, instructional materials, school facilities, transportation, and district administration for the general K–12 student population. TISA replaced the Basic Education Program (BEP) in 2023 and distributes its funds through a per-student formula with weighted allocations for economically disadvantaged students, English learners, students with disabilities, and other categories. With TISA's role understood, the analyses that follow examine the remaining $8.28 billion in targeted programming that addresses specific needs, specific populations, and specific outcomes.

Ten-Year Expenditure Trend Analysis: FY15–FY24

Overview

This section examines ten years of expenditure trends across Tennessee's child-serving program portfolio, covering FY15 through FY24. The analysis uses a two-layer framework: descriptive tables that document portfolio composition over time, and bootstrap inference tests that identify categories for which growth trajectories diverge significantly from the portfolio as a whole.

The analytical panel includes 222 programs after excluding TISA passthroughs, adult-only programs, and episodic programs (those active in fewer than 7 of 10 years for the full decade, or fewer than all 5 years for each sub-window). Three windows are examined: the full decade (FY15–FY24), the pre-COVID baseline (FY15–FY19), and the COVID and recovery period (FY20–FY24). The FY20–FY24 window includes FY20 as a transition year—Tennessee's FY20 ran July 2019 through June 2020, so approximately eight months were pre-pandemic and four months captured the initial disruption. This window is labeled "COVID & Recovery" to accurately reflect its mixed composition.

An expenditure-by-year slope was fit for each program (expenditures log-transformed to approximate an annual percentage change) to estimate growth rate. Then, these individual program slopes were grouped together according to their Target Outcome, Programmatic Focus, and Early Childhood category designation. The bootstrap analysis (B = 10,000 resamples, BC 90% confidence intervals) tested whether each category's median slope differs significantly from the pooled median of all programs outside that category. Figure 1 presents the

inflation-adjusted context for the portfolio; all subsequent figures and analyses are in nominal dollars. A program with a nominal growth rate below roughly 3.2% per year was effectively shrinking in purchasing power over this period. **These are exploratory analyses and findings should be interpreted as policy-relevant signals rather than confirmatory tests.**

Inflation-Adjusted Context

Before examining the portfolio's composition and growth patterns, it is important to establish how much of the observed nominal growth reflects real expansion in purchasing power versus the effect of inflation. Figure 1 plots the total child-serving portfolio (excluding TISA/BEP) in both nominal and CPI-adjusted terms, with all real values expressed in FY25 dollars using Bureau of Labor Statistics CPI-U deflators.

In nominal terms, the portfolio grew approximately 55% over the decade—from $5.6 billion in FY15 to $8.7 billion in FY25. After adjusting for cumulative inflation of roughly 25% over the same period, real growth was approximately 24%. In other words, nearly three-fifths of the apparent nominal increase was consumed by rising costs rather than expanded capacity or reach. The gap between the nominal and real lines widens notably after FY20, when both federal relief spending and elevated inflation simultaneously affected the portfolio. A program with nominal growth below roughly 3.2% per year was effectively shrinking in purchasing power over this period.

All figures and analyses in the remainder of this section are presented in nominal dollars unless otherwise noted. Readers should bear in mind the inflation context established here when interpreting the magnitude of growth rates and expenditure changes throughout.

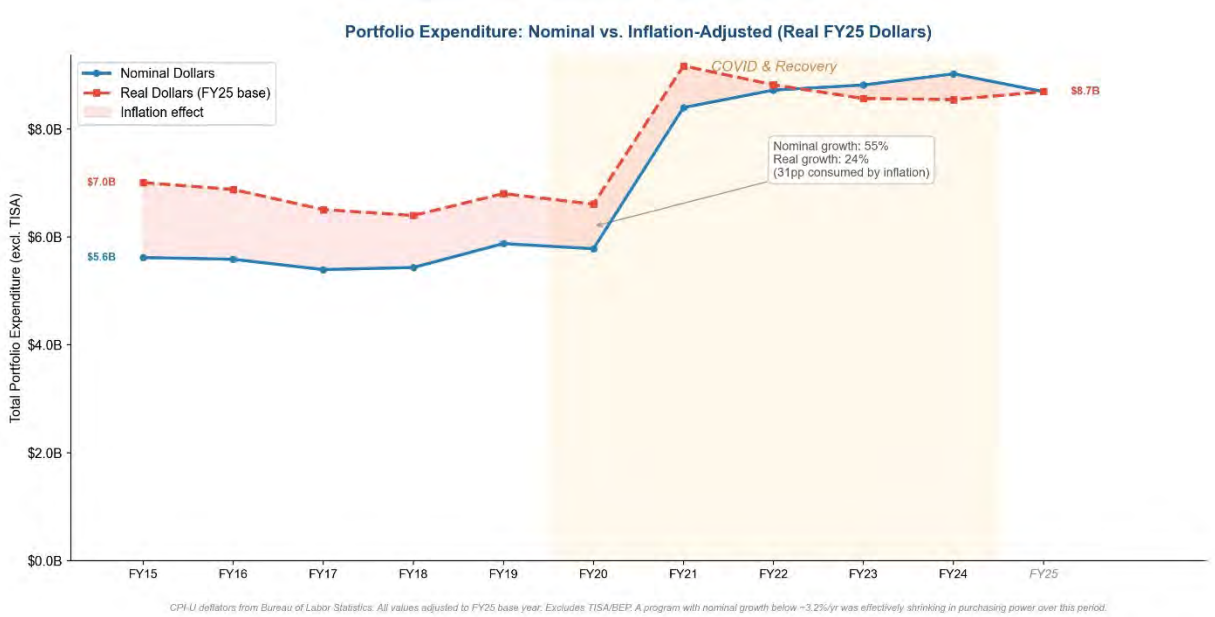


Figure 1. Portfolio expenditure in nominal and inflation-adjusted (real FY25) dollars, FY15–FY25. CPI-U deflators from the Bureau of Labor Statistics. The shaded area represents purchasing power lost to inflation. Excludes TISA/BEP. FY25 shown as standalone snapshot.

Descriptive Context

Portfolio Scale and Composition

Total Expenditures

Excluding TISA/BEP, total child-serving expenditures grew from $5.3 billion in FY15 to $7.0 billion in FY24, a net increase of approximately $1.7 billion over the decade. This growth was not linear, however: expenditures were essentially flat through FY19 ($5.4 billion), surged to $7.0 billion by FY23 driven by federal COVID-era funding, and then plateaued. By FY24, expenditures remained roughly 33% above the FY15 baseline in nominal terms.

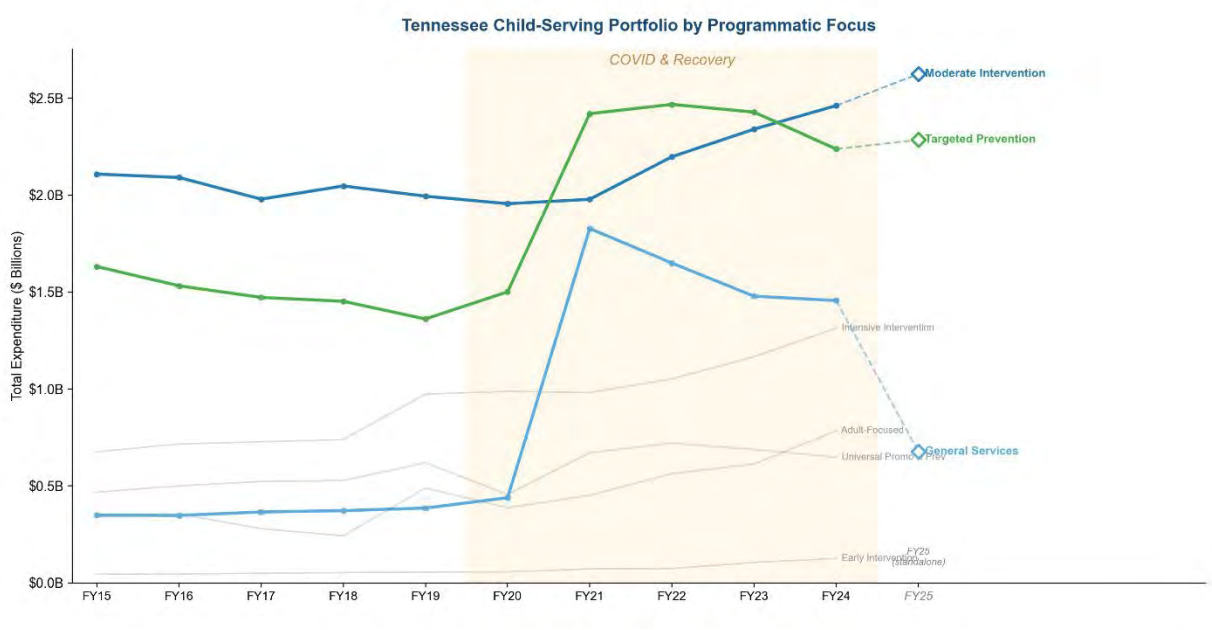


Figure 2. Portfolio composition by Programmatic Focus, FY15–FY25. The COVID & Recovery period (shaded) shows the federal relief surge concentrated in Targeted Prevention and Universal Promotion and Prevention. FY25 shown as standalone snapshot (hollow markers).

State Expenditures

State expenditures followed a different trajectory. Excluding BEP/TISA, State funding was approximately **$1.2 billion through FY15–FY18**, rose to **$1.4 billion in FY19**, then declined to **$1.15 billion in FY21** as federal relief funding supplanted state dollars. However, state funding recovered sharply thereafter, reaching **$1.6 billion by FY24**. The state *share* of total expenditures dropped from **23.4% in FY15** to a low of **17.7% in FY22** before rebounding to **23.2% in FY24**—essentially returning to the pre-COVID baseline. Federal expenditures, which drove the mid-decade surge, peaked at **$5.3 billion in FY23** before declining to **$5.0 billion in FY24.**

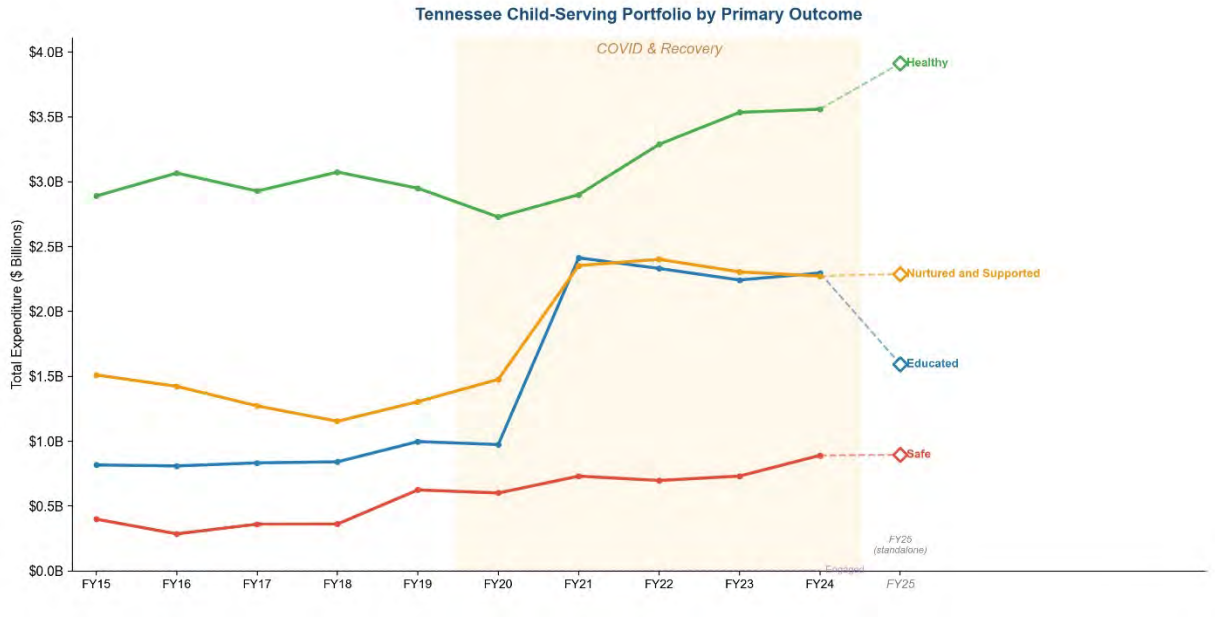


Figure 3. Portfolio composition by Primary Outcome, FY15–FY25. Healthy programs constitute the largest share; the Nurtured and Supported category surged during FY21–FY23 with federal relief funding. FY25 shown as standalone snapshot (hollow markers).

Number of Programs

The number and type of programming saw many changes across the decade alongside changes in expenditures. Some programs, like Tennessee Early Intervention System (TEIS), HeadStart, TennCare/CoverKids, Adoption Services, and TANF/SNAP, operated consistently across the decade. Other more time-limited programs (ACT prep, Music and Arts, certain tobacco prevention programs, and Federal Formula Grants) came and went. Still other previously distinct programs merged over the years (e.g., child and infant mortality programming into Child Fatality Review; sexual risk avoidance education into the new SPARK program; Family Resource Centers, Safe Schools Act, and Coordinated School Health merging under TISA). Taking the recurring, episodic, and merged programs together, the number of programs ranged from 189 to 219 across the decade, peaking in FY18 and declining modestly to 189 by FY24. Early Childhood programs held relatively steady at 26–31 programs throughout.

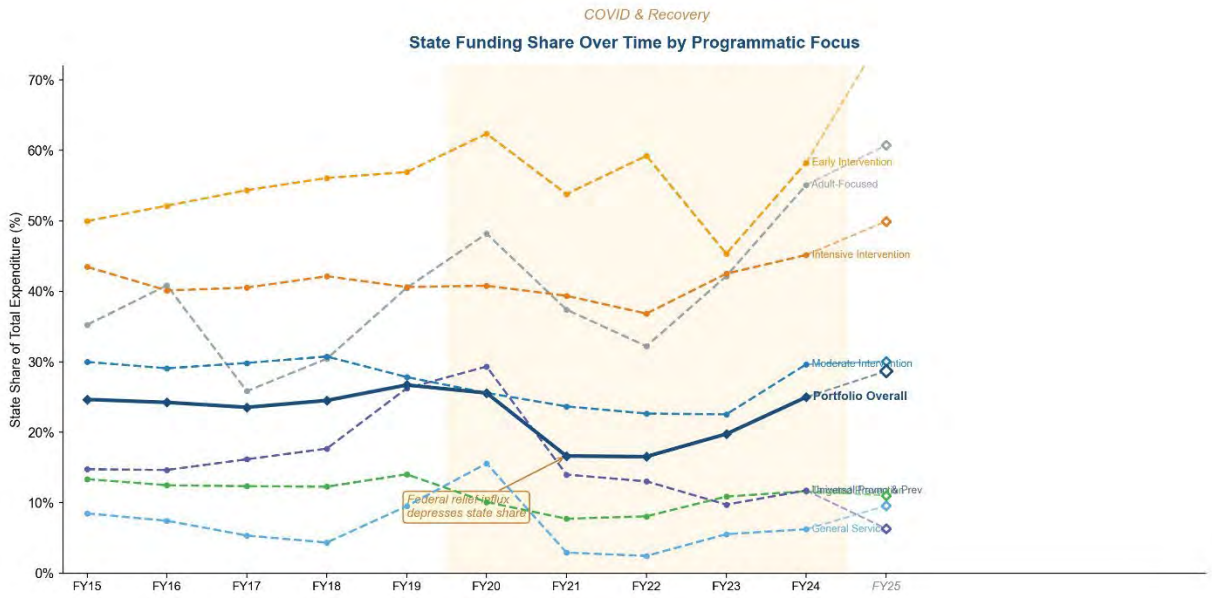


Figure 4. State funding share over time by Programmatic Focus, FY15–FY25. The portfolio-wide state share (bold line) declined sharply in FY21–FY22 as federal relief funding inflated total expenditures, then recovered by FY24. Early Intervention programs have the highest state share, while Targeted Prevention is almost entirely federally funded. FY25 shown as standalone snapshot.

Cost per Child

Aggregate cost per child (total expenditures divided by total children served, for programs with plausible NServed data) rose from $332 in FY15 to $385 in FY24, a 16% increase. Median program-level cost per child showed larger growth: from $302 in FY15 to $538 in FY24 (+78%). The divergence between aggregate and median CPC suggests that a few very large, low-CPC programs (e.g., SNAP, school nutrition) anchor the aggregate figure while the typical program saw substantially rising per-child costs.

State cost per child tells a different story. Aggregate state CPC was essentially flat over the decade ($152 in FY15, $139 in FY24), but this masks a sharp mid-decade decline to $69 in FY21—reflecting the federal funding surge—followed by recovery. Median state CPC more than doubled from $158 in FY15 to $375 in FY24, indicating that at the program level, state investment per child served grew considerably even as the aggregate was constrained by large federally-funded programs.

The portfolio-wide median annual growth rate across programs was +2.2% per year in total expenditure, +2.9% in state expenditure, +4.4% in total cost per child, and +4.9% in state cost per child. These medians provide the baseline against which individual category findings should be interpreted.

Significant Findings

The findings below identify categories whose growth trajectories were statistically distinguishable from the portfolio average—meaning the observed pattern was unlikely to be explained by chance alone. “Faster” or “slower” refers to whether a category outpaced or trailed the typical program in the rest of the portfolio. Technical details on the bootstrap methodology are provided in the Methodology section.

Universal Promotion and Prevention: Consistent Outperformance

Universal Promotion and Prevention—which includes school nutrition programs, Imagination Library, WIC nutrition education, and statewide prevention campaigns—is the most consistently significant category across analysis windows. In the **pre-COVID period (FY15–FY19),** it grew significantly faster than the rest of the portfolio in **total expenditure** (median slope +4.5%/yr vs. +0.4% for the rest; difference +4.1 percentage points (pp), CI: [+1.5, +7.5]), **state expenditure** (+8.1%/yr vs. −0.5%; difference +8.6 pp, CI: [+5.6, +13.6]), and **state cost per child** (+4.9%/yr vs. −2.4%; difference +7.3 pp, CI: [+2.3, +12.2]). This pre-COVID state funding growth is one of the strongest sustained signals in the entire analysis.

In the **COVID & Recovery period (FY20–FY24)**, Universal Promotion and Prevention continued to grow significantly faster in **total expenditure** (+9.4%/yr vs. +4.9% for the rest; difference +4.5 pp, CI: [+0.7, +8.1]) and in **group median expenditure trajectory** (+18.3%/yr vs. +3.8% for the rest; difference +14.5 pp, CI: [+6.8, +36.0]). The group median result is the largest significant effect in the COVID-era Focus analysis, suggesting that the category’s aggregate spending growth was broad-based rather than driven by a few outlier programs.

Over the full decade, the total expenditure advantage does not reach significance (CI includes zero), and neither state expenditure nor state CPC reaches significance. The strongest signals concentrate in the sub-period windows, consistent with a pattern that shifted character between the pre-COVID and pandemic-era environments. Notably, the pre-COVID state CPC advantage did not replicate in the COVID & Recovery period, suggesting that while these programs continued to attract total dollars at above-average rates, federal funding growth in these programs was strong enough to complement the state’s earlier investment premium, resulting in broad-based growth from both sources rather than the state-driven pattern seen earlier.

Targeted Prevention: Persistent Slower Growth

Targeted Prevention programs grew significantly slower than the rest of the portfolio in total expenditure over the **full decade** (median slope +0.9%/yr vs. +2.7%; difference −1.8 pp, CI: [−2.9, −0.2]). This category includes the portfolio’s single largest programs (SNAP, child nutrition), which receive 28–40% of total expenditures depending on the year. Their share was 33.5% in FY15, peaked at 40.4% in FY21 as COVID-era benefit expansions inflated the category, and settled at 33.6% by FY24.

The slower total growth for Targeted Prevention is not driven by cuts to individual programs but by the category’s composition: it is dominated by large federal entitlements whose growth rates are set by federal policy and caseload dynamics rather than state investment decisions. Because these programs’ baseline growth rates are largely set by federal policy, any acceleration beyond the federal baseline would require deliberate state augmentation—either through direct state investment or through state-funded complementary programs targeting similar populations. In neither sub-period does the finding reach significance individually, though the direction is consistent.

Adult-Focused Programs: Slower Total Growth

Adult-Focused Capacity Building and Support programs—which include workforce training, supported employment, professional development, and system-building initiatives that serve children indirectly by strengthening the workforce and infrastructure around them—grew **significantly slower** in total expenditure over **the full decade** (median slope +0.2%/yr vs. +2.7%; difference −2.5 pp, CI: [−5.3, −0.1]). This finding is notable because adult-focused programs' **portfolio share actually increased slightly** (5.9% to 6.9%), meaning the slower individual program growth was offset by the entry of new programs into the category. During both sub-periods, the finding does not reach significance individually.

In the **pre-COVID period**, adult-focused programs showed the reverse pattern on cost per child: **significantly faster CPC growth** (+5.2%/yr vs. +0.9%; difference +4.3 pp, CI: [+0.2, +8.6]), suggesting programs were spending more per child served even as their total budgets grew slowly—consistent with either serving fewer children at higher intensity or cost increases outpacing enrollment growth.

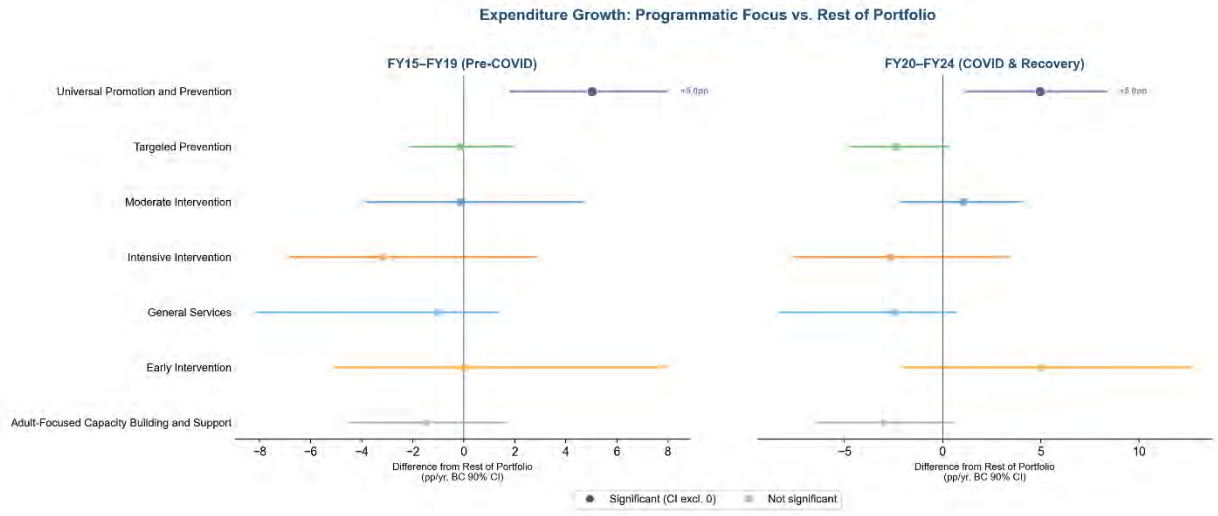


Figure 5. Expenditure growth by Programmatic Focus: difference from rest of portfolio (pp/yr, BC 90% CI). Left panel: pre-COVID (FY15–FY19). Right panel: COVID & Recovery (FY20–FY24). Filled circles indicate significance (CI excludes zero). Universal Promotion and Prevention outperforms in both windows.

General Services: Full-Decade Growth at the Group Level

General Services programs showed a significantly **faster group median expenditure trajectory over the full decade** (observed slope +18.7%/yr vs. +5.3% for the rest; difference +13.4 pp, CI: [+0.1, +35.8]). This suggests that the typical General Services program grew faster than the portfolio median over the decade, though the wide confidence interval warrants cautious interpretation. Neither sub-period shows significance individually for this or other dependent variables, and the full-decade result does not appear for per-program total or state expenditure growth. The General Services portfolio share declined modestly over the decade (6.0% to 5.5%), indicating that faster median-program growth was not sufficient to increase the category's aggregate weight.

Moderate Intervention: COVID-Era State Funding Growth

Moderate Intervention programs showed **significantly faster state expenditure** growth during the **COVID & Recovery period** (+14.1%/yr vs. +6.5%; difference +7.6 pp, CI: [+2.2, +11.4]), accompanied by **significantly faster state CPC growth** (+12.8%/yr vs. +5.8%; difference +7.0 pp, CI: [+0.2, +13.9]). Neither finding appears in the pre-COVID window or the full-decade analysis, making them distinctly post-2020 phenomena.

Moderate Intervention programs represent the **largest single focus category** (29–34% of portfolio expenditures depending on the year), so acceleration in state funding and state per-child investment for this category represents a meaningful shift in portfolio allocation. The state's post-COVID investment recovery appears to have disproportionately favored moderate-intensity programming.

Intensive Intervention: Pre-COVID State Disinvestment

Intensive Intervention programs showed a cluster of significant **pre-COVID findings suggesting active state disinvestment during FY15–FY19**. State expenditure growth was **significantly slower** (median slope −3.6%/yr vs. +1.1% for the rest; difference −6.9 pp, CI: [−12.8, −2.1]). **Total cost per child declined significantly faster** (−10.6%/yr vs. +1.8%; difference −12.6 pp, CI: [−18.8, −5.5]). **State CPC declined even more sharply** (−10.2%/yr vs. −0.1%; difference −11.1 pp, CI: [−19.4, −5.3]).

These pre-COVID findings are among the largest effect sizes in the entire analysis. Over the full decade, the **state CPC finding persists** (median slope −1.2%/yr vs. +5.3%; difference −6.5 pp, CI: [−16.6, −0.3]), indicating that the COVID-era recovery did not fully reverse the pre-COVID decline. **During FY20–FY24 alone, Intensive Intervention programs no longer show significant divergence** from the portfolio on per-program DVs, but **the group median expenditure trajectory was significantly faster** (+14.6%/yr vs. +3.8%; difference +10.8 pp, CI: [+1.0, +26.1])—suggesting the category **attracted aggregate recovery spending** even as individual program-level state investment remained depressed.

Early Intervention: Mixed Signals on Growth vs. Per-Child Investment

Early Intervention programs produced **a pattern of contrasting signals** across different dependent variables. On the growth side, Early Intervention **state expenditure grew significantly** faster than the rest of the portfolio in the **pre-COVID period** (median slope +16.3%/yr vs. +1.1%; difference +15.2 pp, CI: [+5.5, +23.5]). However, the **group median expenditure trajectory was simultaneously significantly slower** (observed slope −9.8%/yr vs. +4.7% for the rest; difference −14.5 pp, CI: [−27.7, −4.4]), suggesting that while a few programs (notably TEIS) attracted strong state funding growth, the **typical Early Intervention program shrank.**

On cost per child, Early Intervention showed consistently slower growth. Over the full decade, the CPC difference was −7.1 pp (CI: [−16.3, −0.9]). In the pre-COVID period, the difference was −6.6 pp (CI: [−34.1, −0.9]). In the **COVID & Recovery period, it was −6.9 pp** (CI: [−13.3, −1.5]). **State CPC showed an even larger divergence in the COVID era**: Early Intervention **state CPC declined at −12.5%/yr while the rest grew at +8.8%** (difference −21.3 pp, CI: [−27.5, −2.4]).

This pattern is consistent with programs that **served more children over time without proportional funding increases**—spreading resources more thinly. Early Intervention's **portfolio share grew modestly from 0.8% to 1.4% over the decade**, indicating some absolute growth, but the per-child investment is declining in both total and state terms.

Early Childhood Programs: Structural Underfunding Signal

The Early Childhood designation produced the most consistent cluster of significant findings in the entire analysis. Over the full decade, Early Childhood programs grew significantly slower than the rest of the portfolio across three dependent variables: **total expenditure** (median slope +0.7%/yr vs. +2.7%; difference −2.0 pp, CI: [−3.5, −0.1]), **group median expenditure trajectory** (the median-dollar series for Early Childhood declined at −11.4%/yr while the non-Early Childhood series grew at +7.3%; difference −18.7 pp, CI: [−39.7, −14.8]), and **cost per child** (+1.6%/yr vs. +4.9%; difference −3.3 pp, CI: [−6.1, −0.8]).

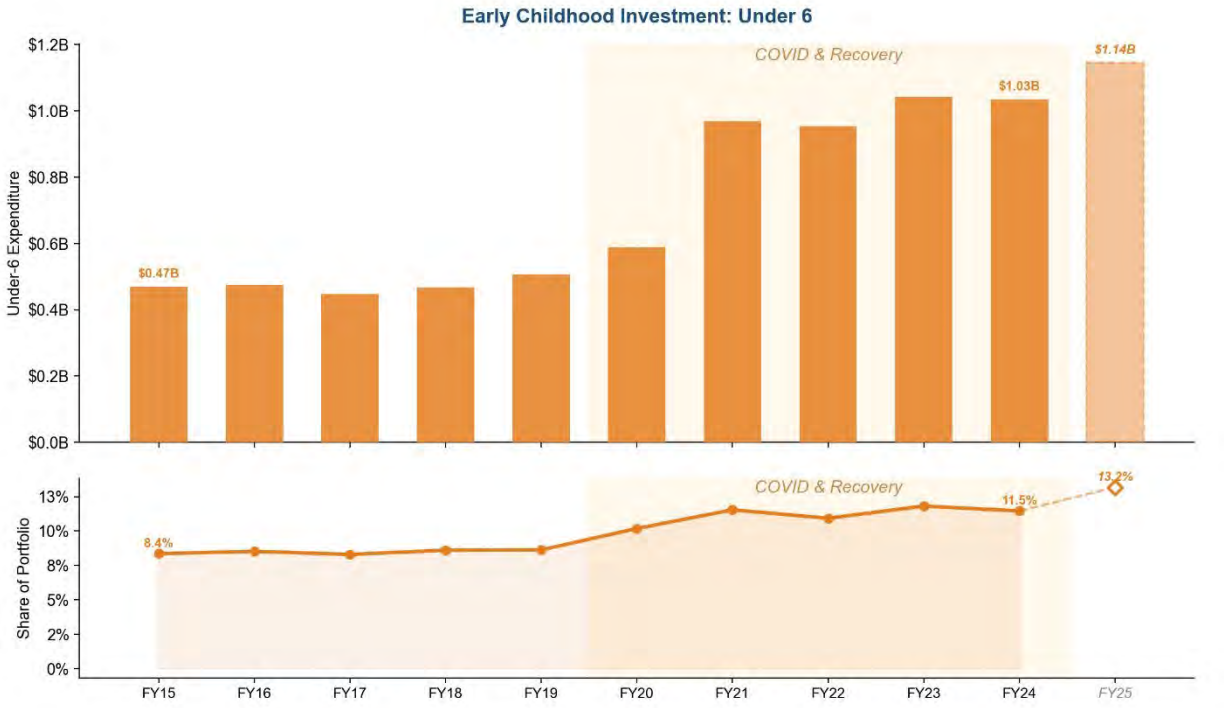


Figure 6. Early childhood investment: Under 6 vs. rest of portfolio, FY15–FY25. Under-6 expenditure more than doubled over the decade, with the portfolio share rising from 8.4% in FY15 to 13.2% in FY25. FY25 shown as standalone snapshot.

The total expenditure finding is the most directly policy-relevant result in the analysis. The typical Early Childhood program grew at just +0.7%/yr over the decade—well below the roughly 3.2%/yr threshold needed to maintain purchasing power—meaning the typical Under-6 program was effectively shrinking in real terms even as aggregate Early Childhood spending grew from $461 million to $1.0 billion. This paradox is explained by the group median result: the growth was concentrated in a few large programs (most notably TEIS and select child care subsidy streams) while the typical Early Childhood program saw shrinking budgets. The Early Childhood share of total expenditures rose from 8.7% in FY15 to a peak of 15.1% in FY21 before falling back to 14.3% by FY24—but even this elevated share masks the declining per-program trajectory.

In the **COVID & Recovery period** (FY20–FY24), Early Childhood total expenditure was again significantly slower (difference −2.7 pp, CI: [−6.0, −0.1]), reinforcing the full-decade pattern. The COVID-era group median difference was large in magnitude (−10.8 pp) but did not reach

significance (CI: [−34.0, +1.0]), though the direction is consistent with the pre-COVID and full-decade patterns. The **pre-COVID period** (FY15–FY19) showed a significant group median difference (−9.8 pp, CI: [−43.2, −0.1]) but not total expenditure or CPC individually. This suggests that the Early Childhood divergence is not exclusively a post-2020 phenomenon—the group median was already declining pre-COVID—but became more visible in per-program total expenditure during the pandemic period.

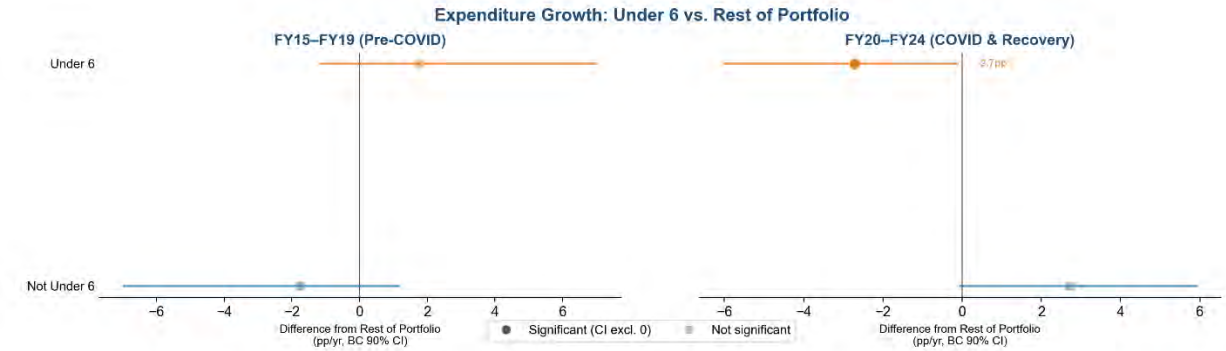


Figure 7. Expenditure growth: Under 6 vs. rest of portfolio (pp/yr, BC 90% CI). Left: pre-COVID. Right: COVID & Recovery. The Early Childhood divergence in total expenditure emerges in the COVID-era window; the group median divergence (not shown) is significant in both periods.

