



# KIDS COUNT STATE OF THE CHILD 2021



**TN** Tennessee  
State Government

 TENNESSEE COMMISSION ON  
CHILDREN & YOUTH

**KIDS  
COUNT**



# THE STATE OF THE CHILD IN TENNESSEE 2021

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

## **Note about the data:**

Due to the COVID-19 pandemic, the Census Bureau and other data sources have experienced unprecedented challenges in data collection. The release of some of the typical indicators used in the State of the Child has been delayed until March 2022.

**Our priority in this report is to paint an accurate representation of how children in Tennessee have fared throughout the last 3 years.**

We have compiled data from many community and national partners, and the majority of the data in this book spans 2019-2021. The time frame referenced for each indicator is listed in parentheses next to the citation. Unfortunately, due to the lower sample sizes, sometimes data could not be broken out by race or ethnicity.

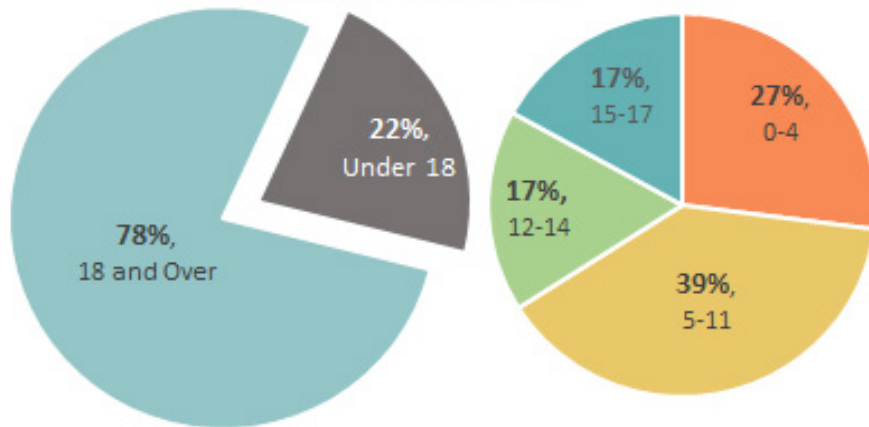
**We look forward to providing you an update on Tennessee children when the Census Bureau data becomes available.**



# DEMOGRAPHICS

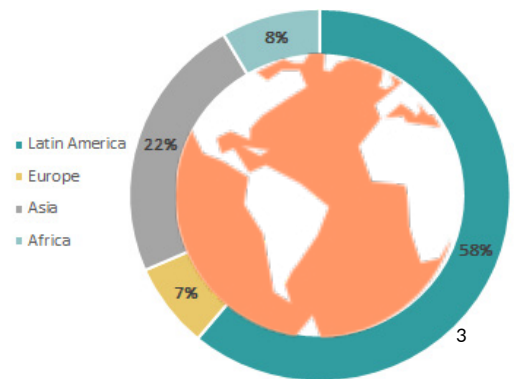
All Tennessee children can thrive when they have the opportunities to succeed.

Tennessee children and youth in each age group have different needs.<sup>1</sup>



## 1 IN 8

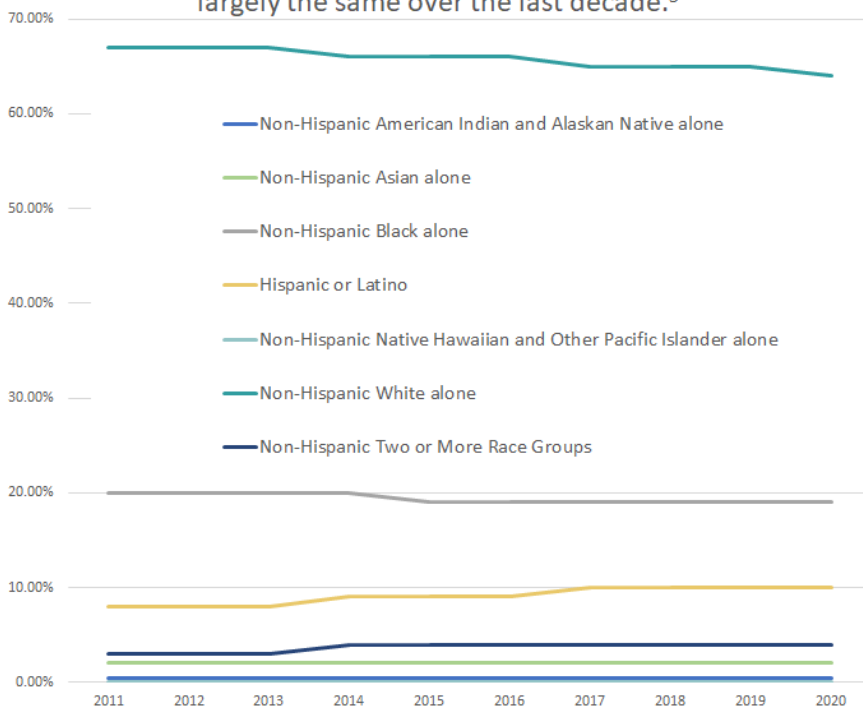
Tennessee children are a part of an immigrant family.<sup>2</sup>



## 1 IN 10

Tennessee school age children speak a language other than English at home.<sup>4</sup>

The racial demographics of Tennessee children have remained largely the same over the last decade.<sup>5</sup>



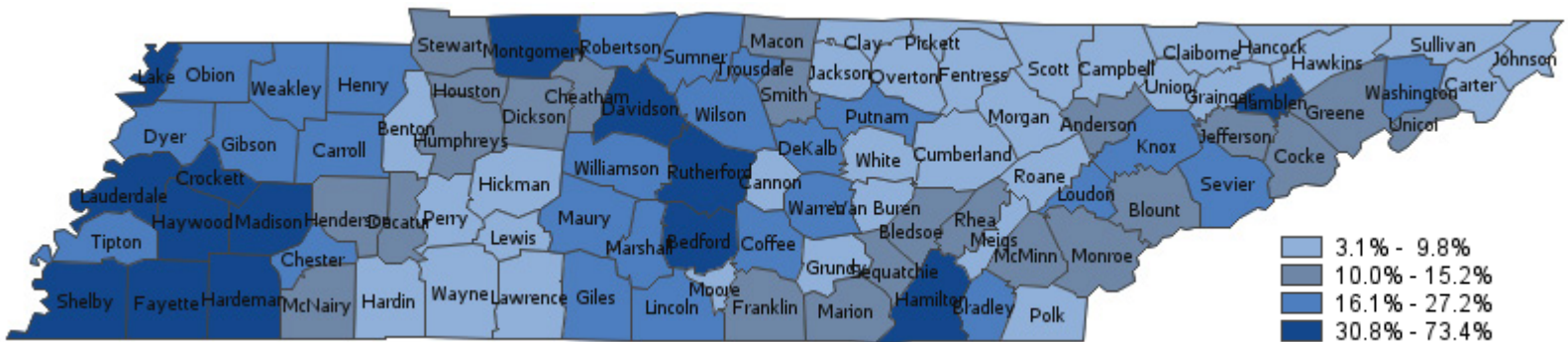
OUT OF 100 TENNESSEE CHILDREN<sup>6</sup>



# DEMOGRAPHICS

Each generation of Tennessee children is more diverse than the last.

IN 2020, CHILDREN OF COLOR WERE THE MAJORITY IN FIVE TENNESSEE COUNTIES.<sup>7</sup>



In 2000, children of color were the majority in 3 counties.<sup>7</sup> In 2020, that number has increased to 5, and the overall percent of children of color has increased throughout the original 3 counties.

## COUNTIES WITH MORE THAN 50 PERCENT CHILDREN OF COLOR

2000

Shelby County - 63.5 percent  
 Haywood County - 62.6 percent  
 Hardeman County - 50.7 percent

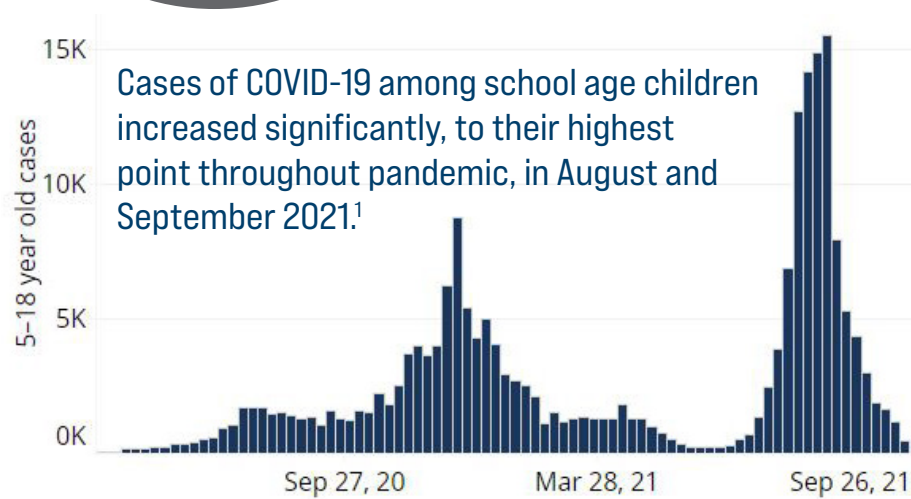
2020

Shelby County - 73.4 percent  
 Haywood County - 63.5 percent  
 Davidson County - 57 percent  
 Madison County - 54 percent  
 Hardeman County - 52.1 percent

As Tennessee’s children become increasingly diverse, equitable access to **economic opportunities, education, health care, and justice** must remain at the center of our systems, policies and programs.

# COVID-19

Tennessee children will likely face long-term challenges from the physical, social, educational, and economic impacts of the COVID-19 pandemic.



As children went back to full-time, regular school schedules for the first time since the beginning of the pandemic, their cases rose to their highest point yet. In-person schooling is beneficial to child development but mitigation efforts must be made to ensure it does not risk their health.

Approximately **one in three** Tennessee children age 12-17 have been fully vaccinated against COVID-19.<sup>2</sup>

	TENNESSEE	UNITED STATES
Cases per 100,000 children	16,371	8,498
Percent children of total cases	22.6%	16.6%
Percent children of total hospitalizations	2.3%	2.6%
Hospitalization rate among children	.03%	.08%
Percent children of total deaths	.15%	.09%
Death rate among children	.01%	.01%

<sup>1</sup>“United States” refers to 49 states. NYC, DC, PR, and GU for cases per 100,000 and percent of total cases, 24 states and NYC for hospitalizations, and 45 states, NYC, PR, and DU for child mortality data. The higher rate of cases per capita may be attributed Tennessee reporting ages 0-20. Two other states report 0-20, 29 report 0-19, two report 0-18, 16 report 0-17, and two report 0-14.<sup>3</sup>

Tennessee puts more ages in its “children” category than most other states. While this can inflate the portion of Tennessee cases affecting children, correcting for it still showed Tennessee on the high end, at 18.2 percent.

Tennessee children did experience lower rates of hospitalization, but this did not translate into lower mortality. As of December 2, 2021, Tennessee has lost 24 children to the Covid-19 pandemic.<sup>3</sup>

# COVID-19

Tennessee families with children faced a variety of hardships during the pandemic. Broad efforts are needed to support and continue families' recovery.

In August 2021, half of households with young children in Tennessee experienced a disruption in childcare due to the pandemic.<sup>4</sup> Two out of five households with children under 12 had experienced a similar disruption.<sup>5</sup> This left many caregivers to manage the challenges of child care and employment simultaneously. Resulting in leaving the work force, taking leave, reducing hours or supervising and educating a child while working. All of these options result in increased caregiver stress which can have negative impacts on child development.

In April 2020,

**98.9 percent**

of Tennessee households with children experienced a change in how K-12 classes were taught.<sup>7</sup>

During that time

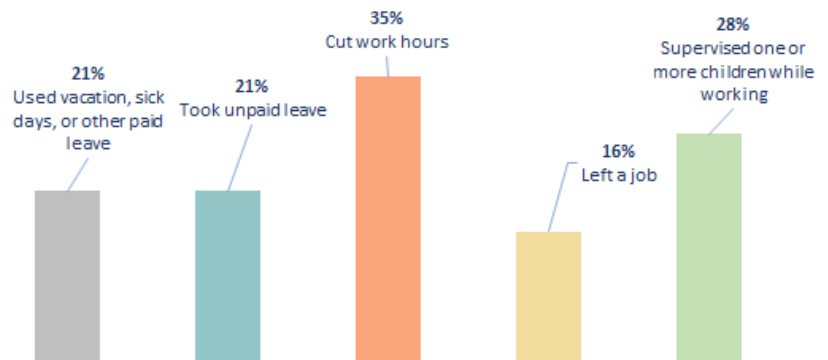
**one in five**

households did not have internet and a digital device usually or always available for educational purposes.<sup>8</sup>

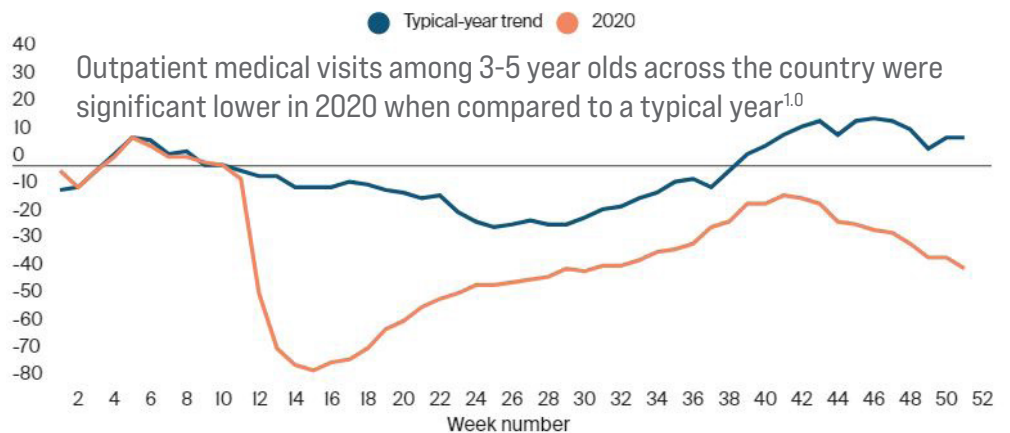
Across the nation, the pandemic has resulted in a delay in well child visits. In Tennessee, there was a 62 percent relative decline in pediatric visits in April 2020 compared to the month prior.<sup>11</sup>

In April 2020, the Tennessee vaccination rate was 39 percent lower than the same month the previous year.<sup>11</sup> Well-child visits and immunizations are critical to supporting healthy and safe child development.

