



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

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August 30, 2016

The Honorable Bill Haslam, Governor
Tennessee State Capitol
Nashville, Tennessee 37243

RE: TCCY Budget Recommendations for Fiscal Year 2017-2018

Dear Governor Haslam:

Tennessee Code Annotated Section 37-3-103(a)(1)(B), as amended in 2016 by Public Chapter 797, includes the following statutory duty for the Tennessee Commission on Children and Youth (TCCY):

On or before September 1 of each year, make recommendations for the state budget for the following fiscal year regarding services for children and youth and submit the recommendations to the governor, the finance, ways and means committee of the senate, the finance, ways and means committee of the house of representatives, the legislative office of budget analysis, and the affected state departments.

The amendatory language reflects the practice of the Commission over the past 20 years and we appreciate the opportunity to provide recommendations for the FY 2017-2018 state budget.

Over the past two decades Tennessee has created public-private and state-local partnerships to implement essential "infrastructure" services for children and families – basic public supports developed in our child welfare, education, health, human services, juvenile justice, mental health and disability services systems. These services and supports are interrelated, so weakening public structure resources in one system erodes the strength of the foundation in all systems.

The Commission appreciates your stewardship of the budget during your six years as Governor. Many critically important programs for children and families in Tennessee were at-risk of being eliminated during the economic downturn the state experienced beginning in 2008. Poor revenue growth resulted in some foundational programs being funded with non-recurring dollars and therefore subject to annual appropriation to continue. While other states were making painful cuts to services supporting children and families, Tennessee used reserves, set aside through

decades of good financial management, to maintain a strong foundation to support its citizens and preserve the infrastructure of services and supports for children. Thanks to your diligence and that of your predecessor, these programs were protected from further reductions or elimination.

Over time, recurring funding has been restored for many vital programs that were carried through the Great Recession with non-recurring dollars. As discussed later in these recommendations, Home Visiting Programs within the Department of Health have still not been restored to recurring funding. These are foundational programs that provide a two-generation approach to improving outcomes for children and their parents and important strategies for preventing and mitigating the impact of adverse childhood experiences (ACEs).

Additionally, the years of incremental budget reductions have had an adverse impact on the state departments serving children. Reductions have eroded planning, management and oversight capabilities and stretched staff capacity to levels that are challenging for quality program operation and management, if not unsustainable. Hopefully, the revenue growth of FY 2016 will continue and will support restoration of Home Visiting Programs to recurring funding, minimize additional funding reductions, and support improvements in the well-being of children.

Good public policies and strategic investments in public structures have led to improved outcomes for Tennessee children. The 2016 Annie E. Casey Foundation *KIDS COUNT Data Book* released on June 21st ranked Tennessee 38th down two spots from 2015 when Tennessee ranked 36th, the state's best ranking. The 2016 Report includes 16 indicators in four domains: Health, Education, Economic Well-Being, and Family and Community, with each domain separately ranked. Tennessee continues to show steady, incremental improvements in many individual indicators. A copy of the 2016 KIDS COUNT Profile for Tennessee is attached for your information.

Tennessee's best ranking was 28th in Health, reflecting good public policies and important programs that have made a difference:

- Tennessee has historically been among the nation's leaders in providing health insurance for children through TennCare and CoverKids, resulting in fewer children in Tennessee being without health insurance compared to the national average. However, there are still 78,000 uninsured Tennessee children, and over the past six years, improvement in coverage for children nationally has outpaced that in Tennessee. As more states expand Medicaid under the Affordable Care Act, Tennessee is likely to lose ground on this measure. Efforts to expand access to health insurance must continue for Tennessee, in the interests of uninsured children and families, to bring in additional financial support for the health care system, to keep up with coverage in other states, and to support the state's economic prosperity.
- Only five percent of Tennessee teens abuse alcohol or drugs. This measure focuses on abuse and not merely use. This positive outcome reflects the impact of prevention efforts funded through the Department of Mental Health and Substance Abuse Services and the Department of Education's Coordinated School Health and Safe and Supportive Schools Programs. However, many children and teens suffer from the effects of parental

substance abuse, a significant contributor to and outcome from adverse childhood experiences in Tennessee.

- Good public policies, including laws requiring child restraint devices and seat belt use in vehicles, motorcycle and bicycle helmets, life jackets in boats, graduated driver licensing and prohibiting texting while driving, and standards for pediatric emergency services all help reduce accidental deaths. Coupled with strong suicide prevention programs, these policies have helped Tennessee decrease the rate of child and teen deaths, though child and adolescent deaths in Tennessee are still higher than the national average.
- While Tennessee still ranks near the bottom (44th) with a high rate of low-birthweight babies, the state continues to make progress. Access to prenatal care through the Department of Health and TennCare, and efforts to improve women's pre-conception health, implement evidence-informed prenatal care strategies (especially in Memphis) and reduce tobacco and other substance use during pregnancy are all making a difference. However, as you know, the problem of drug-exposed infants/neonatal abstinence syndrome is substantial in the state.