The Early Childhood cost per child finding deserves particular attention. The **full-decade Early Childhood CPC** (median slope +1.6%/yr) is positive but **significantly slower than the non-Early Childhood median** (+4.9%/yr). The descriptive data reinforce this: **median Early Childhood CPC** fell from **$904 in FY15** to **$773 in FY24**, while the **non-Early Childhood median** rose from **$302 to $518**. The two trajectories, which started far apart, have been converging—not because non-Early Childhood programs are catching up in investment intensity, but because **the convergence has been driven primarily by slower growth in the Early Childhood group rather than acceleration elsewhere**. Given that Early Childhood is the developmental period in which published research consistently documents the highest returns on public investment (Heckman, 2006; García et al., 2020)—this relative deceleration warrants policy attention.

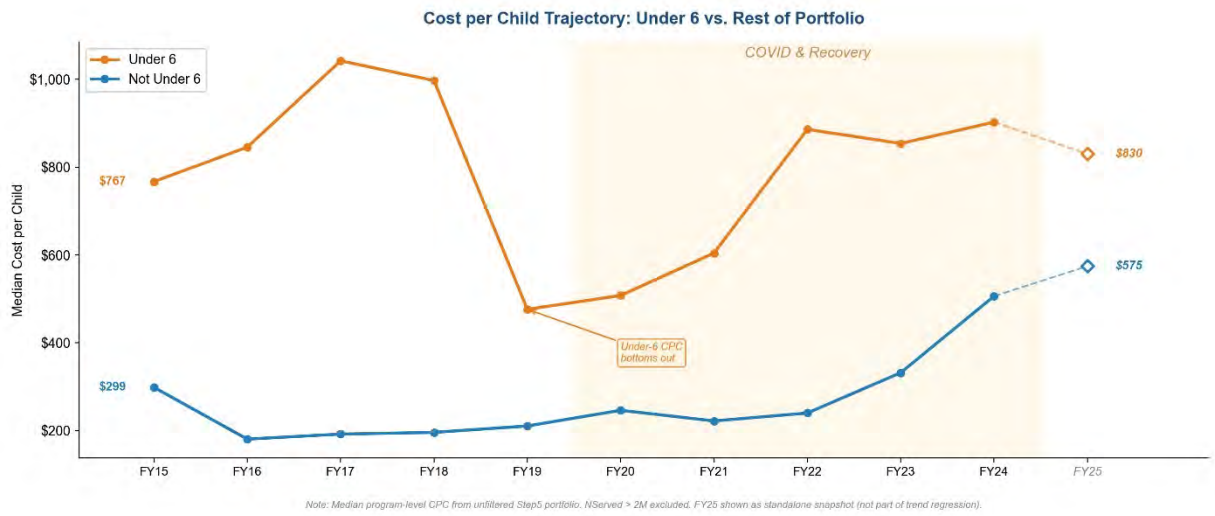


Figure 8. Median cost per child trajectory: Under 6 vs. rest of portfolio, FY15–FY25. Early Childhood CPC declined sharply from FY17 to FY19, partially recovered during the federal relief period, and remains below its FY15 level. The rest of the portfolio rose steadily. FY25 shown as standalone snapshot.

TEIS Sensitivity Analysis

Tennessee's Early Intervention System (TEIS) dominates the Early Intervention focus category. To test whether the Early Intervention findings are driven entirely by TEIS, each analysis window includes a sensitivity analysis that excludes TEIS observations from the Early Intervention category.

The key findings are largely robust to TEIS exclusion. The full-decade Early Intervention CPC decline loses significance when TEIS is excluded (CI shifts from [−16.3, −0.9] to [−20.5, +1.1]—the point estimate remains large and negative but the smaller sample inflates the interval). In the COVID & Recovery period, the CPC finding remains significant even with TEIS excluded (CI: [−12.4, −0.8]). The Early Intervention state CPC decline in the COVID & Recovery period loses significance without TEIS, as expected with the reduced sample size.

The pre-COVID state expenditure finding is notably amplified by TEIS exclusion: the Early Intervention (excl. TEIS) state expenditure difference jumps to +23.1 pp (CI: [+19.9, +24.5]) and state CPC to +25.8 pp (CI: [+22.2, +27.5]), driven by the remaining non-TEIS Early Intervention programs which had very strong state funding growth. This suggests that TEIS—with its large federal match—was actually the slower-growing component of the Early Intervention category in state terms pre-COVID.

All findings involving other categories (Intensive Intervention, Adult-Focused, Targeted Prevention, Universal Promotion and Prevention, Early Childhood) are unaffected by the TEIS exclusion, as expected since they involve different groupings.

Primary Outcome Findings

Healthy

Programs targeting the Healthy outcome grew **significantly slower in total expenditure over the full decade** (median slope +0.9%/yr vs. +2.9%; difference −2.0 pp, CI: [−3.7, −0.2]). Healthy programs constitute the **largest outcome category by expenditure** (45–59% of the portfolio depending on the year), so this finding partly reflects the structural anchoring effect of large federally-funded health programs (TennCare, WIC, SNAP) whose growth rates are constrained by federal appropriations rather than state decisions. Neither sub-period shows significance individually.

Engaged

Engaged programs (n = 5–8 depending on the window) showed **exceptionally fast state expenditure growth**: significantly faster over the **full decade** (+20.2%/yr vs. +2.8%; difference +17.4 pp, CI: [+11.1, +36.4]) and during the **COVID & Recovery period** (+43.6%/yr vs. +7.7%; difference +35.9 pp, CI: [+9.7, +57.2]). In the COVID era, Engaged programs also showed significantly **faster state CPC growth** (+44.8%/yr vs. +7.6%; difference +37.2 pp, CI: [+2.3, +64.2]).

Note: These are very small-n categories and the confidence intervals are wide, so the results should be interpreted cautiously. However, the direction is consistent across windows and DVs, and the full-decade state expenditure finding replicates with narrow CIs relative to the effect size.

Nurtured and Supported

Nurtured and Supported programs showed **significantly faster total cost per child growth** during the **COVID & Recovery period** (+12.0%/yr vs. +3.9%; difference +8.1 pp, CI: [+0.2, +19.0]). The Nurtured and Supported **share of portfolio expenditures was volatile**: **28.3% in FY15**, declining to **22.9% in FY18**, surging to **37.0% in FY21** (driven by federal relief), and settling back to **32.3% by FY24**. The CPC finding suggests that as the category's reach stabilized or contracted during the recovery period, per-child investment intensity increased.

Educated

Programs targeting the Educated outcome showed **significantly faster state expenditure growth during the pre-COVID period** (+8.4%/yr vs. +1.1%; difference +7.4 pp, CI: [+1.7, +13.8]), accompanied by **significantly faster state CPC growth** (+6.0%/yr vs. −1.3%; difference +7.3 pp, CI: [+1.4, +14.8]). Neither finding replicates in the COVID & Recovery period or the full decade, suggesting that the **pre-COVID state investment momentum in education-focused programs was disrupted by the pandemic.**

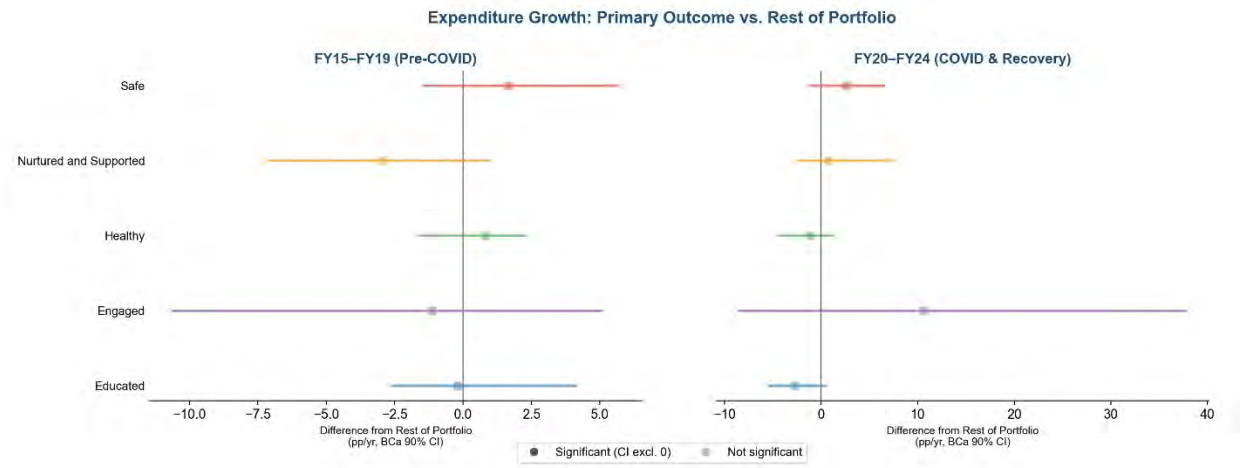


Figure 9. Expenditure growth by Primary Outcome: difference from rest of portfolio (pp/yr, BC 90% CI). Left: pre-COVID. Right: COVID & Recovery. Nurtured and Supported shows significant COVID-era CPC growth. Engaged (not shown due to wide CIs) is significantly faster in state expenditure across both periods.

Cross-Window Synthesis

Structural Shifts from Pre-COVID to COVID & Recovery

Several patterns shifted between the two sub-periods. **The portfolio-wide median annual growth rate nearly quadrupled from +1.5%/yr (FY15–FY19) to +5.7%/yr (FY20–FY24),** reflecting the infusion of federal COVID-era funding. **State expenditure growth** was similarly dramatic: the **median state slope went from +1.4%/yr to +8.1%/yr. Cost per child growth accelerated from +1.6%/yr to +4.4%/yr, and state CPC growth went from −0.6%/yr to +7.7%/yr.**

In the pre-COVID period, the dominant story was Universal Promotion and Prevention outperformance across total, state, and state CPC measures, alongside Intensive Intervention state disinvestment and Early Intervention per-child spending erosion. In the COVID & Recovery period, the landscape shifted: Universal Promotion and Prevention continued to outperform in total expenditure and group median trajectory but lost its state CPC advantage; Moderate Intervention emerged as a significant gainer in state funding and state CPC; Intensive Intervention showed recovery at the group aggregate level while remaining depressed in per-program state CPC; and the Early Childhood divergence in total expenditure reached marginal significance.

Findings That Persist Across All Windows

Only a few findings replicate across both sub-periods and the full decade. **Early Childhood programs' slower per-program total expenditure growth is significant in both the full decade and the COVID & Recovery period,** and the **group median expenditure growth is also slower** in the pre-COVID period and the full decade; the COVID-era group median difference, while large in magnitude (−10.8 pp), does not reach significance, though the direction is consistent across all three windows. Early Intervention's declining CPC appears in the full decade and both sub-periods individually. Universal Promotion and Prevention's total

expenditure outperformance is significant in both sub-periods but not the full decade (where the effect is diluted).

The relative scarcity of findings that persist across all three windows is itself informative: it suggests that the **COVID-era disruption fundamentally altered the portfolio's trajectory rather than simply amplifying pre-existing trends.** Categories that were gaining or losing ground pre-COVID did not always continue on the same path afterward.

Limitations and Interpretive Cautions

As noted in the Inflation-Adjusted Context section (Figure 1), all trend analyses examine nominal dollars. Cumulative inflation over the period was approximately 25% (CPI-U, FY15 to FY25 base), meaning real portfolio growth was roughly 24% compared to the 55% nominal increase. A program with a nominal growth rate below roughly 3.2% per year was effectively shrinking in purchasing power.

The episodic filter (70% for the full decade, 100% for sub-windows) favors incumbent programs and may understate trends among emerging or recently discontinued programs. The NServed cap at 2,000,000 excludes population-level denominators (e.g., SNAP enrollment statewide) from cost-per-child analyses, which is methodologically appropriate but means CPC findings do not apply to the largest programs.

Bootstrap inference with 10,000 resamples and BC confidence intervals provides good precision for the 90% level used here, but these are exploratory analyses with no multiplicity correction. With 7 focus categories × 5 DVs × 3 windows = 105 tests in the Focus grouping alone, some nominally significant findings may be chance occurrences. Findings that replicate across windows or groupings carry more weight.

Finally, the vs-rest design tests whether a category diverges from the portfolio average, not whether it is growing or shrinking in absolute terms. A category that is "significantly slower" may still be growing—it is simply growing less than the typical program in the rest of the portfolio. The trends documented above provide the structural context for understanding the current fiscal year. The sections that follow present FY 2025 data in detail—beginning with the portfolio's overall scale and composition, then examining geographic reach, expenditure categories, social returns, and federal funding vulnerability.

Resource Mapping FY 2025 Data

The program and fiscal information presented in this section was collected through a new standardized reporting template (see Appendix D) completed by all departments with programs serving children and youth. The structured instrument collects detailed information about each program—including expenditures by source and functional category, numbers of children served, programmatic focus, intended outcomes, demographic distribution, and federal funding impact—enabling TCCY to compile, analyze, and present data across the analytical domains described in the Methodology section.

Because most Tennessee children receive services from more than one program, the same child appears in the count for each program that serves them. A young child in a low-income family, for example, might be counted once through TennCare, once through SNAP, once through child care assistance, and again through WIC—four entries for one child. School-age

children add further layers: public school funding, afterschool enrichment, 4-H, arts education, and universal prevention services can each generate a separate count. The aggregate figure of 37.5 million children served should therefore be read as 37.5 million service contacts, not 37.5 million individual children.

A note on program counts: This report references different program counts in different analytical contexts: 300 (full portfolio), 265 (child-serving programs, excluding adult-only), and smaller subsets for specific analyses that apply additional inclusion criteria. Each count reflects its specific analytical purpose.

The data in this year's report reflect expenditures from **26 agencies** and **300 programs** totaling more than **$15.3 billion** in expenditures on children and youth across the state in FY 2025. Of those, **$9.0 billion were state dollars, $5.8 billion were federal dollars,** and more than **$429 million were funds from other sources**. The **number of children** served by all state- and federally-funded programs is **37,464,730 for FY 2025 (not accounting for duplication).**

The aggregate total of children served exceeds the state's 1.6 million children many times over because most Tennessee children receive services from multiple programs and funding streams. There continues to be an opportunity to improve data systems to track children across multiple services and across departments/agencies. Several states have data systems that are more integrated, allowing for better counts of people served and better tracking of what is effective for people and what is not. Tennesseans' privacy is always a concern, especially for children, but other states have succeeded in maintaining data confidentiality while integrating information across systems. TCCY documents specific opportunities for improved cross-system data integration in Appendix D and will continue to work with reporting agencies to improve the ability to account for duplication in future iterations of the Resource Mapping Report.

FY 2025 Portfolio Summary

Tennessee invested **$15.3 billion** in children and youth programs in **FY 2025, a net decrease of $46.7 million (−0.3%) from FY 2024's $15.4 billion** (note: FY 2024 figures reflect agency corrections submitted during the FY 2025 data collection cycle and may differ from figures published in the RM 2025 report). This modest headline figure masks significant movement beneath the surface. **State-source expenditures grew by $471.4 million (+5.5%; including TISA), while federal expenditures declined by $576.3 million (−9.0%).** Other-source funding rose by $58.5 million (+15.8%). The net effect is that Tennessee's state share of the portfolio rose from 55.7% to 59.0%, while the federal share fell from 41.9% to 38.2%—continuing the post-pandemic pattern of states absorbing a growing share of children's programming funding as federal relief funding expires.

Notable State Expenditure Increases Between FY 2024 and FY 2025

DEPARTMENT OF CHILDREN'S SERVICES

Dependent and Neglect Placement – Foster Care +$60 million

Foster Care expenditures rose **from $454 million to $513 million in FY 2025.** This program provides 24-hour care of dependent and neglected children in state custody in temporary settings, including foster homes and a variety of therapeutic residential treatment facilities. The intent of this service is to reunite children and their families, or when necessary, to develop alternate, permanent solutions.

Case Management – Child Welfare +$14 million

Case management services are provided by field staff in twelve regional offices with program support from central office staff. Services are provided to custodial children, to adoption services, and to non-custodial children.

TENNCARE

TennCare Medical Services +$113 million

TennCare expenditures for children's medical services increased by $113 million to $2.53 billion, driven by growth in both professional services and inpatient care. TennCare/Medicaid is the largest source of federal funding for health and mental health services for children in Tennessee.

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

State Funding +$24.9 million (+34.3%)

State expenditures for mental health and substance abuse services for children **grew from $72.7 million to $97.7 million.** This **increase supports 87 programs—the largest program count of any agency**—spanning the full continuum from community-based prevention through regional mental health institutes. This investment is encouraging in light of the evidence base: untreated mental health conditions in childhood are associated with reduced educational attainment, increased criminal justice involvement, and lower lifetime earnings, and evidence-based early treatment typically costs a fraction of the consequences it prevents (Dickerson et al., 2018; WSIPP, 2024). The $24.9 million increase positions Tennessee to address a growing need while the cost-effectiveness window remains favorable.

DEPARTMENT OF HEALTH

State Funding +$39.4 million (+69.6%)

State expenditures at the Department of Health grew from $56.6 million to $95.9 million, reflecting increased state investment across the department's portfolio of maternal and child health, disease prevention, and clinical services programs.

Beyond direct state appropriations, the state also made one significant discretionary investment using accumulated federal reserves.

Evidence-Based Home Visiting +$47 million (Federal TANF Reserves, State-Directed)

The substantial growth in the Evidence-Based Home Visiting Program reflects a transfer of Temporary Assistance for Needy Families (TANF) funds from the Department of Human Services to the Department of Health. As part of the state's ongoing effort to deploy its accumulated TANF reserves—which had reached $675 million in unobligated federal funds at the end of FY 2024 (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, 2024)—a portion was directed to home visiting services. Even though TANF is federally funded, it was the state's discretion to use those funds to invest in the Evidence-Based Home Visiting Program. As such, **EBHV expanded from $11.6 million to $58.9 million**, a transformative increase reflecting the state's investment

in a program category where the published economic evidence is among the strongest in child programming literature. The Nurse-Family Partnership alone has documented returns of $1.80 to $5.70 per dollar invested across independent evaluations, driven by reductions in child maltreatment, emergency medical utilization, maternal health costs, and long-term criminal justice involvement (Miller, 2015).

Expenditures by Source FY 2025

The following tables present FY 2025 expenditures disaggregated by funding source and agency. When TISA state funds and other state funds are combined, **59 percent of expenditures on children and youth in Tennessee were state dollars in FY 2025**.

Department	Federal	State	Other	Total
Department of Education: TISA	$0	$6,535,000,178	$0	$6,535,000,178
TennCare	$1,434,005,641	$774,603,343	$323,473,907	$2,532,082,891
Department of Education	$1,570,123,562	$402,613,860	$0	$1,972,737,422
Department of Human Services	$1,794,885,034	$103,692,087	$0	$1,898,577,121
Department of Children's Services	$589,951,032	$820,445,616	$4,711,682	$1,415,108,330
Department of Health	$261,932,597	$95,918,590	$3,652,430	$361,503,617
CoverKids	$127,912,127	$41,613,441	$1,029,191	$170,554,759
Dept. of Mental Health and Substance Abuse Services	$25,914,136	$97,660,124	$0	$123,574,259
Department of Disability and Aging	$13,928,992	$87,552,107	$0	$101,481,100
Tennessee Higher Education Commission	$1,932,233	$2,446,321	$74,944,965	$79,323,519
Department of Labor and Workforce Development	$13,244,809	$26,398,156	$0	$39,642,965
Governor's Early Literacy Foundation	$0	$14,100,000	$3,864,553	$17,964,553

Administrative Office of the Courts	$768,015	$14,838,506	$0	$15,606,522
Volunteer TN	$3,403,688	$0	$9,662,754	$13,066,442
UT Institute of Agriculture	$1,835,906	$309,473	$7,161,791	$9,307,170
Tennessee Commission on Children and Youth	$1,308,402	$6,421,675	$25,168	$7,755,245
Office of Criminal Justice Programs	$3,936,357	$0	$0	$3,936,357
Tennessee Highway Safety Office	$2,698,250	$0	$0	$2,698,250
Department of Environment and Conservation	$0	$1,700,000	$15,000	$1,715,000
Tennessee Arts Commission	$0	$1,412,430	$0	$1,412,430
Department of Safety and Homeland Security	$0	$885,200	$0	$885,200
Department of Correction	$190,568	$361,378	$0	$551,947
Tennessee State Museum	$0	$527,527	$0	$527,527
Tennessee Wildlife Resources Agency	$275,975	$24,267	$0	$300,242
Department of Agriculture	$0	$0	$167,630	$167,630
Department of Military	$145,000	$0	$0	$145,000
Total	**$5,848,392,326**	**$9,028,524,280**	**$428,709,071**	**$15,305,625,676**

Changes in State Expenditures

Non-TISA state spending on children for FY 2025 increased by over $207 million. Growth was led by the **Department of Children's Services** (+$80.2 million, +10.8%), the **Department of Health** (+$39.4 million, +69.6%), **TennCare** (+$58.4 million, +8.1%), and **the Department of Mental Health and Substance Abuse Services** (+$24.9 million, +34.3%). **The Department of**

Health's state expenditures grew by nearly 70 percent—from $56.6 million to $95.9 million.

While non-TISA state expenditures grew by $207 million, the state's largest single investment—TISA—also continued to expand. The Tennessee Investment in Student Achievement (TISA) public school funding formula provides resources to ensure all students can succeed. TISA includes a base funding amount for every public-school student; weighted funding addressing individual student needs, including students from low-income families, those in schools with concentrated poverty, English Learners, students with disabilities, students with characteristics of dyslexia, and those in sparse or small communities; direct funding supporting priority areas such as early literacy, career and technical education (CTE) programming, and postsecondary readiness; and outcomes-based funding tied to student achievement to empower districts and schools.

TISA distributed $6.5 billion in FY 2025, an increase of $264.7 million (+4.2%) over FY 2024. TISA alone accounts for 42.7% of total portfolio expenditures. The prior year saw the largest single-year education funding increase in the project's history—$1.08 billion, or 20.8 percent—when TISA replaced the BEP. A portion of this increase reflects programs previously funded outside the BEP that were consolidated under TISA, including Coordinated School Health, the Safe Schools Act, and Family Resource Centers. The increase therefore captures both new investment and reclassification of existing expenditures into the TISA formula.

State Expenditures by Agency

FY 2024 and FY 2025

Department	FY24	FY25	Dollar Change	% Change
Administrative Office of the Courts	$16,397,811	$14,838,506	$-1,559,305	-9.5%
CoverKids	$30,712,567	$41,613,441	$10,900,874	35.5%
Department of Agriculture	$0	$0	$0	0.0%
Department of Children's Services	$740,288,591	$820,445,616	$80,157,025	10.8%
Department of Correction	$199,832	$361,378	$161,547	80.8%
Department of Disability and Aging	$74,431,275	$87,552,107	$13,120,833	17.6%
Department of Education	$423,838,189	$402,613,860	$-21,224,329	-5.0%
Department of Education: TISA	$6,270,324,873	$6,535,000,178	$264,675,305	4.2%
Department of Environment and Conservation	$112,191	$1,700,000	$1,587,809	1415.3%

Department of Health	$56,552,284	$95,918,590	$39,366,306	69.6%
Department of Human Services	$116,818,565	$103,692,087	$-13,126,478	-11.2%
Dept. of Labor and Workforce Development	$15,000,000	$26,398,156	$11,398,156	76.0%
Dept. of Mental Health and Substance Abuse Services	$72,710,928	$97,660,124	$24,949,196	34.3%
Department of Military	$0	$0	$0	0.0%
Department of Safety and Homeland Security	$824,989	$885,200	$60,211	7.3%
Governor's Early Literacy Foundation	$12,746,749	$14,100,000	$1,353,251	10.6%
Office of Criminal Justice Programs	$0	$0	$0	0.0%
TennCare	$716,239,107	$774,603,343	$58,364,236	8.1%
Tennessee Arts Commission	$1,319,884	$1,412,430	$92,546	7.0%
Tennessee Commission on Children and Youth	$5,869,308	$6,421,675	$552,367	9.4%
Tennessee Higher Education Commission	$2,280,800	$2,446,321	$165,521	7.3%
Tennessee Highway Safety Office	$0	$0	$0	0.0%
Tennessee State Museum	$288,252	$527,527	$239,275	83.0%
Tennessee Wildlife Resources Agency	$57,450	$24,267	$-33,183	-57.8%
UT Institute of Agriculture	$417,917	$309,473	$-108,444	-25.9%
Volunteer TN	$0	$0	$0	0.0%
Total	**$8,557,167,310**	**$9,028,524,280**	**$471,356,970**	**5.5%**

Reliance on Federal Funds

The total portfolio of child and youth programming in Tennessee is substantially dependent on federal funding. Excluding TISA, more than six of every ten dollars spent on services for children and families in Tennessee came from federal funding sources (66.7 percent in FY 2025). State funding accounted for 28.4 percent of all non-TISA expenditures. The TISA-exclusive federal share has declined from its pandemic peak of 79 percent in FY 2023 but remains the dominant funding source for targeted children's programming—a structural dependence that carries material risk. The extent of this dependence—and the specific federal programs most at risk—is examined in the Federal Funding Impact section of this report.

Approximately eight of every ten TISA-exclusive dollars in the state budget for children were either federal or required as match/maintenance of effort for federal funding. More than half the funds in four of the seven main child-serving departments are federal dollars. Excluding TISA, all other Department of Education funds are 80 percent federal. As reported by the agency, the Department of Human Services draws 94.5 percent of its $1.9 billion children's portfolio from federal sources—including federal block grants such as TANF, SNAP, and CCDF that carry state maintenance-of-effort requirements captured separately in the state expenditure column.

Despite this sizable reliance on federal funding, federal expenditures declined $576 million (−9.0%) between FY 2024 and FY 2025, accounted for by the expiring ESSER pandemic relief funds. Much of the ESSER funding was infused into the Department of Education, and its expiration is reflected in the department's decrease of $728 million in federal expenditures. Outside of ESSER expiration, however, federal funding actually grew at several other agencies: the Department of Human Services (+$90.7 million), the Department of Children's Services (+$29.0 million), and CoverKids (+$27.7 million). Additionally, the Department of Health expended $44 million in TANF flowthrough funds from the Department of Human Services to expand the Evidence-Based Home-Visiting Program.

Federal Expenditures by Agency

FY 2024 and FY 2025

Department	FY24	FY25	Dollar Change	% Change
Administrative Office of the Courts	$3,269,487	$768,015	$-2,501,472	-76.5%
CoverKids	$100,218,784	$127,912,127	$27,693,343	27.6%
Department of Agriculture	$0	$0	$0	0.0%
Department of Children's Services	$560,995,342	$589,951,032	$28,955,690	5.2%
Department of Correction	$178,513	$190,568	$12,055	6.8%
Department of Disability and Aging	$15,713,635	$13,928,992	$-1,784,643	-11.4%
Department of Education	$2,298,475,017	$1,570,123,562	$-728,351,455	-31.7%
Department of Education: TISA	$0	$0	$0	0.0%

Department of Environment and Conservation	$0	$0	$0	0.0%
Department of Health	$216,319,025	$261,932,597	$45,613,573	21.1%
Department of Human Services	$1,704,164,793	$1,794,885,034	$90,720,241	5.3%
Department of Labor and Workforce Development	$0	$13,244,809	$13,244,809	N/A
Dept. of Mental Health and Substance Abuse Services	$34,384,561	$25,914,136	$-8,470,425	-24.6%
Department of Military	$155,000	$145,000	$-10,000	-6.5%
Department of Safety and Homeland Security	$0	$0	$0	0.0%
Governor's Early Literacy Foundation	$540,000	$0	$-540,000	-100.0%
Office of Criminal Justice Programs	$34,112,918	$3,936,357	$-30,176,561	-88.5%
TennCare	$1,420,831,181	$1,434,005,641	$13,174,460	0.9%
Tennessee Arts Commission	$59,100	$0	$-59,100	-100.0%
Tennessee Commission on Children and Youth	$1,333,868	$1,308,402	$-25,466	-1.9%
Tennessee Higher Education Commission	$3,500,000	$1,932,233	$-1,567,767	-44.8%
Tennessee Highway Safety Office	$1,621,964	$2,698,250	$1,076,286	66.4%
Tennessee State Museum	$0	$0	$0	0.0%
Tennessee Wildlife Resources Agency	$151,150	$275,975	$124,825	82.6%
UT Institute of Agriculture	$0	$1,835,906	$1,835,906	N/A
Volunteer TN	$3,881,899	$3,403,688	$-478,211	-12.3%
Total	**$6,424,670,320**	**$5,848,392,326**	**$-576,277,994**	**-9.0%**

Programmatic Focus

When agencies report their program data, they identify a programmatic focus along a continuum from upstream investment (universal prevention, targeted prevention, early intervention) through downstream response (moderate intervention, intensive intervention), with general services and adult-focused capacity building capturing programs that operate outside the intensity continuum. Unfortunately, due to ambiguity in the delineations of these various service types, there have historically been inconsistencies within and across programs in how reporters categorized programmatic focus. To improve the reliability and accuracy of focus categorization, TCCY manually recoded all programs using a systematic coding framework (see Appendix D). Doing this ensured program categorization was standardized across agencies and programs, making analyses on programmatic focus more reliable.

The distribution of expenditures across these categories reflects the state's implicit strategy for addressing children's needs—and has direct implications for cost-effectiveness, since published research consistently demonstrates that earlier intervention produces higher returns per dollar invested (Heckman, 2006; García et al., 2020).

Overall, **General Services accounted for $7.2 billion (47.1%) across 24 programs**, dominated by TISA and school nutrition. **Moderate Intervention at $2.6 billion (17.3%)** across **56 programs** and **Targeted Prevention at $2.3 billion (15.1%) across 41 programs** are the second- and third-largest categories. **Intensive Intervention accounts for $1.4 billion (9.1%) across 39 programs**. **Adult-Focused Capacity Building and Support accounts for $861.7 million (5.6%) across 71 programs**, the largest program count of any category. **Universal Promotion and Prevention at $690 million (4.6%) spans 59 programs.**

Early Intervention—programs for children displaying early signs of developmental, behavioral, or health challenges where timely response can meaningfully alter long-term trajectories—**remains the smallest category at $171.5 million (1.1%) across 10 programs.** However, FY 2025 data show a **37.2% single-year increase ($46.5 million),** a notable reversal from the declining trajectory identified in the ten-year trend analysis—and it arrives in a program category where the evidence for returns is strongest. Published evaluations document returns of $6 to $17 per dollar invested in quality early childhood and early intervention programming (Heckman, 2006; García et al., 2020), and the Social Return on Investment analysis later in this report confirms that Early Intervention programs generate the highest estimated returns of any focus category in Tennessee's portfolio.

Ages of Children

Children Under Six

The return on public investment in children is highest during the earliest years of life. This finding, replicated across decades of research in economics, neuroscience, and developmental psychology, rests on two mechanisms. First, the developing brain forms neural connections at a rate unmatched at any subsequent stage of life—approximately one million new connections per second during the first three years (Center on the Developing Child, Harvard University, 2007; Shonkoff & Phillips, 2000)—meaning that interventions during this period have a

disproportionate effect on the architecture of cognition, self-regulation, and social capacity that children carry forward. Second, early gains compound over time—children who develop strong foundational skills are better positioned to benefit from later learning opportunities, producing larger cumulative returns the earlier the initial investment is made (Heckman, 2006; Cunha & Heckman, 2007). The scale of these returns has been documented in landmark evaluations: the Carolina Abecedarian Project produced a 13% per-child, per-year return (García et al., 2020), and the Perry Preschool program generated 7–10% annual ROI for children served at ages three and four (Heckman et al., 2010). These figures anchor the economic case for Tennessee's early childhood investments described below.

In **FY 2025, 36 programs** across state government were identified as **primarily serving children under age six** (see Appendix D for a full list), with **total expenditures of $1.14 billion.** Early childhood expenditures represent **7.5% of the total portfolio, or 13.1% when TISA is excluded—both figures increased from FY 2024 (6.7% total, 11.4% ex-TISA). Federal funds account for $919.7 million (80.3%)** of early childhood spending, with state funds providing $217.7 million (19.0%).

Tennessee's approximately 483,000 children under age six represent the population where public investment produces the highest documented returns—and where scalable, evidence-based programs already exist. Children under six are approximately 26% of all children in the state (U.S. Census Bureau, American Community Survey, 2023), yet spending on programs for this age group represents 13.1% of the non-TISA portfolio. One in five of these young children live below the federal poverty line (U.S. Census Bureau, ACS, 2023), creating both the need and the cost-effectiveness rationale for expanded investment. The ten-year trend analysis found that early childhood programs grew slower than the broader portfolio, but FY 2025 data show early signs of reversal, with early childhood expenditures increasing from 11.4% to 13.1% of the non-TISA portfolio. Notably, Tennessee recently experienced a $44 million reduction in its federal child care appropriation through the Child Care and Development Fund; however, that reduction took effect in FY 2026 and is not reflected in the expenditure data presented in this report.