OVER HALF OF PARENTS WHO EXPERIENCED CHILDCARE DISRUPTIONS TOOK UNPAID LEAVE AND/OR CUT THEIR WORK HOURS.<sup>6</sup>



In August 2020, 92 percent of those not working were not receiving pay.<sup>9</sup>



Note: Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1-7). "Typical year" data from 2016 to 2019 were also calculated as a percentage change from the baseline week — week 10 — of those years. Data are equally weighted across the four years.

# ADVERSE CHILDHOOD EXPERIENCES

As Tennessee's understanding of Adverse Childhood Experiences expands, so must our response.

Tennessee has been recognized internationally as a leader in preventing and mitigating Adverse Childhood Experiences (ACEs) through community engagement. Additional information on Tennessee's efforts can be found at [TN.gov/TCCY/BSBTN](http://TN.gov/TCCY/BSBTN)

The original ACEs study conducted by Kaiser Permanente included 10 Adverse Childhood Experiences. As research has continued, studies have been conducted on more racially, socioeconomically, and culturally diverse groups. Five Expanded ACEs have been added to better reflect the experience of more children and the trauma they might encounter.<sup>1</sup>

These experiences can often be connected to a lack of community resources or threats to mental and physical health or economic success that occur at a community level.

### Expanded ACEs

Known as Adverse Community Environments such as lack of economic mobility or opportunity, poor housing, systemic poverty, and discrimination can increase the likelihood of Adverse Childhood Experiences. ACEs can cause poor health outcomes, increase

risky behaviors and decrease future earnings creating a cyclical issue.<sup>2</sup>

Many of the issues we look at in the State of the Child relate back to Adverse Childhood Experiences, Adverse Community Environments and the long-term impacts of both. They create multi-generational issues that require systemic efforts to combat.

Tennessee has begun this effort though policy change, community and business partners, educators and caregivers, but we must continue to push forward to create a safe, prosperous, and healthy Tennessee.





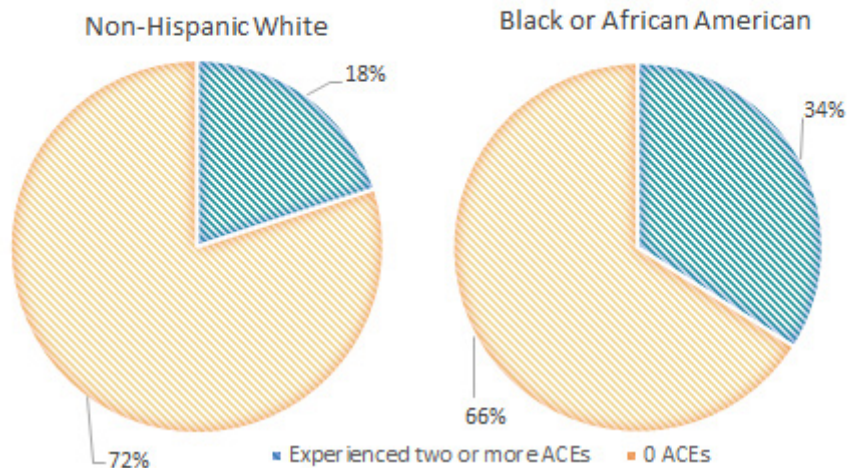
# ADVERSE CHILDHOOD EXPERIENCES

How we address Adverse Childhood Experiences (ACEs) must be informed by who is most likely to face them.

Black parents are disproportionately incarcerated in Tennessee. Black children were **twice as likely to experience parental incarceration** in Tennessee than their white counterparts.<sup>3</sup>

One in five Tennessee children have experienced two or more ACEs. Although higher than the national average, this number has been steadily decreasing.<sup>4</sup> This decrease is likely attributed to a growing understanding of ACEs across the state.

**Black or African American children experience ACEs more frequently than Non-Hispanic White children.<sup>7</sup>**



**The Tennessee General Assembly has recognized the importance of addressing ACEs by passing legislation in each of the last three sessions.<sup>8,9</sup>**

TCA § 49-1-230, enacted 4/18/2018

**Requires the Department of Education to develop an evidence-based training program on adverse childhood experiences for school leaders and teachers.**

Senate Jt. Res. 166, enacted 4/30/2019

**A Resolution to urge all local education agencies to provide Adverse Childhood Experiences (ACEs) training for all teachers.**

TCA § 49-6-4109, enacted 5/21/2019

**As a strategy to address adverse childhood experiences each LEA and public charter school shall adopt a trauma-informed discipline policy.**

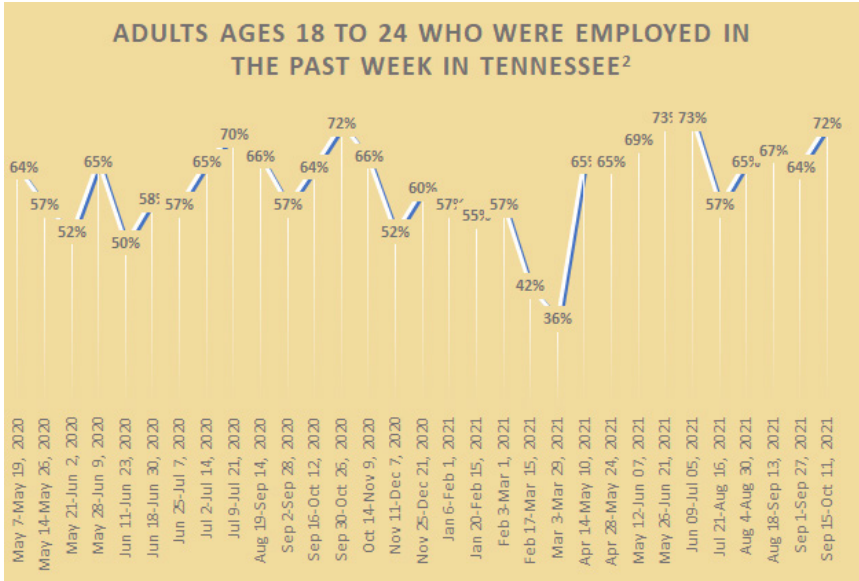
TCA §36-6-408 enacted 6/22/2020

**Requires that a video on adverse childhood experiences be shown to parents attending a parent educational seminar.**

# YOUTH & YOUNG ADULTS

The transition from youth to young adult is always an important but stressful time. Economic and social anxiety caused by the pandemic creates additional challenges.

## YOUNG ADULTS TEND TO HAVE HIGHER RATES OF UNEMPLOYMENT THAN THOSE OVER 25



In May 2020,

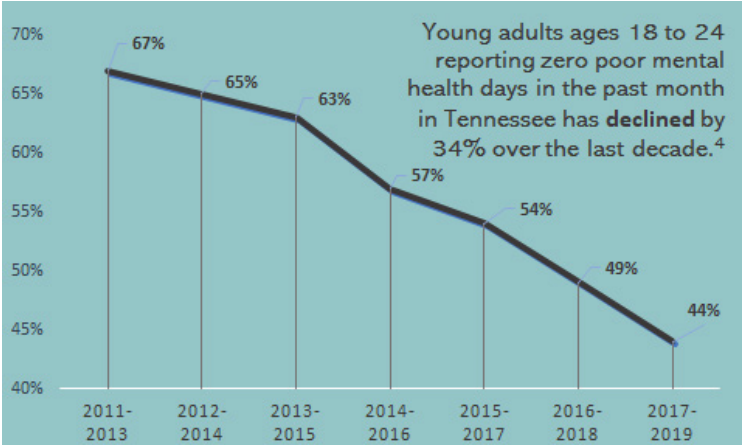
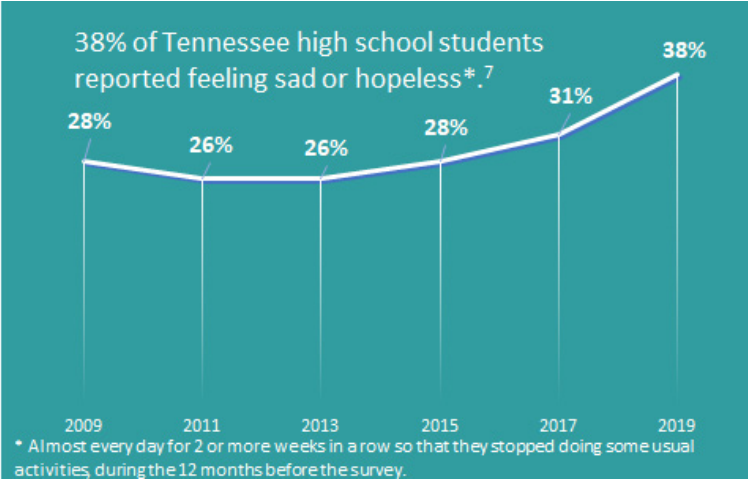
**three out of four**

Tennesseans age 18 to 24 reported losing employment income in the previous month.<sup>1</sup>

Young adults make up over a quarter of the unemployed population in the United States.<sup>3</sup> Young adults have been hit hard by the economic impact of COVID-19 as they tend to work in the kinds of service industries most affected, such as travel, restaurants and retail.<sup>3</sup> Black young adults in particular have been disproportionately impacted by pandemic-related job loss.<sup>3</sup>

## THE MENTAL HEALTH OF TENNESSEE'S HIGH SCHOOLERS AND YOUNG ADULTS HAS DECLINED OVER THE LAST DECADE.<sup>4</sup>

At the beginning of the 2021 school year, **58 percent Tennessee young adults reported feeling anxious or on edge for more than half of the days in the last two weeks.**<sup>5</sup> This was the highest reported rate in the country.<sup>6</sup> During that same time, one in three young adults reported feeling down, depressed or hopeless.<sup>8</sup> **Although the pandemic has impacted mental health across the country, the decline in Tennessee teen mental health pre-dates COVID-19.**



# YOUTH & YOUNG ADULTS

Community involvement and educational attainment among young adults are both at a 20-year high.

## TENNESSEE'S DRIVE TO 55 PROGRAM IS SHOWING SUCCESS

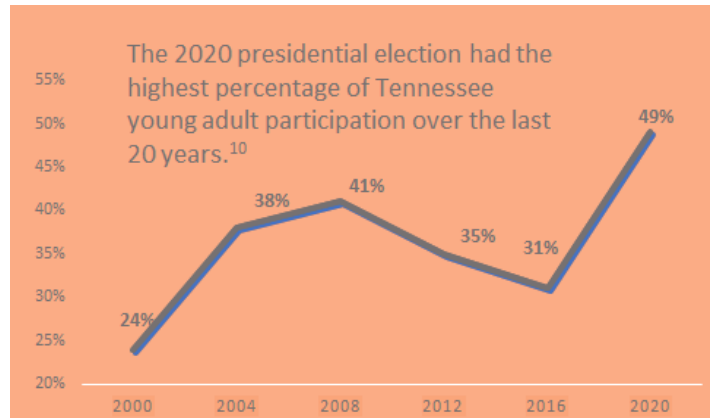
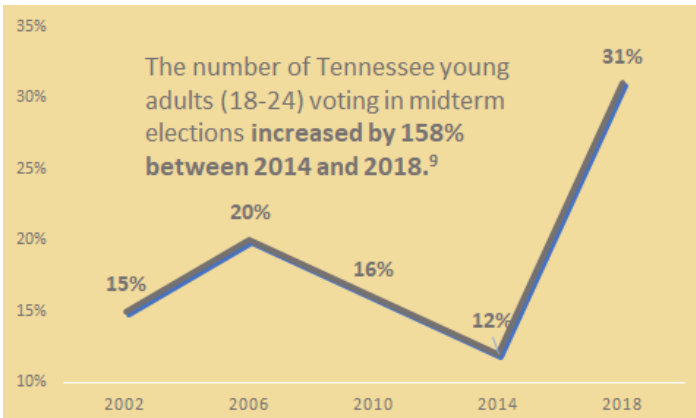
The percent of 25 - 34 year olds with a associates, bachelor, or graduate degree is the **highest it has been in 20 years.**<sup>8</sup>

### PERCENT INCREASE SINCE 2000<sup>8</sup>

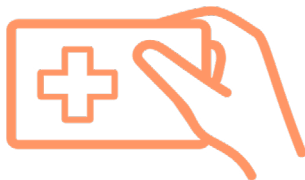


Associates Degree	60 percent
Bachelors Degree	26 percent
Graduate Degree	66 percent

## OVER HALF OF TENNESSEE YOUNG ADULTS PARTICIPATE IN COMMUNITY SERVICE OR VOLUNTEER WORK AT SCHOOL, CHURCH OR IN THE COMMUNITY.<sup>11</sup>



## THOUGH YOUNG ADULTS IN TENNESSEE ARE MOSTLY HEALTHY, MANY LACK ACCESS TO REGULAR PREVENTIVE CARE.



In May 2020, **one in three** Tennesseans 18-24 did not have health insurance.<sup>12</sup>

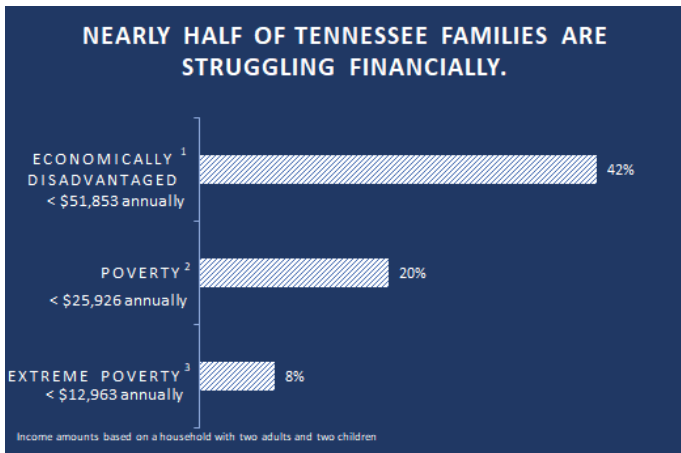
One in four young adults delayed needed medical care due to the pandemic.<sup>13</sup>

# 93 percent

of Tennessee 18-24 year olds reported being in good, very good or excellent health.<sup>14</sup>

# POVERTY

One in five children in Tennessee are living in poverty.