Tennessee children improved on three Education indicators: fourth graders proficient in reading, eighth graders proficient in math, and high school students graduating on time. We appreciate your commitment to education. We especially appreciate continuation funding for Pre-K and your signing legislation to improve the quality of Pre-K classrooms. Your commitment to rigorous academic standards and improving access to higher education through Tennessee Promise, TN Achieves and Drive to 55 are also valued. Collaborative family, school and community efforts must continue to bolster educational success in Tennessee.

The KIDS COUNT Data Book highlighted the need for more concerted efforts in Tennessee to continue improvements in Education, Economic Well-Being, and Family and Community indicators. More than one in four Tennessee children lives in poverty (26%), one in six (16%) in a high-poverty area, one in three in a family with a high housing cost burden (33%), and nearly one in three Tennessee children in a family where parents do not have secure employment (32%) and/or in single-parent families (37%). Poverty, unemployment and living in high poverty communities, often due to high housing costs, can create toxic stress in families and insecure, unstable homes, making it difficult for children to thrive or have access to opportunities to create successful outcomes in their future.

Tennessee has historically been and will continue to be heavily reliant on federal funds to provide the essential services and supports for our children to thrive and prosper. In FY 2015, based on data submitted from state departments and agencies to TCCY's Resource Mapping Project, federal expenditures accounted for close to half of all dollars spent on children through the Tennessee state budget (41%). When required matching and maintenance of effort (MOE) dollars for agencies that provide the major federally funded services to children and youth are considered, reliance on federal funding is even more apparent. *Excluding* the BEP, almost three of every four dollars spent on services for Tennessee children and families in FY 2014-15 were from federal funding sources. State funding accounted for 26 percent of all non-BEP expenditures in FY 2014-15. Excluding the BEP, over eight of every 10 dollars in the state budget for children—81 percent—in FY 2014-15 were either federal or required as match/MOE for federal funding.

What happens with federal funding has an incredible impact on Tennessee children and families. Proposals for future budgets with substantial reductions in federal funding will be challenging as they precipitate potentially devastating cuts in the public structures supporting children and families. Those structures are vital for children to be safe, healthy, educated, supported and nurtured, and engaged in activities that provide them opportunities to succeed in school and become good parents and productive employees in the future.

As you know, the **impact of adverse childhood experiences (ACEs) - the trauma and toxic stresses** of persistent poverty, severe maternal depression, abuse and neglect, divorce, death, parental incarceration, substance abuse, etc. has been well documented. These experiences, especially during early childhood, can have lifelong consequences. Addressing these underlying issues in Tennessee – by preventing, and providing appropriate therapeutic responses to ACEs/trauma/toxic stress when not prevented – is essential to long-term solutions to many of the intergenerational problems facing Tennessee children and families – poverty, child abuse, substance abuse, domestic violence, etc.

We appreciate the leadership you, the First Lady and Deputy Governor Jim Henry have provided over the past year on ACEs. The Summit in November 2015 and the FY 2017 ACEs budget appropriation reflect important commitments to addressing this issue in Tennessee. There is increased recognition and understanding across state child-serving departments regarding the effects of toxic stress resulting from adverse childhood experiences on the health, mental health and well-being of both children and adults in Tennessee. Too many Tennessee children experience high rates of poverty, domestic violence, parental drug and alcohol abuse, child abuse and neglect, and other adverse conditions and trauma that lead to difficulties in school, life-long health and mental health problems, and shorter life expectancy. The 2016 Policy Report from the Annie E. Casey Foundation entitled *A Shared Sentence: The Devastating Toll of Parental Incarceration on Kids, Families and Communities* documented the extent of the problem of parental incarceration in Tennessee reporting the state ranked third worst (tied with five other states) for the percent of children with incarcerated parents.

Prevention, effective intervention and good public investments and policies can reduce the incidence and the impact of adverse childhood experiences and minimize the enduring and intergenerational cycle of pain that adults revisit on their children. Key state departments have begun to explore and implement strategies to train their staff on this important issue and to prevent, treat and reduce the effects of trauma, poverty or negative childhood experiences among their clients. The Commission applauds and is pleased to participate in these efforts as we look forward to working at the state and local level to reduce the effects of toxic stress on Tennessee children. We hope in the FY 2018 budget you will **increase and make recurring funding to address adverse childhood experiences in Tennessee**. This would be a wise investment in efforts to improve the state's future prosperity.