PROGRAMS WITH THE LARGEST EXPENDITURES FOR CHILDREN UNDER 6

Agency/Program	Program Description	Total Expenditures	Children Served
Department of Human Services: Child Care Benefits	To provide subsidized childcare to low-income families.	$552,721,207	38,651
Department of Health: WIC	Provides supplemental nutrition for pregnant women and young children to improve outcomes for growing babies and help children stay healthy.	$155,956,561	159,465
Department of Disability and Aging: TEIS	Provides early intervention services for children birth through age five with developmental delays or disabilities.	$92,928,427	22,436

Department of Education: Voluntary Pre-K	Provides four-year-old children—with emphasis on those at-risk—an opportunity to develop school readiness skills.	$85,505,734	18,840
Department of Human Services: Child and Adult Food Program	Provides meals and snacks for children in childcare settings and afterschool programs.	$80,785,439	N/A
Department of Health: Evidence-Based Home Visiting	Voluntary home visiting services for at-risk pregnant women and families with young children. Published ROI: $1.80–$5.70 per dollar invested (Miller, 2015).	$58,911,495	4,466

Primary Outcomes

Departments select one primary outcome area that best captures the intended result of the program. The five outcome domains—Educated, Healthy, Safe, Nurtured and Supported, and Engaged—correspond to the conditions that research identifies as necessary for children to develop into productive, self-sufficient adults. These are not independent dimensions: a child who is not safe will have difficulty learning; a child without health care will have difficulty maintaining the attendance necessary for educational achievement; a child without stable, nurturing relationships will have difficulty developing the self-regulation and social skills that predict success in school and the workforce. As described in the Methodology section, TCCY independently coded all programs for Programmatic Focus and Primary Outcome based on structured program descriptions and conducted inter-rater agreement analysis against reporter classifications. The recoded classifications are used throughout this section. The evidence base for each domain is summarized below, followed by FY 2025 expenditure data.

Total Expenditures by Primary Outcome, FY 2025

Outcome	Programs	FY25 Total	Federal	State	% of Total
Educated	63	$8,130,517,826	$1,078,140,627	$6,956,560,506	53.1%
Healthy	131	$3,914,293,647	$2,513,140,212	$1,072,997,907	25.6%
Nurtured and Supported	30	$2,360,870,191	$1,932,887,507	$425,662,955	15.4%
Safe	68	$897,186,876	$323,671,223	$571,098,532	5.9%
Engaged	8	$2,757,137	$552,756	$2,204,380	0.0%

Total	**300**	**$15,305,625,676**	**$5,848,392,326**	**$9,028,524,280**	**100.0%**

Educated

Educational attainment is among the strongest predictors of lifetime economic and wellbeing outcomes. Tennessee adults with a bachelor's degree earn a median of $22,000 more per year than those with only a high school diploma (Carnevale et al., 2021). High school dropouts cost taxpayers an estimated $272,000 to $292,000 each in lost tax revenue, increased public assistance, and higher criminal justice involvement over their lifetimes (Levin & Belfield, 2007; Sum et al., 2009). These estimates remain the standard benchmark in the dropout prevention literature. The correlation between educational attainment and health outcomes is equally robust: adults without a high school diploma have mortality rates 2–3 times higher than college graduates across virtually every cause of death (Marlow et al., 2023; "Education: A Neglected Social Determinant," 2024). These are not abstract associations—they are direct fiscal consequences for Tennessee's tax base, workforce capacity, public service costs, and the health and vitality of Tennesseans and their communities.

"Educated" is the largest outcome area by far, with $8.1 billion (53.1%) across 63 programs. TISA accounts for $6.5 billion of this total. Federal funds provide $1.1 billion (13.3%) and state funds $6.9 billion (85.4%)—reflecting TISA's dominance. Excluding TISA, federal funds account for the majority of remaining education expenditures, including IDEA Part B ($289.8 million), the remaining ESSER 3.0 funds ($256.6 million), and Title I programs ($294.8 million).

Healthy

The economic burden of poor child health extends well beyond medical costs. Children with untreated chronic conditions miss more school days, perform worse academically, and are more likely to require special education services—each of which carries direct fiscal consequences for the state (Currie, 2020; Jackson et al., 2021). Preventive care during childhood reduces lifetime healthcare costs. Childhood immunizations save $3 to $10 in direct medical costs and $17 to $44 in broader societal costs per dollar invested (Zhou et al., 2014). Well-child visits enable early detection of developmental delays, vision and hearing problems, and behavioral health conditions—each of which becomes substantially more expensive to treat if identified later (Hagan et al., 2017). School-based dental sealant programs prevent an estimated $3 in treatment costs for every $1 invested (Griffin et al., 2016). Childhood malnutrition impairs cognitive development and is associated with reduced adult earnings of 10–17 percent, with effects persisting into adulthood (Hoddinott et al., 2013; Kirolos et al., 2022). Access to consistent health care coverage for children is associated with higher educational attainment, increased labor force participation, and lower reliance on public assistance in adulthood (Cohodes et al., 2016).

"Healthy" is the second-largest outcome area at $3.9 billion (25.6%) across 131 programs—the most programs of any outcome. Federal funds account for $2.5 billion (64.2%). The proportion of "Healthy" funding is heavily driven by TennCare expenditures—not just in the Division of TennCare, but in TennCare flowthrough funds from the Department of Children's Services and the Department of Health. Healthy expenditures also grew by $326 million (+9.1%) over FY 2024, the largest dollar increase of any outcome area.

Nurtured and Supported

The quality of a child's relationships with caregivers is the single strongest modifiable predictor of resilience when children face adversity—including poverty, parental substance use, family instability, community violence, and other adverse childhood experiences (ACEs; Bethell et al., 2019). Children who experience stable, nurturing relationships develop stronger self-regulation, greater capacity for empathy, more robust stress-response systems, stronger peer relationships and social competence, and higher academic achievement and workforce readiness—all of which translate into measurable economic outcomes through educational achievement, workforce productivity, and reduced involvement with public systems (Shonkoff et al., 2012). Conversely, the absence of these relationships—through family instability, parental incarceration, foster care disruption, or caregiver mental illness—is among the strongest risk factors for poor outcomes across every domain this report measures—including lower educational attainment, increased behavioral health disorders, higher rates of child welfare and juvenile justice involvement, and reduced economic productivity in adulthood (National Scientific Council on the Developing Child, 2015). The systematic literature review found that "Nurtured and Supported" is the single most common secondary outcome in the peer-reviewed corpus (35.9%), reflecting how central relational quality is to the theory of change underlying virtually every type of children's programming.

"Nurtured and Supported" expenditures totaled $2.4 billion (15.4%) across 30 programs. Federal funds account for the majority at $1.9 billion (81.9%), largely because the Department of Human Services classifies its food assistance programs—including SNAP ($876 million)—in this outcome area. The Department of Children's Services, Administrative Office of the Courts, and TCCY programs lean more heavily on state funds.

Safe

The cost of failing to keep children safe is among the most precisely documented in the social services literature. Each substantiated case of child maltreatment carries an estimated lifetime cost of $830,928 (including both tangible costs and intangible costs such as pain and suffering) when accounting for medical treatment, child welfare system involvement, criminal justice costs, special education, and lost productivity (Peterson, Florence, & Klevens, 2018, Child Abuse & Neglect). Youth involvement with the juvenile justice system costs Tennessee approximately $94,000 per youth per year in residential placement (DCS reporting), compared to $4,000–$15,000 for community-based alternatives achieving comparable outcomes (WSIPP, 2024). The cost-effectiveness of preventive safety programming is well-documented across multiple intervention types. Parent education and home visiting programs designed to prevent child maltreatment generate returns of $3 to $23 per dollar invested depending on the program model and target population (Cibralic et al., 2025; Peterson et al., 2018). Preventive safety programs—including structured parent education (e.g., Triple P, SafeCare), primary care-based screening (e.g., the SEEK model, which costs $3.59 per child per year; Lane et al., 2020), and community-based family strengthening initiatives—consistently demonstrate that investing upstream is orders of magnitude less expensive than responding to maltreatment, placement, and justice system involvement after the fact (Peterson & Kearns, 2021).

"Safe" expenditures totaled $897.2 million (5.9%) across 68 programs. Federal funds accounted for $323.7 million (36.2%), and state funds $571.1 million (63.7%). Safe expenditures remained essentially flat compared to FY 2024 (+$3.9 million, +0.4%). Importantly, the largest government programs that most people associate with safety—city and county police—do not flow through the state and are thus not reported to Resource Mapping. The largest programs in

this category are the Department of Children's Services' Dependent and Neglect Placement—Foster Care ($512.9 million), Juvenile Justice Placement ($109.8 million), and CPS—Special Investigation ($56.5 million).

Engaged

Youth engagement—participation in structured activities that develop skills, interests, and social connections outside the academic setting—is associated with fewer risk-taking behaviors, improved school attendance, and stronger occupational outcomes in young adulthood (Durlak et al., 2011; Lauer et al., 2006). Participation in afterschool programs, for example, is associated with a 20–30 percent reduction in school disciplinary incidents and a significant decrease in juvenile crime during afterschool hours (Afterschool Alliance, 2021; Kremer et al., 2015). Workforce development programs for youth—including summer employment, career and technical education pathways, and pre-employment transition services—are central to the "Engaged" domain because they connect structured skill-building activities to measurable economic outcomes, generating returns through increased lifetime earnings and reduced public assistance dependence. These programs also serve a practical child safety function: the hours immediately after school dismissal are the peak period for juvenile crime, substance use initiation, and unintentional injury (OJJDP, 2019; Snyder & Sickmund, 2006).

Expenditures that flow through the state in the "Engaged" outcome are modest at $2.8 million (less than 0.02%) across 8 programs. This does not, however, reflect the full landscape of youth engagement programming in Tennessee—local government, non-profit, and private investment in parks and recreation, youth sports, arts organizations, libraries, community centers, and programs like YMCA Youth in Government, United Way afterschool programs, and children's museums provide substantial engagement opportunities whose expenditures are not yet tracked in Resource Mapping. To account for these other sources of child and youth services, the TCCY aims to include comparisons between state and non-state-sponsored child and youth programming in future cycles of the Resource Mapping Report.

Tables reporting expenditures by Primary Outcome by state agency and source of expenditures are presented in Appendix B.

County-Level Geographic Analysis

The analyses presented in the preceding sections describe Tennessee's portfolio of child-focused programming in aggregate—how much the state spends, which agencies deliver services, and how spending has shifted over time. This section asks a different question: where do those resources reach?

Using county-level data reported by program agencies, population estimates from the U.S. Census Bureau, and the program classification system described in the Methodology section, TCCY constructed a series of three-panel choropleth maps that display three dimensions of service delivery simultaneously for each category:

Program Count (left panel) shows how many distinct programs serve each county, based on agency-reported service areas. **Program Enrollments per 1,000** (right panel) shows the volume of program enrollments relative to each county's child population. **Expenditure per Child** (bottom panel) shows dollars invested relative to the number of children in each county.

Together, these three panels reveal whether a county has access to programs (coverage), whether children are actually enrolling (utilization), and whether financial resources are reaching those communities (investment). The most informative patterns emerge where the three panels diverge:

A county with high program enrollments per 1,000 children but a low program count and low expenditure per child is concentrating its children through a small number of large-enrollment, low-cost-per-head programs—typically universal entitlements like SNAP, WIC, or school nutrition. The spending looks low per child because those programs are inherently inexpensive per enrollment. These counties have broad reach but limited service depth: the safety net catches most children at the first layer but may lack the specialized programs needed to serve children with targeted or intensive needs.

The inverse pattern—high program count and high expenditure per child but moderate enrollment rates—signals a service portfolio weighted toward specialized or intensive programs with smaller caseloads and higher per-child costs. These counties may offer greater service diversity and depth, but their programs reach fewer children overall.

A county that appears well-covered in the Program Count panel but shows low expenditure per child may have many programs available in name but limited funding behind them. Conversely, a county with high expenditure per child but a low program count may depend heavily on a single large program—a concentration that creates vulnerability if that program is disrupted. These divergences between coverage, enrollment, and investment are where the maps are most useful: they identify counties where the three dimensions of service delivery are misaligned.

Reading the maps. Darker colors indicate higher values. The lightest shade represents zero or no data. All maps use Natural Breaks classification, a standard cartographic method that groups counties into ranges where within-group differences are small and between-group differences are large. This means the color bins are optimized for each panel individually—dollar amounts on one map are not directly comparable to dollar amounts on another without consulting the legend. The maps use blue palettes for general categories, teal for expenditure, and green for early childhood (under age 6).

Important context. County-level data are available for 82 of the 300 programs in the portfolio, representing $3.7 billion of the $7.7 billion in targeted expenditures (excluding TISA). The remaining programs reported statewide totals without county-level breakdowns. The maps therefore reflect a substantial but incomplete picture of total investment. However, all programs indicate which counties they serve or if the program was statewide such that coverage maps draw on all 253 child-serving programs regardless of whether county-level expenditure data were submitted (adult-only and adult-focused capacity building programs were not required to answer this question). Program enrollment counts are not deduplicated across programs: a child enrolled in SNAP, WIC, and school lunch is counted once per program. Rates exceeding 1,000 per 1,000 children should be read as the average number of program enrollments per child, not the number of unique children served.

What the Maps Reveal by Targeted Outcome

Each program in the portfolio is assigned to one of five outcomes reflecting the dimensions of child well-being that Tennessee's children's programming system is designed to support:

Educated, Healthy, Safe, Nurtured and Supported, and Engaged. The outcome maps show how resources are distributed geographically within each of these domains.

Educated

Education programs account for $1.2 billion in county-level expenditure across 33 programs with county-level data. This category includes school nutrition, special education, career and technical education, and after-school programming.

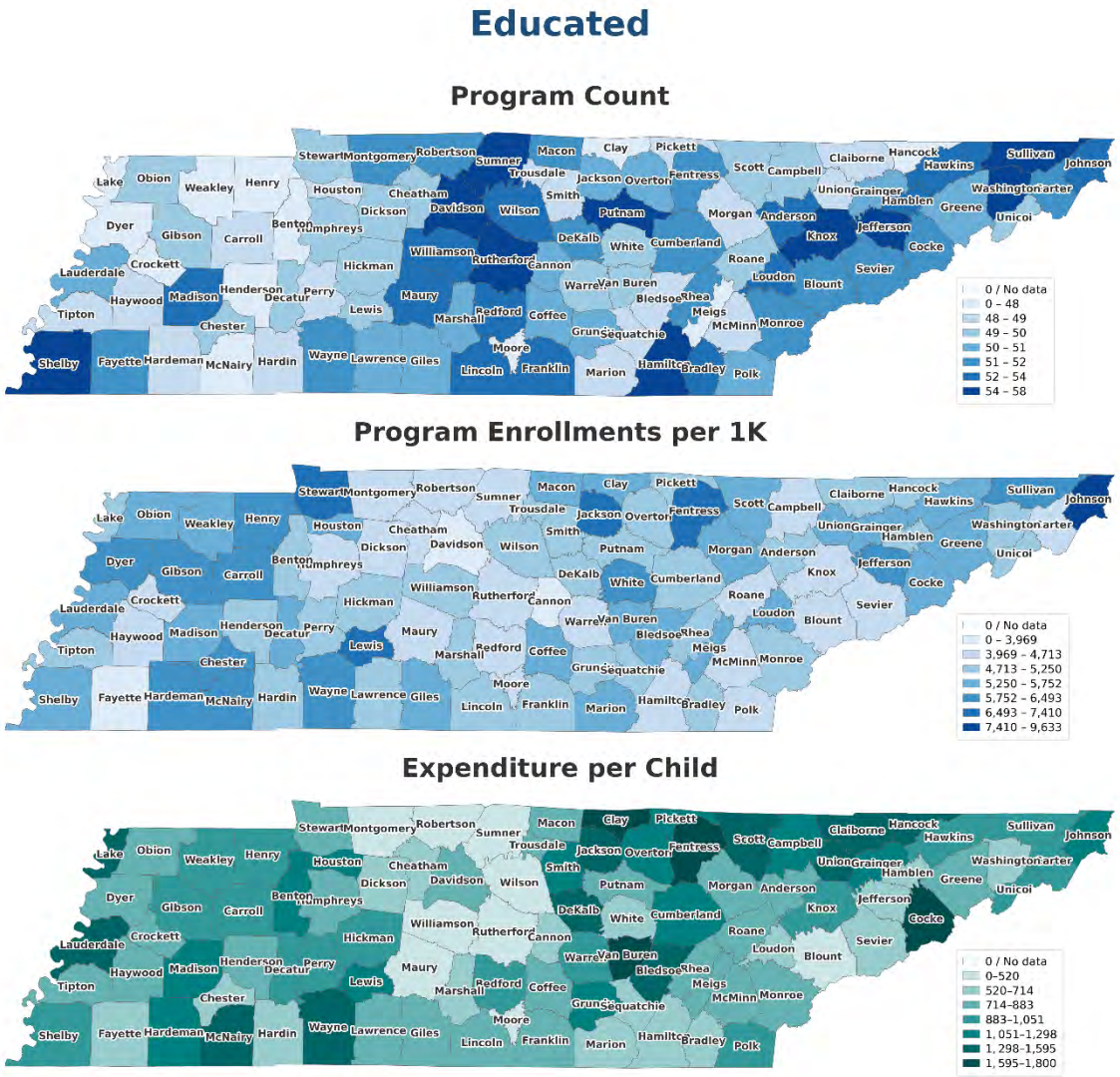


Figure 9. Educated — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

The Program Count panel shows relatively uniform coverage—most counties have between 46 and 58 education programs available, reflecting the reach of statewide programs like school nutrition and TISA-adjacent services. However, the Expenditure per Child panel tells a different story. Spending ranges from $287 per child in the lowest-expenditure counties to $1,800 in the

highest, a sixfold difference. Rural counties in West Tennessee—including Lake, Haywood, and Lauderdale—show higher per-child education spending, driven by federal Title I and school nutrition allocations that are weighted toward high-poverty districts. Suburban counties like Williamson, which has the state's highest median household income, consistently appear in the lowest spending tier across nearly every metric in this analysis. The Program Enrollments panel shows that education program enrollments reach between 3,196 and 9,633 per 1,000 children depending on the county. These high rates reflect the stacking of multiple universal programs (school lunch, special education, career and technical education) that together produce multiple enrollment counts per child.

Healthy

Health-outcome programs account for $772 million in county-level expenditure across 33 programs, including WIC, Medicaid-funded services, behavioral health programs, dental services, and substance abuse prevention.

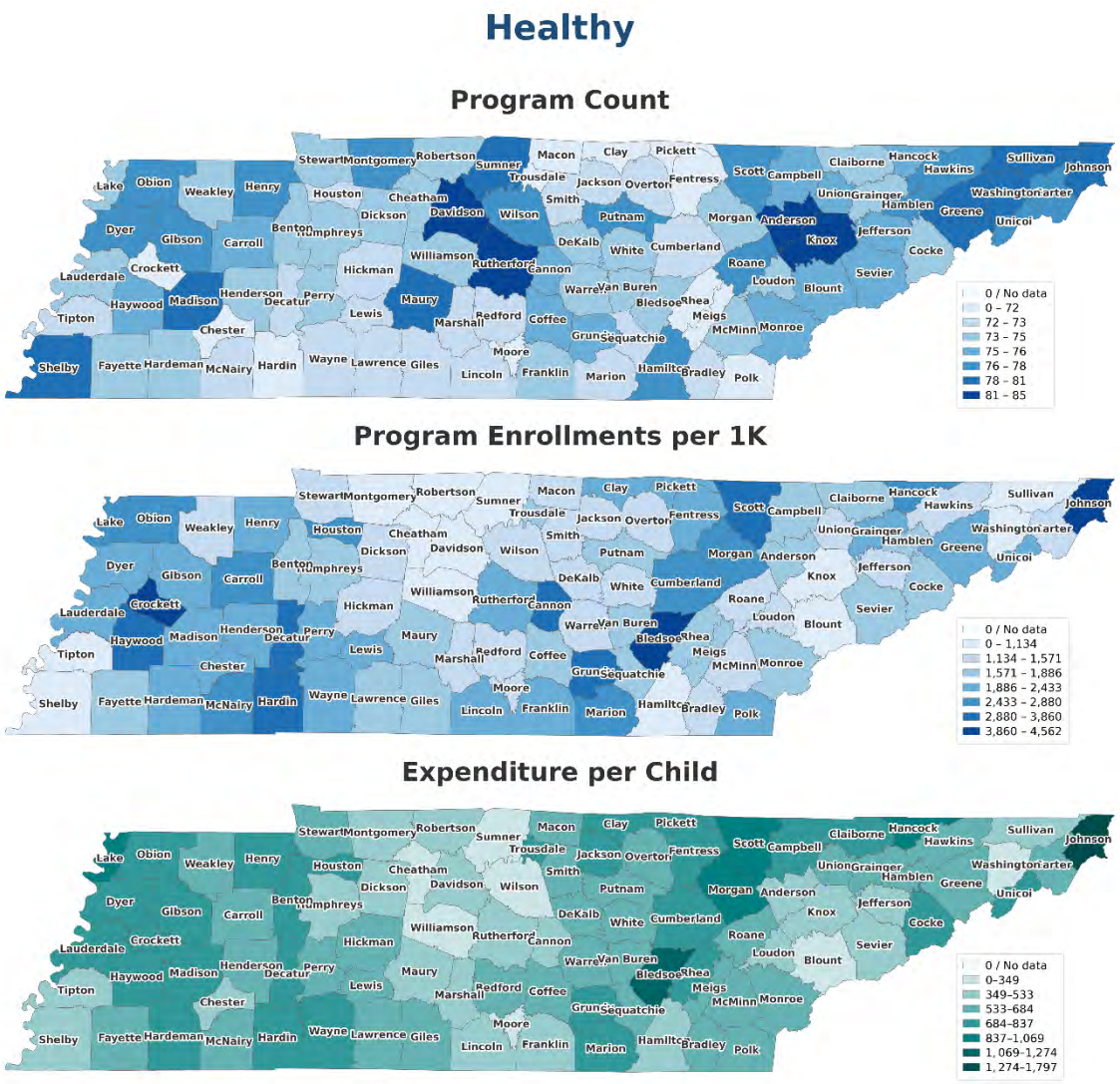


Figure 10. Healthy — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

The Healthy outcome displays some of the most pronounced geographic disparities in the portfolio. Per-child expenditure ranges from $146 in the lowest counties to $1,797 in the highest, a more than twelvefold difference. Counties in East Tennessee's Appalachian corridor—Johnson, Bledsoe, and Hancock—receive the highest per-child health investment, consistent with the concentration of federal health program funding in areas of high poverty and health need. Middle Tennessee's suburban growth counties (Williamson, Rutherford, Wilson) consistently fall in the lowest spending tiers.

The Program Enrollments panel reveals a similar east–west and urban–rural gradient. The map is driven heavily by WIC, SNAP-adjacent nutrition programs, and TennCare-funded services, all of which reach larger shares of the child population in high-poverty counties. The gap between the highest-served and lowest-served counties—nearly 4,000 per 1,000 children—is the largest of any outcome category and reflects the income-targeting built into federal health and nutrition programs.

Safe, Nurtured and Supported, and Engaged

The remaining three outcome categories display more constrained geographic patterns, in part because fewer programs with county-level data are classified to each. The Safe outcome (9 programs with county data, $74 million) shows modest geographic variation in both expenditure and enrollment, with the highest per-child spending in small rural counties where relatively small absolute dollar amounts translate to high per-capita rates. The Nurtured and Supported outcome (6 programs with county-level data, $1.58 billion) reflects child care assistance, family support services, and income-support programs. The N&S county-level total is driven primarily by three large federal entitlements with county-level data: SNAP ($876 million), the Child Care Certificate Program ($342 million in county-reported expenditure of $553 million statewide), and TANF ($216 million). The Engaged outcome (2 programs, $1 million) has the fewest programs reporting county-level data; its maps are dominated by a small number of programs and should be interpreted cautiously.

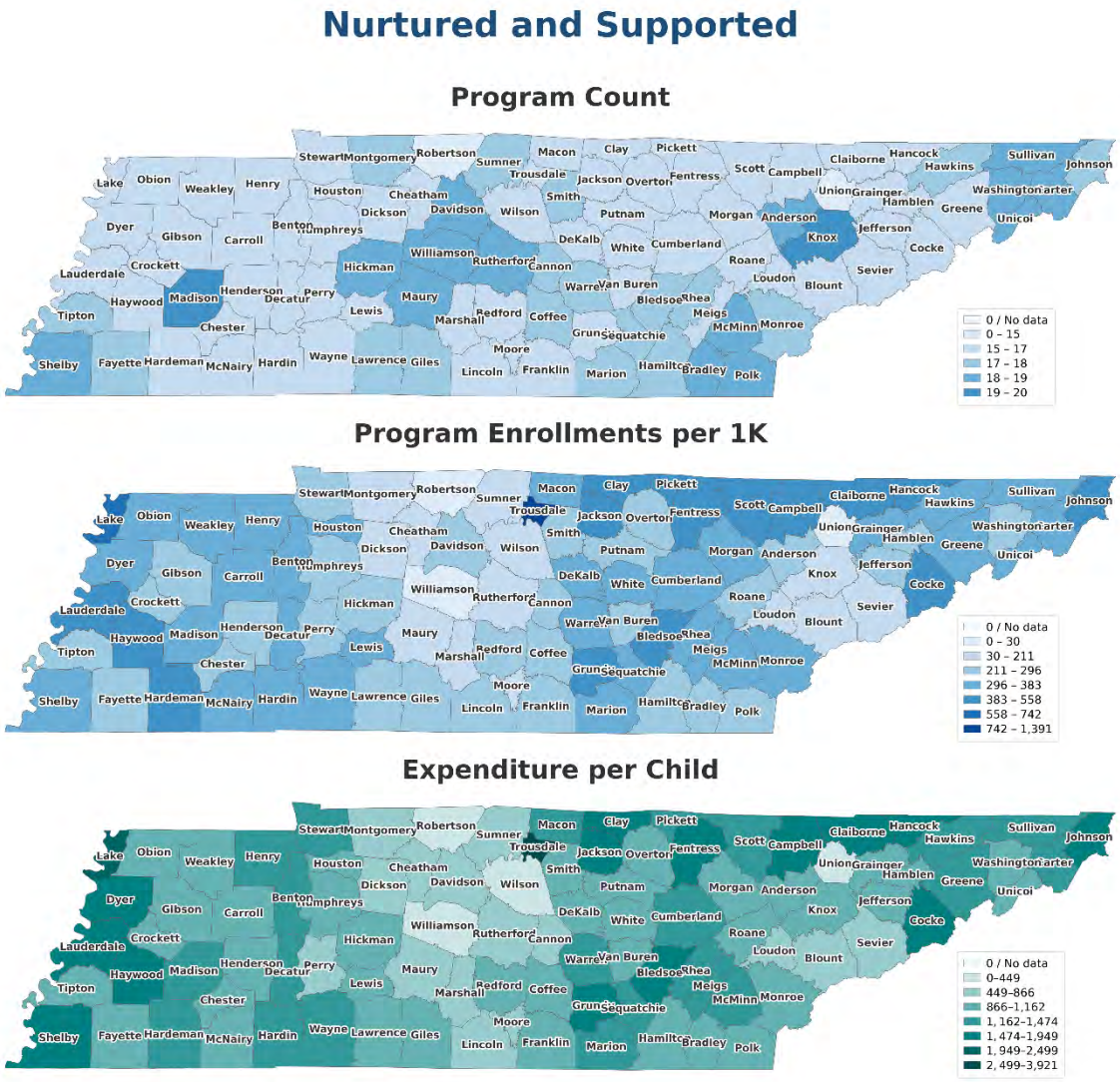


Figure 11. Nurtured and Supported — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

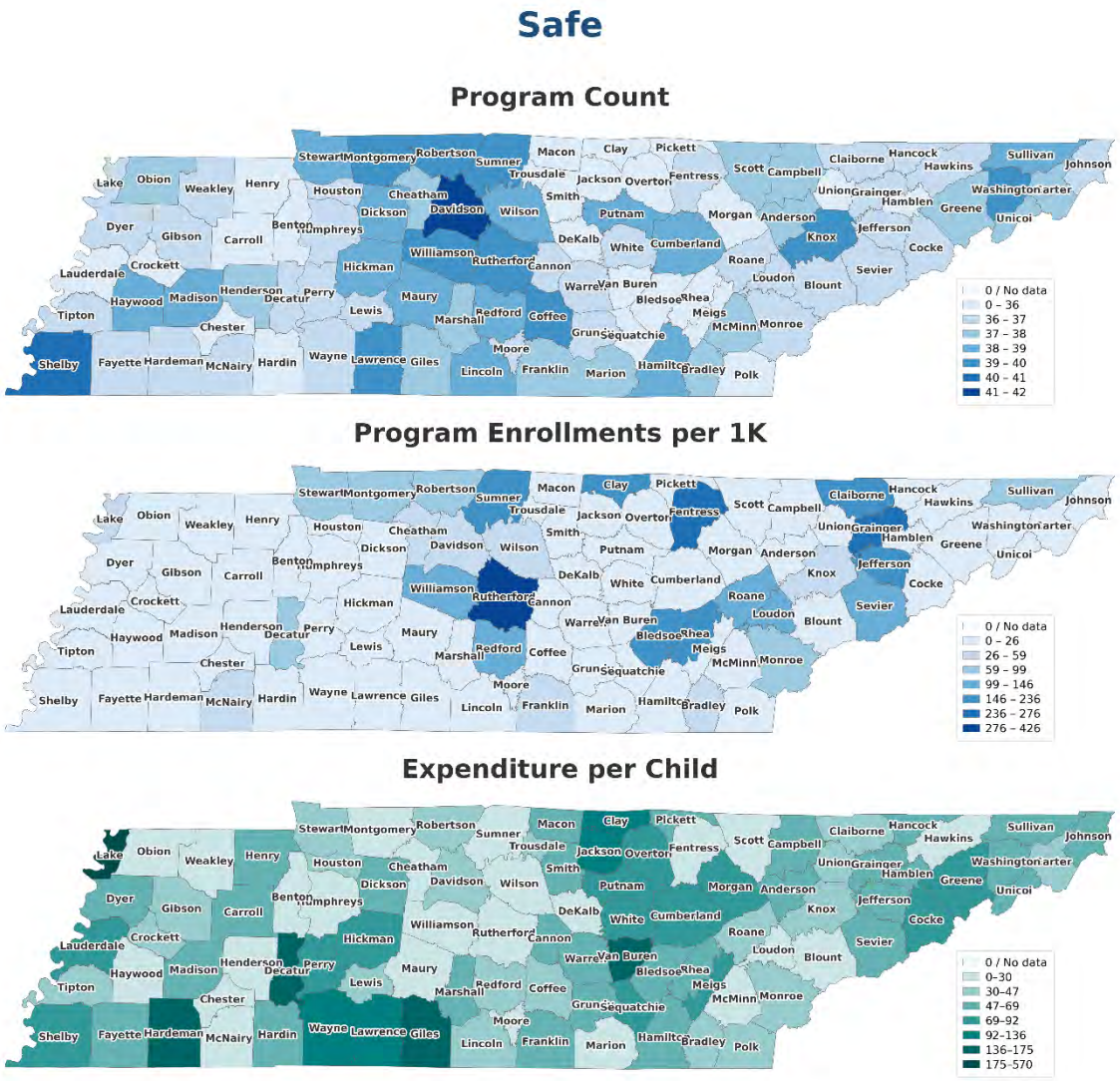


Figure 12. Safe — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

What the Maps Reveal by Programmatic Focus

The programmatic focus taxonomy classifies programs along a continuum from universal prevention to intensive intervention, reflecting the public health prevention framework. This dimension is especially relevant for understanding how Tennessee balances upstream investment (prevention and early intervention) against downstream services (crisis response and treatment). The Ten-Year Trends section of this report documented a concerning decline in Early Intervention spending over the past decade. The geographic maps provide a complementary view: not just how much is spent, but where it reaches.

Universal Promotion and Prevention

Universal programs—those available to all children without screening or eligibility determination—account for $577 million in county-level expenditure across 24 programs. This category includes school nutrition, Imagination Library, and statewide prevention campaigns.