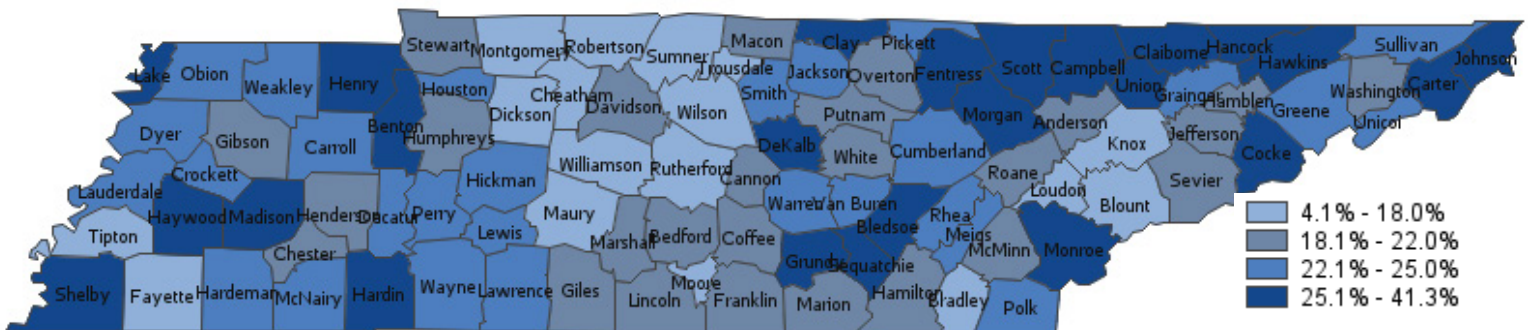
When caregivers are financially strained it can increase stress and parental mental health challenges. Supporting caregivers who are experiencing financial difficulties can help provide the supplemental resources that support healthy development such as books, enrolling in sports or other extra-curricular activities.

The impact that poverty can have on a child's life is long-lasting and far-reaching. Economic and education achievement gaps start at a young age and become wider and more difficult to overcome. Early intervention is highly effective in supporting healthy development.

Children experiencing poverty are more likely to be living in neighborhoods with environmental toxins, unsafe physical spaces and attend schools that are under-resourced.

Children who have grown up in poverty face more chronic health challenges in adulthood.

## PERCENT OF TENNESSEE CHILDREN LIVING IN POVERTY<sup>5</sup>



**In September 2021, 42 percent of Tennessee households with children had difficulty paying for usual household expenses; a 12 percent increase from September 2020.<sup>6</sup>**

Tennesseans in all areas of the state, rural and urban, are impacted by economic challenges. In 2019, Tennessee had a child poverty rate of 19.4 percent. The lowest rate was in Williamson county at 4.1 percent and the highest was at 41.3 percent in Cocke county.<sup>5</sup>

# POVERTY

Child Tax Credit Data shows us that these funds are being used to meet the critical needs of Tennessee children and their caregivers.

Expanded economic supports have been a lifeline for Tennessee families. In Tennessee, 60 percent of households with children reported receiving a Child Tax Credit (CTC).<sup>7</sup> The increased CTC provides payments of \$300 a month to households with children under 6 and \$250 for children from 6 - 17 years old.

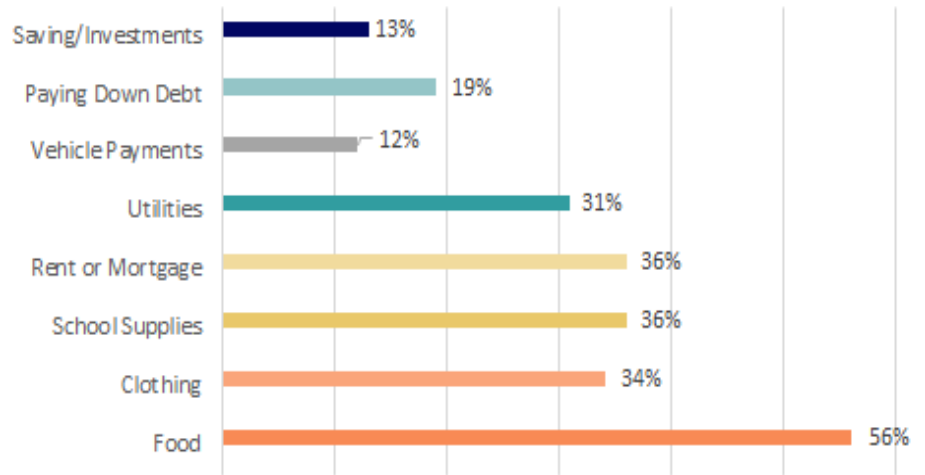
When Tennesseans were asked to categorize how they spent the funds, the most frequent answer was food, followed by rent/mortgage and school supplies.<sup>8</sup> In more broad categories, when asked if they mostly spent, mostly saved or mostly used the CTC to pay down debt only one in four households had been able to mostly save the funds.<sup>9</sup>



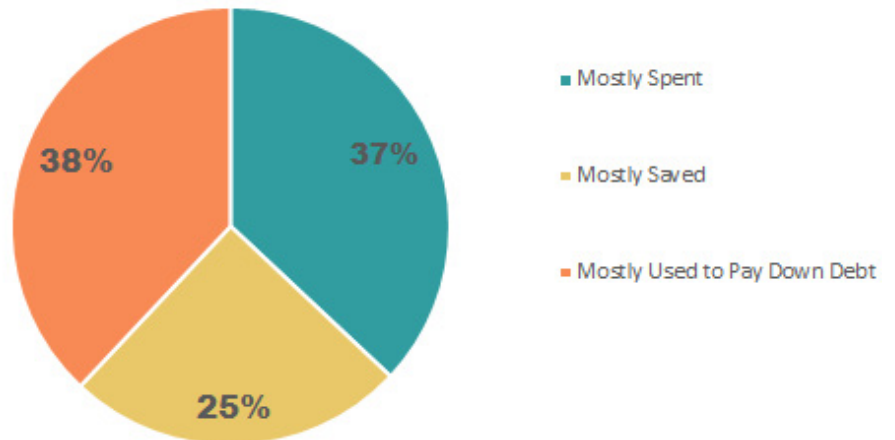
In 2019, one in four Tennessee families were receiving financial assistance to provide for their children.<sup>10</sup>

The Child Tax Credit is currently set to end on December 15th, 2021.

A majority of Tennessee families reported using a portion of child tax credit funds to buy food.



75 percent of Child Tax Credit funds in Tennessee were either mostly spent or mostly used to pay down debt



IT IS ESTIMATED THAT THE CHILD TAX CREDIT LIFTED ONE IN SEVEN TENNESSEE CHILDREN OUT OF POVERTY OR SEVERE POVERTY.

Nearly all Tennessee families are eligible for the expanded Child Tax Credit. In October, the Child Tax Credit helped financially support more than 700,000 Tennessee families and make sure that over 1 million children in Tennessee had their basic needs met.<sup>12</sup>

Without extension of the expanded Child Tax Credit, one in six of those children are at risk of falling back into or deeper into poverty.<sup>12</sup>

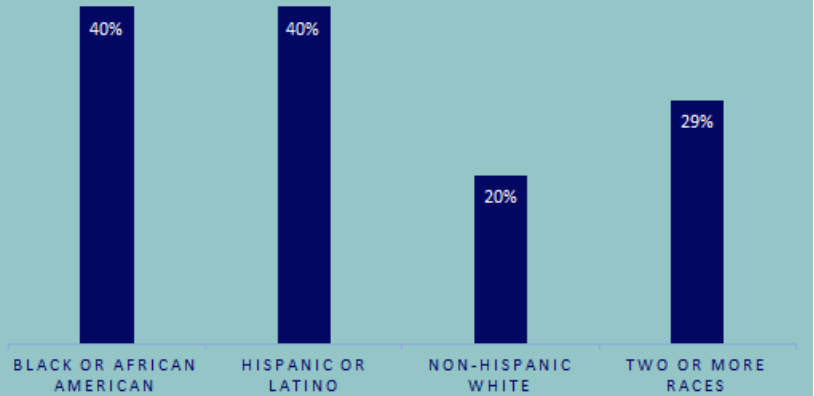
# HOUSING

High housing costs force caregivers to make difficult choices in providing for their children.

A high housing cost burden is when a household spends more than 30 percent of their monthly income on rent, mortgage, home-related insurance or other related expenses.<sup>1</sup>

Research has shown that when households experience a high housing burden, they are less likely to have enough resources to cover food, clothing, medical expenses and other needs.<sup>2</sup>

**Black, African American, Hispanic and Latino households in Tennessee are twice as likely to have a high housing cost burden than non-Hispanic white households.<sup>3</sup>**



**MORE THAN ONE IN FOUR TENNESSEE CHILDREN LIVE IN A HOUSEHOLD WITH A HIGH HOUSING COST BURDEN.<sup>4</sup>**



In August 2021, **one in five** Tennessee households with children had little to no confidence in their ability to make their next housing payment on time.<sup>5</sup>

Of those households **over half** were very or extremely likely to face eviction or foreclosure within the next two months.<sup>6</sup>



In 2019, **19,747** Tennessee public school students experienced homelessness.<sup>7</sup>

## TENNESSEE KEY HOUSING FACTS<sup>8</sup>

KEY FACTS	<b>217,516</b> OR <b>25%</b> Renter households that are extremely low income	<b>\$25,750</b> Maximum income for 4-person extremely low income household (state level)	<b>-116,172</b> Shortage of rental homes affordable and available for extremely low income renters	<b>\$36,587</b> Annual household income needed to afford a two-bedroom rental home at HUD's Fair Market Rent.	<b>66%</b> Percent of extremely low income renter households with severe cost burden
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# HOUSING

To create a nurturing environment for children, Tennesseans must have safe, stable, accessible and affordable housing opportunities.

RATE PER 1,000 OF CHILDREN SCREENED UNDER 6 WITH AN ELEVATED BLOOD LEAD LEVEL<sup>9</sup>



When families have fewer options for housing, they may end up in homes with environmental threats to healthy child development.

Older housing is the number one risk for childhood lead exposure. Tennessee currently has over 300,000 homes built before 1950. Childhood lead exposure slows development, damages the brain and nervous system and can result in long term health challenges.

## ONE IN TEN

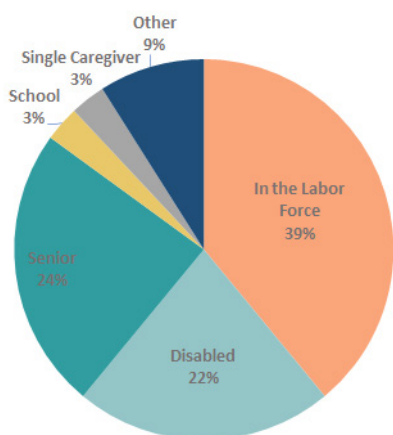
Tennessee children are living in a high poverty area.

Environmental protective factors include:

- Green spaces, community centers or safe places for children to play resulting in lower rates of childhood obesity
- Access to nutritious food that can support a healthy development.

These issues will be further explored in the health section.

"Neighborhood poverty has far-reaching implications for numerous economic, social, and health outcomes. High-poverty neighborhoods can limit economic opportunity and mobility, making it difficult for subsequent generations to accumulate wealth." - National Low Income Housing Coalition<sup>14</sup>



The largest percentage of Extremely Low Income Renters in Tennessee are in the labor force.<sup>8</sup>

Tennessee struggles to provide accessible, affordable housing to many of its residents; even while a large percent of those with high housing cost burdens are actively participating in Tennessee's workforce.<sup>8</sup> There is currently a shortage of 116,172 affordable and available rental homes for Extremely Low Income Renters in Tennessee.<sup>8</sup>

# 143,560

Tennessee extremely low income households are spending more than half of their income on rent.<sup>8</sup>

# EDUCATION OUTCOMES

Early test scores can predict future educational outcomes. Supporting children early can lead to future success.

## 2020-2021 TNREADY TESTING AMONG 3RD - 5TH GRADERS SHOWED:<sup>1</sup>

- **One in four** students scored on-track or mastered in **Math**.
- **One in three** students scored on-track or mastered in **Reading and Language**.
- **Two in five** students scored on-track or mastered in **Science**.