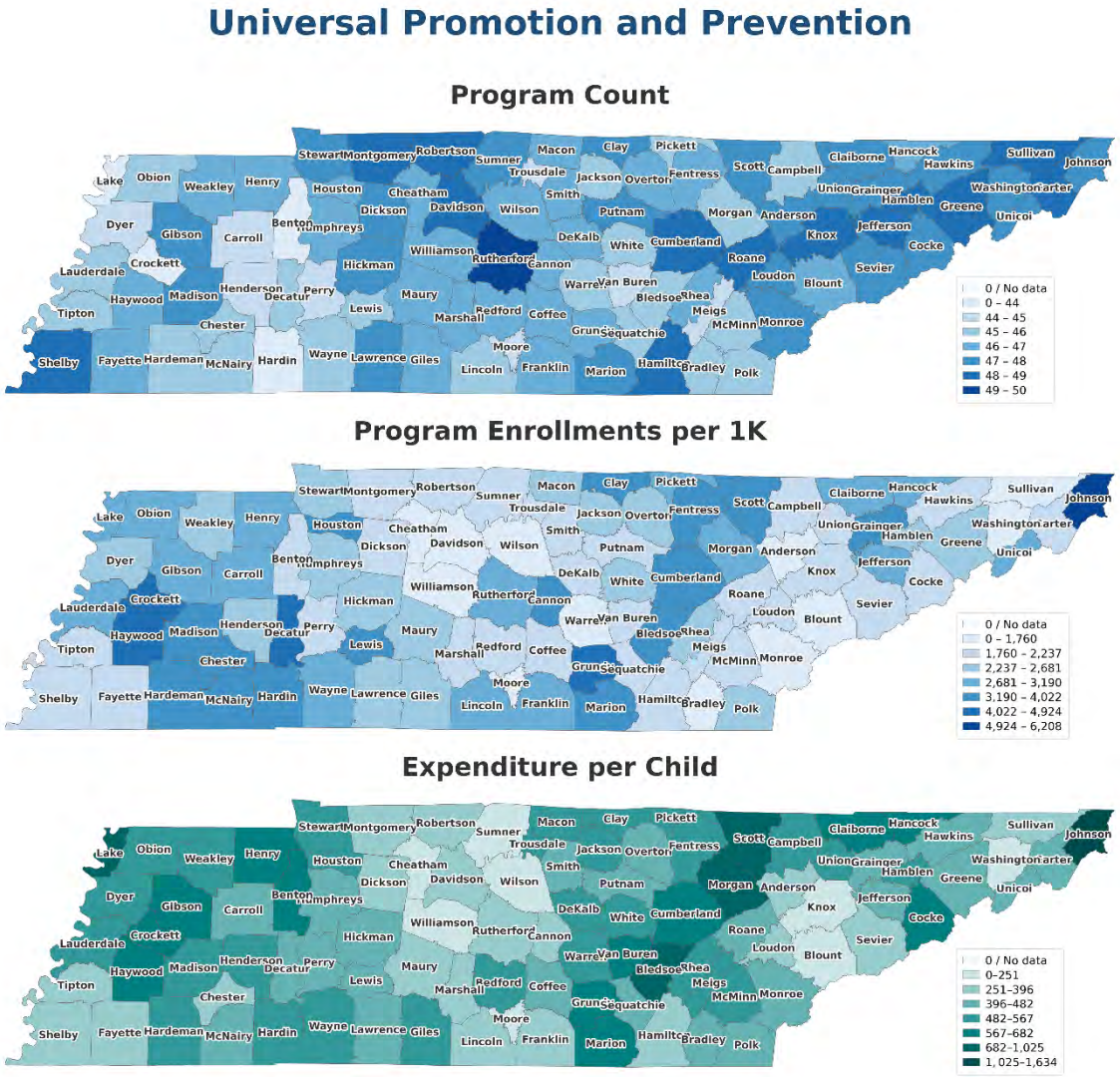


Figure 13. Universal Promotion and Prevention — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

The Program Count panel shows the broadest and most uniform coverage of any focus category, with most counties served by 44 to 50 universal programs. This consistency is by design: universal programs are intended to reach all children regardless of risk status or geography. However, the Expenditure per Child panel reveals meaningful variation beneath this uniform coverage. Per-child spending ranges from $92 in Williamson County to $1,634 in Johnson County, an eighteenfold difference. Small, rural counties in Appalachian East Tennessee—Johnson, Bledsoe, Morgan—receive the highest per-child universal investment, again reflecting the poverty-weighting of federal formula allocations.

The pattern is important: even among “universal” programs, funding is not distributed equally. Federal formula programs like school nutrition allocate more per child to high-poverty areas, producing exactly the geographic gradient visible in these maps. This is appropriate from an accessibility standpoint—children in higher-poverty counties face greater nutritional and health risks—but it means that universal programs function, in practice, more like targeted programs at the county level.

Early Intervention

Early Intervention programs address emerging developmental, behavioral, or health problems before they escalate. This category includes Tennessee’s Early Intervention System (TEIS), early developmental screening, and related services targeting children primarily under age five. Only 4 of 10 programs with county-level data are classified to this focus, with $148 million in total county-level expenditure. The Program Count panel reflects all 10 Early Intervention programs, including those that reported statewide totals without county-level breakdowns; the Expenditure and Enrollment panels are limited to the 4 programs that provided county-level data.

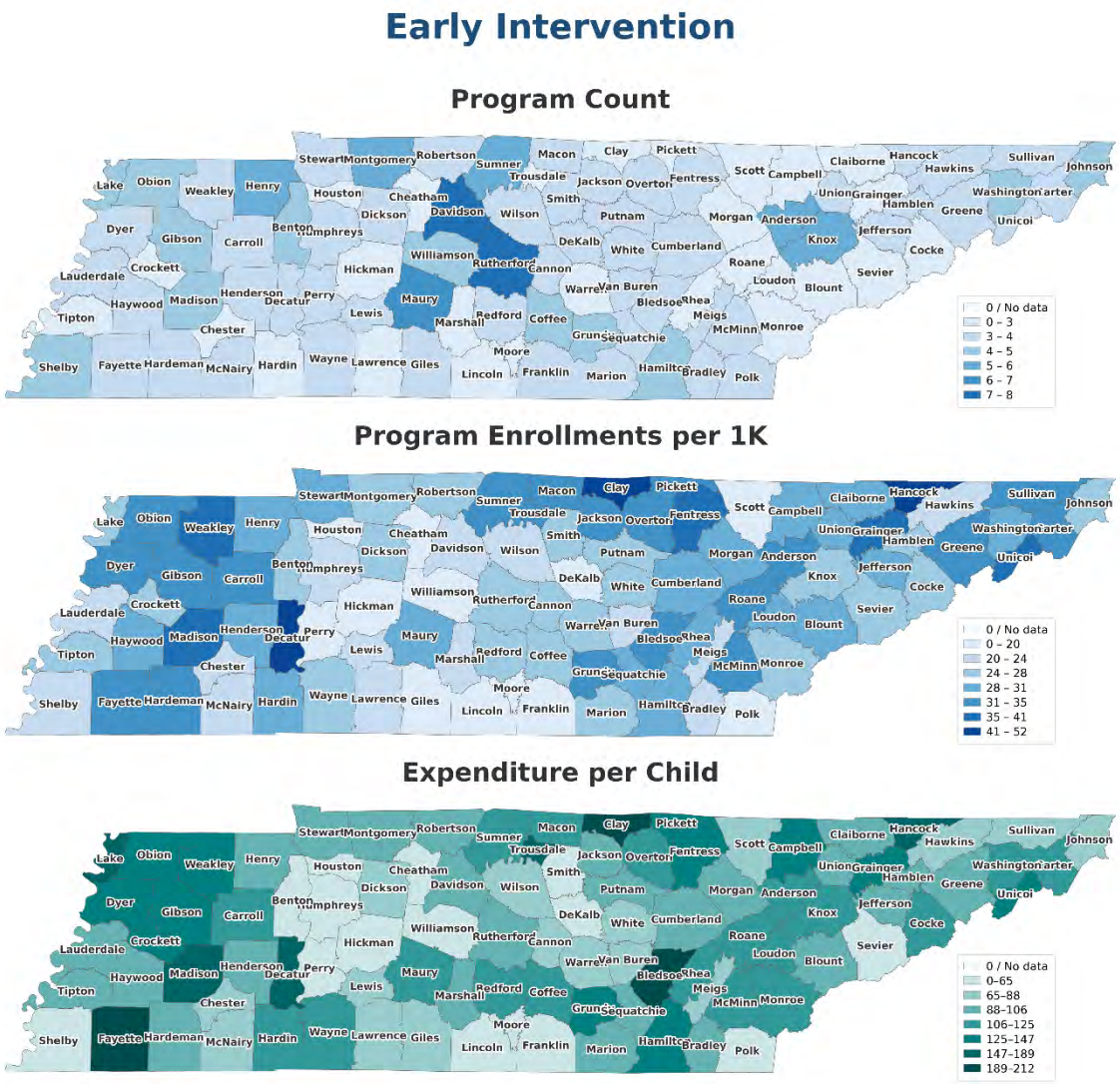


Figure 14. Early Intervention — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

Early Intervention displays the most striking geographic concentration of any focus category. The Program Count panel shows a narrow range of 3 to 8 programs per county—the lowest of any focus—meaning that most counties rely on just a handful of programs to serve children with emerging needs. The Expenditure per Child panel shows that per-child investment ranges from $35 in Lincoln County to $212 in Clay County, a sixfold difference among typical counties.

These maps reinforce the finding from the longitudinal analysis: Early Intervention is not only the focus category experiencing the steepest statewide spending decline, it is also one of the thinnest in terms of county-level program availability. With only 3 to 8 programs per county and expenditure per child that varies sixfold, the early intervention system has limited geographic redundancy. If any single program in this category faces a funding disruption—a concern amplified by the federal funding uncertainties documented elsewhere in this report—entire counties could lose their primary early intervention capacity.

Intensive Intervention

Intensive Intervention programs serve children with the most acute needs: foster care, residential treatment, juvenile justice services, and crisis response. Five programs (out of 39 total) with county-level data are classified to this focus, totaling $72 million. The Program Count panel reflects all 39 intensive intervention programs, including those that reported statewide totals without county-level breakdowns; the Expenditure and Enrollment panels are limited to

the 5 programs that provided county-level data.

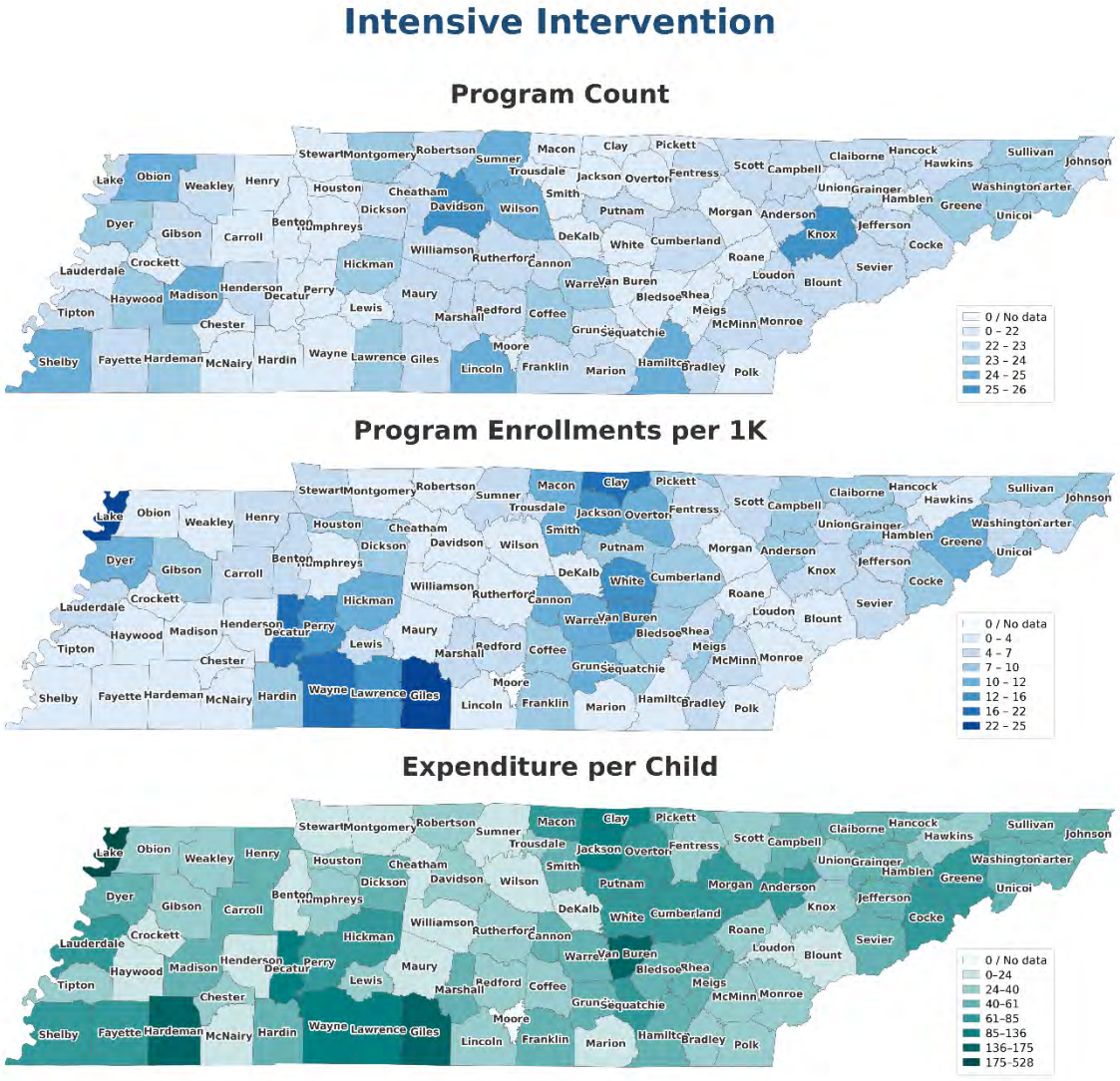


Figure 15. Intensive Intervention — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

The Program Count panel is strikingly uniform: all 95 counties have between 22 and 26 intensive intervention programs available, reflecting the statutory obligations that drive child welfare and juvenile justice services statewide. But the Expenditure and Program Enrollments panels diverge sharply from this uniformity. Per-child spending on intensive services ranges from $11 in Marion County to $528 in Lake County, a 48-fold difference. Lake County, Tennessee's smallest by population, consistently appears as an outlier across multiple categories because small populations amplify per-capita rates.

Setting aside population-size effects, the maps show a clear pattern: intensive intervention spending is highest in rural, high-poverty counties and lowest in suburban counties. This pattern is consistent with the well-documented relationship between poverty and child welfare

involvement. For the General Assembly, the intensive intervention maps illustrate the fiscal reality that prevention and early intervention investments attempt to address: the counties spending the most on crisis services are often the same counties where upstream programs are thinnest.

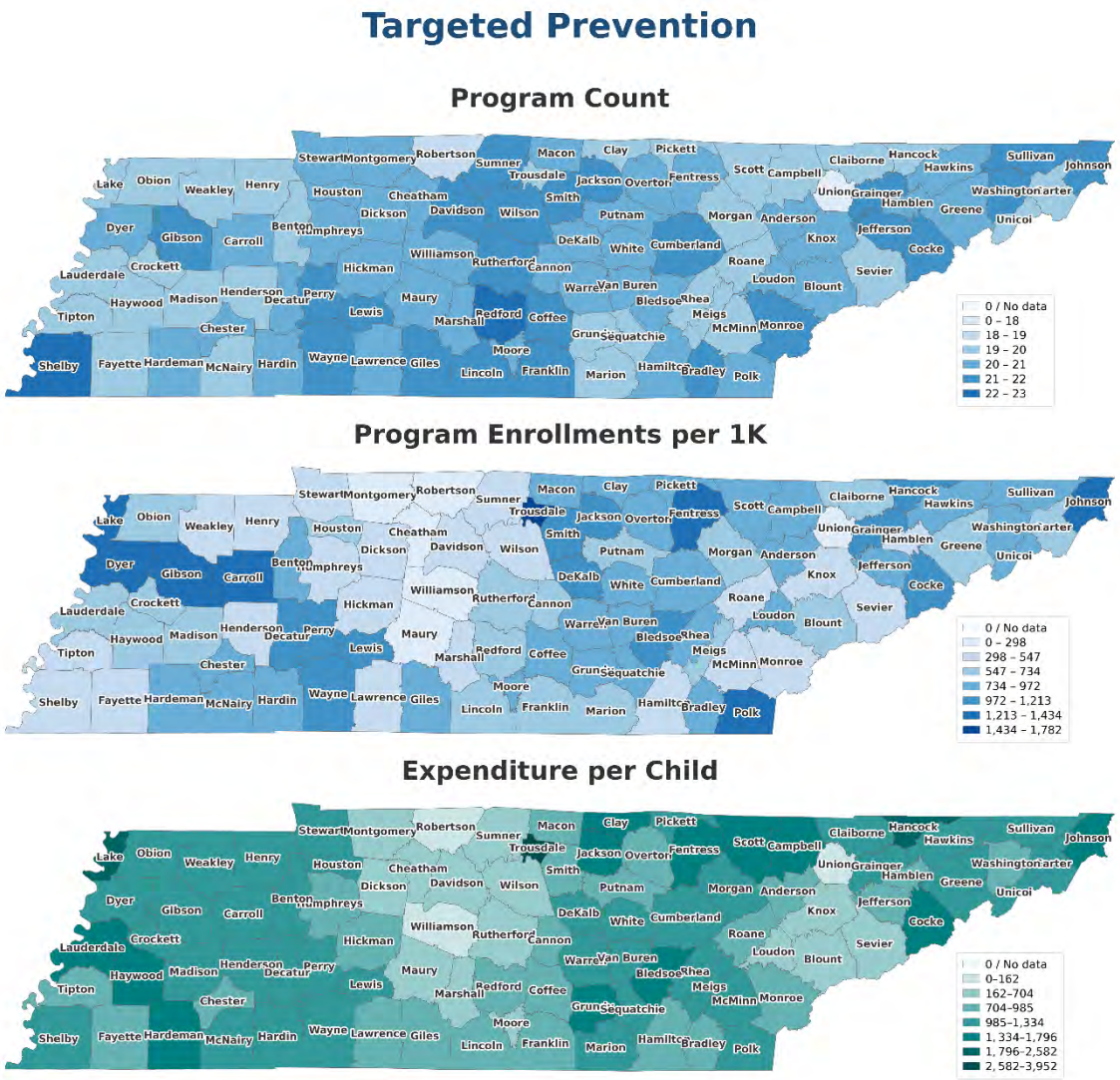


Figure 16. Targeted Prevention — Program Count, Program Enrollments per 1K, and Expenditure per Child by County

Targeted Prevention programs—including WIC, Medicaid health services for children, immunization programs, and child care subsidies—show the poverty-weighting pattern most clearly of any focus category. Because the largest programs in this category are income-targeted by federal design, per-child expenditure is highest in the small, high-poverty rural counties where eligibility rates are greatest. The Program Count panel shows relatively uniform coverage (18 to 23 programs per county), but per-child spending varies more than tenfold,

reinforcing the finding from the ten-year trend analysis that growth in this category is driven primarily by federal formula mechanics rather than state allocation decisions.

Early Childhood Investment

Programs serving children under age six receive special attention in this analysis because the research evidence for return on investment is strongest for early childhood interventions, because this age group's needs are qualitatively different from school-age children's, and because the Recommendations section of this report calls for expanded early childhood investment. The Early Childhood maps use under-six population as the denominator rather than the under-eighteen population used elsewhere, producing rates specific to the age group actually served.

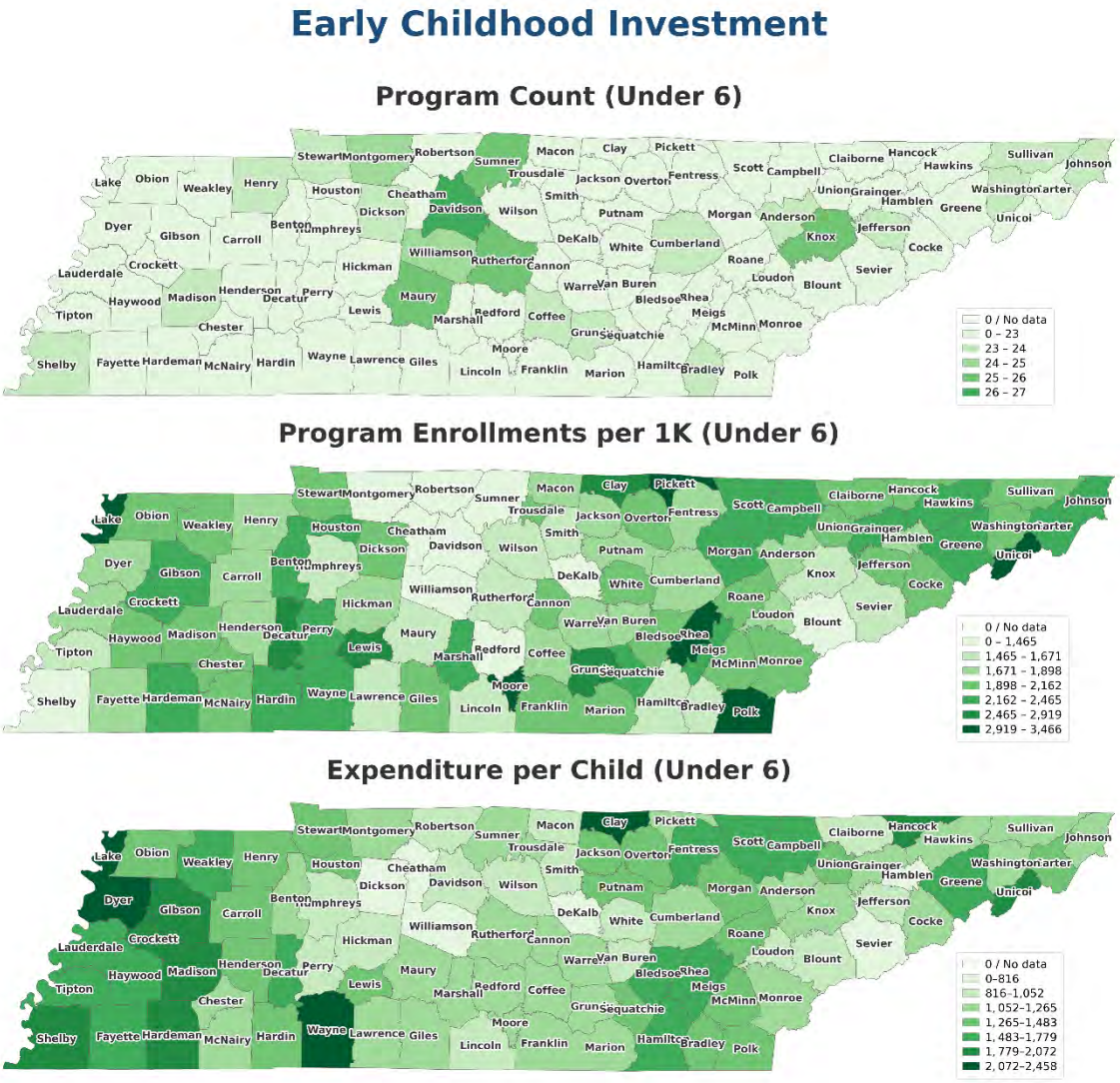


Figure 17. Early Childhood Investment — Program Count, Program Enrollments per 1K, and Expenditure per Child (Under 6) by County

Fourteen programs with county-level data carry the Early Childhood designation, totaling $645 million. The green palette visually distinguishes these maps from the general-population analyses above.

The Program Count panel reveals that counties are served by 23 to 27 early childhood programs—a narrow range, but meaningfully lower than the 44 to 50 universal programs or 71 to 85 health programs available in most counties. The Expenditure per Child panel is more revealing. Per-child spending for the under-six population ranges from $446 in Williamson County to $2,458 in Clay County, about a fivefold difference. Counties with the lowest early childhood investment per child include Williamson, Sevier, Cheatham, and Dickson. These are counties with relatively high household incomes or rapidly growing populations and low federal program eligibility rates, which means their young children have less access to the income-targeted federal programs (WIC, Head Start, child care subsidies) that constitute the bulk of early childhood spending.

The Program Enrollments panel shows a similar geographic pattern: rural Appalachian and Delta counties have the highest per-capita enrollment rates for early childhood programs, while suburban growth counties have the lowest. This does not necessarily mean suburban children are underserved—their families may access services through private markets rather than public programs—but it does mean that the public early childhood system, as captured in this data, is substantially less present in those communities.

Geographic Patterns: What the Maps Tell Us Together

Viewed collectively, the 13 sets of county-level maps reveal several consistent geographic patterns that cut across outcome categories and programmatic focus areas:

1. Coverage is broad, but investment is not uniform. Most counties have access to a similar number of programs across most categories. The Program Count panels are relatively uniform. But the Expenditure per Child panels consistently show wide variation—typically a fivefold to twentyfold difference between the highest- and lowest-spending counties. Having a program available in a county and having that program adequately funded are different things.

2. Federal formula funding drives most of the geographic variation. The counties with the highest per-child spending across almost every category are small, high-poverty, rural counties where federal programs like SNAP, WIC, Medicaid, Title I, and school nutrition allocate more per child. This is working as intended—federal formulas are designed to direct resources toward need—but it means that Tennessee's geographic investment pattern is substantially shaped by federal policy rather than state-level allocation decisions.

3. Suburban growth counties are systematically underrepresented. Williamson, Rutherford, Wilson, Sumner, and similar fast-growing suburban counties consistently appear in the lowest spending tiers. Their populations are growing faster than the statewide average, their child poverty rates are low (reducing federal formula allocations), and their families are more likely to access services through private markets. The public investment captured in this data may understate total resources available to children in these communities, but it does mean the public safety net is thinner there.

4. Small rural counties face both the highest per-capita spending and the greatest program-loss vulnerability. Counties like Lake, Hancock, Pickett, and Van Buren consistently show the highest per-child rates because small populations amplify per-capita measures. But

these counties also have the fewest absolute programs, meaning the loss of any single program has a disproportionate impact. This vulnerability is especially acute for Early Intervention, where most small counties are served by just 3 to 4 programs.

5. The upstream–downstream pattern is geographically consistent. Counties spending the most on intensive intervention (crisis services, child welfare, juvenile justice) tend to be the same counties where early intervention and prevention programs are thinnest. This is not surprising—the conditions that drive child welfare involvement are concentrated in the same communities where early services are limited—but the maps make the pattern visible in a way that aggregate statewide data cannot.

These patterns should inform discussions about both state-level allocation strategy and federal funding vulnerability. As documented elsewhere in this report, Tennessee's children's programming system depends on federal funds for approximately half of its total expenditure. The geographic analysis makes clear that this dependence is not uniform: the counties most reliant on federal program funding are precisely the counties where per-child investment appears highest. Any disruption to federal formula programs would therefore have the largest per-capita impact in the communities that currently receive the most.

A note on interpretation. *These maps show the geography of* ***reported public investment in children's programs****. They do not show the geography of child well-being, of need, or of total resources available to families. A county with low public per-child expenditure may have a thriving private service market, high household incomes, and excellent child outcomes. A county with high public per-child expenditure may have deep and persistent need that the spending has not yet addressed. The maps are a tool for understanding where public resources flow. They are not, by themselves, a measure of whether those resources are sufficient.*

Expenditure by Category

This section of the Resource Mapping report satisfies the requirement of TCA 37-3-116 (a)(3) *"a description of the manner in which the funds are being used within the agencies or organizations."* Previous sections of this report documented *how much* Tennessee invested in children's programs and *how many* children those programs served. This section asks a different question: *what did that spending purchase?* Specifically, what share of each program's total expenditures went to direct services for children and families, what share supported the workforce that delivers those services, and what share flowed through contracted providers?

These distinctions matter for policy. A program that channels 90% of its budget through contracted community organizations operates differently, and responds to different policy levers, than one that employs staff directly. Expanding a contract-heavy program means finding and funding more community partners; expanding a payroll-heavy program means hiring and retaining qualified staff. The policy tools are different, the timelines are different, and the cost structures are different. Similarly, the balance between direct service delivery and administrative infrastructure reveals the differential emphasis of the state's investment model on *reach* (more dollars to more children and families) versus *capacity* (more staff, training, and evaluation to improve quality). This section provides readers with a structural view of Tennessee's $15.3 billion children's programming portfolio so that budget discussions can be grounded in how money moves, not just how much is spent.

Note on this section: Because TISA ($6.5 billion, 43% of the portfolio) was a formula allocation classified entirely as Direct Services, its inclusion distorted the category profile. TISA is excluded from all analyses in this section unless otherwise noted. The Portfolio Overview table below presents both TISA-inclusive and TISA-exclusive figures for reference; all subsequent tables, charts, and narrative exclude TISA.

Note: FY 2025 was the first year in which agencies were asked to report expenditures by category. Year-over-year comparisons are not yet possible; this section establishes the baseline for future trend analysis.

Analytical Framework

Each participating agency was asked to allocate its program expenditures across nine standardized cost categories. These categories were defined in the Resource Mapping Data Template (see Appendix) and are summarized here to help readers interpret the results that follow:

Direct Services captured expenditures for services delivered directly to children and families, including medical care, counseling, food assistance, and formula allocations to school districts. Because this category also included large benefit transfers like SNAP and TennCare, a high Direct Services share did not necessarily mean money reached children without intermediaries—it meant the funds were classified as flowing to service providers or beneficiaries rather than to infrastructure, personnel, or administration.

Contract/Third Party captured payments to external contractors, vendors, or grantees for program delivery—for example, community mental health center contracts through DMHSAS, early intervention service agreements through DDA, or career and technical education grants through DOE.

Payroll/Personnel captured salary, wages, and benefits for program staff.

The remaining six categories—**Equipment, Training & Development, Evaluation & Quality, Outreach & Engagement, Admin/Overhead, and Other**—are reported individually in the accompanying workbook but, due to their lower overall representation, combined as “Other” in the summary tables below for readability.

Two metrics appear throughout the tables that follow. Category percentages (Direct Services through Other) represent the share of categorized expenditure allocated to each cost type—that is, only dollars from programs that provided category breakdowns are included in the denominator. “Categorized” shows the percentage of each group’s total expenditure for which category data were reported. The higher this value, the more representative the category percentages are of the group as a whole.

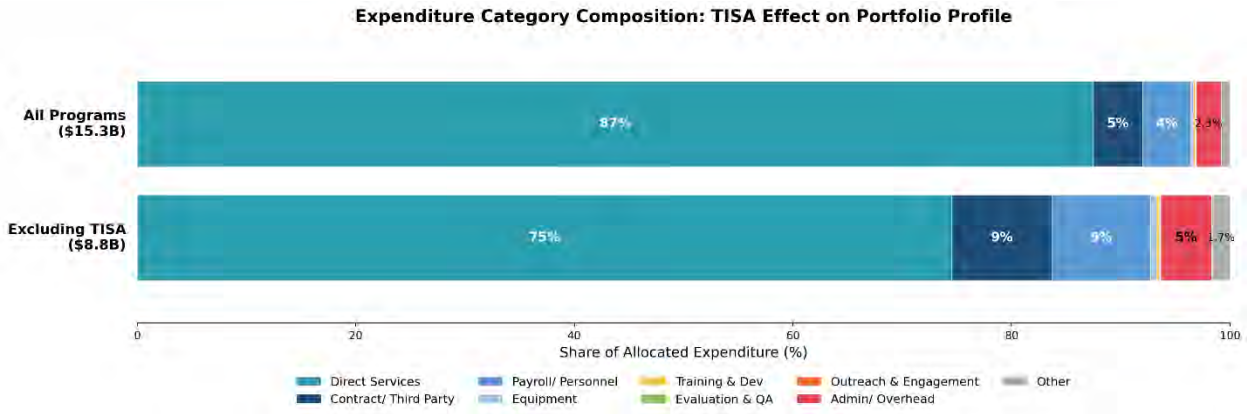
Portfolio Overview

The FY 2025 Resource Mapping Project collected data from 300 programs across 26 state agencies. All 300 programs reported program-total expenditure data totaling $15.3 billion across state, federal, and other funding sources. Of these, 242 (81.2%) provided category-level breakdowns accounting for $12.9 billion (84.0%) of the portfolio. The remaining 56 programs reported total expenditures but did not disaggregate into categories. In some cases, agencies noted that their internal cost structures did not align with the nine-category taxonomy; in others,

agencies were unable to provide these data within the reporting timeline. Both scenarios are addressed in TCCY's ongoing work with agencies to improve coverage for FY 2026.

Category	Excl. TISA	All Programs
Total Expenditure	**$8.8 billion**	**$15.3 billion**
Direct Services	74.6%	87.5%
Contract/Third Party	9.1%	4.5%
Payroll/Personnel	9.0%	4.4%
Admin/Overhead	4.7%	2.3%
Equipment	0.5%	0.3%
Other categories combined	2.1%	1.0%
Unallocated (reporting gap)	**27.9%**	**16.0%**

Note: Category percentages show how categorized dollars were split across the nine categories. "Unallocated" shows what share of total dollars came from programs that did not break down their spending ($2.44B). Because these use different denominators, they do not sum to 100%. Admin/Overhead at 4.7% of allocated expenditure (excl. TISA) was low relative to typical public-sector administrative cost ratios. This likely reflected classification differences across agencies—some classified staff delivering services as "Direct Services" while others classified equivalent staff as "Payroll/Personnel"—rather than unusually lean administration.



Excluding TISA, Direct Services remained the largest category at 74.6% of allocated expenditure, followed by Contract/Third Party (9.1%) and Payroll/Personnel (9.0%). The remaining categories collectively represented 7.3%. The Direct Services share was driven by the portfolio's largest benefit-transfer programs—SNAP ($757M), TennCare medical services

($2.1B across multiple program lines), Child Care Benefits ($553M), and IDEA Part B ($260M)—which together accounted for over 80% of all Direct Services dollars. A separate 27.9% of total non-TISA expenditure was unallocated, reflecting programs that did not disaggregate into categories.

Expenditure Composition

The remainder of this section examines how expenditure category composition varies across targeted outcome, programmatic focus, and by state versus federal funding source. TISA is excluded from all analyses below.

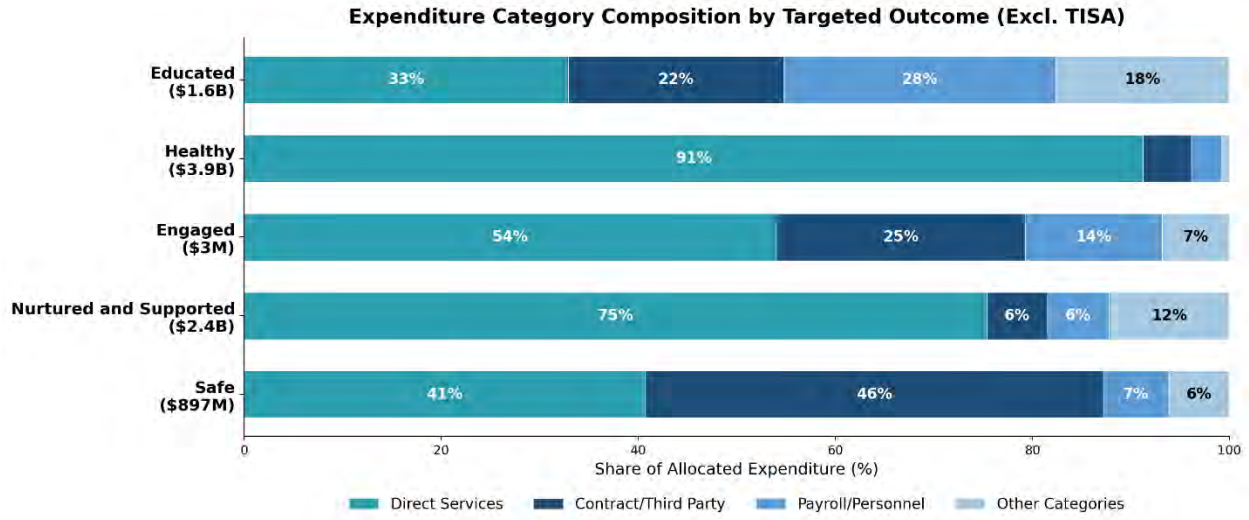
Expenditure Composition by Targeted Outcome

Expenditure composition varied substantially across the five Targeted Outcome domains, reflecting both genuine programmatic differences and data coverage gaps. TISA is excluded from this and all subsequent tables.