## One in four

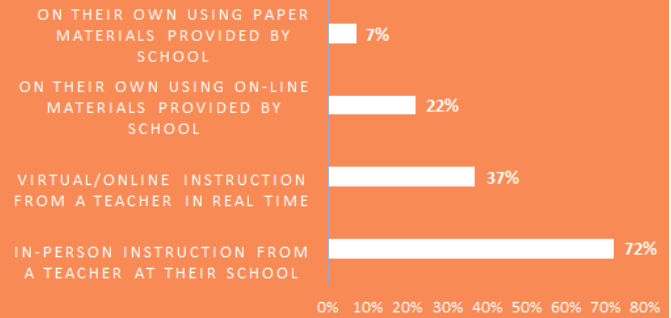
Tennessee fourth graders are chronically absent from school.<sup>2</sup>

Tennessee's per pupil expenditure is **\$9,998**.<sup>3</sup>

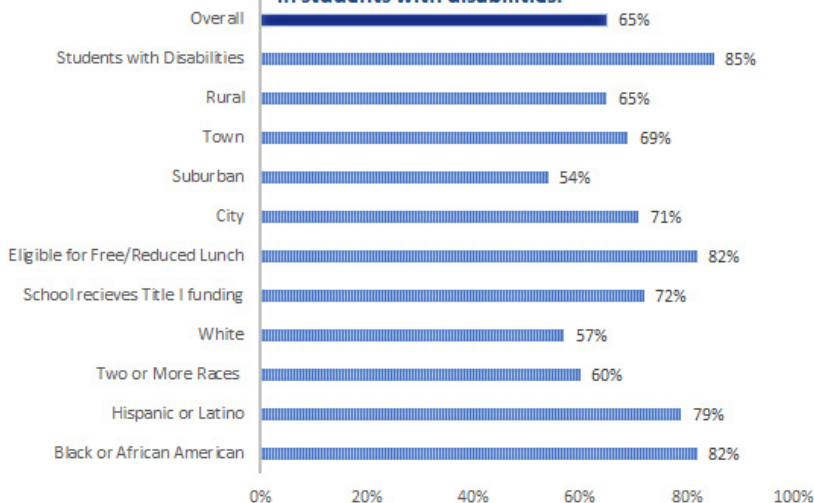


Depending upon the school district the per pupil expenditure can vary drastically. Comparing Tennessee's lowest and highest per pupil expenditure districts there is **a 92 percent difference, or \$7,702 per student**.<sup>4</sup>

In May 2021, 72 percent of Tennessee households with children had participated in in-person learning in the last week while 59 percent had participated in virtual learning.<sup>5</sup>



Overall, 65% of Tennessee 4th grade students rated below proficient in reading. **Geographic, economic, and racial disparities persist with the largest disparity in students with disabilities.**<sup>6-11</sup>



Reading and math proficiency in younger grades is often reflective of high school graduation rate and future educational attainment.

A student's reading level in 3rd or 4th grade is an important benchmark in their academic success. During this time in elementary school students shift from learning to read toward reading to learn. A strong foundation in reading by third grade helps students succeed in the classroom as more than 85 percent of curricula are taught by reading.<sup>12</sup>



# SUPPORT SERVICES

To engage in learning a student's social, emotional and physical needs must be met.

## IN THE 2020-2021 SCHOOL YEAR APPROXIMATELY<sup>1</sup>

Seven in 10 schools employed a full-time nurse.

One in four districts met the goal of one certified social worker for every 1,500 students.

A little over one in three districts met the goal of one certified psychologist for every 1,000 students.

Eight out of 10 districts met the goal of one certified counselor per 500 students.

Half of districts had a system to evaluate the health and wellness needs of families.

Out of 136 reporting districts, 58 percent reported they do not deny physical education as a form of punishment.

1,414 schools provided universal breakfast, a 39 percent increase from 2019-2020.

While students attend school primarily to obtain an education, the need for social, emotional and physical support services at schools cannot be overstated.

Aside from their homes, children spend more time at school than anywhere else. Behavioral, emotional or physical health conditions are often first identified in schools.

Having qualified professionals able to provide services to children while they are in school prevents some of the barriers, such as cost, transportation and time, that may otherwise prevent children from being treated.

Schools can support children's efforts to engage in the classroom by ensuring:

- Children's physical needs, such as nutrition and time for daily physical activities and accessible spaces, are met.
- Students with disabilities receive adequate accommodations.
- A student's physical and mental health is prioritized.

# EARLY EDUCATION

Accessible, affordable, high-quality early education is the cornerstone to a successful community.

## KEY FACTS<sup>1</sup>

Percent of Tennessee population that lives in a child care desert  
**48 percent**

Percent of children under the age of 6 meeting federal income requirements who receive child care subsidies  
**6.7 percent**

Gap between the true cost of high-quality infant care and the current subsidy rate  
**\$16,018**

Number of young children that an expanded child care subsidy system would serve  
**382,068**

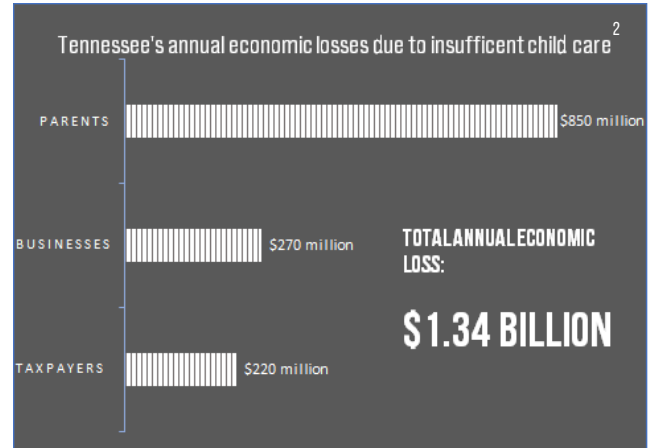
Amount the median family with two children would save if child care costs were capped at seven percent of family income  
**\$14,421**

Estimated annual state economic benefit of affordable child care  
**\$3 billion**

Estimated annual state economic benefit of universal preschool  
**\$1.22 billion**

Number of parents pre-pandemic making career sacrifices due to issues with child care  
**38,034**

Child care in Tennessee costs more than in-state public university tuition.<sup>5</sup>



Investing in our youngest Tennesseans means ensuring that early childhood education is accessible, affordable, and high-quality.

### Accessible:

Prior to the pandemic, almost half of Tennesseans lived in a child care desert, an area with no child care providers or so few that there are more than three children for every child care slot. Geographic disparities exist with 62 percent of people in rural areas living in a child care desert compared to 40 percent in suburban areas.<sup>3</sup>

### Affordable:

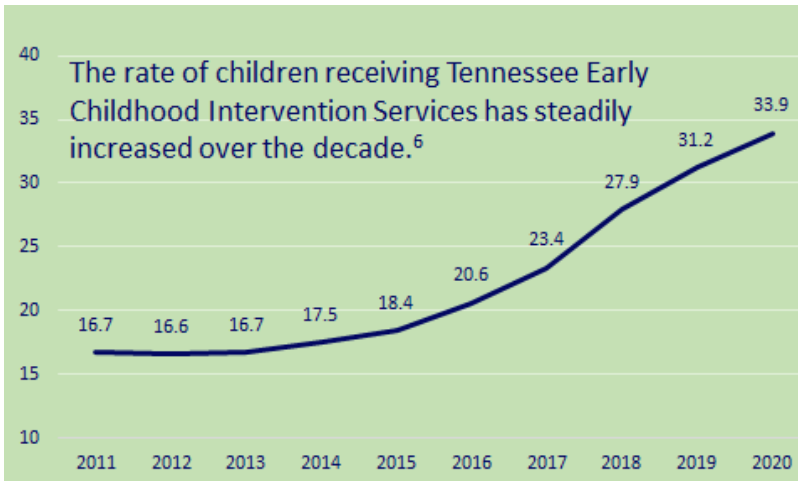
The high cost of child care impacts caregivers, business and taxpayers. High-quality child care is instrumental in supporting child development, but the costs put it out of reach of many Tennessee families, even those with both parents in the work force.

### High-Quality:

Tennessee families struggle to find quality care for their young children. Only one in three child care providers in Tennessee are licensed by Tennessee Department of Human Services or Department of Education. Even fewer, one percent, of those licensed have national accreditation.<sup>4</sup>

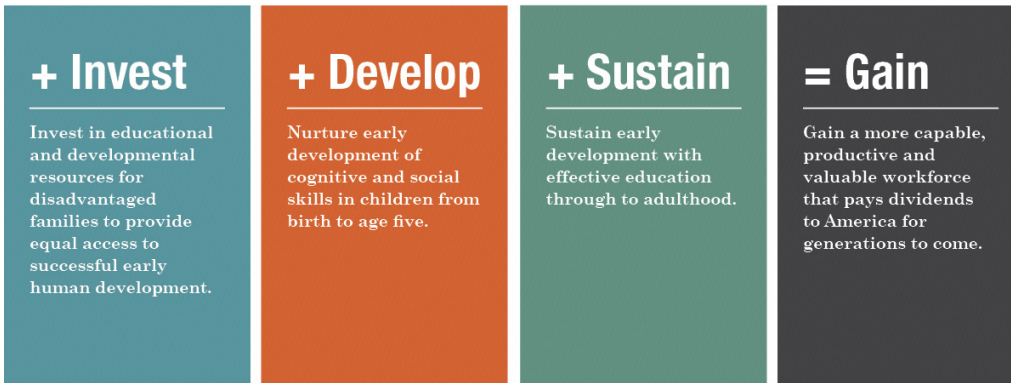
# EARLY EDUCATION

Early investment creates future success.



Tennessee Early Intervention Services (TEIS) is a voluntary education program that assists young children with disabilities or developmental delays find services and support. The TEIS program helps children and their families navigate resources available to help every child reach his or her potential. The program is governed by Part C of the Individuals with Disabilities Education Act (IDEA).

Heckman | The Heckman Equation  
**How to achieve human potential.**



Nobel prize winning Economist James Heckman has researched the many gains associated with investing in early childhood.<sup>7</sup>

It is most efficient to invest in development of skills and social abilities in the earliest years when it is most effective.

[LEARN MORE AT HECKMANEQUATION.ORG](http://HECKMANEQUATION.ORG)

Many young children (ages 3 - 5) in Tennessee, approximately 60 percent, are not in school, one of the highest rates in the country.<sup>8</sup> High-quality early childhood education can support the development of social and emotional skills while increasing school readiness. The greatest benefits occur in children who are living in poverty yet they are the least likely to be enrolled in early childhood education programs.

Despite the enhanced return on investment, Tennessee is not significantly investing in children birth to age 5. Estimated total spending on children under five years of age accounted for 13.9 percent of all state expenditures for children in Tennessee in FY 2019-20, while children under age 5 were 27.1 percent of all children in the state.<sup>9</sup>

“Professor Heckman’s work proves that prevention through early childhood development is more life- and cost-effective than remediation. **It’s time to invest in upstream solutions for future generations while we continue to address today’s problems.**”<sup>10</sup>

# FOOD & NUTRITION

Tennessee children need adequate nutrition to develop strong brains.



More than one in four Tennessee children facing food insecurity are not eligible for federal nutrition assistance programs.<sup>1</sup>

## 47 percent

of Tennessee public school students participated in free or reduced-price lunch in 2019.<sup>2</sup>

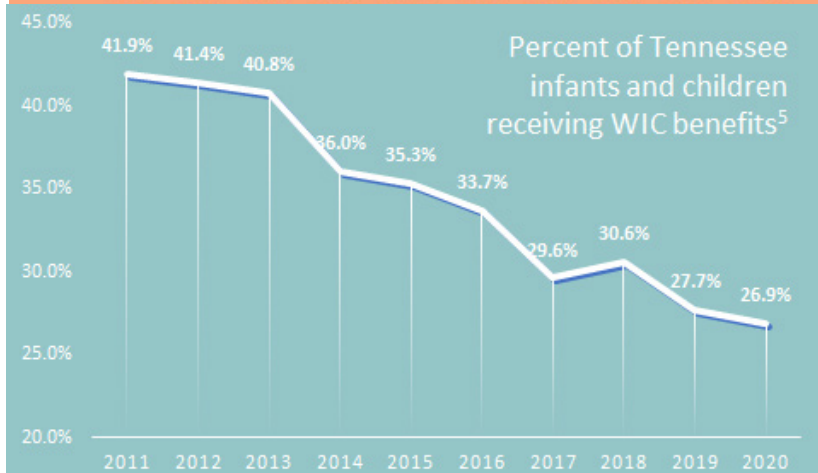
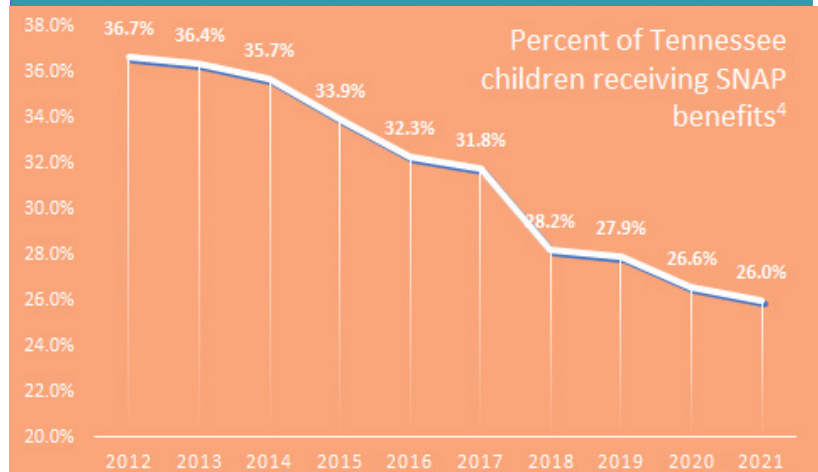
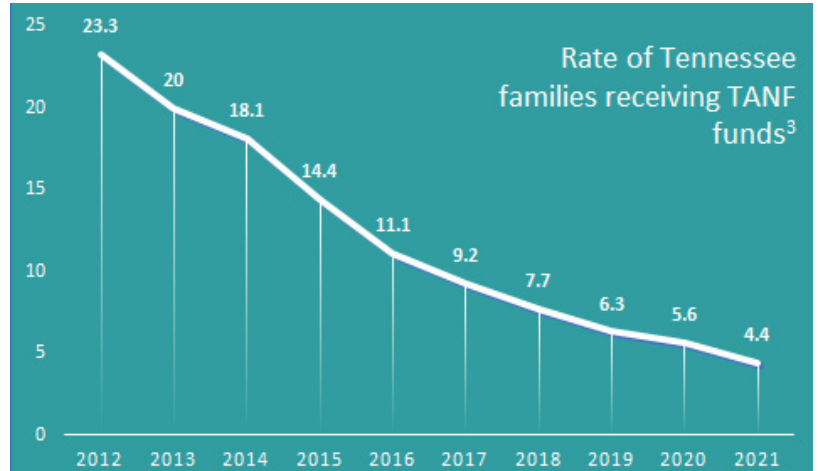
In 2019, there were approximately 69,000 Tennessee children that did not have enough to eat yet were not eligible for federal nutrition assistance programs.<sup>1</sup>

Affordability is not the only barrier to nutritious food. Many families in both Tennessee's most rural and most urban areas live in "food deserts," where access to grocery stores that sell nutritious food is limited

The USDA's extension of free school meals through summer of 2022 will help ensure all Tennessee students have access to nutritious meals. The increased reimbursement rate will allow for schools to provide nutrition options to students while maintaining a safe environment.