Outcome	N	Total	Direct Svcs	Contract	Payroll	Other	Categorized
Educated	62	$1.60B	32.9%	21.9%	27.5%	17.7%	82.0%
Healthy	131	$3.91B	91.2%	4.9%	3.1%	0.8%	84.6%
Nurtured & Supported	30	$2.36B	75.4%	6.1%	6.3%	12.2%	69.6%
Safe	68	$897M	42.1%	44.9%	6.6%	6.4%	7.0%
Engaged†	8	$2.8M	54.0%	25.3%	13.9%	6.8%	49.7%

† Engaged: With only 5 of 8 programs providing category data ($1.4M of $2.8M), category percentages for this domain were based on insufficient data and should not be used for characterization.

Note: "Categorized" showed the percentage of each domain's total expenditure for which category data were reported. For domains with low Categorized values—particularly Safe (7.0%) and Engaged (49.7%)—the category profile reflected only the subset of programs that reported, not the domain as a whole.



Educated ($1.6 billion excluding TISA, 62 programs) showed the most balanced profile of any domain: Direct Services at 32.9%, Payroll/Personnel at 27.5%, Contract/Third Party at 21.9%, and Other at 17.7%. Without TISA's dominant formula allocation, the Educated domain revealed a diverse mix of instructional grants, special education services, and workforce development programs that delivered through a combination of staff, contractors, and direct transfers. Coverage was 82.0%.

Healthy ($3.9 billion, 131 programs) concentrated in Direct Services (91.2%), driven by TennCare medical services and CoverKids premium payments. This domain had the most programs but a narrower expenditure profile. Coverage was 84.6%. Large benefit-transfer programs (TennCare, CoverKids, WIC) comprised the majority of expenditure; excluding TennCare, CoverKids, and WIC, the remaining Healthy programs showed a more distributed composition with higher shares of Contract/Third Party and Payroll/Personnel. The Enhanced Analysis workbook provides full program-level detail.

Nurtured and Supported ($2.4 billion, 30 programs) showed a more distributed profile, with Direct Services at 75.4%, Contract/Third Party at 6.1%, and Payroll/Personnel at 6.3%. However, only 69.6% of domain expenditure was categorized—the remaining 30.4% ($717 million) came from programs whose expenditures were not disaggregated.

Safe ($897 million, 68 programs) presented the largest data gap: only 7.0% of expenditure was categorized. Of the domain's 68 programs, 46 provided category data, but these were predominantly smaller grant programs. The larger programs—including foster care, juvenile justice placement, and child protective services—did not disaggregate expenditures. *Until category reporting is feasible for custodial-care programs, this analysis cannot characterize how child safety spending was structured at the category level.*

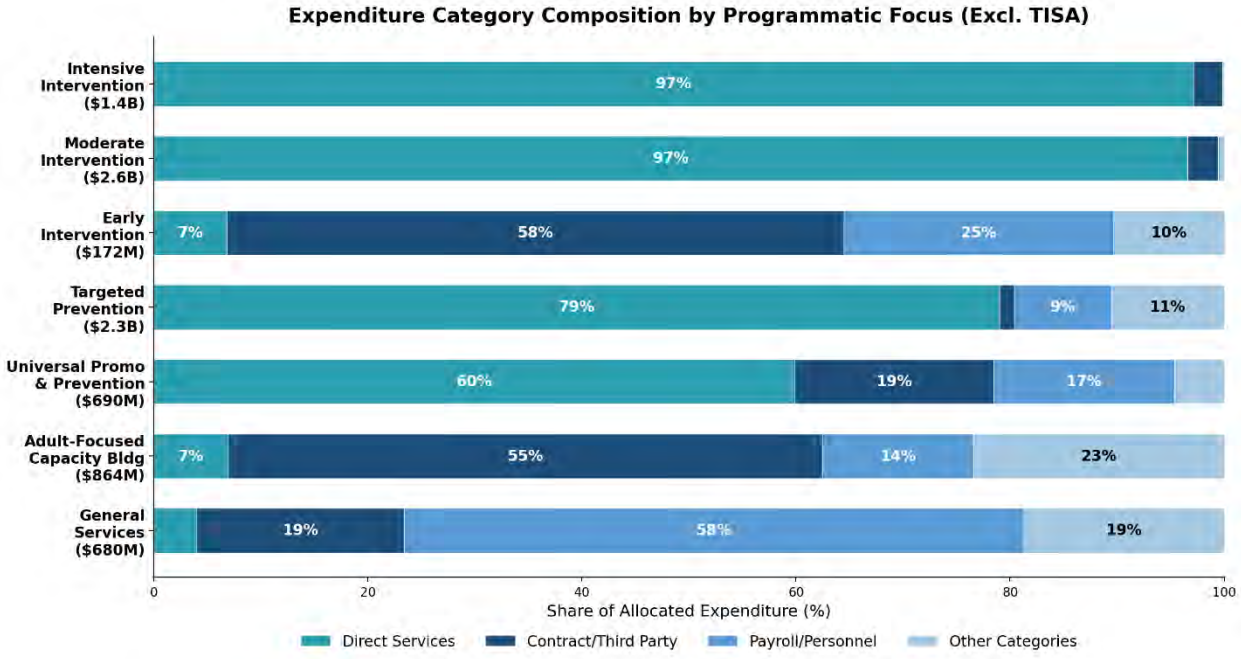
Engaged ($2.8 million, 8 programs) had insufficient category data for meaningful characterization (49.7% categorized, 5 programs reporting). This was the smallest domain by both dollar amount and program count.

Expenditure Composition by Programmatic Focus

The seven-level Programmatic Focus classification revealed how expenditure composition shifted across the prevention-to-intervention continuum.

Focus	N	Total	Direct Svcs	Contract	Payroll	Other	Categorized
Intensive Intervention	39	$1.40B	97.1%	2.8%	<0.1%	0.1%	49.5%
Moderate Intervention	55	$2.63B	96.6%	2.9%	0.2%	0.4%	84.7%
Early Intervention	10	$172M	6.8%	57.6%	25.2%	10.3%	65.7%
Targeted Prevention	42	$2.34B	79.0%	1.4%	9.1%	10.5%	94.5%
Adult-Focused Capacity Bldg	71	$862M	7.0%	55.3%	14.2%	23.5%	61.8%
Universal Promo & Prev	59	$690M	59.9%	18.6%	16.9%	4.6%	21.0%
General Services	22	$680M	4.0%	19.4%	57.9%	18.7%	59.9%

Note: "Other" combined Equipment, Training & Development, Evaluation & Quality, Outreach & Engagement, Admin/Overhead, and Other. For focus levels with low Categorized values—particularly Universal Promotion & Prevention (21.0%) and Intensive Intervention (49.5%)—the category profile reflected only the programs that reported, not the focus level as a whole.



Intensive Intervention ($1.40 billion, 39 programs) showed 97.1% Direct Services but with only 49.5% of expenditure categorized—reflecting programs whose cost structures were not disaggregated.

Moderate Intervention ($2.63 billion, 55 programs) was 96.6% Direct Services among categorized dollars, with 84.7% of total expenditure categorized.

Early Intervention ($172 million, 10 programs) was dominated by Contract/Third Party (57.6%), followed by Payroll/Personnel (25.2%) and Direct Services (6.8%). This reflected the contract-based delivery model of TEIS ($93 million) and home visiting programs. Category data were available for 65.7% of domain expenditure.

Targeted Prevention ($2.34 billion, 42 programs) allocated 79.0% of categorized expenditure to Direct Services, with Payroll/Personnel at 9.1%. This category included Medicaid health services for children, immunization programs, child care subsidies, and family preservation services. With 94.5% of expenditure categorized, this was the most complete focus level.

Adult-Focused Capacity Building ($862 million, 71 programs) had the most distinctive profile: Contract/Third Party led at 55.3%, followed by Admin/Overhead at 16.9% and Payroll/Personnel at 14.2%. This reflected the grant-making and technical assistance nature of workforce development, supported employment, and system-building programs.

Universal Promotion and Prevention ($690 million, 59 programs) showed a higher share of Direct Services (59.9%) alongside Contract/Third Party (18.6%) and Payroll/Personnel (16.9%), indicating a blend of benefit delivery and labor-intensive service provision. However, only 21.0% of expenditure was categorized. This was primarily because School Nutrition Programs ($525 million combined) fell within this focus level but did not provide category breakdowns. These programs distribute federal formula funds to LEAs for meal service—a structure that does not map neatly onto the nine-category taxonomy, since the funds could reasonably be classified as either Direct Services (benefits reaching children) or Contract/Third Party (grants to external entities that determine how funds are used). This classification ambiguity likely contributed to the reporting gap.

General Services ($680 million excluding TISA, 22 programs)—which included SNAP, child support enforcement, and child care licensing—showed the most payroll-intensive profile: 57.9% Payroll/Personnel, with Contract/Third Party at 19.4% and Direct Services at 4.0%. Without TISA, the remaining General Services programs were primarily administrative and operational, with staff costs dominating.

Expenditure Composition by Funding Source

Tennessee's child-focused programming drew on both state and federal funding, and the way those dollars were spent differed depending on the source. To examine this, TCCY identified programs that were predominantly funded by a single source (more than 80% of total expenditure from either state or federal funds) and compared their expenditure composition directly. A third group—programs with genuinely mixed state and federal funding (35–65% state)—was included to show how blended-source programs compared. This approach avoided the assumptions required by weighted estimates—namely, that a program's category mix is the same across funding sources (i.e., that state and federal dollars within a single program purchase the same proportion of direct services, contracts, and personnel)—and provided a cleaner picture of how each type of dollar was used.

View	N	Total	Direct Svcs	Contract	Payroll	Other	Categorized
All Sources (excl. TISA)	242	$8.8B	74.6%	9.1%	9.0%	7.3%	72.1%
State >80%	100	$638M	13.2%	46.1%	21.5%	19.2%	74.1%
Mixed (35–65% state)	14	$38M	33.0%	38.9%	18.1%	10.0%	2.7%
Federal >80%	96	$2.72B	69.2%	3.7%	15.1%	12.0%	73.9%

Note: "State >80%" included 100 programs where state funds comprised more than 80% of total expenditure. "Mixed" included 14 programs where state funds comprised 35–65%. "Federal >80%" included 96 programs where federal funds comprised more than 80%. Programs outside these ranges or with no source data were excluded. Full nine-category detail is in the Enhanced Analysis workbook.

The spending composition differed substantially by funding source. Programs that are predominantly funded with state dollars directed 13% of expenditure to Direct Services, with 46% flowing through contracted providers and 22% to program staff. This pattern may be highlighting the strong cross-sector partnerships that state agencies have developed with community organizations, school districts, and clinical providers. Programs like DOE career and technical education grants, TDMHSAS community mental health contracts, and DOH clinical services operated through networks of trusted partners who delivered services in communities across the state—a delivery model that leveraged existing provider capacity rather than building parallel state-operated infrastructure.

Programs with mixed state and federal funding (35–65% state) showed a strikingly similar composition to the state-dominant group: 33% Direct Services, 39% Contract/Third Party, and 18% Payroll/Personnel. These 14 categorized programs—mostly DMHSAS peer support and recovery programs, DOH clinical services, and DOE licensure—operated primarily through contracted community partners and program staff. Though small in categorized dollar terms ($38 million total), this pattern suggested that blended-funding programs adopted the contract-and-personnel delivery model characteristic of state-funded programs rather than the benefit-transfer model of large federal programs.

Programs that are predominantly funded with federal dollars showed a different pattern: 69% went to Direct Services, with 15% to Payroll/Personnel and only 4% to Contract/Third Party. However, this was heavily influenced by a small number of very large benefit-transfer programs—SNAP ($876M), Child Care Benefits ($553M), IDEA Part B ($260M), TANF ($216M), and WIC ($156M). When these five programs were excluded, the remaining federally-funded programs split into two distinct groups: **federal education grants**—primarily ESSA Title I ($295M), Title II ($39M), and School Improvement Grants ($25M)—that funded teachers, principals, and instructional staff at LEAs, accounting for the bulk of the Payroll/Personnel share; and **federal food, child care, and rehabilitation programs**—including Child and Adult Food ($81M), Summer Food ($38M), and Child Care Licensing ($140M)—that provided direct

benefits, driving the Direct Services share. In short, federal education dollars paid for the teaching workforce, whereas federal food and care dollars reached families as direct benefits.

This distinction matters—state discretionary dollars operate through a different delivery model than federal benefit transfers. When we consider how investments reshape children's programming, state-funded programs offer structural flexibility—the balance between contracting with community providers, employing staff directly, or expanding direct benefits is a state policy decision. Federal programs, by contrast, largely define expenditure structure through the authorizing statute. The mixed-funding group's resemblance to state-dominant programs rather than federal-dominant programs suggests that when state agencies secure federal grants to complement state funds, they channel those dollars through the same community partnership infrastructure rather than shifting to a benefit-transfer model.

Data Quality and Coverage

Category data coverage for FY 2025 was 84.0% of total expenditure dollars. Although strong in aggregate, coverage was uneven across agencies and outcome domains. Three data quality notes merit attention:

Reporting gap: As described in the Portfolio Overview, 56 programs ($2.31 billion, 15.1% of the portfolio) reported totals but no category breakdown. TCCY will continue working with all agencies to improve coverage for FY 2026.

Category-total alignment: No programs had discrepancies between total expenditures and the sum of expenditure categories by more than 0.1%.

Single-category programs: 75 programs (31.0% of those with category data) reported expenditures in only one category. In some cases, this accurately reflected program structure—a pure pass-through program was legitimately 100% Contract/Third Party. In other cases, programs may have found it difficult to distribute their costs across the available categories, particularly where their internal budget line items did not correspond to the categories as defined. This is an area for further exploration in FY 2026, when TCCY will provide additional guidance and worked examples to support more granular reporting where feasible.

Sensitivity and Robustness

Because 56 programs (accounting for $2.31 billion) did not provide category breakdowns, it was important to ask: would the key findings change if those programs had reported? TCCY tested this question in two ways.

First, TCCY estimated what the uncategorized programs might look like based on similar programs that did report. For each uncategorized program, TCCY generated a plausible category composition drawn from the distribution of programs in the same TCCY Outcome domain that did provide data (matched on outcome only, not focus, to preserve sample size for the imputation), then combined these estimates with the known data to produce an adjusted portfolio profile. This process was repeated 10,000 times to capture the range of plausible outcomes. The result: Direct Services shifted modestly, from 74.6% to 69.4%, with a 90% plausible range of 67.1%–72.1%. The direction of the shift—downward—reflected the likelihood that uncategorized programs (disproportionately in the Safe domain) were not exclusively Direct Services. The key finding—that Direct Services was the dominant category—remained stable.

Second, TCCY tested four extreme assumptions about what uncategorized dollars might represent. What if all $2.3 billion were Direct Services? (Upper bound: 81%.) What if they matched the existing portfolio average? (No change: 75%.) What if they reflected the cost structure of custodial-care programs, weighted toward personnel and administration? (Lower bound: 61%.) What if they were all Contract? (55%.) Across every scenario, Direct Services remained the largest category. The core finding—that the majority of Tennessee's non-formula children's spending went to Direct Services—held under every tested assumption.

Additional analyses examined which individual programs had the most influence on the portfolio profile (ESSA Title I at $295M had the largest effect), and whether the results were sensitive to how agencies were grouped. Full technical detail, including confidence intervals and diagnostic tables, is documented in the Enhanced Analysis workbook (RM_FY25_Expenditure_by_Category_Enhanced.xlsx) and the accompanying methodology document.

Key Takeaways

1. For every dollar Tennessee spent on non-formula children's programs, about 75 cents went to Direct Services, 9 cents to contracted providers, 9 cents to program staff, and 5 cents to administration. These proportions were driven by large benefit-transfer programs like SNAP, TennCare, and Child Care Benefits. They describe how money flowed from state agencies—not how much ultimately reached children, since a dollar classified as "Direct Services" may pass through multiple intermediaries before reaching a family.

2. Excluding TISA revealed a far more diverse expenditure profile across outcome domains. With TISA included, the Educated domain would appear to be 89% Direct Services. Excluding it revealed a balanced mix of 33% Direct Services, 22% Contract, and 28% Payroll—reflecting the variety of instructional, special education, and workforce development programs that operate outside the formula allocation.

3. Expenditure composition varied by programmatic focus. Workforce and capacity-building programs were predominantly contract-based, reflecting the cross-sector partnerships agencies have built with community providers. Prevention and intervention programs showed the most mixed profiles, combining direct services with personnel and outreach costs.

4. The Safe domain had limited category-level visibility. With only 7.0% of expenditure categorized, this analysis could not fully characterize how Tennessee structured its child safety spending. Developing a feasible category reporting approach for custodial-care programs is the highest-priority improvement for FY 2026.

5. State dollars and federal dollars covered different things. Programs predominantly funded with state dollars channeled money through contracted providers and program staff—reflecting strong partnerships with community organizations. Large federally-funded programs directed most expenditure to direct benefit transfers, but smaller federal programs invested primarily in personnel. Programs with mixed state and federal funding resembled the state-dominant pattern, suggesting that blended-funding programs leverage the same community partnership infrastructure.

6. The reporting gap did not change the overall picture. Sensitivity analysis confirmed that Direct Services dominated the portfolio under every tested scenario (range: 55%–81%). The $2.3 billion reporting gap narrowed the precision but did not change the direction of the findings.

Future Enhancements

As FY 2025 was the first year of category-level reporting, several improvements are planned for future cycles:

Year-over-year trend analysis. Once FY 2026 data are collected with improved consistency, TCCY will produce year-over-year category share comparisons to identify shifts in investment patterns.

State vs. federal composition by domain. A cross-tabulation of funding source by outcome and focus has been completed for FY 2025 and is available in the Enhanced Analysis workbook (Source × Outcome and Source × Focus sheets). As a first-year baseline, this report presents the core analyses; future reports will integrate funding source breakdowns directly into the outcome and focus subsections as the methodology matures and agencies become more familiar with the reporting framework.

Sub-category taxonomy development. The current nine-category taxonomy is intentionally broad. TCCY will explore sub-category or clearer definitions—particularly within Direct Services and Contract/Third Party—to provide finer-grained characterization of spending types.

Inter-rater reliability assessment. Classification ambiguity (e.g., whether direct-service staff salaries fall under “Direct Services” or “Payroll/Personnel”) limited cross-agency comparability. TCCY will develop a decision tree and worked examples to improve consistency.

Detailed program-level data, including all nine category values, unallocated amounts, and data quality flags, are provided in the accompanying workbook (RM_FY25_Expenditure_by_Category.xlsx). Statistical analyses including bootstrap confidence intervals, sensitivity analysis, influence diagnostics, and funding-source comparisons are in the Enhanced Analysis workbook (RM_FY25_Expenditure_by_Category_Enhanced.xlsx). A table of programs not included in the category analysis is in Excluded_Programs_Table.xlsx. Full methodology is documented in Expenditure_Category_Methodology.docx.

Social Return on Investment Analysis

The preceding sections documented how much Tennessee invests in children’s programs, where those investments reach, and how funds flow across agencies and functional categories. This section asks a different question: what does that spending produce? The first Social Return on Investment (SROI) analysis included in the Resource Mapping report provides the General Assembly with an evidence-based framework for understanding the economic and social value generated by the state’s comprehensive portfolio of child and youth services.

What SROI Measures

SROI estimates the economic and social value generated for every dollar Tennessee invests in its children. When a program prevents a child from dropping out of high school, that child earns an estimated $443,299 more over a lifetime (Alliance for Excellent Education, 2011, CPI-adjusted to 2025 dollars) — income that generates economic activity, reduces demand for public assistance, and strengthens local economies. When a mental health program keeps a child out of the emergency room, it averts $15,225 in immediate medical costs while producing a healthier young person who is more likely to attend school, graduate, and enter the workforce.

These are not abstract social benefits. They are measurable economic returns that flow back to Tennessee through reduced public expenditures, increased consumer spending, and a more productive labor force.

An SROI of 1.71 means each dollar invested generates approximately $1.71 in estimated economic and social value. Values above $1.00 indicate that the estimated benefits of the investment exceed its costs.

What We Analyzed

In FY 2025, approximately $15.3 billion was invested in programs that serve children and youth, administered or sponsored by 26 state agencies. This analysis examines 224 of those programs, representing $8.28 billion (54%) of total expenditure and approximately 17.9 million child-service contacts at an average cost of $462 per contact. The remaining 46% of expenditure consists of programs excluded because they serve exclusively adult populations, function as fiscal pass-throughs (such as TISA), or lacked sufficient data for analysis. Exclusion criteria and the full list of excluded programs are documented in the SROI Methodology supplement.

Because some children are served by more than one program simultaneously, the portfolio-level SROI applies a 7% overlap discount to avoid double-counting benefits. This discount is conservative: while multi-program enrollment overlap in Tennessee is substantial (e.g., WIC and Medicaid overlap exceeds 80%), benefit overlap is far smaller because programs target different outcome domains — a nutritional health gain and a medical cost avoidance do not double-count. The discount is applied only to the aggregate portfolio result, not to individual program or group estimates. Even at double the discount (14%), the portfolio SROI remains above 1.56×, well above breakeven.

How Programs Were Valued

Each program is valued individually based on the best available evidence. Programs that report quantitative outcome data are valued using those data directly. Programs without extractable outcomes receive conservative estimates derived from published research. The 224 programs are valued through five pathways:

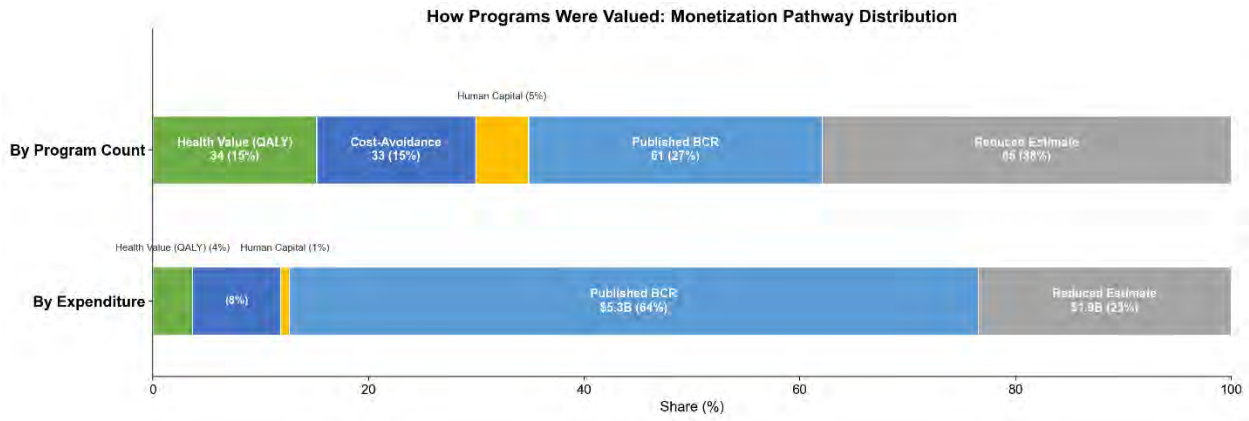
Health Value (34 programs): Programs with health outcomes — such as mental health treatment, immunization, prenatal care, newborn screening, and family support — are valued using Quality-Adjusted Life Years (QALYs), a standard health economics metric. One QALY represents one year of healthy life gained or one year of disability averted, valued at $100,000 (Neumann et al., 2014). A child who receives effective mental health treatment and gains 0.08 QALY generates $8,000 in health value. Across thousands of children, these gains accumulate into substantial returns.

Cost-Avoidance (33 programs): Programs that prevent costly events — hospitalizations, foster care placements, juvenile incarceration, or traffic injuries — are valued by the cost of the event they prevent. Each avoided hospitalization saves $15,225 (HCUP, CPI-adjusted to 2025 dollars). Each child who remains with their family averts $49,100 in placement costs (Courtney, 2011, CPI-adjusted; Le et al., 2024). Each year of juvenile incarceration avoided saves $112,060 (DCS FY 2024 administrative data). Each prevented traffic injury averts $160,518 in medical, emergency, and productivity costs (Blincoe et al., 2023). All unit costs are adjusted to 2025 dollars using the Consumer Price Index.

Human Capital (10 programs): Education and workforce programs are valued by the lifetime earnings gains their outcomes produce. A high school graduate earns an estimated $443,299 more over a career than a non-graduate (Alliance for Excellent Education, 2011, CPI-adjusted to 2025 dollars). An industry credential holder earns an estimated $8,289 more per year (Carnevale et al., 2021, CPI-adjusted) than those without a credential. These additional earnings flow through Tennessee's economy for decades — increasing consumer spending, reducing reliance on public assistance, and strengthening the state's workforce and tax base.

Published Benefit-Cost Ratio (62 programs): Programs whose benefits span multiple domains over many years are valued using benefit-cost ratios from peer-reviewed research. For example, Early Childhood Development programs receive a BCR of 4.0×, meaning each dollar invested returns an estimated $4.00 in benefits across health, education, earnings, and reduced crime (Duncan & Magnuson, 2013). This ratio represents a conservative consensus from the early childhood economics literature; the Chicago Child-Parent Centers documented returns of $10.83 per dollar invested through age 26 (Reynolds et al., 2011), and Nobel Laureate James Heckman estimated returns of $7 to $13 per dollar for high-quality early childhood programs (Heckman, 2006).

Reduced Estimate (85 programs): Programs that did not report extractable outcome data receive a reduced estimate based on their group's published research, discounted by 25–35% to reflect the absence of program-specific evidence. For example, a mental health program without outcome data receives its group's literature-based return of 2.0× reduced to 1.30–1.50×. This approach ensures that every program contributes to the estimate, but programs without outcome data are valued more conservatively than those with demonstrated results.



Why These Values

The outcome values used in this analysis are drawn from the most widely cited sources in their respective fields. The maltreatment cost estimate ($303,800 per case; Fang et al., 2012) is the standard reference used by the CDC, ACF, and state child welfare agencies nationwide. A 2018 update by Peterson et al. placed the per-victim cost at $830,928 when intangible costs are included; this analysis uses the more conservative tangible-cost-only figure. The high school graduation premium ($443,299; Alliance for Excellent Education, 2011) is the benchmark used by the U.S. Department of Education. The QALY threshold of $100,000 reflects the updated consensus in health economics (Neumann et al., 2014) and is used by the WHO, NICE, and the majority of published cost-effectiveness analyses. The juvenile placement cost ($112,060; DCS

FY 2024) uses Tennessee's own administrative data. All values are adjusted to 2025 dollars using the Consumer Price Index.

Outcome	What It Avoids or Produces	Value	Source
Maltreatment prevented	Medical, welfare, justice, lost productivity	$303,800/case	Fang et al., 2012
HS graduation	Lifetime earnings gain	$443,299	Alliance, 2011
Incarceration avoided	Residential placement, supervision, court	$112,060/yr	DCS FY 2024
Crash injury prevented	Medical, emergency, property, lost productivity	$160,518	Blincoe et al., 2023
Health improvement (1 QALY)	1 year healthy life gained or preserved	$100,000	Neumann et al., 2014

All values CPI-adjusted to 2025 dollars.

Each per-capita pathway also applies four adjustment parameters:

1. **Population baseline rate** (how common the adverse outcome is without intervention)
2. **Effectiveness rate** (how much the program reduces it)
3. **Deadweight discount** (what share of improvement would have occurred without the program)
4. **Attribution factor** (how much credit the program deserves relative to other influences in the child's life).

All parameters, sources, and calculations are documented program-by-program in the SROI Methodology supplement and the Master Documentation workbook.

How We Measured Uncertainty

Any analysis that estimates future value involves uncertainty. To quantify that uncertainty, this analysis uses a technique called bootstrapping — a statistical method that asks: "If we ran this analysis 10,000 times with slightly different assumptions each time, how much would the result change?" Each of the 10,000 simulations randomly varies four things: the dollar value assigned to a year of healthy life ($70,000 to $130,000), the benefit-cost ratios drawn from published research (within ranges reflecting the spread of estimates in the literature), the deadweight and attribution parameters that control how much credit each program receives for observed outcomes (varied ±10–15 percentage points around their base values), and which specific programs are included (by randomly resampling programs within each group). The result is a

distribution of 10,000 possible portfolio SROIs, from which we can determine how confident we are in the estimate.

The 90% confidence interval represents the range within which 9 out of 10 simulations fell. For the portfolio, this range is $1.46 to $2.15 — meaning that under the vast majority of tested assumptions, every dollar Tennessee invests in children's programs returns between $1.46 and $2.15. In all 10,000 simulations, the portfolio exceeded breakeven. The technical approach follows best practices for cost-effectiveness ratios established in the health economics literature (Polsky et al., 1997; Briggs et al., 1997).

Portfolio Results

The 224 programs are organized into 13 groups based on their primary service type. These groups are:

Early Childhood Development (13 programs, $265M): Programs focused on the development of children in their earliest years, including TEIS, Voluntary Pre-K, Head Start, Imagination Library, and evidence-based home visiting.

Physical Health (28 programs, $2.52B): Medical services, immunization, screening, dental care, and prenatal programs, including TennCare-funded health services.

Highway Safety (11 programs, $4.7M): Traffic safety education, teen driving programs, and car seat distribution.

Economic Support (4 programs, $1.01B): Child care subsidies, TANF, and family economic stability programs.

MH Awareness & Training (6 programs, $1.4M): Mental health first aid, ACEs awareness, and professional training programs.

Education K-12 Academic (28 programs, $1.01B): Academic support, tutoring, dropout prevention, IDEA services, and school-based programs.

Justice-Involved Youth (11 programs, $132M): Juvenile diversion, re-entry support, delinquency prevention, and court programs.

Mental Health & Behavioral (35 programs, $314M): Counseling, substance abuse treatment, crisis services, and behavioral health programs.

Youth Enrichment & Engagement (12 programs, $18M): Afterschool, mentoring, civic engagement, and youth development programs.

Nutrition (15 programs, $1.67B): WIC, school meals, Child and Adult Food Program, and nutrition education.

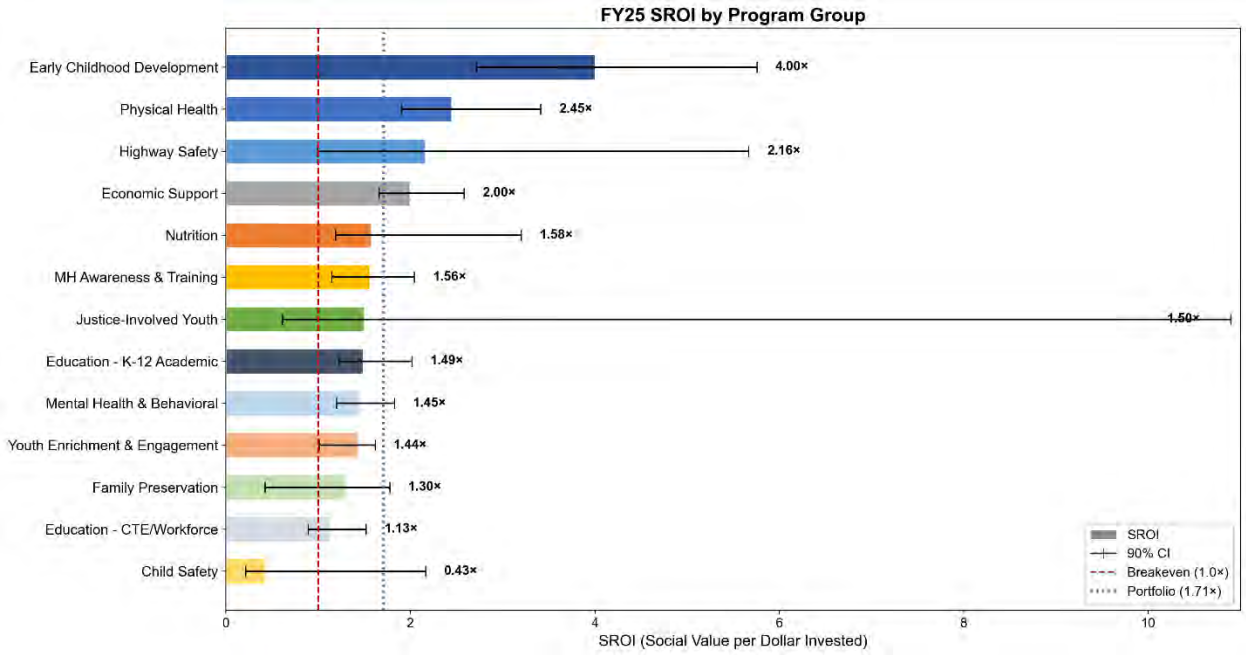
Family Preservation (19 programs, $427M): Family counseling, parent education, family resource centers, and in-home support.