"Food deserts are geographic areas where residents have few to no convenient options for securing affordable and healthy foods — especially fresh fruits and vegetables. Disproportionately found in high-poverty areas, **food deserts create extra, everyday hurdles that can make it harder for kids, families and communities to grow healthy and strong**"  
- Annie E Casey Foundation <sup>3</sup>

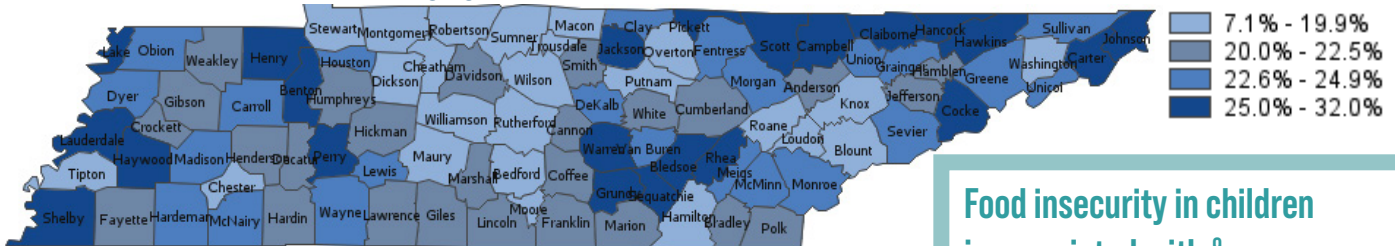
The percent of Tennessee families receiving funds for nutrition assistance through Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Women Infant and Children (WIC) has steadily decreased over the last decade



# FOOD & NUTRITION

Children's rapidly developing brains and bodies make them particularly vulnerable to the negative impacts of food insecurity.

Nearly **one in five** Tennessee children experienced food insecurity in 2020.<sup>7</sup>



## Food insecurity in children is associated with:<sup>9</sup>

- anemia;
- asthma;
- depression and anxiety;
- cognitive and behavioral problems; and
- increased risk of hospitalization.

In August 2021, one in seven Tennessee households with children **did not have enough to eat in the last week.**<sup>8</sup>

Children's brains are developing rapidly and forming critical neural connections that lay the foundation for the rest of their lives. Lack of proper nutrition can permanently impact a child's brain architecture affecting their future learning, social interactions and long-term societal productivity. Children with inadequate nutrition are at greater risk for immediate and long-term health conditions.

More than **365,000** Tennessee children live in a food desert.<sup>10</sup>



## Per Capita Health Care Cost Associated with Food Insecurity, by State

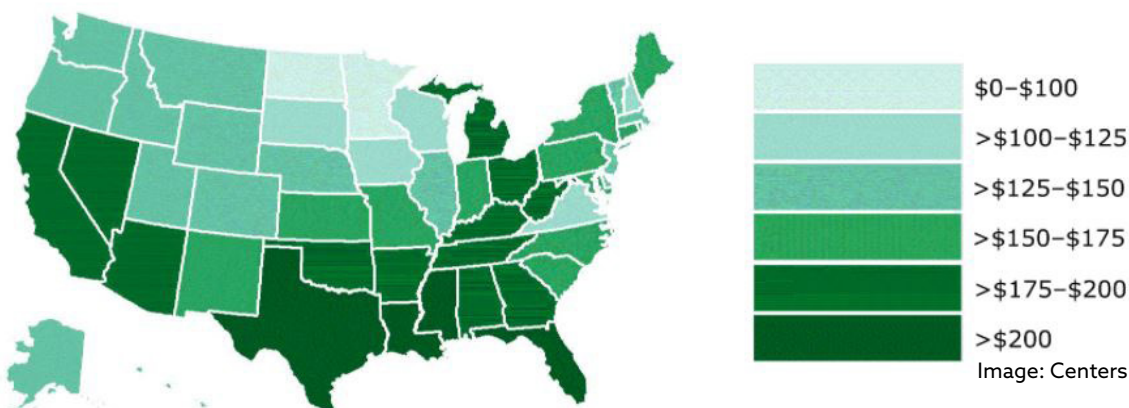
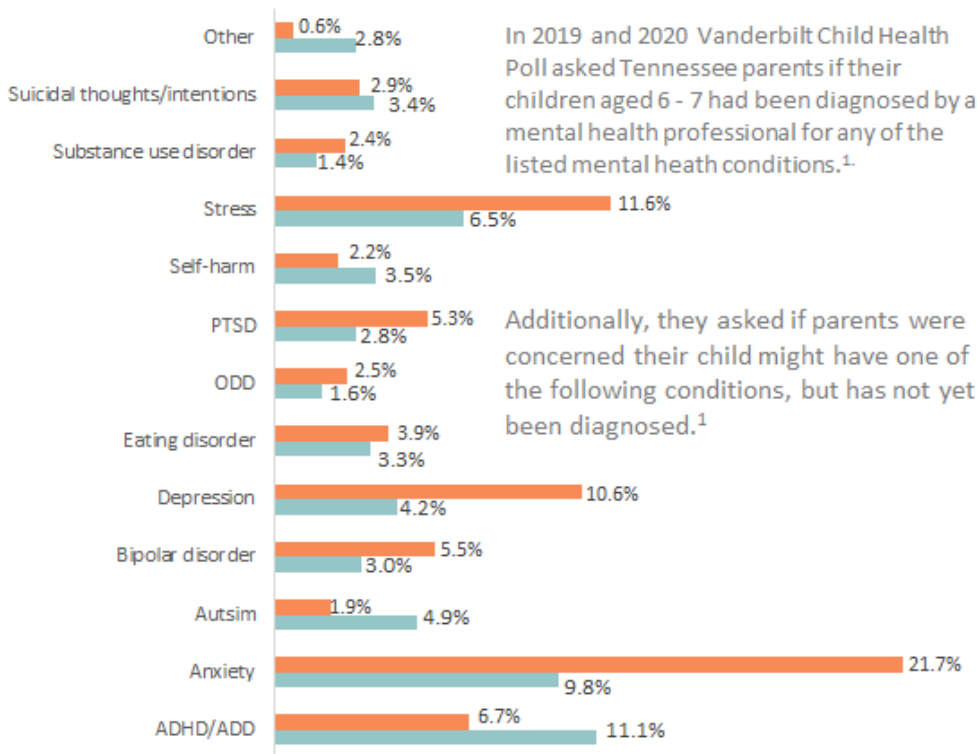


Image: Centers for Disease Control<sup>11</sup>

**Food insecurity in Tennessee adds \$182 to per capita health care costs.**<sup>11</sup>

# MENTAL HEALTH

Tennessee struggles in youth mental health and access to services.



In 2019 and 2020 Vanderbilt Child Health Poll asked Tennessee parents if their children aged 6 - 7 had been diagnosed by a mental health professional for any of the listed mental health conditions.<sup>1</sup>

Additionally, they asked if parents were concerned their child might have one of the following conditions, but has not yet been diagnosed.<sup>1</sup>

The Vanderbilt Child Health Poll reported that while approximately one in ten children have been diagnosed with anxiety, another one in five parents are concerned their child has an undiagnosed anxiety disorder.<sup>1</sup>

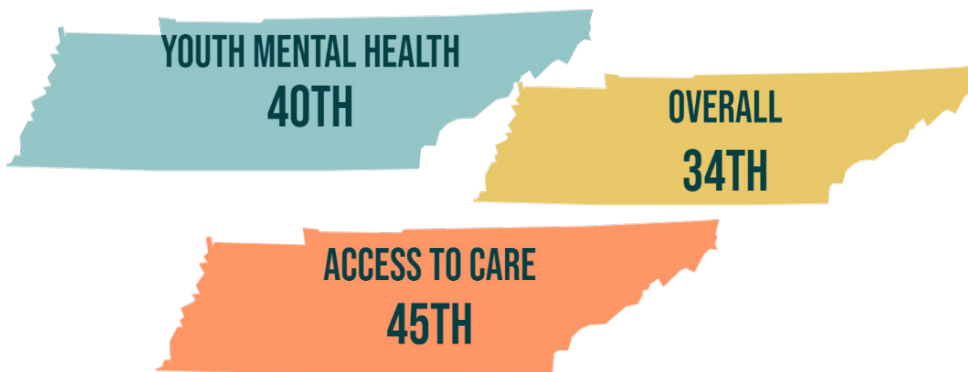
**In 2019, 15.5 percent of Tennessee high school students made a plan within the last year about how they would attempt suicide.<sup>2</sup>**

Students at highest risk were female, Hispanic or Latino, and/or high school sophomores. These groups reported making a plan at the rate of 18.9 percent.<sup>2</sup> In the same survey one in 10 reported attempting suicide.<sup>3</sup>

The Youth Mental Health ranking is made up from the following 7 measures:<sup>4</sup>

- Youth with At Least One Major Depressive Episode (MDE) in the Past Year.
- Youth with Substance Use Disorder in the Past Year.
- Youth with Severe MDE.
- Youth with MDE who Did Not Receive Mental Health Services.
- Youth with Severe MDE who Received Some Consistent Treatment.
- Children with Private Insurance that Did Not Cover Mental or Emotional Problems.
- Students Identified with Emotional Disturbance for an Individualized Education Program.

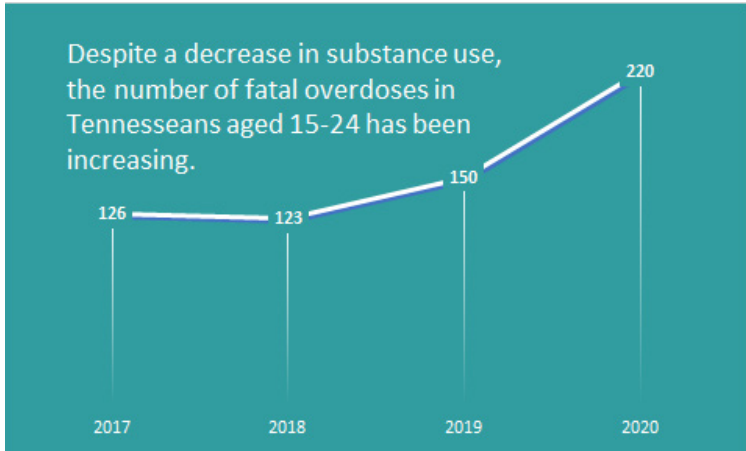
## MENTAL HEALTH AMERICA'S RANKING THE STATES 2022



Mental Health America released Ranking the States 2022 as a part of their State of Mental Health in America. Data from 50 states and the District of Columbia shows that Tennessee is falling behind the nation in Youth Mental Health and Access to Care.<sup>4</sup>

# SUBSTANCE USE

Substance use among Tennessee teenagers is on the decline and lower than the national average.



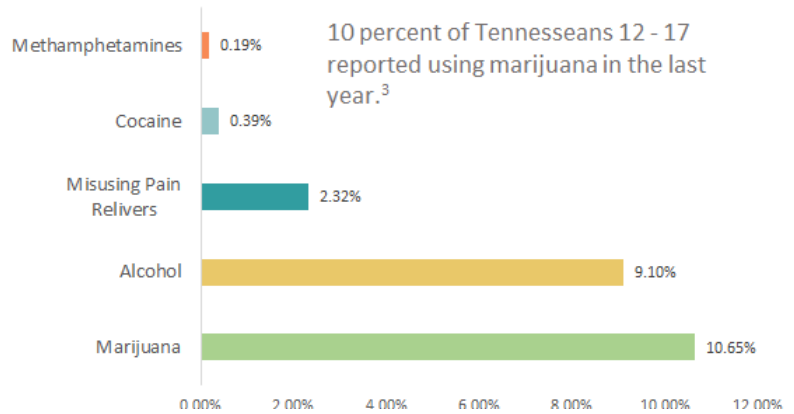
Tennessee has seen an increase in youth and young adult fatal overdose deaths, particularly from 2019 to 2020.<sup>1</sup> Fentanyl was involved in 80 percent of the fatal overdoses. Since 2017 the number of youth and young adult overdoses from Fentanyl has increased by 230 percent.<sup>1</sup>

In addition to the fatal overdoses, Tennesseans age 15-24 experienced 4,292 non-fatal overdoses, 941 of which required an inpatient stay.<sup>1</sup>

**15 percent** of Tennessee high schoolers had ridden in a car within the last month where the driver had been drinking alcohol.<sup>2</sup>

**One in 15** 12 to 17 year olds in Tennessee reported using drugs in the last month.<sup>3</sup>

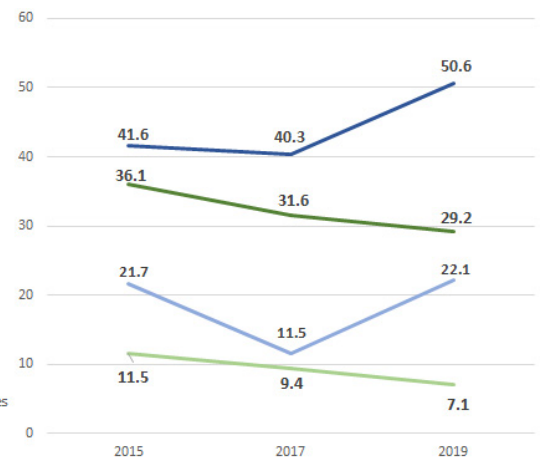
This rate of use is approximately 18 percent less than the national average.<sup>3</sup> Of the one in fifteen reporting drug use in the last month, 83 percent reported using marijuana. It was also the most frequently reported when teens were asked about their substance use over the year, with alcohol close behind.<sup>3</sup>



Tobacco use through vapor products has increased, over half of high school students reporting having used vapor products.<sup>4</sup> The percent of students reporting currently smoking cigarettes has continued to decrease to 7 percent.<sup>5</sup> Over the last 25 years the percent of high schoolers currently smoking has decreased by almost 80 percent. Unlike drug and alcohol use, tobacco use among youth in Tennessee is higher than the national rate.

The percent of high school students using vapor tobacco products has increased while those using cigarettes has decreased

- Ever used vapor
- Currently used vapor
- Ever smoked cigarettes
- Currently smoke cigarettes



# OVERALL HEALTH

Almost 90 percent of Tennessee children are in excellent or very good health.

MORE THAN **ONE IN FIVE** TENNESSEE CHILDREN HAVE SPECIAL HEALTHCARE NEEDS.<sup>1</sup>



One in three Tennessee children are overweight or obese.<sup>3</sup> Childhood obesity can be predictive of poor adult health outcomes.

**136,962 Tennessee K-12 students have a chronic illness or disability diagnosis.<sup>4</sup>**

The most common are **Asthma**, **ADD/ADHD**, **Severe Allergies**.

More than half of Tennessee's children with a mental or behavioral condition did not receive treatment or counseling.<sup>5</sup>

In 2020, **78 percent** of Tennessee children had received the full series of recommended vaccines at 24 months.<sup>6</sup>

Despite the risks the flu presents to children under two and the benefits of the influenza vaccine, in 2020 only half of Tennessee children under 2 had received at least one dose of the seasonal influenza vaccine and less than one in three received all three recommended doses.<sup>6</sup>

In 2019, **40 percent** of Tennessee public school students reported being physically active for 60 minutes per day for at least five of the last seven days, an increase from 25 percent in 2005.<sup>7</sup>



# ACCESS TO HEALTH CARE

## Tennessee can support child health by expanding access and outreach.

HALF OF TENNESSEE'S YOUTH ARE INSURED THROUGH TENNCARE.<sup>1</sup>

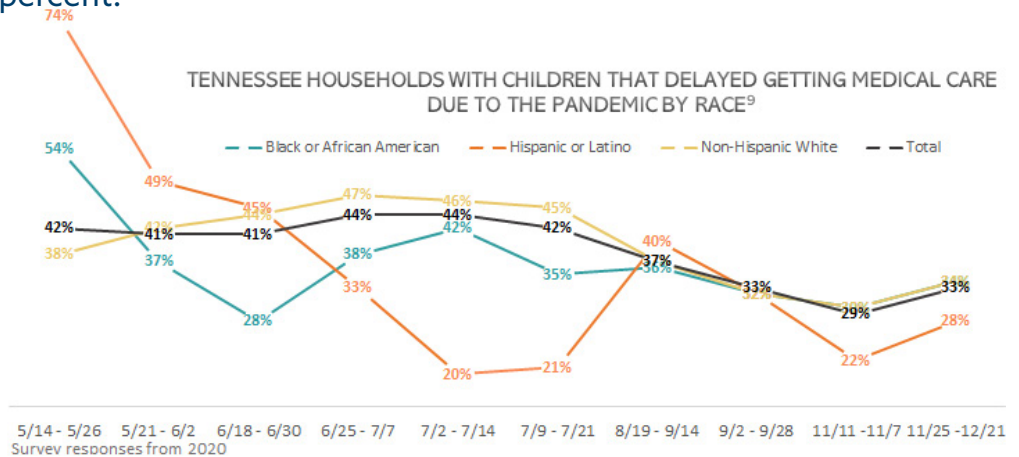
IN 2020, THE PERCENT OF UNINSURED TENNESSEE CHILDREN DOUBLED.<sup>4</sup>

80 PERCENT OF UNINSURED TENNESSEANS REPORTED BEING UNINSURED BECAUSE THEY COULD NOT AFFORD INSURANCE.<sup>5</sup>

Throughout the pandemic, Tennessee has had significant racial disparities in access to health care. In May 2020, 30 percent of Black Tennessee households with children reported not having health insurance compared to 12 percent of white households, a 150 percent difference.<sup>2</sup>

In July 2020, **half of Tennessee Hispanic households with children reported not having health insurance**, making them four times more likely to lack health insurance than non-Hispanic white households.<sup>3</sup>

In fall 2020, a Vanderbilt Child Health Poll found that the percent of uninsured children in Tennessee had more than doubled, from 4 percent in 2019 to 9 percent.<sup>4</sup> This is primarily attributed to record level unemployment and a loss of private insurance. The percent of privately insured children decreased from 56 percent to 47 percent.<sup>4</sup>



The pandemic disrupted many aspects of access to health care coverage. As we move forward, it is important to ensure that children and their caregivers have the health care they need. If children are eligible for TennCare or CoverKids, outreach efforts should communicate that eligibility in an easily accessible way. In 2019, over 53,000 Tennessee children remained uninsured even though they were eligible for CoverKids or TennCare.<sup>6</sup>

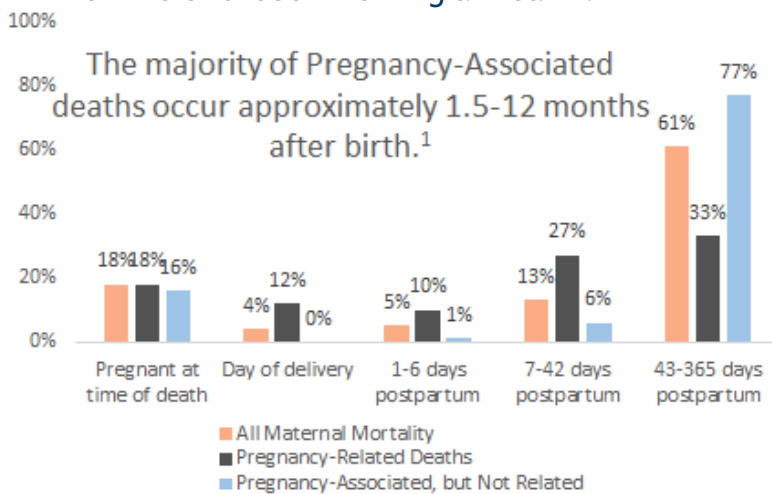
Children enrolled in TennCare or CoverKids often suffer disruptions in coverage. In fall 2020, 1 in 5 parents in these programs reported a loss of coverage over the last two years, with more than a third of those attributing the loss to a paperwork issue. Tennessee currently has 12-month continuous eligibility for CoverKids, allowing children in that program to maintain health care coverage for a full 12 months after enrollment despite temporary fluctuations in their caregiver's income. Due to the COVID-19 Public Health Emergency, this eligibility has been extended to all Medicaid recipients. After the pandemic, children with TennCare coverage will not have this protection and will be more vulnerable to coverage gaps. To ensure coverage for all youth, Tennessee should implement 12-month continuous eligibility for TennCare.

# MATERNAL MORTALITY

New parents, particularly mothers, need health support and services through the first year of their child's life.

Maternal mortality remains a serious problem in Tennessee.<sup>1</sup>

- The number of deaths decreased from 82 in 2018 to 62 in 2019.
- In 2019, 37 percent of all cases of maternal mortality were pregnancy-related and 53 percent were pregnancy-associated. For the other 10 percent, the relationship to pregnancy was unable to be determined
- **More than one in three cases of maternal mortality in 2019 had substance use disorder as a contributing factor.**
- The leading cause of pregnancy-related deaths was cardiovascular or coronary conditions. For pregnancy-associated deaths, acute overdose was the leading cause of death.
- One in six pregnancy-associated deaths were classified as intentional and violent, with three of five of those involving a firearm.



Of all pregnancy-associated deaths, more than two out of three were covered by TennCare after birth. **In Pregnancy-associated deaths, 61 percent occurred 1.5 - 12 months after birth.** Previously, TennCare coverage for pregnant women expired 60 days after birth, just two weeks into the most common time for a woman to experience a pregnancy-associated death. The Pregnancy-Associated Mortality Ratio (PAMR) for a woman on TennCare was 2.5 times higher than those on private insurance.

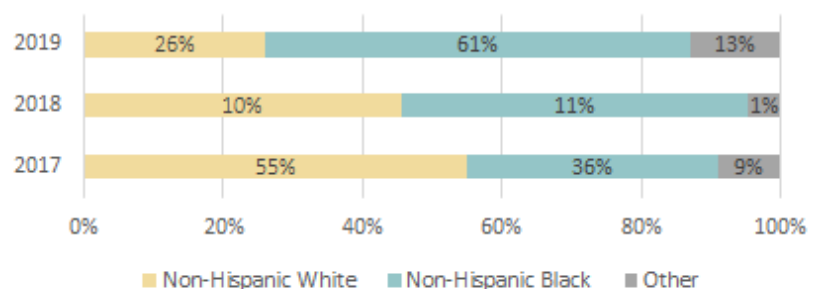
A new pilot program will extend TennCare benefits to 12 months. As this program is implemented we hope to see a reduction in pregnancy-associated deaths as 79 percent of these deaths were found to be preventable.

In Tennessee, **Black women are at an increased risk of health complications associated with pregnancy.** In 2019 they comprised 32 percent of all pregnancy-associated deaths.

The disparity increases when looking at pregnancy-related deaths. In 2017-2019 there were 17.7 non-Hispanic white deaths per 100,000 births compared to 69.4 non-Hispanic Black women.

**Black women in Tennessee are 4x more likely to die from a pregnancy-related cause than white women**

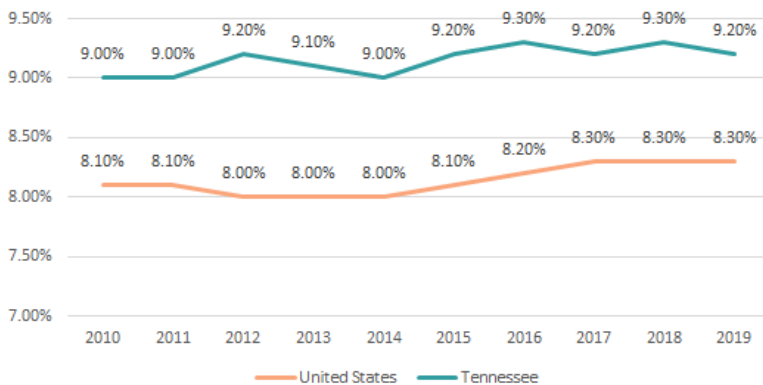
Compared to their share of the population, **Black women are overrepresented in Pregnancy-Related Deaths.**<sup>1</sup>



# INFANT & MATERNAL CARE

Supporting maternal health can help decrease risks associated with pregnancy for both the mother and baby

The percentage of babies born at a low birth-weight in Tennessee consistently ranks in the worst fourth of states.<sup>1</sup>



## TENNESSEE CONTINUES TO STRUGGLE WITH LOW BIRTH-WEIGHT

Babies born with a low birth-weight have a high probability of experiencing developmental problems and short- and long-term disabilities and are at greater risk of dying within the first year of life. Smoking, poor nutrition, poverty, stress, infections and violence can increase the risk of a baby being born with a low birth-weight.

## COVID-19 SIGNIFICANTLY INCREASES PREGNANCY RISKS

During the statewide stay-at-home orders in place in Tennessee from

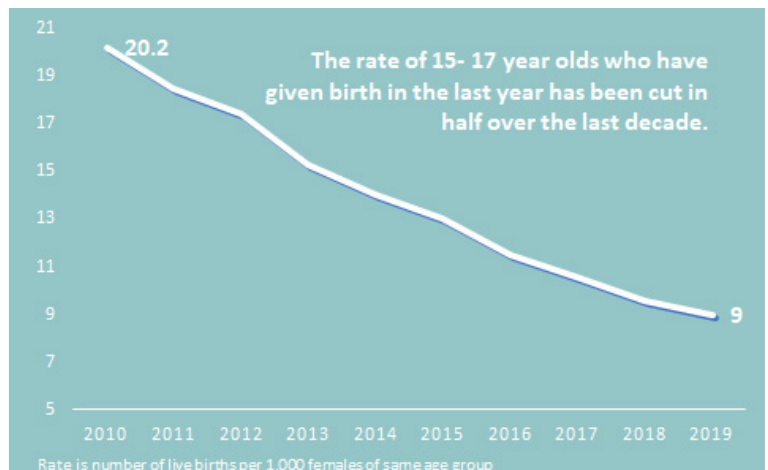
March 22nd through April 30th, 2020, the rate of pre-term birth was lower than the previous 5 years. During the stay-at-home months, the rate was 10.2 percent compared to 11.3 percent during the same months in previous years.<sup>2</sup> Although Tennessee was seeing fewer pre-term births, the infants born during that time needed more respiratory assistance at birth.<sup>3</sup>

As the pandemic has continued, the Centers for Disease Control has been monitoring the risk of COVID-19 in pregnant women. Data from across the US has found that people who have COVID-19 while pregnant are at an increased risk for severe illness from COVID-19, pre-term birth and stillbirth.<sup>4</sup>

## BOTH THE RATE OF PREGNANCY AND BIRTHS AMONG GIRLS AGE 15-17 IN TENNESSEE HAS BEEN CUT IN HALF OVER THE LAST DECADE.<sup>5,6</sup>

Adolescent pregnancy is associated with negative health and social outcomes for both mother and infant.<sup>7,8</sup>

- high blood pressure;
- anemia;
- higher risk of death;
- premature birth and having low birth-weight babies;
- experiencing postpartum depression
- lower educational attainment;
- higher rates of foster care placement;
- lower levels of emotional support and cognitive stimulation; and
- heavier reliance on public funded health care.



# DENTAL CARE

Community efforts to support dental health can reduce one of the most common chronic childhood diseases.



One in four Tennessee children did not receive preventative dental care in the last year.<sup>1</sup>

Data from 2019-2020 reports that approximately one in four Tennessee children did not receive preventative dental care in the last year.<sup>1</sup> Tennessee falls below the national average in this indicator and ranks 44th in the nation.<sup>2</sup>

The rate of preventative care closely aligns with the 76 percent of Tennessee parents who report their children's teeth are in excellent or very good condition.<sup>3</sup> The pandemic drastically impacted dental visits, during the week of April 6 2020 there was a 94.5 decrease in dental visits compared to same week the previous year. Although

of visits among the privately-insured population has rebounded, the publicly-insured population still remain lower than pre-pandemic levels.