Education CTE/Workforce (15 programs, $272M): Career and technical education, apprenticeships, and workforce training.

Child Safety (27 programs, $636M): Child protective services, foster care, CASA, guardian ad litem, and community safety programs.

The overlap-adjusted portfolio SROI is 1.71 (90% CI: 1.46–2.15). In all 10,000 simulations, the portfolio exceeded breakeven. For every dollar Tennessee invests in child and youth programming, the state receives an estimated $1.71 in return.

How to read the SROI tables. The tables that follow present SROI results from four complementary perspectives: by ROI group (the program's primary service type), by TCCY Outcome, by Programmatic Focus, and for programs serving children under six. The same program may appear in multiple views, and its estimated return will differ in each because it is being averaged with different peer programs. For example, a home visiting program appears in the Early Childhood Development ROI group, the Healthy outcome view, the Targeted Prevention focus view, and the Early Childhood (under-6) analysis—each producing a different group-level estimate depending on which peer programs share that classification. These are not contradictions; they are different lenses on the same underlying data.



Results by Program Group

The table below presents each group's results. The columns are:

N: The number of programs in the group.

SROI: Estimated social value per dollar invested. Values above 1.00 indicate returns exceed costs.

90% CI: The range within which 9 out of 10 bootstrap simulations fell.

Precision (based on group size): "High" means 15+ programs and reliably exceeds breakeven. "Moderate" means 8–14 programs. "Low" means fewer than 8. "Below breakeven" means estimated returns do not exceed costs.

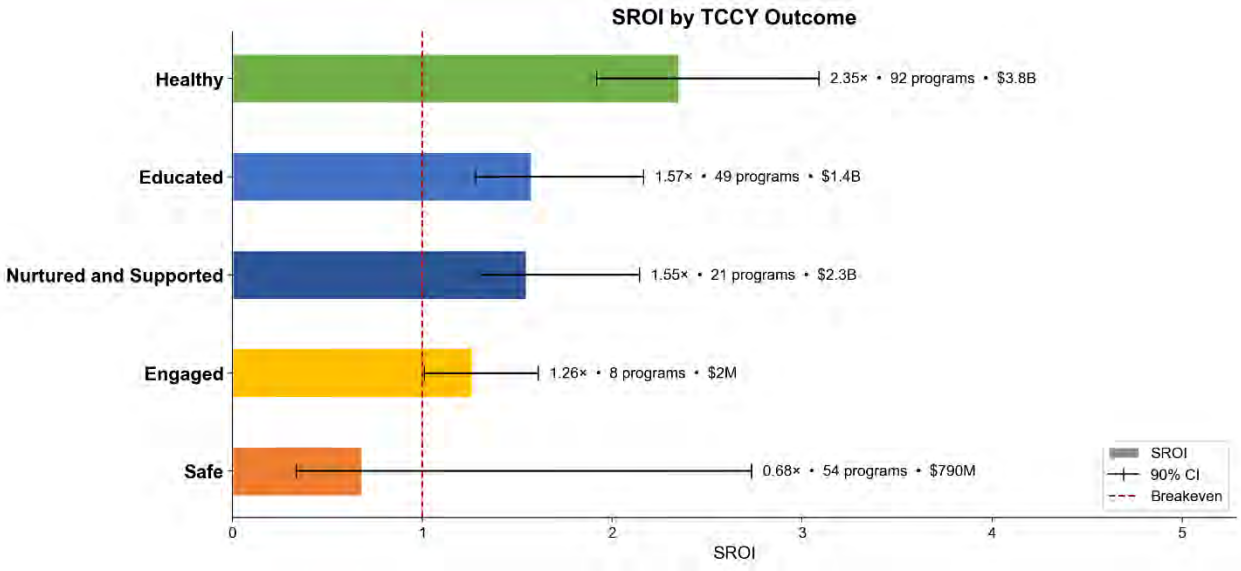
Exp: Total FY 2025 expenditure across all programs in the group.

Group	N	SROI	90% CI	P(>1)	Precision	Exp
Early Childhood Development	13	**4.00×**	[2.71, 5.76]	100%	Mod	$265M
Physical Health	28	**2.45×**	[1.90, 3.40]	100%	High	$2.52B
Highway Safety	11	**2.16×**	[0.99, 5.66]	95%	Mod	$4.7M
Economic Support	4	**2.00×**	[1.66, 2.58]	100%	Low	$1.01B
MH Awareness & Training	6	**1.56×**	[1.15, 2.04]	100%	Low	$1.4M
Education K-12 Academic	28	**1.49×**	[1.23, 2.01]	100%	High	$1.01B
Justice-Involved Youth	11	**1.50×**	[0.61, 10.72]	72%	Mod	$132M
MH & Behavioral	35	**1.45×**	[1.20, 1.83]	100%	High	$314M
Youth Enrichment	12	**1.43×**	[1.02, 1.62]	96%	Mod	$18M
Nutrition	15	**1.58×**	[1.19, 3.24]	100%	High	$1.67B
Family Preservation	19	**1.30×**	[0.43, 1.77]	73%	High	$427M
Education CTE/Workforce	15	**1.12×**	[0.87, 1.53]	78%	High	$272M
Child Safety	27	**0.43×**	[0.21, 2.10]	35%	Below	$636M
PORTFOLIO (−7% overlap)	**224**	**1.71×**	**[1.46, 2.15]**	**100%**		**$8.28B**

Twelve of thirteen groups exceed breakeven; Child Safety is the sole exception, for structural reasons discussed below. The P(>1) column shows the percentage of bootstrap simulations in which the group's SROI exceeded $1.00. A value of 100% means the group exceeded breakeven in every simulation.

Returns by TCCY Outcome

The Resource Mapping report organizes every children's program around one of five TCCY outcomes: Educated, Engaged, Healthy, Nurtured and Supported, and Safe. These outcomes reflect the state's aspirations for its children — that every child in Tennessee should be healthy, educated, safe, nurtured and supported, and engaged in their community. Because programs in different ROI groups can share the same outcome, re-aggregating the SROI data by outcome provides a different lens: it reveals which of these aspirations are generating the strongest returns and where the state's highest-cost investments are concentrated.



Healthy (2.35×, 92 programs, $3.80 billion total expenditure): The largest outcome group by both total expenditure and program count produces the highest estimated return. Programs under this outcome include TennCare medical services, immunization and screening, dental services, and prenatal care. These programs serve large populations at relatively low per-child cost, and the health economics literature consistently documents strong returns for preventive health interventions.

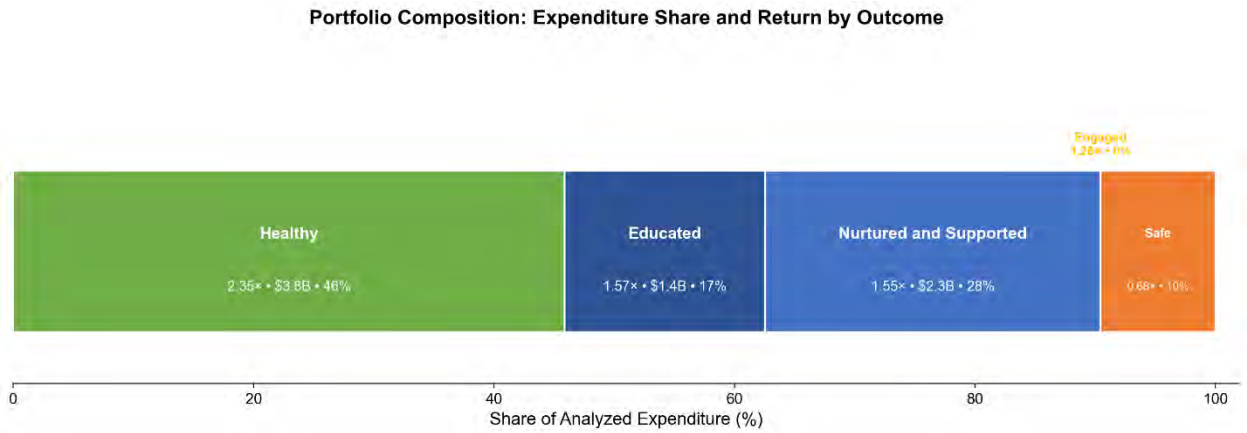
Nurtured and Supported (1.55×, 21 programs, $2.31 billion): Family preservation, home visiting, early childhood development, and family support programs return an estimated $1.55 per dollar through downstream cost avoidance. When families remain intact, children avoid foster care placement — and the state avoids $49,100 per episode in placement costs (Courtney, 2011, CPI-adjusted; Le et al., 2024). Children raised in stable home environments also achieve better educational and behavioral outcomes, generating returns that compound over a lifetime.

Educated (1.57×, 49 programs, $1.37 billion): K-12 academic support, career and technical education, and early literacy programs return an estimated $1.57 per dollar. The primary valuation pathway traces academic improvement through dropout prevention to lifetime earnings: each additional high school graduate earns an estimated $443,299 more over a career than a non-graduate (Alliance for Excellent Education, 2011, CPI-adjusted to 2025 dollars). Those additional earnings increase consumer spending, reduce reliance on public assistance, and strengthen Tennessee's workforce.

Engaged (1.26×, 8 programs, $2.5 million): The smallest outcome group by both count and expenditure, including youth enrichment and civic participation activities. The point estimate

exceeds breakeven, but with only eight programs the estimate is less precise than the larger groups.

Safe (0.68×, 54 programs, $792 million): The Safe outcome is below breakeven, driven by large custodial placement programs — foster care, case management, and related residential services — that account for 88% of this group's total expenditure. Placement is expensive by design: it prioritizes a child's immediate safety over cost efficiency. Additionally, outcome data availability for custodial-care programs is more limited than for other parts of the portfolio, meaning that the potential returns of these programs—in terms of children stabilized, families reunified, and long-term trajectories improved—are not fully captured in the current estimate. As outcome data collection matures across all agencies, future SROI analyses will be better positioned to reflect the full value of these critical services. Importantly, the 26 smaller prevention and community-based programs in this group collectively produce an estimated SROI of 1.62× ($123 million in expenditure, $199 million in social value), including CASA court advocacy (2.29×), community intervention services (5.42×), therapeutic family preservation (5.08×), mobile crisis response (1.09×), and guardian ad litem services (1.83×).

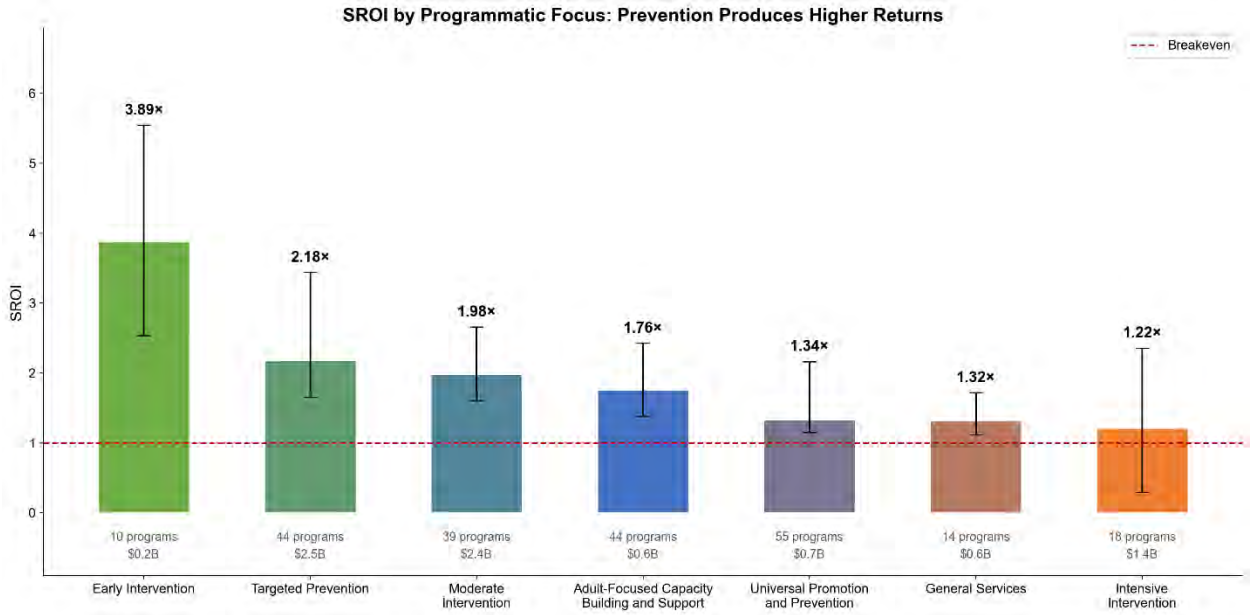


The Healthy outcome accounts for 46% of total analyzed expenditure and produces the highest return (2.35×). Safe programs account for 10% of expenditure and are the only outcome group below breakeven. (The Engaged outcome — 8 programs, $2.5 million, 1.26× — is omitted from the chart above due to its small expenditure share, less than 0.1% of the analyzed portfolio.)

Returns by Programmatic Focus

In addition to its five outcomes, the Resource Mapping report classifies each program along a continuum of programmatic focus — from broad upstream efforts that reach children before problems develop, to intensive downstream services that respond after a child is already in crisis. The seven focus categories are: General Services (broad-reach programs such as school meals and child support enforcement), Universal Promotion and Prevention (population-level programs such as immunization and nutrition education), Targeted Prevention (programs serving populations at elevated risk), Early Intervention (programs that identify developmental delays and risk factors at the earliest stage, anchored to the IDEA federal definition), Moderate Intervention (treatment and support for children with identified needs), Intensive Intervention (residential, custodial, and crisis-level care), and Adult-Focused Capacity Building and Support (programs that build the capacity of the adults and systems that serve children, such as professional training, workforce development, and educator preparation). Analyzing returns

across this continuum reveals whether the state's investment is optimally distributed relative to where the strongest returns are generated.



Early Intervention (3.89×, 10 programs, $170 million — 2.1% of portfolio): Programs that identify and address problems at their earliest signs — including Tennessee's Early Intervention Service ($93M), Voluntary Pre-K ($86M), and Head Start ($47M) — produce the highest estimated return of any focus category. Under the most conservative simulation assumptions, Early Intervention still exceeds breakeven.

Targeted Prevention (2.18×, 41 programs, $2.27 billion — 27.4%): Programs serving populations at elevated risk — including Medicaid health services for children, immunization programs, and family preservation — return an estimated $2.18 per dollar. This category shows the most consistent returns across simulations, reflecting both the large number of programs and the well-established evidence base for preventive health and family support interventions.

Moderate Intervention (2.00×, 40 programs, $2.59 billion — 31.3%): The largest focus category by expenditure, including Medicaid pharmacy and inpatient services, K-12 education support, and mental health treatment programs. Moderate Intervention exceeds breakeven in virtually all simulations, confirming that the state's substantial investment in treatment-level services is producing measurable returns.

Adult-Focused Capacity Building and Support (1.76×, 44 programs, $585 million — 7.0%): Programs that build the capacity of the professionals and systems serving children — including educator preparation, workforce training, mental health professional development, and child care licensing — return an estimated $1.76 per dollar. These programs do not serve children directly; they strengthen the adults and infrastructure that children depend on. The strong return reflects the multiplicative nature of capacity investment: training one educator or licensing one child care provider improves outcomes for many children over many years.

Universal Promotion and Prevention (1.33×, 57 programs, $680 million — 8.1%): The largest focus category by program count, including immunization, WIC nutrition services, school meals, dental screening, and community health promotion. These programs serve broad

populations at low per-child cost. The moderate SROI reflects the conservative valuation of population-level interventions, where per-child health gains are small but accumulate across hundreds of thousands of children served. Universal Promotion exceeds breakeven in virtually all simulations.

General Services (1.32×, 14 programs, $619 million — 7.5%): Broad-reach programs that provide foundational economic and nutritional support to children and families, including child support enforcement, school nutrition administration, and SNAP. These programs function primarily as economic transfers rather than targeted interventions, and their returns are valued conservatively through published benefit-cost ratios. General Services exceeds breakeven in all simulations.

Intensive Intervention (1.22×, 18 programs, $1.36 billion — 16.4%): Programs that provide residential or custodial care — foster care placement, juvenile justice facilities, and inpatient behavioral health — produce the lowest estimated return. The high per-child cost of these services makes it structurally difficult for them to generate returns above breakeven, even when the services themselves are effective at achieving their intended purposes.

The Prevention Gradient

The data reveal a consistent pattern: as programs move from upstream prevention to downstream response, estimated returns decline. Early Intervention programs (3.89×) return more than triple what Intensive Intervention programs (1.22×) return per dollar invested. The gradient holds across all seven focus categories, with Targeted Prevention (2.18×) and Moderate Intervention (2.00×) occupying the middle range, and the three remaining categories — Adult-Focused Capacity Building (1.76×), Universal Promotion (1.33×), and General Services (1.32×) — all exceeding breakeven.

The expenditure distribution makes this finding especially relevant to the state's fiscal planning. Moderate and Intensive Intervention together receive $3.95 billion — 48% of the analyzed portfolio. By contrast, Early Intervention and Targeted Prevention together receive $2.44 billion (30%) while producing the two highest returns. Tennessee is investing substantially more in intervention than in prevention, despite prevention generating consistently stronger returns per dollar. Some of this allocation is structurally necessary—children already in the system must be served—but the gap between the two is wide enough to warrant examination.

To be clear, these results do NOT suggest that intensive services should be cut; they are, of course, critically necessary to ensure Tennessee's most vulnerable children are safe and offered the supports they need to thrive. Children already in foster care, juvenile detention, or psychiatric crisis need those services regardless of what cost-effectiveness ratios say. However, the data do suggest that expanding prevention and early intervention would reduce the number of children who eventually need intensive services, generating more social value per dollar while freeing capacity in the systems that serve children in crisis.

Early Childhood Investment (Under 6)

The previous analyses organized programs by their service type (ROI groups), by their intended outcome, and by their position on the prevention continuum. This section takes a different approach: it examines every program that primarily serves children under age six, regardless of which agency administers it or what type of service it provides. This cross-cutting view is important because early childhood investment in Tennessee spans many agencies and program

types — from child care subsidies and nutrition assistance to health screening and developmental intervention. No single agency or budget line captures the full scope of the state's investment in its youngest children.

The economic case for early childhood investment is among the strongest in public policy. The developing brain is most receptive to intervention in the first five years of life, and the returns to investment decline as children age (Heckman, 2006). The National Academies of Sciences found that high-quality early childhood programs reduce special education placement by 8.1 percentage points and increase high school graduation rates by 11.4 percentage points (McCoy et al., 2017). Longitudinal studies of programs like the Perry Preschool and Chicago Child-Parent Centers have documented returns of $7–$13 per dollar invested when benefits are tracked into adulthood (Heckman, 2006; Reynolds et al., 2011). These returns materialize through higher lifetime earnings, reduced crime, better health, and lower demand for remedial education and social services.

The Resource Mapping instrument includes a flag identifying programs that primarily serve children under age six. Of the 36 Under-6 programs in the full portfolio (see FY 2025 Data section), thirty-two are included in the 224-program SROI analysis; the remaining four were excluded under the standard SROI exclusion criteria described above. These 32 programs span multiple agencies and ROI groups.

Population	N	Expenditure	Social Value	SROI	90% CI	P(>1)
Under 6	32	$1,087M	$3.61B	**3.32×**	[2.47, 6.19]	100%
All other programs	192	$7.19B	$11.60B	1.61×	[1.35, 2.08]	100%

This cross-view is distinct from the Early Childhood Development ROI group (13 programs, $265M), which captures developmental programs like TEIS, Voluntary Pre-K, and Head Start. The Under 6 analysis captures an additional 19 programs totaling $822 million that serve young children but are categorized in other ROI groups: WIC and school meals (Nutrition), newborn screening and prenatal care (Physical Health), child care subsidies (Economic Support), and home visiting (Family Preservation).

The 32 programs serving children under six produce an estimated SROI of 3.32× — nearly double the rest of the portfolio (1.71×). The $1.09 billion in early childhood expenditure represents 13% of the analyzed portfolio but generates an estimated $3.61 billion in social value.

A key finding: even under the most conservative simulation assumptions, programs serving young children outperform the average children's program. The lower bound of the 90% confidence interval for Under 6 programs (2.48×) exceeds the overall portfolio's point estimate (1.71×). This means that early childhood investment generates above-average returns not just on average, but consistently across the full range of tested assumptions.

This finding reinforces the prevention gradient and demonstrates that early childhood investment is not limited to a single agency or program type. It is a cross-cutting strategy that generates returns through health, education, family stability, and economic pathways simultaneously.

Testing the Results

Any estimate of this scope requires testing. The portfolio includes 224 programs from 26 agencies, valued using a mixture of program-reported data and published research. Before drawing conclusions, it is important to ask: Does the result hold if we remove the largest agency? Does it hold when we restrict to programs with the strongest evidence? Does any single program drive the results for its group? The following sensitivity analyses address these questions.

Without TennCare: SROI = 1.55× (209 programs, $5.58 billion). TennCare and CoverKids contribute 15 programs and $2.70 billion to the portfolio. Removing them reduces the SROI from 1.71× to 1.55×, but the portfolio still exceeds breakeven comfortably. The result is not dependent on any single agency.

Programs with outcome data only: SROI = 1.74× (167 programs, $7.61 billion). This test restricts the analysis to programs that reported outcome data in their agency workbooks, excluding 57 programs without reported outcomes. The outcome-data portfolio produces a slightly higher SROI than the full portfolio (1.74× vs. 1.71×), confirming that the reduced estimates assigned to programs without data are conservative by design.

Early Childhood Development without TEIS: The Early Childhood Development group (13 programs, $265M, SROI=4.00×) includes Tennessee's Early Intervention Service at $93 million. TEIS reports 94% IFSP goal progress against a national benchmark of 75% (ECTA, 2017), confirming the full 4.0× BCR is warranted. Removing TEIS, the remaining 12 programs ($172 million) also produce an SROI of 4.00×. The group's strong return is not driven by a single program.

Without foster care placement: Foster care placement ($513 million, SROI=0.14×) is the single largest program in the portfolio by expenditure and the lowest-performing by SROI. Removing it raises the portfolio SROI from 1.71× to 1.80× (adjusted). The Child Safety group without this single program rises from 0.43× to 1.62× (26 programs, $123 million). This does not mean foster care should be defunded — it is a legal and moral obligation to children who cannot safely remain at home. But it illustrates how a single high-cost, low-return program can pull an entire group below breakeven, masking the strong returns of the 26 other child safety programs operating within it.

What These Results Mean

Tennessee's portfolio of children's programs generates an estimated $1.71 in economic and social value for every dollar invested. Under 10,000 simulated scenarios varying key assumptions, the portfolio exceeded breakeven every time, with returns ranging from $1.46 to $2.15 per dollar. Twelve of thirteen program groups exceed breakeven, with Child Safety below breakeven for structural cost reasons rather than program ineffectiveness.

Three findings stand out:

First, prevention and early intervention produce the highest returns. Programs that reach children before problems develop — Early Intervention (3.89×), Targeted Prevention (2.18×), and programs serving children under six (3.32×) — consistently generate the strongest estimated returns. This is not surprising from an economic standpoint: it costs less to prevent a problem than to respond to it after it has occurred. But the magnitude of the difference is striking. Tennessee currently allocates 48% of its analyzed children's expenditure to moderate and intensive intervention and 30% to early intervention and targeted prevention, despite the latter generating consistently stronger returns per dollar.

Second, the state's investment in children's programming is generating positive returns across nearly every domain. Physical health, education, mental health, nutrition, economic support, youth enrichment, and family preservation all produce estimated returns above breakeven. The breadth of this finding suggests that Tennessee's children's programming infrastructure is fundamentally sound — the question is not whether these investments pay off, but how to optimize their allocation.

Third, these are estimates, not audited figures. Sixty-five percent of programs receive literature-based estimates because they did not report extractable outcome data. The analysis applies published research benchmarks to Tennessee's specific program data, but the precision of those estimates depends on the quality of the outcome data agencies provide. Expanding outcome reporting is the single highest-priority improvement for future iterations of this analysis. As more programs report quantitative outcomes, the estimates will become more precise and more directly reflective of Tennessee's results rather than national averages.

Group results should not be used to evaluate individual programs. A group below breakeven may contain individual programs with strong returns — as demonstrated by the Child Safety group, where 26 of 27 programs individually exceed breakeven despite the group average being pulled below $1.00 by the cost of residential placement. Conversely, a strong group average does not guarantee that every program within the group is performing well.

This analysis represents a starting point. It establishes a baseline, identifies the patterns, and points toward the questions worth asking. The data are clear on the direction: investing earlier in a child's trajectory generates stronger returns for Tennessee. The policy decisions that follow — how to strengthen outcome reporting, how to reallocate resources toward prevention, and how to sustain the intensive services that vulnerable children depend on — are decisions for the General Assembly and the agencies that serve Tennessee's children.

How Tennessee's Results Compare to the National Evidence

The preceding analysis estimates that Tennessee's children's program portfolio generates $1.71 in economic and social value for every dollar invested, with Early Intervention returning 3.89×, programs serving children under six returning 3.32×, and prevention consistently outperforming intervention across the continuum. Those findings raise a natural question: are these results credible? Do they align with what the national research base documents for similar programs?

To answer that question, a systematic review of 2,525 peer-reviewed articles examining child and family programs was conducted as part of this report. The corpus spans the full range of child-serving program types and was coded using the same programmatic focus and outcome framework applied to Tennessee's data throughout this report. It is predominantly national in

scope—fewer than ten studies focus specifically on Tennessee or the Appalachian Southeast—which means the benchmarks it provides reflect national averages rather than Tennessee-specific conditions. That independence makes it a useful external check: Tennessee's SROI was calculated using program-specific data and conservative assumptions, not by applying these literature benchmarks directly. Where the two converge, confidence in both is strengthened.

Tennessee's Prevention Returns Are Consistent with the National Evidence

The strongest and most consistently replicated finding across the economic literature is that earlier intervention generates higher returns per dollar invested. Home visiting programs document returns of $1.80 to $5.70 per dollar across multiple independent evaluations (Miller, 2015; Cibralic et al., 2025). High-quality early childhood programs document cost-benefit ratios of $3 to $13 per dollar when benefits are tracked into adulthood (Heckman et al., 2010; García et al., 2020; Reynolds et al., 2011). School-based social-emotional learning programs have been estimated to return $11 in downstream cost reductions for every dollar invested (Belfield et al., 2015). Juvenile justice diversion programs document returns of $3 to $15 per dollar, primarily through avoided incarceration costs (WSIPP, 2024).

Tennessee's independently calculated SROI results fall within these published ranges across every program category where a direct comparison is possible.

Table. Tennessee SROI results compared to published national benchmarks for equivalent program types.

Program Type	Tennessee SROI	National Literature	Assessment
Early Intervention	3.89×	$3–$13 per dollar	Within range; toward conservative end
Programs serving children under 6	3.32×	$3–$13 per dollar	Within range; conservative
Targeted Prevention	2.18×	$1.80–$5.70 per dollar	Within range; toward lower end
Moderate Intervention (behavioral health)	2.00×	$1.50–$11 per dollar	Within range; conservative
Juvenile justice diversion	1.22× (group avg)	$3–$15 per dollar	Below range; cost-driven (see SROI section)
Full portfolio	1.71×	Varies by composition	Exceeds breakeven in all 10,000 simulations

The alignment is particularly notable for Early Intervention and Under-6 programs, where Tennessee's results (3.89× and 3.32×) fall toward the conservative end of published ranges that

extend to $13 per dollar (García et al., 2020). This conservatism is by design—the SROI methodology applies deadweight discounts, attribution factors, and a 7% overlap discount that published cost-benefit analyses typically do not—and it means the estimates are more likely to understate than overstate the true return.

The one area where Tennessee's results fall below published ranges is the Child Safety group (1.22× vs. the literature's $3–$15 for juvenile justice diversion). As the SROI section documents, this reflects the high-cost structure of residential placement rather than program ineffectiveness—26 of 27 individual programs in that group exceed breakeven.

A structural finding that cuts across the national economic literature is that programs delivering the highest returns tend to serve populations at transition points between service levels—the period before a child who could be served in community settings escalates to residential or institutional care (Courtney, 2011; Le et al., 2024; WSIPP, 2024). This pattern maps directly onto the prevention gradient documented in this report, where returns decline consistently as programs move from upstream prevention to downstream crisis response. The national evidence and Tennessee's data tell the same story: investing earlier in a child's trajectory produces stronger returns.

Where the Evidence Base Is Strong and Where It Is Thin

For 65 percent of Tennessee's analyzed programs, the SROI estimates draw on published research benchmarks rather than Tennessee-reported outcome data. This makes the distribution of economic evidence in the national literature directly relevant to the confidence readers should place in different parts of the analysis.

Economic evidence is present in 1,123 of 2,525 reviewed articles (44.5%), but the distribution is asymmetric. Moderate Intervention carries the highest rate (62%), followed by Intensive Intervention (57%) and General Services (56%). Universal Promotion and Prevention has the lowest (32%). This pattern reflects differences in evaluation infrastructure rather than program value: clinical trials and residential programs produce cost data as a byproduct of their evaluation designs, while population-level prevention programs face methodological challenges in attributing downstream outcomes to upstream investments (Heckman, 2006).

Table. Economic evidence rates by Programmatic Focus in the 2,525-article systematic review.

Programmatic Focus	With Econ Evidence	Rate	What This Means for Tennessee
Moderate Intervention	114 / 184	62%	Richest published benchmark for behavioral health cost norms
Intensive Intervention	67 / 118	57%	Best source for residential and out-of-home cost benchmarks
General Services	237 / 423	56%	Strong baseline for core public service ROI

Adult-Focused Capacity Building	238 / 491	48%	Wide cost-per-family range; useful for workforce ROI
Early Intervention	148 / 364	41%	Strong ROI evidence; underpins the prevention investment case
Targeted Prevention	162 / 402	40%	Home visiting and early childhood have the strongest evidence
Universal Promotion & Prevention	156 / 489	32%	Low unit costs; published ROI evidence least developed

The practical consequence of this asymmetry is that prevention programs must clear a higher evidential bar to justify investment, even where the theoretical return is demonstrably higher. Tennessee's portfolio reflects this tension: 48 percent of analyzed expenditure flows to Moderate and Intensive Intervention—the categories with the richest evidence base but the lowest per-dollar returns—while Early Intervention and Targeted Prevention receive 30 percent despite generating the strongest returns. Strengthening the outcome data that agencies report for prevention programs is one of the most direct ways to close this gap in future iterations.

The literature also documents cost ranges for the major program types Tennessee delivers, providing an additional benchmark for the state's cost-per-child and cost-per-family figures.

Table. Cost benchmarks by program type from published evaluations. All costs reflect original publication currency and year; no inflation adjustment applied.

Program Type	**Published Cost Range**	**Unit**	**Context**
Universal prevention (school-based)	$3–$50	per child	Curriculum delivery; low per-child cost supports population-level reach
Parenting programs (group)	$200–$800	per family	Group format reduces cost substantially vs. individual models
Home visiting (NFP, HFA)	$4,500–$9,000	per family/yr	Strongest replicated ROI evidence in the corpus (Miller, 2015; Cibralic et al., 2025)
Early intervention (developmental)	$3,000–$12,000	per child/yr	Wide range reflects severity and intensity; ECTA (2017) benchmarks apply
Outpatient mental health (CBT)	$500–$3,000	per episode	Session count drives range; TF-CBT typically 12–16 sessions (Dickerson et al., 2018)

Residential/intensive treatment	$30,000–$150,000+	per child/yr	Highest absolute cost; relevant benchmark for placement spending (WSIPP, 2024)

These are not prescriptive targets. They represent what peer-reviewed evaluations document as the cost structure of programs that have demonstrated effectiveness. Tennessee program costs that fall outside these ranges are not necessarily inefficient—they may reflect local labor markets, population complexity, or service intensity—but large deviations warrant investigation. Benchmarking should be conducted at the program-type level, not across the full portfolio, because cost structures are not comparable across intervention intensities.

Three Features of the Evidence Base That Affect How Tennessee's Data Should Be Read

The national literature is predominantly health- and safety-oriented. Nearly 86 percent of reviewed articles designate either health (59.8%) or safety (26.0%) as the primary intended outcome. Programs serving educational, social-emotional, or civic engagement outcomes are comparatively underrepresented. For Tennessee, this means that SROI estimates for programs prioritizing attachment, family cohesion, and youth development draw on a narrower evidence base, and the uncertainty around those estimates is correspondingly wider.

Relational outcomes are the most common secondary target in the literature but rarely the primary one. Only 6.2 percent of studies designate Nurtured and Supported as a primary outcome, yet 47.4 percent designate it as secondary—making it the single most common secondary outcome in the corpus, ahead of Safety and Healthy. This inversion reflects evaluation conventions: studies are powered around clinical endpoints while relational outcomes are measured as supplementary indicators (Bethell et al., 2019; National Scientific Council on the Developing Child, 2015). For Tennessee's 24 programs coded to Nurtured and Supported, the published literature systematically understates how central relational outcomes are to program theory, even where the underlying evidence for effectiveness is substantial.

Identification-to-enrollment gaps are a systemic challenge. Across multiple early intervention and targeted prevention studies in this review, fewer than 40 percent of identified families enrolled in the program under evaluation—a pattern consistent with broader research on barriers to early childhood service access (Shonkoff & Phillips, 2000; ECTA, 2017). This finding suggests that barriers to engagement—not program effectiveness—may be the binding constraint for many evidence-based interventions. Tennessee's Resource Mapping instrument captures program reach through its NServed field; future iterations that also capture referral-to-enrollment conversion would allow the state to benchmark against this finding directly and identify where service capacity exists but families are not reaching it.

Methodological Note

The 2,525-article corpus was assembled through systematic abstract screening, with inclusion criteria requiring peer-reviewed empirical research evaluating programs or interventions affecting children ages 0–18 or their families. Extraction was performed using a large language model applying the same programmatic focus and outcome classification framework used throughout the Resource Mapping report. A subset of articles were extracted from full text; the remainder from structured abstracts. Thirty-one articles (1.2%) returned extraction errors and

are excluded. Demographic reporting was uneven: nearly half of articles (48.7%) reported neither gender nor racial/ethnic composition of study samples, which limits the evidence base's utility for equity-focused benchmarking. The full extraction dataset and article-level detail are available in the Resource Mapping supplementary materials.

Supplemental Analyses

The three analyses that follow—Federal Funding Disruption, Eligibility of Funding, and Recipient Demographics—are presented as supplemental because they draw on new, optional survey questions with lower response rates than the core expenditure and outcome data. Their findings should be read as early signals rather than definitive assessments: each captures a dimension of Tennessee's children's programming that traditional budget analysis does not, but none yet reflects the full portfolio. Taken together, these first-year pilot analyses complement the main findings and establish baselines that will strengthen as participation expands in future reporting cycles.

Federal Funding Disruption

The preceding analyses documented Tennessee's substantial reliance on federal funding—more than six of every ten non-TISA dollars come from federal sources. This section examines what happens when that funding is disrupted. For the first time in the history of Resource Mapping, the FY 2024–25 data collection asked agencies whether their children's programs had been affected by changes in federal funding. The question was new and optional. Even so, **26 programs across 8 agencies reported disruptions**, and the early returns reveal impacts that traditional expenditure tracking does not capture.

The most consequential impact reported to date is a **$44.5 million reduction in federal Child Care and Development Fund (CCDF) discretionary funding** to the Department of Human Services. The department reported that this reduction would trigger a waitlist for the Smart Steps Child Care Payment Assistance program beginning August 26, 2025, directly restricting the number of Tennessee families who can access child care subsidies. The department also reported reducing contracts with quality improvement partners that support child care licensing standards. These are anticipated FY 2026 actions identified by the agency during the FY 2025 data collection cycle; they are not yet reflected in the expenditure data presented elsewhere in this report.

But the child care funding cut is only one of at least **seven distinct pathways** through which federal changes are reaching Tennessee's children's programming. Programs reported losing federal staff who provided technical guidance, facing competitive rebids with half the available slots, absorbing mid-year reclamation of allocated funds, and managing grant terminations that eliminated coordination infrastructure. Several of these disruptions do not reduce a line item in a budget—they erode the capacity, quality, and stability of programs in ways that only become visible when someone asks the question directly.

This section presents findings from 8 of approximately 25 reporting agencies. Several agencies with very large federal funding portfolios—including those administering TennCare, child welfare, and SNAP—did not provide federal disruption responses, as this was a new and optional component of the instrument. These agencies alone account for more than $3.6 billion

in federal funding for children's programming. The picture presented here is an early warning, not a comprehensive assessment.

The ESSER Cliff: Tracking Pandemic Relief Across the Portfolio

Before turning to the survey-based disruption findings, it is worth placing those responses in the context of the largest federal funding transition in the portfolio's recent history: the expiration of pandemic-era federal relief. Between FY 2021 and FY 2025, pandemic-era funding—including ESSER, GEER, CARES Act supplements, IDEA Part C ARP, American Rescue Plan Act (ARPA) grants, and COVID-specific block grant supplements—flowed through **more than 50 programs across six agencies**, peaking at approximately $1.43 billion in FY 2021. By FY 2025, residual pandemic funding had fallen to approximately $261 million across four programs—a drawdown of more than $1.1 billion in annual federal spending within four fiscal years. The survey responses capture how agencies *experienced* this transition; the longitudinal expenditure data allow us to measure its scale and trace how individual programs adapted as the funding expired.

ESSER and GEER were by far the dominant vehicles. The three ESSER tranches (1.0, 2.0, and 3.0) plus GEER collectively channeled more than $1.4 billion through the Department of Education in a single fiscal year at their peak. By FY 2025, that figure had fallen to $257 million—the final obligation year for ESSER 3.0. A review of the historical Resource Mapping data identifies **17 distinct programs** across two agencies—the Department of Education and the Governor's Early Literacy Foundation—that drew ESSER or GEER funds during the pandemic recovery period. Their trajectories fall into four categories.

Full state replacement. Several programs successfully transitioned from ESSER to state funding with no interruption in services. CCTE Innovative School Models—one of the largest ESSER recipients at $30 million in FY 2021–FY 2022—is fully state-funded in FY 2025 at $142.6 million through the Innovative School Models Grant. CCTE Battelle TSIN transitioned to a recurring Governor's Budget appropriation ($2.7 million). The Governor's Early Literacy Foundation's Caregiver Engagement—K–4 program—which absorbed the K–3 Initiative—Fall and K–3 Initiative—Rising First programs as they wound down—moved to full state funding ($8.8 million). AP Access for All is still coded as ESSER 3.0 in FY 2025 ($2.75 million), but the department confirmed that state funding was made available to offset expenditures through FY 2025 and that the program will be fully state-funded beginning in FY 2026.

Partial replacement at reduced scale. Reading360 is the most significant case of a program that survived ESSER expiration but at substantially reduced scale. During FY 2022–FY 2024, the program operated at approximately $40 million annually, funded overwhelmingly by ESSER. In FY 2025, it continued at $11.7 million—roughly 30 percent of its ESSER-era level—supported by Comprehensive Literacy State Development (CLSD) grants ($10.7 million) and $1 million in state funds. Education Licensure and Ed Preparation similarly continued at $5.3 million through a mix of state appropriations, Title II-A funds, and residual ARPA dollars.

Still ESSER-dependent in FY 2025. Grow Your Own and Leadership Development carried $2.5 million in ESSER funding in FY 2025, with only $211,000 from non-ESSER sources (state appropriations and Title IIA). The Resource Mapping data do not indicate whether a state replacement is planned for FY 2026. The standalone ESSER 3.0 direct-to-LEA passthrough ($256.6 million in FY 2025) represents the final year of a funding stream that reached more than one million children statewide; its expiration will not be replaced dollar-for-dollar by any identified source.

Programs that ended. Six ESSER- or GEER-funded programs that existed during the pandemic period are no longer reported in FY 2025 and do not appear under alternative funding: STE(A)M, CCTE College Board EPSO Exam Assistance, GELF Caregiver Engagement 0–5, CORE–ENGAGE TN, ACT Prep, and the Governor's Civics Seal Grant. Several were time-limited initiatives designed to operate only during the pandemic recovery period, but their absence from the portfolio means that the services they provided—including caregiver support for families with children under five, career and technical education exam support, and civics education—are no longer available through the channels Resource Mapping tracks.

Beyond ESSER: other pandemic vehicles. Pandemic-era federal relief extended well beyond ESSER and GEER. In FY 2021, the Department of Health received $11.0 million in CARES Act supplements spread across 29 existing programs—from WIC and immunization to newborn screening and injury prevention. The Department of Disability and Aging drew $5.5 million in IDEA Part C ARP funds for the Tennessee Early Intervention System across FY 2023–FY 2024. The Department of Mental Health and Substance Abuse Services operated a COVID Relief Mental Health Block Grant Supplement ($2.6 million in FY 2023, $4.0 million in FY 2024) and received ARPA funding for Project Rural Recovery. The Administrative Office of the Courts received a $186,000 Court Improvement COVID Grant in FY 2022. Unlike the ESSER-funded programs, which in many cases constituted the primary or sole funding source for the programs they supported, these supplements were layered on top of existing program budgets. When they expired, the underlying programs returned to their pre-pandemic base funding rather than ending entirely—but they returned without the supplemental capacity those dollars had provided.

What the pandemic relief winddown reveals. Across all pandemic vehicles, the net result is clear: of the more than 50 programs that received pandemic-era federal relief, four achieved full state replacement, two continued at reduced scale, approximately 30 returned to their pre-pandemic base funding, and at least eight—six ESSER/GEER programs and two funded through other pandemic vehicles—ended entirely. The overall pattern is one of **selective replacement rather than comprehensive backfill**. Programs that were large enough, visible enough, and politically prioritized received state funding; smaller programs and time-limited initiatives ended quietly; and the majority of programs that had received one-time supplements simply absorbed the loss of capacity when those supplements expired. Reading360's 70 percent reduction in scale—from $40 million to $12 million—illustrates what happens in the middle: the program survived, but at a fraction of the investment that had driven Tennessee's foundational literacy initiative during the pandemic recovery. These patterns are directly relevant to the current moment. If the broader federal funding disruptions documented in the remainder of this section continue to expand, the pandemic relief experience suggests that the state will absorb some losses through targeted replacements but will not be positioned to replace all of them—and the programs most likely to lose funding will be the smaller, less visible ones closest to the communities they serve.

What Agencies Reported

Table 1. Federal Funding Disruptions by Agency

Agency	Programs Affected	Key Impacts Reported

Department of Human Services	2	DHS reported that a waitlist for Smart Steps Child Care Payment Assistance would take effect August 26, 2025, directly limiting the number of families receiving child care subsidies
Department of Health	6	Title X withdrawal; CDC staff reductions eliminated federal guidance for 3 injury prevention programs; SAMHSA competitive rebid may cut TN program; lead prevention funding cut 10%
Department of Education	9	ESSER reclamation and dissolution affected 2 programs (APAA, Reading 360); Perkins administration transferred to DOL (6 programs); staff reductions reported
TN Commission on Children and Youth	5	SOCAT Network subgrant not reawarded; 4 programs anticipate continued impacts; councils shifting to sponsorship funding and reduced travel
Dept. of Labor and Workforce Development	1	Unable to place youth in training and work experiences
Department of Military	1	Child and youth services shifting to virtual and single-day events; further cuts anticipated
Volunteer TN	1	AmeriCorps partners chose not to return after federal terminations; smaller sub-grant portfolio
Dept. of Environment and Conservation	1	State Parks reported being affected; no details provided

How Federal Funding Changes Are Reaching Tennessee's Programs

The data reveal that "federal funding disruption" is not a single phenomenon. Programs reported seven distinct pathways through which changes in federal policy, funding levels, or administrative structures affected their operations. Table 2 summarizes each pathway with Tennessee-specific examples.

Table 2. Disruption Pathways Identified in Reporter Responses

Disruption Pathway	Programs	What This Looks Like in Tennessee
Direct funding reduction	4	DHS reported an anticipated $44.5M loss in CCDF funds; Lead Poisoning Prevention cut 10%; National Guard budget reduced
Loss of federal staff and guidance	3	CDC project officers, evaluation staff subject to RIF; three DOH injury prevention programs operated months without federal support

Funding stream withdrawal or reclamation	2	Title X funds not available in FY 2025; ESSER funds reclaimed mid-year (APAA)
Administrative restructuring	6	Perkins CTE funding administration moved from Education to Labor; no programmatic disruption, but administrative burden on all 6 programs
Competitive rebid with fewer slots	1	TCAPES: next SAMHSA NOFO will fund 26 programs nationally, down from 52
Grant termination or partner loss	2	CCMH was not reawarded for SOCAT Network subgrant; AmeriCorps sub-grantees chose not to return
Funding expiration without replacement	2	ESSER dissolution (Reading 360, Jobs4TN); staff reductions and programmatic restructuring

Three of these pathways deserve particular attention because they are invisible in conventional budget analysis:

- **Loss of federal staff and guidance.** Three Department of Health injury prevention programs—Checkpoints, Safe Stars, and the Child Safety Seat Fund—reported that their CDC project officers, evaluation officers, and support staff were subject to federal reductions in force. Funding was not reduced, but the programs operated for months without the technical guidance that federal staff had provided. Program staff continued implementation independently. This kind of disruption does not appear as a dollar figure anywhere, but it affects the quality of evidence-based program delivery.

- **Competitive rebid with fewer slots.** The TCAPES program, which integrates behavioral health into pediatric primary care, is funded by a five-year SAMHSA grant ending in September 2026. The department has been informed that the next Notice of Funding Opportunity will fund 26 programs nationally, down from the 52 currently funded. Tennessee's program is adjusting by merging with a related initiative and was included in a CMS-approved Rural Health Transformation proposal, but the competitive landscape has narrowed significantly.

- **Loss of coordination infrastructure.** The Council on Children's Mental Health was not reawarded for its SOCAT Network grant, which had funded statewide system-of-care coordination and stakeholder engagement. The council is continuing this work through the Family Empowerment Initiative, but the loss of a dedicated coordination grant affects the state's ability to sustain cross-system mental health infrastructure for children. Similarly, the Home Visiting Leadership Alliance and Young Child Wellness Council are scaling back community meetings, professional development, and conference participation—the connective tissue of statewide coordination.

How Programs Are Adapting

Programs are not passively absorbing these disruptions. Reporters described a range of adaptations, from administrative adjustments to fundamental changes in who can access services. Table 3 organizes these responses by type.

Table 3. Adaptation Strategies Reported by Programs

Adaptation	Examples
Restricting access to services	DHS reported that a waitlist for Smart Steps Child Care Payment Assistance would take effect August 26, 2025, directly limiting the number of families receiving child care subsidies
Substituting state funds	APAA transitioned to full state funding in FY 2026; Family Planning redirected state appropriations and MCH block grant funds to maintain services during FY25
Reducing staff	F.I.N.D. Design and Reading 360 both reported staff reductions; National Guard shifted to lower-cost programming formats
Operating without federal support	Three DOH injury prevention programs continued implementation independently after CDC staff were eliminated through reductions in force
Merging programs to share costs	TCAPES merged with the Maternal Mental Health and Substance Use Disorder program; the combined project was included in Tennessee's CMS-approved Rural Health Transformation proposal
Pursuing alternative funding	TCCY councils (HVLA, YCWC) are seeking sponsorships, aligning with available grants, and reducing travel and conference attendance; CCMH shifted to Family Empowerment Initiative funds
Reducing quality infrastructure	DHS reduced quality partner contracts for child care licensing; Lead Poisoning Prevention program unable to improve its data system or purchase educational materials
Absorbing administrative burden	Six Perkins CTE programs updated financial tracking systems to reflect the DOL funding source transfer

The adaptations fall along a rough continuum of severity. At one end, programs absorbed administrative burden without affecting services (Perkins CTE tracking changes). In the middle, programs reduced scope, shifted to lower-cost delivery models, or pursued alternative funding. At the most severe end, programs restricted access to services (the DHS waitlist), lost staff, or reduced the quality infrastructure that supports their work. Notably, two programs—the state funding substitutions for APAA and Family Planning—represent cases where the state absorbed federal losses. These are often framed as success stories, but they also represent redirection of state resources away from other potential uses and may not be sustainable if federal disruptions continue or expand.

What Programs Expect Going Forward

Ten of the 26 programs—**38 percent**—indicated that they anticipate continued or additional future effects from federal funding changes. These include all five TCCY programs, the WIOA youth workforce program, the National Guard child and youth services program, TCAPES, Childhood Lead Poisoning Prevention, and Children's Advocacy. Several of these programs serve populations with limited alternative service options: young children, military families, and youth in the workforce system.

Three programs occupy a middle ground: the DOH injury prevention programs each received one-year continuation grants and will submit applications for FY 2026–27 funding. Their immediate operations are sustained, but their long-term stability depends on annual grant cycles in an uncertain federal environment.

Only two programs—APAA and Family Planning—have completed transitions to stable alternative funding arrangements. Seven programs (predominantly the Perkins CTE cluster) reported no anticipated future effects. Four programs provided no information about future expectations.

What This Means for Tennessee

These findings carry three implications for state policy:

1. **Tennessee does not yet have systematic visibility into federal funding risk across its child and youth program portfolio.** This was the first year these questions were asked, and they were optional. The 26 programs that responded represent a small fraction of the more than 300 programs tracked through Resource Mapping. The largest federal funding recipients—agencies administering TennCare, child welfare, SNAP, and TANF—did not provide federal disruption responses. Making these questions a standard, required component of future data collections would give the state a more complete and timely picture of federal funding vulnerability.

2. **Federal funding disruption takes forms that budget analysis alone cannot detect.** At least six of the 26 reporting programs experienced disruptions—loss of federal technical staff, competitive rebids, elimination of coordination grants—that do not appear as changes in expenditure data. A state monitoring system that tracks only dollars will miss a significant share of the actual impact on program capacity and service quality. The qualitative questions added to Resource Mapping this year captured information that quantitative tracking could not.

3. **The costs of federal disruption are already being borne by Tennessee families.** The DHS waitlist for child care payment assistance is not a hypothetical risk—it is a current restriction on access that began in August 2025, driven by a $44.5 million federal funding reduction. Programs serving military families have shifted to lower-cost formats. Coordination councils that connect services across agencies are scaling back their community presence. These are not future possibilities; they are present realities.

Next Steps: Building a Complete Picture

The findings in this section are drawn from the first year this question was asked, and from fewer than one-third of reporting agencies. Before the state can make fully informed decisions

about how to respond to federal funding disruption, the scope of the problem needs to be better understood. The following steps would move Tennessee from an early warning toward a comprehensive assessment.

1. **Complete the current data collection.** The most immediate priority is obtaining federal funding disruption responses from the remaining reporting agencies, particularly those with the largest federal funding portfolios. Agencies administering TennCare, child welfare services, SNAP, TANF, and related programs account for billions in federal funds that flow to children's programming in Tennessee. The current findings—while significant—represent only a fraction of the potential impact. Expanding the federal disruption assessment to all reporting agencies is a priority for future Resource Mapping cycles.

2. **Make the federal funding questions a required component of future data collections.** The optional status of these questions in FY 2024–25 was appropriate for a first-year pilot, but the results demonstrate their value. Requiring responses in FY 2025–26 and beyond would ensure consistent, comparable data across all agencies and allow the state to track changes in federal funding risk over time rather than relying on a single snapshot.

3. **Revise the survey instrument based on what this pilot revealed.** The "How Affected" field did not function as intended—all 26 reporters left it blank or entered "None" despite confirming their program was affected. For FY 2025–26, the instrument should collapse or clarify overlapping fields, add structured response options for common disruption types (e.g., funding reduction, loss of federal personnel, administrative transfer, competitive rebid), and include a field for the estimated dollar value of the disruption where known. These changes would reduce reporter burden while producing more precise and analyzable data.

4. **Track disruption impacts longitudinally.** Several programs reported adaptations—waitlists, staff reductions, reduced quality contracts—whose full effects on children and families will unfold over months and years, not within a single reporting cycle. Future data collections should ask returning programs to report on whether previously identified disruptions have worsened, stabilized, or resolved, creating a longitudinal record of federal funding risk and state-level response.

5. **Quantify the full federal funding exposure across the children's programming portfolio.** Resource Mapping already tracks expenditures by funding source. Combining these data with the disruption responses would allow the state to identify which programs, agencies, and service areas carry the greatest federal funding concentration—and therefore the greatest vulnerability—enabling proactive rather than reactive planning. This analysis could be incorporated into future editions of the report as a standing federal funding risk profile.

Eligibility of Funding

About This Analysis

For the first time, the FY 2024–25 Resource Mapping instrument asked agency reporters three open-ended questions about whether their programs had access to federal or state funding sources they were not currently utilizing, what barriers prevented them from accessing those funds, and what supports would help them pursue such opportunities in the future.

Of the **336 program entries (including adult-only programs not counted in the 300-program child-serving portfolio)** that received these questions, none endorsed being aware of funding sources they are eligible for not accessing**.** A small number of programs offered partial responses: two juvenile justice programs noted there could be grant opportunities worth pursuing but lacked the capacity to research them, the Home Visiting Leadership Alliance and Young Child Wellness Council expressed interest in identifying opportunities but had not yet been able to do so, and the Second Look Commission noted it had not had the capacity to research the question. The remaining programs—more than 97 percent—responded "No," "N/A," or left the fields blank.

The findings in this section are based on a review of open-ended responses provided by agency reporters through the Resource Mapping data collection instrument. Each of the 26 programs was classified on three dimensions: the type of disruption experienced, the adaptation strategy employed, and the level of anticipated future risk. Categories within each dimension were developed through two complete passes through the data, first to identify candidate themes and then to apply and refine them. Where multiple programs shared identical or near-identical response text (notably the six Perkins CTE programs and two TCCY councils), they were coded individually but treated as thematic clusters in interpretation to avoid overstating the prevalence of any single theme.

The "How Affected" survey field was left blank or marked "None" by all 26 reporters, despite each affirming that their program had been affected. This suggests the question was not clearly distinguished from the adjacent "How Adjusting" question or was interpreted differently than intended. This field was excluded from the analysis, and the instrument should be revised for FY 2026.

Because these data are based on voluntary self-report from a subset of agencies, the findings should be understood as a lower bound on the scope of federal funding disruption to Tennessee's children's programs. The true scope is likely to be substantially larger.

What the Low Response Rate Likely Reflects

The near-universal "No" response does not mean that Tennessee's children's programs have exhausted all available funding. It more likely reflects the nature of the question itself. Identifying unaccessed funding requires knowledge of the full landscape of federal and state grant opportunities—a specialized task that falls outside the typical responsibilities of the program-level reporters who complete the Resource Mapping instrument. Asking a reporter whether their program is missing funding opportunities is somewhat like asking a taxpayer whether they missed any deductions: most will say no, not because they claimed everything available, but because they do not have visibility into what they may have missed.

This interpretation is consistent with the handful of programs that did engage with the question. Several explicitly noted that they lacked the time or capacity to research funding opportunities rather than asserting that none existed. The barrier is not awareness that opportunities might exist—it is the practical capacity to identify and pursue them.

Implications for Future Data Collection

The eligibility questions represent a sound policy objective: understanding the gap between available funding and funding actually accessed is essential to maximizing resources for children's programming. However, the open-ended format used in FY 2025 did not produce actionable data. For these questions to yield useful results in future cycles, two changes are needed.

First, the instrument should shift from open-ended to structured prompts. Rather than asking reporters whether they are aware of unaccessed funding—a question that requires specialized grant knowledge to answer—future instruments could present a curated list of major federal and state funding streams relevant to children's programming and ask reporters to indicate which, if any, their agency has explored or applied for. This would lower the knowledge burden on reporters and produce data that are both more complete and more comparable across agencies.

Second, the question may be better directed at agency-level fiscal or grants staff rather than program-level reporters. Program reporters are well positioned to describe what their programs do and whom they serve; they are less well positioned to assess the full range of funding their agency could be pursuing. Routing the eligibility questions to a grants office or fiscal contact—either as a supplement to the program-level instrument or as a standalone agency-level survey—would reach the staff most likely to have relevant knowledge.

Why This Matters: The Value of Maximizing Available Funding

Tennessee's children's programming portfolio relies heavily on federal funding. As documented elsewhere in this report, federal sources account for a substantial share of total expenditures, and that share has grown over the past decade. Every federal or competitive dollar a program does not access is a dollar that must either come from state general funds, be replaced by families bearing costs directly, or simply go unspent—leaving children unserved. In a fiscal environment where federal funding is becoming less predictable (see the Federal Funding Disruption section of this report), the ability to identify and secure all available resources is not an administrative convenience—it is a strategic necessity.

Competitive grants, in particular, represent funding that is available to Tennessee but not guaranteed. Unlike formula-based allocations that flow automatically, competitive funds require agencies to identify the opportunity, develop an application, and meet often complex eligibility and reporting requirements. Agencies with dedicated grants staff and established infrastructure for pursuing these funds have a significant advantage. Smaller agencies and individual programs—many of which deliver critical services to children—frequently lack this capacity. The result is a structural inequity in which the programs closest to the children they serve are often the least equipped to pursue the funding that would sustain or expand that work.

The near-total absence of substantive responses to the eligibility questions in this year's data collection suggests that this capacity gap extends broadly across the children's programming portfolio. Programs did not report that funding was unavailable—they reported that they did not know, had not had time to research it, or simply left the question blank. This is a solvable problem, but it requires deliberate investment in the connective infrastructure between available funding and the programs positioned to use it.

The Broader Funding Landscape: Sources Beyond Federal Formula Funds

When reporters were asked about unaccessed funding, most appear to have interpreted the question narrowly in terms of the federal and state funding streams they already work with. But the landscape of potential funding for children's programming extends well beyond federal formula and competitive grants to include competitive federal grants beyond the large formula programs, private and community foundations, corporate giving, local government funding, nonprofit intermediaries, fee-for-service and Medicaid billing opportunities, and in-kind partnerships. Many of these sources actively seek programs to fund.

The point is not that every program should pursue every source. It is that the question presupposes a level of visibility into the funding landscape that most program-level staff do not have. A more productive approach would equip programs and agencies with a structured view of what is available and help them assess which sources align with their mission, capacity, and strategic direction.

Building the Path from Available Funding to Program Access

Improving the data collection instrument, as described above, is a necessary first step—but better questions alone will not close the gap between available funding and funding accessed. Three complementary strategies would help move information about funding opportunities to the program and agency staff who need it.

Centralized grant identification and dissemination. A statewide clearinghouse or periodic bulletin identifying federal, state, and philanthropic funding opportunities relevant to children's programming—organized by program type, target population, and eligibility criteria—would reduce the research burden that individual programs cannot absorb on their own. This function could be housed within an existing coordinating body that already maintains cross-agency visibility into the children's programming portfolio.

Technical assistance for competitive applications. Many programs, particularly those in smaller agencies or community-based organizations that receive state pass-through funding, have never written a federal grant application. Targeted technical assistance—grant writing workshops, application review, or dedicated consultation during open funding cycles—would lower the barrier between awareness of an opportunity and the capacity to pursue it. Several states have implemented models of this kind through their children's cabinets or interagency coordinating bodies.

Cross-agency information sharing on funding strategies. The Resource Mapping process already convenes reporters from across the children's programming portfolio. Incorporating a structured opportunity for agencies to share successful funding strategies, lessons learned from unsuccessful applications, and emerging grant opportunities would create a peer-learning network that currently does not exist. This could be as simple as a standing agenda item at annual reporter meetings or as formal as an interagency funding workgroup.

These strategies reinforce the recommendation elsewhere in this report to enhance opportunities to receive federal and other funding. The eligibility data from this year's collection make the case plainly: the programs serving Tennessee's children are not declining available resources—they are, in many cases, unable to see them. Closing that visibility gap is among the highest-return investments the state can make in its children's programming infrastructure.

Recipient Demographics: Program Reach and Accessibility

Statutory Basis

TCA 37-3-116(a)(2) directs the Commission to inventory programs "set out by program, *target population*, geographical region, agency or any other grouping that would assist the general assembly in determining whether there are overlapping programs that lead to duplication within the state, *gaps in service delivery* and any administrative inefficiencies generally."

Understanding who programs are reaching is how the Commission identifies gaps in service delivery. If a program's recipients do not reflect the population in its service area, that may signal an accessibility barrier — not a program deficiency, but a question worth investigating. The Resource Mapping instrument collects demographic characteristics of program recipients, including race and ethnicity, gender, disability status, and income level, to support this assessment.

This is the first year these data have been systematically analyzed. As such, the findings reported here are preliminary and should be interpreted as a baseline for future reporting rather than as definitive conclusions about program reach.

Reporting Coverage

Of the 300 programs in the FY 2025 portfolio, 71 are classified as adult-focused capacity building programs (e.g., professional development, training, and system administration). Because these programs serve professionals rather than children directly, they were not asked to report child demographic data and are excluded from coverage calculations below.

Among the remaining 228 child-focused programs, 65 (28.5%) provided usable demographic data on their recipients, collectively serving approximately 9.4 million children. Nine programs that reported statewide child population figures as a proxy rather than their actual recipient demographics were excluded from the estimates.

Coverage varied substantially by both programmatic focus and target outcome, as shown in Tables 1 and 2. General Services programs had the highest coverage among focus categories (37.5%), while Educated programs led among outcome categories (48.8%). None of the 11 child-focused Nurtured and Supported programs reported recipient demographics — a gap that limits the Commission's ability to assess whether family-support programs are reaching the children and families they are designed to serve.

Table 1. *Demographic Data Coverage by Programmatic Focus*

Programmatic Focus	Total Programs	With Demo Data	Coverage
General Services	24	9	37.5%
Targeted Prevention	44	15	34.1%
Moderate Intervention	54	18	33.3%
Universal Promotion and Prevention	57	13	22.8%

Intensive Intervention	39	8	20.5%
Early Intervention	10	2	20.0%
TOTAL	**228**	**65**	**28.5%**

Adult-Focused Capacity Building programs (n=71) excluded from denominators.

Table 2. *Demographic Data Coverage by Target Outcome*

Target Outcome	Total Programs	With Demo Data	Coverage
Educated	43	21	48.8%
Safe	55	14	25.5%
Healthy	111	28	25.2%
Engaged	8	2	25.0%
Nurtured and Supported	11	0	0.0%
TOTAL	**228**	**65**	**28.5%**

Adult-Focused Capacity Building programs (n=71) excluded from denominators.

Recipient Profile

Among the 65 programs with recipient-specific demographic data, the following NServed-weighted estimates describe who these programs are reaching. Weighting by the number of children served ensures that larger programs contribute proportionally more to the overall profile.

Race and Ethnicity. Table 3 compares the racial and ethnic composition of program recipients to Tennessee's child population. According to the Commission's own *State of the Child 2023* report, the state's child population is approximately 61% non-Hispanic White — down from 66% in 2015 (U.S. Census Bureau, ACS 1-Year Estimates, Table S0901) — reflecting a demographic shift that makes systematic tracking of program reach increasingly important.

Table 3. *Recipient Race/Ethnicity vs. Tennessee Child Population*

Race/Ethnicity	Program Recipients	TN Child Population

White	52.8%	~64%
Black or African American	26.9%	~18%
Hispanic or Latino	14.4%	~13%
Asian	2.7%	~2%
Two or More Races	6.2%	~4%

Sources: Program data from FY 2025 Resource Mapping (NServed-weighted, 65 programs). TN child population from U.S. Census Bureau ACS and TCCY State of the Child 2023.

The differences between recipient composition and the statewide child population are consistent with the targeted nature of many state programs. Programs designed to address poverty, health access, and educational support serve communities where these needs are concentrated. In Tennessee, child poverty rates vary substantially by geography and community: the income-based eligibility criteria built into federal programs like WIC, Medicaid, Title I, and SNAP drive program enrollment toward families in both rural high-poverty counties and urban centers where economic need is greatest. The result is that program recipient demographics reflect the demographics of economic need in Tennessee rather than indicating gaps in service delivery. These data give the General Assembly visibility into who publicly funded programs are actually reaching—information that the statute requires and that is essential for evaluating whether programs are serving the populations they were designed to serve.

Gender. Programs report serving slightly more females (52.2%) than males (48.4%), roughly consistent with Tennessee's child population.

Disability and Income. Among programs that reported these fields, 16.4% of recipients have a documented disability and 47.8% meet income or poverty criteria. The high income/poverty figure reflects the fact that many reporting programs — including Voluntary Pre-K (95%), 21st Century Community Learning Centers (89%), and CHAD (84%) — specifically target economically disadvantaged children or are concentrated in high-poverty school districts. This figure describes the programs that reported, not a poverty rate among all recipients statewide.

Early Childhood Programs

Five programs flagged as primarily serving children under six — IDEA Preschool, Voluntary Pre-K, CHAD, Newborn Screening, and Prenatal Services — reported race data. These programs serve a population that is notably different from the broader portfolio: 66.9% White, 14.8% Black, and 14.1% Hispanic. The higher White share likely reflects the geographic distribution of early childhood programs, many of which operate statewide or in rural areas, compared to targeted intervention programs concentrated in urban counties.

Early childhood recipients also show higher poverty rates (58.3% vs. 47.8% among other programs) and lower disability prevalence (6.0% vs. 16.5%), consistent with the broad eligibility

criteria of programs like VPK that reach families through income-based rather than condition-based targeting.

Why These Data Matter

Even with limited coverage in this first year of analysis, these data reveal patterns that would be invisible without systematic demographic reporting. Three findings illustrate the value:

First, targeted programs are reaching their intended populations. The demographic composition of program recipients differs from the statewide child population in ways that are consistent with program design. Programs targeting poverty, health access, and child welfare serve higher proportions of children from communities where these needs are concentrated. Without demographic data, the Commission could report how many children programs serve, but not whether they are reaching the right children.

Second, early childhood programs serve a distinct population. The Early Childhood comparison shows that early childhood programs reach a population with a higher proportion of White children and higher poverty rates than the broader portfolio. This likely reflects the rural reach of programs like VPK and Newborn Screening, combined with income-based eligibility criteria. This kind of cross-program comparison is only possible with demographic data and can help the General Assembly evaluate whether early childhood investments are distributed in proportion to need across the state.

Third, critical gaps remain invisible. Zero of the 11 child-focused Nurtured and Supported programs reported recipient demographics. This means the Commission cannot currently assess who is being reached by family-support, home-visiting, and permanency programs — some of the state's most intensive and costly interventions. Similarly, only 28 programs reported disability status and only 17 reported income data, leaving the Commission unable to fully assess whether programs designed for economically disadvantaged or disabled children are reaching those populations.

Tennessee's child population is becoming more diverse. The share of non-Hispanic White children fell from 65.8% in 2015 to 61.3% in 2024 (U.S. Census Bureau, ACS 1-Year Estimates, Table S0901), with growth concentrated in the Hispanic population. As the demographics of the state's children shift, the question of whether publicly funded programs are keeping pace becomes increasingly relevant. Answering that question requires the kind of systematic demographic tracking that this analysis begins.

Limitations and Next Steps

These findings describe only the programs that reported — not the full portfolio. With 71% of child-focused programs not providing usable demographic data, the estimates above cannot be generalized to Tennessee's child-serving system as a whole. Coverage is particularly thin for disability (28 programs) and income (17 programs).