Tooth decay, also referred to as cavities or caries, is the one of the most common chronic childhood diseases in the United States.<sup>4</sup> One in five children have untreated tooth decay making it more common than asthma, diabetes and obesity.<sup>4</sup> Tooth decay can lead to severe pain and infection. In children it can impact their growth, nutrition, speech development and education.<sup>5</sup> It disproportionately impacts children living in poverty who may already be struggling in these areas.<sup>4</sup>

**Community Water Fluoridation is a safe, equitable and cost-effective way to support oral health across a community.**<sup>6</sup> The mineral fluoride is naturally occurring and is released from rocks into water. While frequently the level of fluoride is not enough to prevent tooth decay, certain water sources can have naturally high levels of fluoride. Community Water Fluoridation is the process of adjusting the amount of fluoride drinking water to a level recommended for preventing tooth decay. The CDC has named it one of the 10 great public health achievements of the 20th century.<sup>6</sup>

**The return on investment for Community Water Fluoridation is estimated to be \$32 per person annually, or \$20 for every \$1.**<sup>6</sup> In addition to the immense economic benefit, it is found to decrease tooth decay by 25 percent in children and adults.

## EIGHT OUT OF NINE

Tennesseans are served by Community Water Fluoridation.<sup>7</sup>

In Tennessee, 88.9 percent of people are served by community water systems that are recipients of fluoridated water.<sup>7</sup> Tennessee ranks 14th in the nation and surpasses the national average of 73 percent.<sup>9</sup> The United States has set a goal of 77 percent of the population to be served by 2030.

## ENSURING ACCESS TO DENTAL CARE TO THOSE WHO ARE PREGNANT OR JUST HAD A BABY IS CRITICAL TO THE HEALTH OF THE PARENT AND CHILD.



Pregnancy can cause many oral health issues such as gingivitis, periodontitis, and morning sickness that can weaken tooth enamel.<sup>10</sup> Bacteria from the mothers mouth can impact a baby in utero by traveling through her bloodstream producing chemicals suspected of inducing premature labor. Postpartum the mother can pass the bacteria on to her newborn.<sup>10</sup> More than half of births in Tennessee are covered by TennCare which makes the recent addition of dental coverage beginning March 2022 a significant step toward maternal and infant health.

# CHILD WELFARE

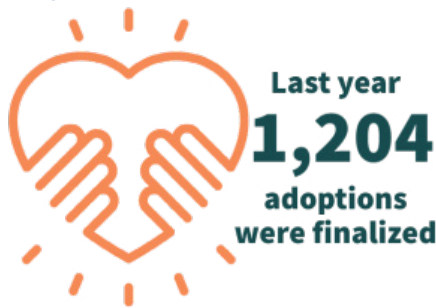
Safe, stable, nurturing and appropriate placements help children in state custody thrive.

In FY2020 Tennessee had

- 138,747 Tennessee Child Abuse Hotline calls.<sup>1</sup>
- 77,238 CPS investigation and assessment hotline cases.<sup>1</sup>

In 2020 Tennessee had

- 6,916 substantiated cases of child abuse or neglect.<sup>2</sup>

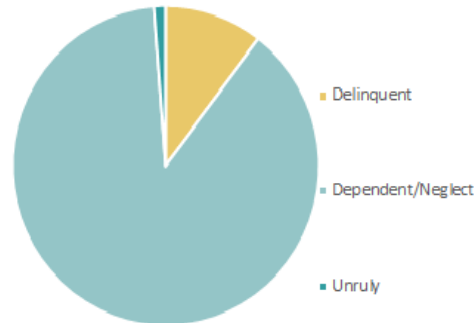


Safe, stable and nurturing homes help support child development. Being removed from your home can be potentially traumatic for a child, making the need to have safe, stable and nurturing options while in custody critical. Relative caregiver placements can provide a sense of comfort and familiarity for the child. Currently five percent of Tennessee children are in kinship care.<sup>3</sup>

Reducing the number of placements and the time in state custody can help in minimizing the trauma a child experiences. In FY2020, approximately one in three children in custody were there for more than a year.<sup>1</sup> In 2019, 42 percent of children in Tennessee foster care had more than two placements.<sup>4</sup>

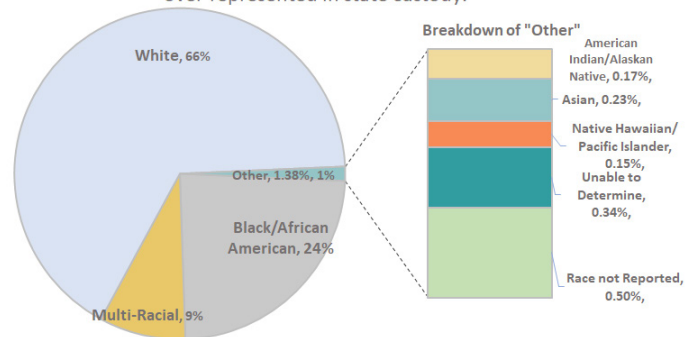
**IN 2019, TENNESSEE HAD THE HIGHEST RATE OF FOSTER CARE INSTABILITY IN THE NATION.<sup>5</sup>**

Approximately 88% of children in state custody are there due to dependent/neglect.<sup>1</sup>

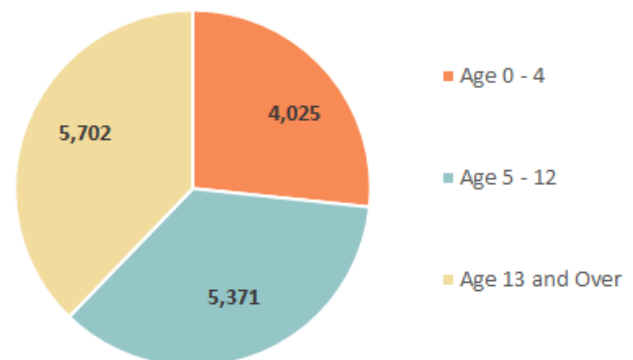


The majority of children are in state custody due to dependent/neglect cases.<sup>1</sup>

Compared to the overall population data, Black or African American children are over-represented in state custody.<sup>1</sup>



Number of in state custody by age group<sup>1</sup>



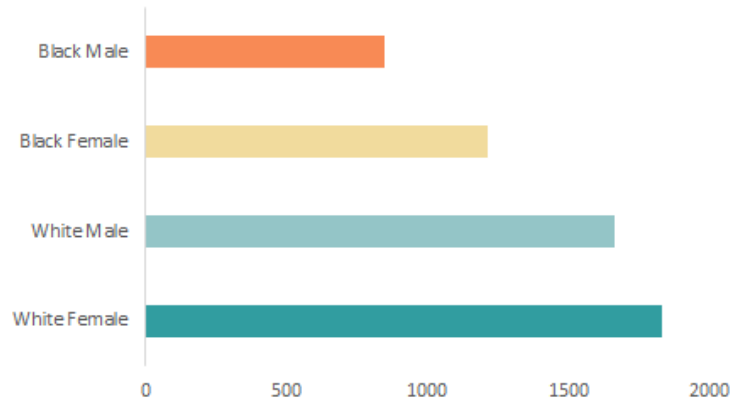
In a ranking of states where foster care instability was defined as three or more placements Tennessee was highest in the country, and Tennessee had the highest rate at 31 percent.<sup>5</sup>

# DOMESTIC VIOLENCE

Domestic or intimate partner violence, whether experienced or witnessed by a child, is an Adverse Childhood Experience.

- Children were nearly one in ten Tennessee domestic violence victims in 2020.<sup>1</sup>
- 8.1 percent of reported domestic violence victims were youth whose offender was their parent or step-parent.<sup>1</sup>

White Females were victimized by their parents/step-parent more often and at a higher rate than other demographic



More than

**ONE IN SIX**

Tennessee high school girls reported experiencing physical dating violence in the last year.

That is significantly **higher than anywhere else** in the nation and **twice as high as the national rate.**<sup>3</sup>

In the first half of 2020, the national domestic violence hotline received 1,302 calls from Tennessee, with 37 percent involving children<sup>4</sup>.

Compared to the same time in 2019 this represents a 27 percent decrease in calls and a 20 percent decrease in the percent of cases where children were involved.<sup>4</sup> The impact of COVID-19 on domestic violence is still not fully known.

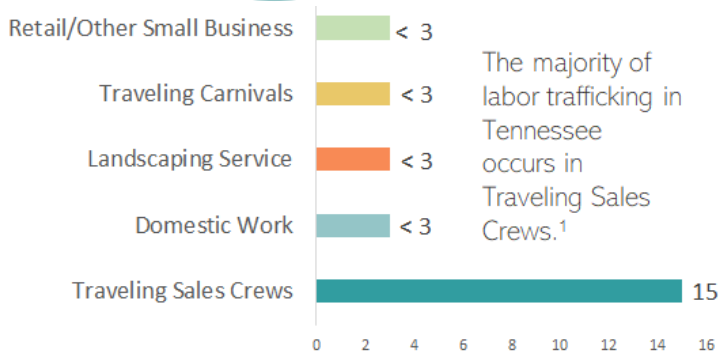


Children who are victims of or who witness domestic violence suffer both short- and long-term behavioral effects.

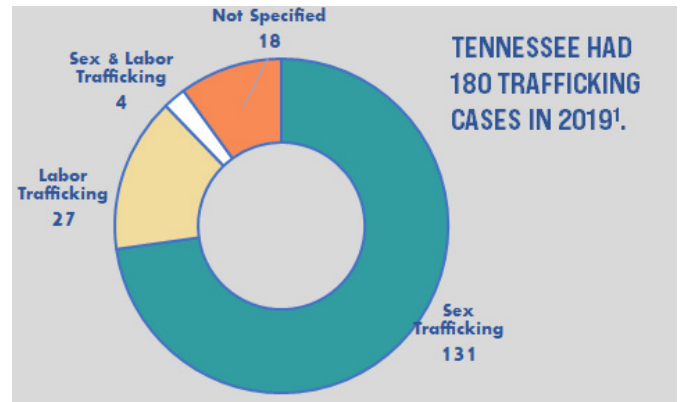
In the short-term, children may struggle with anxiety, withdrawal from activities or show physical symptoms such as headaches and stomach aches. Teens may engage in risky behaviors and are more likely to experience legal trouble.<sup>4</sup> In the long-term, children become more likely to engage in abusive behavior or become victims of abuse themselves. A boy who sees the abuse of his mother is 10 times more likely to abuse his female partner as an adult. A girl that grows up in a home where her father abuses her mother is more than 6 times as likely to be sexually abused than a girl who grows up in a non-abusive home.<sup>4</sup>

# HUMAN TRAFFICKING

With many myths surrounding human trafficking, understanding risk factors can help identify and support survivors.



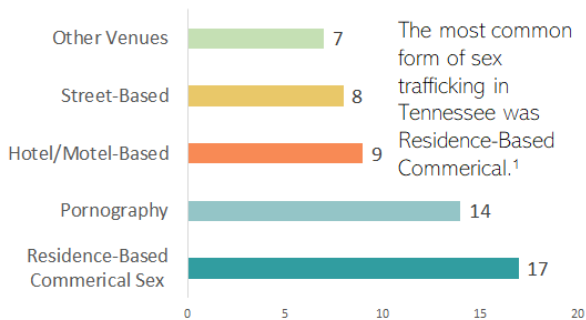
The majority of labor trafficking in Tennessee occurs in Traveling Sales Crews.<sup>1</sup>



TENNESSEE HAD 180 TRAFFICKING CASES IN 2019<sup>1</sup>.

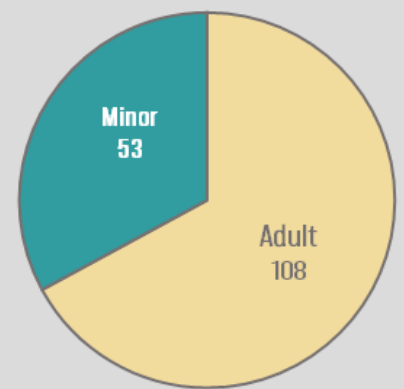
Due to their inability to consent, unlike adult victims of human trafficking, children do not need to be forced, defrauded, or coerced to be considered victims of sex trafficking.

Traveling Sales Crews as described by the Human Trafficking Hotline as: Sales crews or peddling and begging rings, where they work long hours each day soliciting money or selling products such as magazine subscriptions, trinkets, or cleaning products.



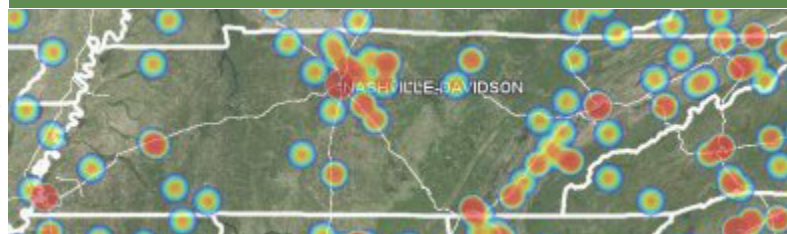
The most common form of sex trafficking in Tennessee was Residence-Based Commerical.<sup>1</sup>

Although the majority of cases were adults, Tennessee had 53 cases of child trafficking in 2019<sup>1</sup>.



Human trafficking affects all regions of Tennessee, and the impact on victims is devastating. Tennessee has been making strides to protect victims through legislative and community efforts. In both 2018 and 2019 Tennessee received the number one ranking from Shared Hope International's state report cards.<sup>2,3</sup> This annual report ranks every state, assessing law enforcement approaches, legislation and survivor services. The 2021 report saw Tennessee's rank drop to a "D," the lowest the state has received since the report began in 2011.<sup>4</sup> This drop is due Shared Hope implementing a more intensive grading process.<sup>5</sup> Tennessee still ranks among the top 10 states for Child and Youth Sex Trafficking protections.<sup>5</sup>

## CASES OF HUMAN TRAFFICKING OCCURRED IN ALL REGIONS OF TENNESSEE IN 2019.



Many myths surround human trafficking, but we know certain risk factors, including some of the challenges we highlight in this report, increase the likelihood of someone becoming a victim. Factors include recent migration or relocation, substance use, mental health concerns, involvement with the child welfare system and being a runaway or homeless youth.<sup>6</sup> Most victims have a relationship with their trafficker, and the victims' vulnerabilities are taken advantage of to obtain control.

# YOUTH TRANSITIONS

Tennessee and the federal government have stepped in to help former foster youth navigate the pandemic.

In FY2020 Tennessee had

- 689 college scholarships provided to youth in custody.<sup>1</sup>
- 781 youth served through Extension of Foster Care.<sup>1</sup>



In 2019, approximately one in five children in Tennessee foster care were between 16 - 20 years old.<sup>2</sup>

Tennessee received

**\$7.4 MILLION**

in federal funding to support former foster youth.<sup>5</sup>

In mid-November 2021, 1,057 former Tennessee foster youth had received a stimulus payment of \$1,200 and 433 youth currently enrolled in Extension of Foster Care received \$1,000.<sup>6</sup>

In Tennessee, young adults who age out of the foster care system are eligible for Extension of Foster Care services until they turn 21. Through this program they can receive:<sup>3</sup>

- Education and Training Vouchers (up to \$5,000 a year) for post-secondary education
- Placement support in an approved placement or an Independent Living Allowance
- Independent Living Wrap-Around Services
- Access to life skills classes and leadership opportunities
- Support of a child and family team, Family Service Worker and court representatives to help achieve goals

Typically, there are education or work requirements associated with Extension of Foster Care. Due to the pandemic, the Supporting Foster Youth and Families Through the Pandemic legislation waived these requirements and expanded the age of access to services to 27. This allowed for agencies providing services to reach out to youth who had previously disengaged with the system.

It is estimated that there are 29,782 youth in Tennessee between the ages of 14-26 who were eligible for pandemic-related foster care support, 77 percent of whom were no longer in care.<sup>4</sup>

These expanded benefits, which expired September 30th, 2021, were crucial during the pandemic, as many former foster youth do not have families to fall back on when colleges closed or they were laid off.



# SUSPENSION & EXPULSION

Keeping children in school supports their long-term academic and social success.

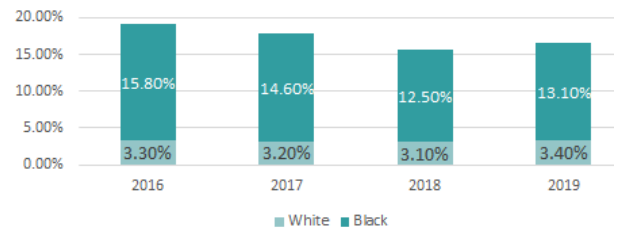
**The school-to-prison pipeline, a trend where school-age children are funneled out of public schools and into the criminal justice system, is detrimental to children's well-being as well as Tennessee's safety and success.<sup>1</sup>**

Issues addressed in this report such as a lack of support for special needs, homelessness, food insecurity, a lack of health care, learning disabilities, and poverty are all likely to present as disruptive behaviors in the classroom.

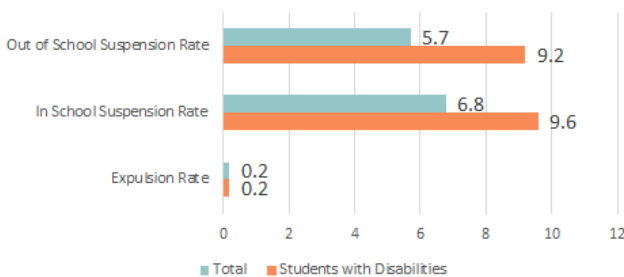
While schools simultaneously adopted strict policies on minor offenses and relied more heavily on school resource officers in an attempt to deter more serious offenses, students became more likely to become involved in the justice system for offenses that would previously been handled by the school. Although, zero-tolerance policies

have been widely regarded as a failure, and are not in place in many schools, the repercussions remain.

Racial disparities in suspensions have consistently made Black Tennessee students approximately three times more likely to be suspended than white students.<sup>2</sup>



Students with disabilities are disproportionately being suspended.<sup>3</sup>



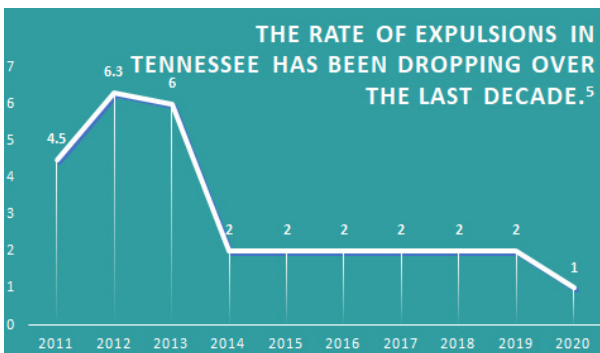
**Across the country, and in Tennessee, Black youth continue to be disproportionately impacted by the school-to-prison pipeline.** Differential treatment in the classroom begins in prekindergarten and the pattern continues throughout their education.<sup>1</sup> Once in the youth justice system, they are more likely to receive harsher sentences.

Early involvement in the justice system leads to an increased likelihood of being incarcerated as an adult and a lower likelihood of graduating high school.<sup>4</sup> Additionally, being in the youth or adult justice system can exacerbate trauma. Those with more serious charges may face challenges finding future employment, housing or receiving social support.<sup>4</sup>

The rate of Tennessee's suspensions and expulsions has been steadily dropping over the decade, reaching a new low this year.<sup>5</sup> While the decrease in 2020 can likely be attributed to the reduction of in-person school, the overall decline may be attributed to a shifting away from zero-

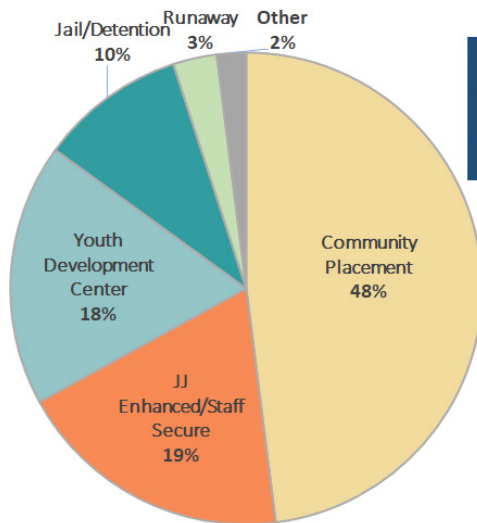
tolerance policies and toward restorative justice practices.

"During critical years that are proven to impact a student's later chances for success, alarming numbers of young people are suspended, expelled, or even arrested for relatively minor transgressions. Too often, so-called "zero-tolerance" policies – however well-intentioned – make students feel unwelcome in their own schools. They disrupt the learning process. And they can have significant and lasting negative effects on the long-term well-being of our young people – increasing their likelihood of future contact with juvenile and criminal justice systems." - Attorney General Eric Holder<sup>5</sup>



# YOUTH JUSTICE

Evidence-based treatment provides a cost-effective, safe alternative to youth incarceration.



ONE DAY SNAPSHOT OF YOUTH JUSTICE PLACEMENTS IN TENNESSEE

## AVERAGE COMMUNITY PLACEMENT COSTS PER DAY<sup>1</sup>

Level 2: \$141.43  
 Level 3: \$377.82  
 Level 4: \$411.25

## YOUTH DEVELOPMENT CENTER COSTS PER DAY<sup>1</sup>

Wilder: \$407  
 Mountain View: \$495  
 Hollis Residential Treatment Center: \$495

Average annual cost to detain a child in a hardware secure facility: **\$180,675**

## GRANTS FOR EVIDENCE-BASED EARLY INTERVENTION PROGRAMS DIVERTED THOUSANDS OF TENNESSEE YOUTH FROM JUVENILE COURTS IN 2020<sup>1</sup>

### Custody Prevention: \$7.09 per day | 97.8% diversion rate | 369 youth served

Grantees under this classification offer program services for status and delinquent youth that include case management, counseling, supervision, parenting classes, and other family services as deemed necessary.

### Child and Family Intervention: \$1.42 per day | 98.8% diversion rate | 1260 youth served

Juvenile court personnel conduct risk/needs assessments, mental health screenings and make referrals to community-based interventions.

### Truancy Prevention: \$0.91 per day | 100% diversion rate | 882 youth served

These programs focus on decreasing truancy and improving academic performance by attendance monitoring, GED classes, and counseling.

### Three Day Treatment/Education: \$21.62 per day | 99.4% diversion rate | 195 youth served

This program provides educational and therapeutic day treatment services for delinquent youth who have been referred by the local courts. All of these youth are at high-risk for state custody commitment and these programs allow the youth to be educated and treated in their communities. In addition to providing DOE-approved education services, these programs provide a therapeutic component utilizing cognitive behavioral intervention, with focus on life skills development, drug and alcohol education/counseling and anger management. Referrals to these programs are under the supervision of the juvenile court as well as local schools.

### Aftercare: \$15.62 per day | 95% diversion rate | 78 youth served

Office of Juvenile Justice strives to prevent re-entry into state custody by providing funding to community-based aftercare programs that help youth and their families adjust to re-unification. These programs offer intensive wrap-around case management, treatment services and are designed to manage difficult cases related to mental health issues and/or drug and alcohol abuse.

# YOUTH JUSTICE

Challenges in the reliability of Tennessee's youth justice data create difficulties in intervention.

Tennessee's youth justice system struggles with a lack of reliable data, which makes providing an accurate representation a challenge. Despite historically being required by T.C.A. § 37-1-506, not all juvenile courts were reporting their data. The Juvenile Justice Reform Act of 2018 provided funds for counties to update their data systems, but implementation has been slow. Counties that were reporting did not use the same definitions or reporting methods so comparing the data between counties is difficult and without additional context can be misleading. The newly implemented T.C.A. § 37-1-187 repeals the previous requirements and institutes updated reporting guidelines and outlines uniform definitions to be used across all juvenile courts.<sup>2</sup>

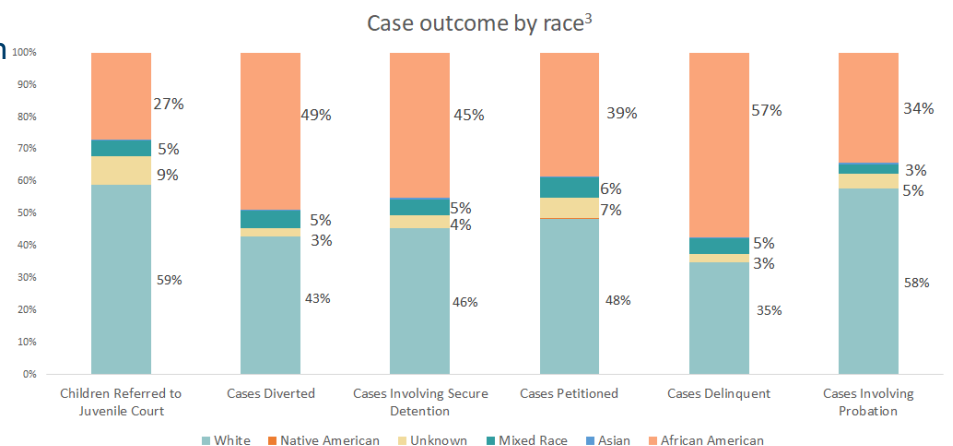
A uniform data reporting method, similar to that used in adult court, will allow Tennessee to make informed decisions around funding, policies and improvements. The Administrative Office of the Courts is currently working to develop a data collection system for all juvenile courts. Children in the youth justice system are particularly vulnerable to falling through the cracks and without accurate data that risk increases and Tennessee's ability to effectively intervene decreases.

The data below is the most recent juvenile court referral data from 2020. There are 98 juvenile courts in Tennessee and 78 reporting.<sup>3</sup> As mentioned above, this data comes with challenges, but we can see that Tennessee follows a national trend of racial and ethnic disparities in the youth justice system.

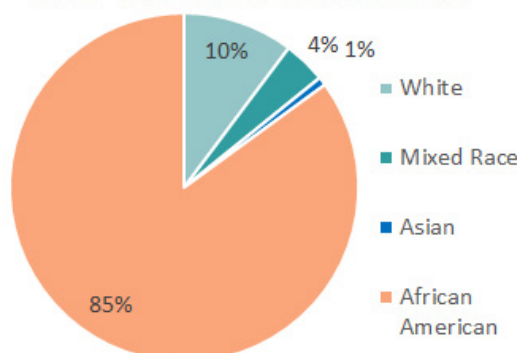
Youth of color, particularly Black youth, are disproportionately represented in the youth justice system and more likely to receive harsher sentences for similar offenses.

As the cases progress the disparity increases, with Black children making up 71 percent of reported cases resulting in secure detention in Tennessee and 85 percent of those transferred to adult court.<sup>3</sup> Of the counties reporting, Black children were only 22 percent of the population.<sup>4</sup>

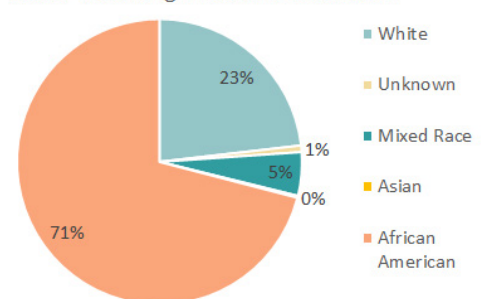
Although this data must be taken in context, it is representative of longstanding issue.



Cases Transferred to Adult Court<sup>3</sup>



Cases Resulting in Secure Detention<sup>3</sup>



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TENNESSEE COMMISSION ON  
**CHILDREN & YOUTH**

The Tennessee Commission on Children and Youth is an independent state agency created by the Tennessee General Assembly. Its primary mission is to lead systems improvement for all children and families through data-driven advocacy, education and collaboration.

Information on the agency is available at [www.tn.gov/tccy](http://www.tn.gov/tccy)