The current instrument collects demographic data through an open-text field, which produces inconsistent formats that are difficult to aggregate. For FY 2026, the Commission plans to standardize demographic reporting through structured data fields with predefined response categories, which should substantially improve both the coverage rate and the comparability of reported data across programs and agencies.

Fulfilling the statutory directive to report by *target population* and to identify *gaps in service delivery* requires knowing who programs are reaching. This first-year analysis demonstrates that even partial data yield actionable insights about program reach. Standardizing the instrument and improving reporter compliance will strengthen the Commission's ability to provide the General Assembly with the comprehensive view of program accessibility that the statute envisions.

The seven major findings and nine recommendations presented at the beginning of this report are grounded in the analyses documented in the preceding sections. The data are clear on the direction: investing earlier in a child's trajectory generates stronger returns for Tennessee. The policy decisions that follow—how to strengthen outcome reporting, how to sustain prevention investment, how to protect the partnership infrastructure that delivers services, and how to build resilience against federal funding disruption—are decisions for the General Assembly and the agencies that serve Tennessee's children.

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Appendix

The FY 2024–25 Resource Mapping portfolio comprises 300 child-serving programs across 26 state agencies, representing $15.3 billion in total reported expenditure. All companion data files, methodology documents, and reporting instruments referenced in this appendix are available for download at tn.gov/tccy/resourcemapping. This appendix provides the program-by-program

expenditure detail required under TCA 37-3-116, organized by the five TCCY-validated Primary Outcome categories (Educated, Engaged, Healthy, Nurtured and Supported, and Safe) and by the seven Programmatic Focus categories (Universal Promotion and Prevention, Targeted Prevention, Early Intervention, Moderate Intervention, Intensive Intervention, General Services, and Adult-Focused Capacity Building and Support).

Appendix A: TCA 37-3-116

TCA 37-3-116

(a) The Commission on Children and Youth shall design and oversee a resource mapping of all federal and state funding sources and funding streams that support the health, safety, permanence, growth, development and education of children in this state from conception through the age of majority or so long as they may remain in the custody of the state. The resource mapping shall include, but not be limited to:

(1) An inventory of all federal and state funding sources that support children in this state;
(2) An inventory of all state, federal or government subsidized services and programs offered to children in this state, set out by program, target population, geographical region, agency or any other grouping that would assist the general assembly in determining whether there are overlapping programs that lead to duplication within the state, gaps in service delivery and any administrative inefficiencies generally;
(3) A description of the manner in which the funds are being used within the agencies or organizations, the performance measures in place to assess the use of such funding and the intended outcomes of the programs and services;
(4) Government mandates for the use of the funds, if any; and
(5) An inventory of the funds for which the state may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used.

(b) The commission shall update the report each year and shall subsequently assure that the resource map is periodically and timely updated, so as to maintain a current resource map of the funds used to support children in the state.

(c) The comptroller of the treasury and each department of state government or agency in this state shall provide assistance upon request to the commission in effectuating the purpose of this section.

(d) On or before February 15, 2009, a preliminary report shall be provided by the commission; and on or before April 15, 2010, and each successive year thereafter, the commission shall provide a full report to the judiciary, education, and health and welfare committees of the senate and the civil justice, education, and health committees of the house of representatives. The full report shall include, but not be limited to, the resource map and any recommendations, including proposed legislation, for improving the efficiency and effectiveness of programs offered to children in this state.

Appendix B: Program Expenditure Detail

B.1: Expenditure by Primary Outcome and Agency

Five expenditure tables—one per Primary Outcome—present agency-level summaries (total, federal, state, and other expenditure; number of children served; and state share) followed by program-level detail within each agency. These tables use TCCY-validated outcome codes from the RM Program Coding Reference; the validation methodology and inter-rater reliability are documented in Appendix C.

Item	Location
B.1a–e: Outcome Tables	Online: Appendix Data Workbook, sheets B1 Educated through B1 Safe

B.1f: Expenditure by Programmatic Focus and Agency

Seven expenditure tables—one per Programmatic Focus category—present agency-level summaries (total, federal, state, and other expenditure; number of children served; and state share) followed by program-level detail within each agency. The seven categories are Universal Promotion and Prevention, Targeted Prevention, Early Intervention, Moderate Intervention, Intensive Intervention, General Services, and Adult-Focused Capacity Building and Support. These tables use TCCY-validated focus codes from the RM Program Coding Reference; the validation methodology and inter-rater reliability are documented in Appendix C.

Item	Location
B.1f a–g: Focus Tables	Online: Appendix Data Workbook, sheets B1f Adult-Focused through B1f Universal Promotion

B.2: Complete Program Inventory

Table B.2 provides the complete program-by-program inventory required by TCA 37-3-116. Each of the 300 programs is listed with its administering agency, total expenditure, federal/state/other funding breakdown, number of children served, TCCY-validated Primary Outcome and Programmatic Focus classifications, and Adult-Only and Under-6 designations.

Item	Location
B.2: Program Inventory	Online: Appendix Data Workbook, sheet B2 Program Inventory

B.3: SROI Analysis Reference

The Social Return on Investment analysis covers 224 programs representing $8.28 billion (54%) of the portfolio. The overlap-adjusted portfolio SROI is **1.71×** (90% CI: 1.46–2.15), with 100% of 10,000 bootstrap iterations exceeding breakeven. Programs serving children under six produce an SROI of **3.32×** (90% CI: 2.47–6.19). Full methodology, parameter documentation, and sensitivity analyses are provided in the SROI Methodology document (v5.4). The 76 programs excluded from the SROI analysis, with exclusion reasons, are listed in Appendix D, Table 3.

Item	Location
SROI Methodology	Online: SROI Methodology (v5.4)
SROI Summary Card	Online: Appendix Supplement, sheet B3 SROI Reference
Exclusion List	Online: Appendix Supplement, sheet D3 SROI Exclusions

Appendix C: Classification Validation Detail

All 300 programs in the FY 2025 portfolio were independently classified by TCCY staff using the standardized coding framework described below. This appendix documents the reliability of the classification system and the specific reclassification decisions made during the validation process.

C.1–C.2: Classification Confusion Matrices

Two confusion matrices compare reporter-entered classifications against TCCY-validated codes. Rows represent the reporter's original classification; columns represent the TCCY-validated classification. Diagonal cells (agreement) are highlighted in green; off-diagonal cells (reclassifications) are highlighted in amber.

Primary Outcome: TCCY validated 64% of reporter-entered outcome codes without change. The remaining 36% were reclassified, most commonly involving programs initially classified as Nurtured and Supported that TCCY reclassified as Safe (reflecting child protection and juvenile justice programs where the safety function is primary).

Programmatic Focus: TCCY validated 28% of reporter-entered focus codes without change. The lower agreement rate is expected: the FY 2025 instrument did not include "Adult-Focused Capacity Building and Support" as a dropdown option, so every program assigned to that category by TCCY necessarily appears as a reclassification. Reporters also lacked clear guidance distinguishing Targeted Prevention from Moderate Intervention, contributing to disagreement in those categories.

Item	Location

C.1: Outcome Matrix	Online: Appendix Data Workbook, sheet C1 Outcome Matrix
C.2: Focus Matrix	Online: Appendix Data Workbook, sheet C2 Focus Matrix

C.3: Per-Program Reclassification Detail

Table C.3 lists every program where the TCCY-validated classification differs from the reporter-entered classification (271 reclassifications: 89 Outcome, 182 Focus). Each row includes the reporter's original code, the TCCY-validated code, and the rationale for the reclassification drawn from the RM Program Coding Reference. Rationale text follows a standardized format: "Coded as [category] because the program's fundamental purpose is [justification]."

Item	Location
C.3: Reclassifications	Online: Appendix Data Workbook, sheet C3 Reclassifications
Source Reference	Online: Program Coding Reference (647 programs, per-program rationale)

C.4: Classification Reliability

Two separate reliability measures were computed for the classification system.

Inter-Rater Reliability (Trained Coders)

To assess whether the coding framework produces consistent results when applied by different trained reviewers, two independent coders classified a sample of programs using the standardized decision tree. Agreement was measured using Cohen's kappa (κ), which corrects for chance agreement:

Primary Outcome: κ = 0.69 (substantial agreement)

Programmatic Focus: κ = 0.72 (substantial agreement)

These values indicate that the framework reliably produces consistent classifications when applied by trained reviewers, supporting its use as the basis for portfolio-level analyses.

Reporter vs. TCCY Agreement

A separate analysis compared the classifications entered by agency reporters (who self-classify their programs using the instrument dropdown) against the TCCY-validated classifications:

Primary Outcome: κ = 0.54 (moderate agreement)

Programmatic Focus: κ = 0.19 (fair agreement)

The lower reporter-vs-TCCY agreement is expected and is the reason TCCY validation exists. The Focus kappa is particularly low because the FY 2025 instrument did not offer “Adult-Focused Capacity Building and Support” as a dropdown option; excluding programs assigned to that category raises the Focus kappa to 0.23. Additionally, reporters receive limited guidance on the distinction between Targeted Prevention and Moderate Intervention, which accounts for a substantial share of Focus disagreements. The FY 2026 data collection instrument addresses both issues (see Appendix D, Table 4, items 24–25).

Item	Location
C.4: Kappa Statistics	Online: Appendix Data Workbook, sheet C4 Kappa Statistics

C.5: Supplementary Methodology Documents

The following methodology documents were produced for the RM2026 report and are available at tn.gov/tccy/resourcemapping:

Item	Location
RM2026 Methodology Supplement	General analytical framework: seven-step sequence across five domains
SROI Methodology (v5.4)	224 programs, $8.28B analyzed; BC bootstrap; 13 ROI groups
Expenditure by Category	Nine-category decomposition across $15.3B portfolio
Ten-Year Trend Analysis (v3)	Bootstrap trend analysis: five DVs, three groupings, BC 90% CIs
Mixed-Population Adjustments	Child-share adjustments for 24 mixed adult/child programs
Program Coding Reference	647-program classification reference with per-program rationale

Appendix D: Data Collection and Classification Reference

D.1: FY 2024–25 Reporting Instrument

A blank copy of the FY 2024–25 Excel-based reporting instrument and its accompanying field-by-field instructions are available in the online companion materials. The instrument collects program information, expenditure by funding source, county-level allocation data, outcome and effectiveness measures, expenditure by cost category, and (new for FY 2025) federal funding impact questions. Each agency reporter completes one instrument per program.

Item	Location
Blank Instrument	Online: FY24–25 Reporting Instrument (blank)
Instructions	Online: FY24–25 Reporting Instructions

D.2: Under-6 Program Inventory

Thirty-six programs are designated as primarily serving children under age 6, representing $1.14 billion in FY 2025 expenditure. Programs are designated Under-6 when their primary target population and the majority of expenditure serve children under age 6 or prenatal/infant populations, based on program descriptions, eligibility criteria, age ranges, and confirmation from agency reporters. Each designation is documented with a justification in the RM Program Coding Reference. The complete list with expenditure, NServed, outcome, and focus classifications is provided in the online companion materials.

Item	Location
D.2: Under-6 List	Online: Appendix Data Workbook, sheet D2 Under-6 Programs
Designation Criteria	Online: Appendix Supplement, sheet D56 Coding Framework

D.3: Programs Excluded from SROI Analysis

Of the 300 child-serving programs in the FY 2025 portfolio, 76 were excluded from the SROI analysis. Exclusion reasons fall into five categories: Adult-Only programs (38) that serve adults exclusively, programs with fewer than 20 children served (24) which provide insufficient sample size for per-child monetization, programs lacking a counterfactual monetization pathway (11), data artifacts from child-share adjustments (2), and TISA (1) which is excluded from all sub-portfolio analyses.

Item	Location
D.3: Exclusion List	Online: Appendix Supplement, sheet D3 SROI Exclusions

D.4: FY 2026 Data Collection Improvements

Thirty-two improvements to the data collection process were identified through the FY 2025 cleaning, analysis, and agency correspondence cycle. These span five categories: reporter instructions (11 items), agency-specific data quality issues identified this year (6 items), instrument and process fixes (5 items), data quality enforcement (5 items), and structural

changes to the data architecture (5 items). The complete list with descriptions is provided in the supplement workbook.

Item	Location
D.4: Improvement List	Online: Appendix Supplement, sheet D4 FY26 Improvements

D.5–D.6: Classification Framework and Definitions

The Programmatic Focus and Primary Outcome coding framework defines seven Focus categories (Universal Promotion and Prevention, Targeted Prevention, Early Intervention, Moderate Intervention, Intensive Intervention, General Services, and Adult-Focused Capacity Building and Support) and five Outcome categories (Educated, Engaged, Healthy, Nurtured and Supported, and Safe). Each program is assigned exactly one Focus and one Outcome based on a standardized decision tree that considers the program's stated purpose, target population, eligibility criteria, and service delivery model. The complete framework definitions, decision tree logic, and Under-6 designation criteria are provided in the supplement workbook.

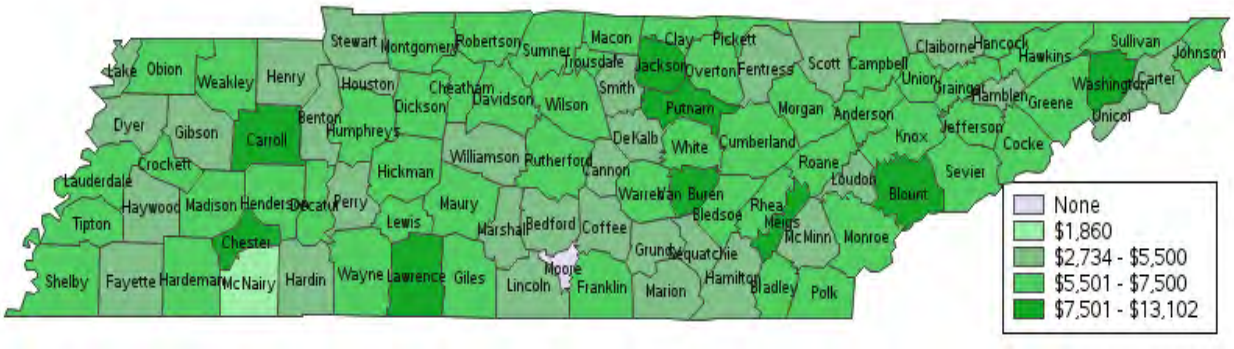
Item	Location
D.5–D.6: Coding Framework	Online: Appendix Supplement, sheet D56 Coding Framework
Full Reference	Online: Program Coding Reference

Appendix E: Select Program-Specific County Maps

Department of Children's Services: Dependent and Neglect Placement-Foster Care

This program provides 24-hour care of dependent and neglected children in state custody in temporary settings. The placement types include DCS foster homes and a variety of therapeutic residential treatment facilities. The intent of this service is to reunite children and their families, or when necessary, to develop alternate, permanent solutions. 6,514 children and youth were served out of about 13,000 eligible population.

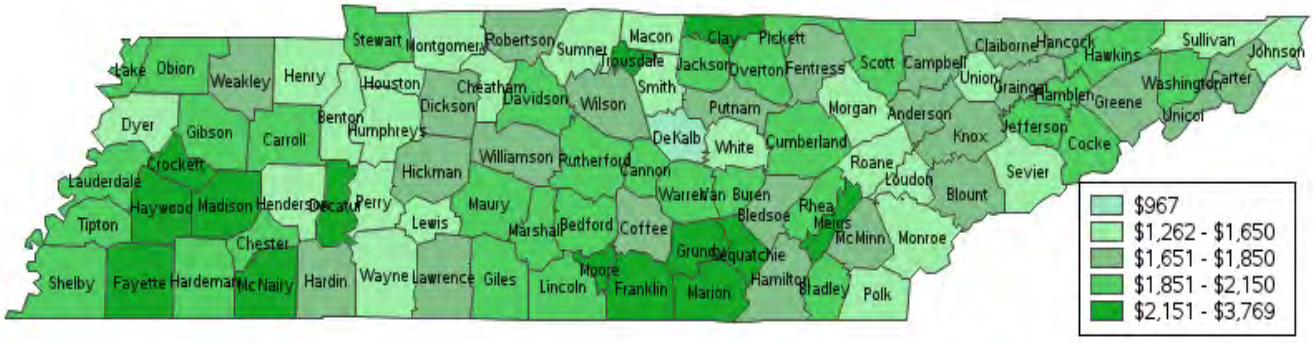
Dependent and Neglect Placement-Foster Care
Per-Child Expenditure, FY 2025



Department of Education: Preschool Special Education through IDEA (611)

Early Childhood Special Education addresses individual needs within the context of developmentally appropriate early learning experiences including early literacy, math, play, and social areas. Preschool special education is a state and federally mandated program for children ages three through five who are experiencing challenges in their learning and development and meet eligibility criteria for special education and related services. Every school district provides special education services to young children. Over 140,000 children were served through this program in FY 2024–25.

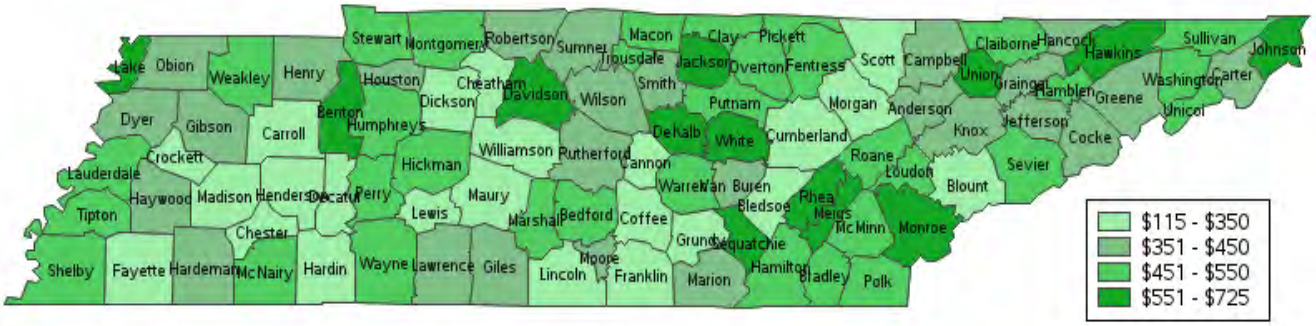
Preschool Special Education Per-Child Expenditure, FY 2024–25



Department of Education: School Nutrition Programs

Tennessee's School Nutrition programs are responsible for providing nutritious meals and snacks for students in public and private schools, as well as residential and childcare institutions. School Breakfast and School Lunch are the most frequently used school nutrition programs, though schools also participate in additional nutrition services. The map below combines regular school lunch (including charter school lunch), breakfast, fruits & vegetables and after school snacks data. Across the state, 575 million federal dollars were spent on school nutrition programs in FY 2024–25. The School Lunch program served more than 615,000 Tennessee students.

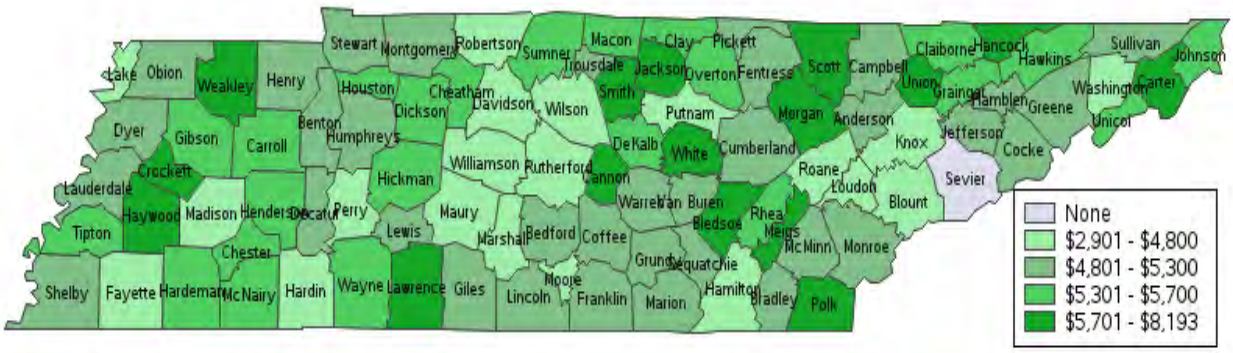
School Nutrition Programs Per-Child Expenditure, FY 2025



Department of Education: Voluntary Pre-K

The Voluntary Pre-K initiative provides Tennessee's four-year-old children—with an emphasis on those who are at-risk—an opportunity to develop school readiness skills, both pre-academic and interpersonal skills. Voluntary Pre-K classes promote a high-quality academic environment, which fosters the love and joy of learning and promotes success in kindergarten and throughout the child's life. The goal of the pre-K school year is to engage each child in learning through a curriculum that focuses on the needs of young children in all areas of development including language, early literacy, math, science, social studies, the arts, physical development, as well as social emotional development, and healthy living. About 19,000 children were served in FY 2024–25. Per-Child expenditures varied by county from $2,901 in Davidson County to $8,193 in Morgan County.

Voluntary Pre-K Program Per-Child Expenditure, FY 2025

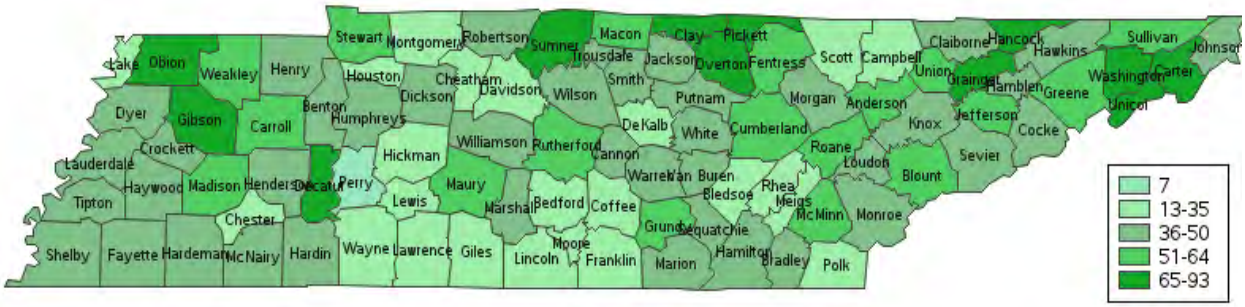


Department of Disability and Aging: Tennessee Early Intervention System (TEIS)

Under the Individuals with Disabilities Education Act (IDEA), every state has a Part C program for children aged birth through three years and their families, as well as a part B extension option for children until they reach kindergarten. Each state decides its own eligibility rules. Demand for TEIS services has been growing rapidly with more early developmental evaluations and more recognition of early signs of developmental

disabilities. The Department of Disability and Aging reported 22,436 children served in FY 2024–25. That was 9.6% higher than the previous year.

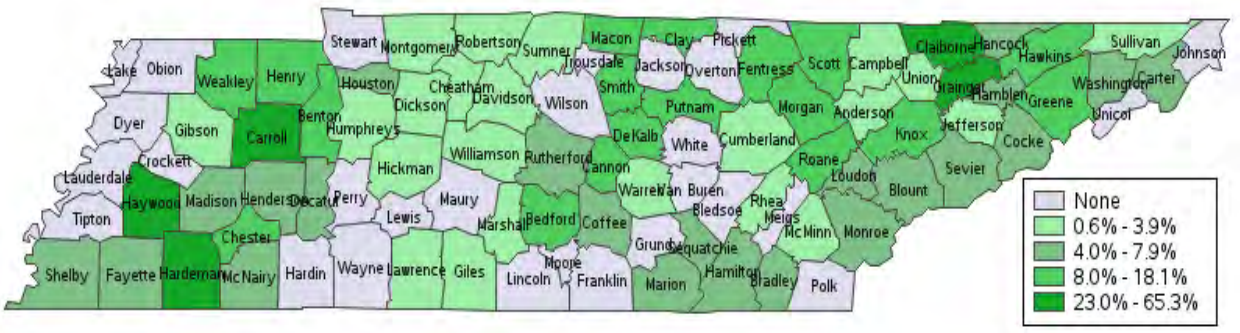
Tennessee Early Intervention System (TEIS) Program Percentage of Children under 6 Served, FY 2025



Tennessee Arts Commission: Student Ticket Subsidy Program

The Student Ticket Subsidy (STS) grant program provides funds for artist fees, tickets, and transportation fees for students from Tennessee public schools to experience a broad variety of cultural opportunities, arts disciplines, and arts learning from artists during the school day. Since 2010, the program has given the opportunity to approximately one million students to experience the arts. With $584,468 state dollars, this program served 61,623 Tennessee students aged 6 to 18 across 68 counties in FY 2024–25.

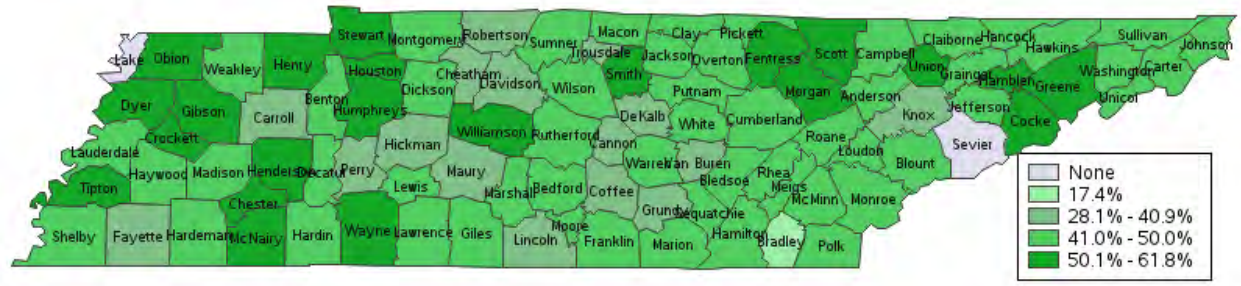
Student Ticket Subsidy Program Percentage of Children Served, FY 2025



K-3 Home Library

The Governor's Early Literacy Foundation (GELF) in collaboration with Scholastic Education supports individual children through K-3 Home Library program across state. Children from birth to age five are eligible to receive books at no cost to families, regardless of income. About 9 million dollars were spent to serve 208,000 children in Tennessee.

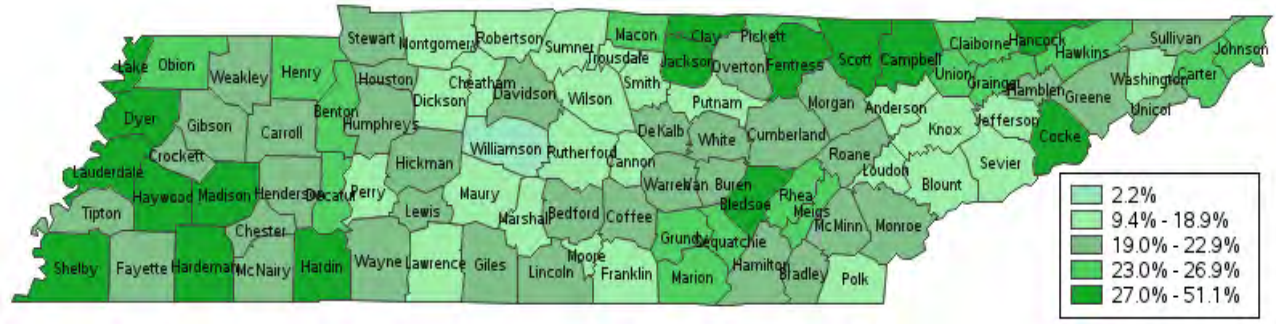
K-3 Home Library Percentage of Children Served, FY 2025



Department of Human Services: Supplemental Nutrition Assistance Program (SNAP)

SNAP provides nutritional assistance benefits to children and families, the elderly, the disabled, unemployed and working families. SNAP helps supplement monthly food budgets of low-income families to buy the food they need to maintain good health and allow them to direct more of their available income toward essential living expenses. DHS staff determines the eligibility of applicants based on guidelines established by the U.S. Department of Agriculture (USDA). The primary goals of the program are to alleviate hunger and malnutrition and to improve nutrition and health in eligible households. The map represents the percentage of children under eighteen who benefited from this program. The percentage of children receiving SNAP benefits ranges by county from 2.2% in Williamson County to 51.1% of children in Lake County.

Supplemental Nutrition Assistance Program (SNAP)
Percentage of Children Receiving Benefits, FY 2025

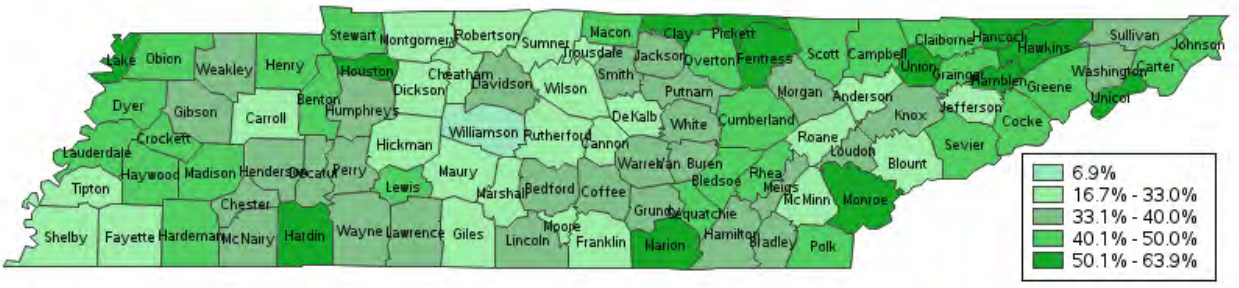


Department of Health: Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The WIC program aims to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement

diets, information on healthy eating, and referrals to health care. WIC mothers are strongly encouraged to breastfeed their infants unless there is a medical reason not to. All WIC staff are trained to promote breastfeeding and provide the necessary support new breastfeeding mothers and infants need for success. The percentage of children receiving WIC benefits ranges by county from 6.9% in Williamson County to 63.9% of children in Pickett County.

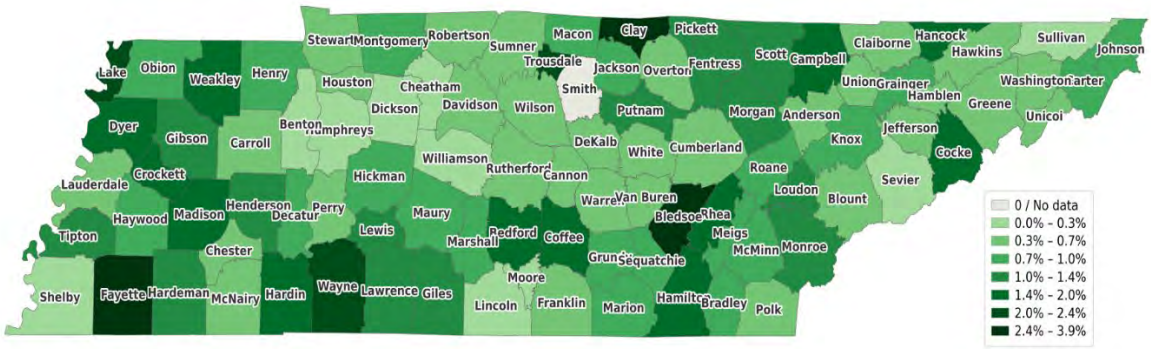
Supplemental Nutrition Program for Women, Infants and Children (WIC)
Percentage of Children Receiving Benefits, FY 2025



Department of Health: Evidence-Based Home Visiting (EBHV)

Tennessee's Evidence-Based Home Visiting program served 4,466 children under age 6 across all 95 counties in FY 2025, with $58.9 million in total expenditure. The program targets families with high vulnerability and complex needs through structured professional home visits aimed at improving child development, health, and safety outcomes. County-level penetration rates range from less than 0.3% to approximately 3.9% of the under-6 child population. The highest service penetration appears in rural counties with smaller child populations — including Fayette, Hardeman, Clay, Bledsoe, and several Upper Cumberland counties — where EBHV represents a proportionally larger share of the early childhood service landscape. Mid-size counties such as Hamilton, Montgomery, and Madison show moderate penetration in the 1.0%–2.0% range. The large urban cores — Davidson, Knox, and Shelby — fall in the lower penetration bands, reflecting the denominator effect of large under-6 populations rather than low enrollment in absolute terms. Davidson alone served 395 children, more than any other county. The geographic pattern is consistent with the program's priority population design: EBHV resources are concentrated in communities where risk factors are most prevalent relative to the available service infrastructure, rather than allocated proportionally to population size.

Evidence-Based Home-Visiting – Percent of Children Under 6 Served, FY 2025


Stewart
Montgomery
Robertson
Sumner
Macon
Clay
Pickett
Claiborne
Hancock
Sullivan
Johnson
Hawkins
Lake
Obion
Weakley
Henry
Houston
Cheatham
Trousdale
Jackson
Overton
Fentress
Scott
Campbell
Union
Grainger
Hamblen
Washington
Carter
Greene
Unicoi
Smith
Dickson
Davidson
Wilson
Putnam
Morgan
Anderson
Dyer
Gibson
Carroll
Benton
Humphreys
DeKalb
White
Cumberland
Knox
Jefferson
Cocke
Williamson
Rutherford
Cannon
Roane
Crockett
Hickman
Sevier
Lauderdale
Warren
Van Buren
Loudon
Blount
Henderson
Perry
Decatur
Madison
Haywood
Maury
Bledsoe
Rhea
Meigs
Lewis
Redford
Coffee
Marshall
Tipton
Chester
Grundy
Sequatchie
McMinn
Monroe
Moore
Shelby
Fayette
Hardeman
McNairy
Hardin
Wayne
Lawrence
Giles
Lincoln
Franklin
Marion
Hamilton
Bradley
Polk
0 / No data
0.0% – 0.3%
0.3% – 0.7%
0.7% – 1.0%
1.0% – 1.4%
1.4% – 2.0%
2.0% – 2.4%
2.4% – 3.9%