Additional Budget Recommendations for FY 2018

Restoration and Recurring Funding – Home Visiting Programs

While most services across state government have been returned to the base budget, one important program serving at-risk children and families is still funded with non-recurring dollars. With revenues growing beyond estimates, it is critical to **restore Home Visiting Programs – Child Health and Development (CHAD) (\$450,000) and Healthy Start (\$1.5M)** – administered by the Department of Health, to recurring funding. These programs received a reduction in funding for FY 2014 and 2015 of approximately \$2 million, and their remaining funds are non-recurring dollars. CHAD and Healthy Start provide in-home visits to expectant mothers and new parents. Data from evaluation of Healthy Start shows quality home visiting programs reduce child abuse and neglect, with 99 percent of these at-risk children served free of abuse and remaining in the home. With a per child cost of \$3,602, Healthy Start demonstrates the efficiency and effectiveness of prevention and early intervention when compared to the annual cost of out of home placement in foster care at \$8,832 per child and residential care at \$52,585 per child. Healthy Start is a tremendous value.

Home visiting programs also show positive results for reducing smoking in the home, reducing parental stress and increasing parental knowledge of children’s developmental needs. Healthy Start achieved an 83 percent immunization rate at two years of age for the children they served and 99.5 percent of mothers delayed subsequent pregnancy for at least 12 months after the prior birth. Healthy Start also provides screening for developmental delays of children to provide early identification of unmet needs, depression screening of new mothers, and appropriate referrals to address identified needs.

Quality Home Visiting Programs are among the front line strategies for preventing and mitigating toxic stress and adverse childhood experiences. Evidence-based home visiting programs should be an integral part of strategic efforts to improve outcomes for Tennessee’s youngest children, and especially made available to at-risk young children. Brain development research makes clear the value of investing in young children. The Department of Health has been committed to improving the quality of these programs, which should be **continued with recurring dollars and the \$2 million reduction should be restored**. These funds are an important investment in the future of young Tennesseans.

Access to Healthcare

The Tennessee Commission on Children and Youth appreciates your effort to increase healthcare coverage for all low-income children and their families through your Insure Tennessee plan. Providing health insurance for low-income parents and their children by accessing Federal Affordable Care Act funds will improve healthcare outcomes for future generations. Implementation of a Tennessee plan for coverage for the uninsured – persons who are too poor to be eligible for health care exchange subsidies – is critical.

With continuing strong opposition to Insure Tennessee, House Speaker Beth Harwell appointed a task force to consider alternatives to full Medicaid expansion. After meeting and hearing testimony across the state, the task force issued a proposal to initially provide TennCare services

to honorably discharged veterans and persons with incomes up to 138 percent of poverty when they are diagnosed with a qualifying mental health or substance abuse disorder and are currently being served by the behavioral health safety net. The plan could be expanded in subsequent years to the remainder of those in the coverage gap.

As mentioned earlier in this letter, Tennessee has historically had a high rate of insurance coverage for children thanks to TennCare, and Cover Kids, the Tennessee version of the Children's Health Insurance Program, and insurance coverage for children continues to improve, despite Tennessee failing to adopt Medicaid expansion under the Affordable Care Act. However, 78,000 children still lack health insurance in Tennessee, despite the fact that most, if not all, of these children are eligible for Medicaid or Cover Kids. Studies show children are more likely to be covered when their parents also have access to health insurance.

One feature of your Insure Tennessee plan not considered by the task force would have provided coverage to transition age youth ages 19 and 20. While Tennessee offers services and supports to youth transitioning out of foster care including academic scholarships, monthly stipends and Medicaid coverage under the Affordable Care Act until age 26, many youth transitioning to adulthood do not have the same opportunities. Youth whose parents are unable to continue to provide health insurance or support continuing education are at a disadvantage. Young people with mental health or substance abuse issues are often unable to continue to receive treatment when coverage by their parents' insurance ends or they lose TennCare coverage. This makes the transition from child serving systems to adult serving systems even more difficult. The Commission would encourage transition age youth between ages 18 and 26 be included in any plans to consider expansion of health insurance coverage in Tennessee.

Though children living in poverty qualify for coverage under other programs, they are less likely to receive health care services if their parents are uninsured. The Agency for Healthcare Research and Quality reported:

Insuring children without insuring their parents does not solve the problem of children's unmet health needs, a new study finds. Insured children living with at least one parent in families where the children were insured, but the parents were not, were more than twice as likely to not have a usual source of care than insured children with insured parents. In similar fashion, insured children with uninsured parents were 11 percent more likely to have unmet health needs and 20 percent more likely to have never received any preventive counseling services. Insured children with one insured and one uninsured parent were 18 percent more likely to have had no doctor's visit in the past year than insured children with two insured parents.

Expanding coverage to low income adults will increase healthcare access for more eligible children. Parents with healthcare coverage are more likely to enroll their eligible children and keep them enrolled, reducing coverage gaps and maintaining continuity of care. Covering parents makes it more likely children will receive both necessary and preventative care. Coverage for young adult mothers will enable them to better navigate the healthcare system, better coordinate their family's healthcare needs, and empower them to use healthcare resources more efficiently and effectively. Children with insured parents are more likely to receive regular check-ups and immunizations.

Children benefit when their mother has access to quality pre-conception healthcare. Young adult women who have access to healthcare are healthier when they become pregnant and more likely to receive regular prenatal care, ensuring a greater likelihood of giving birth to a healthy baby, while reducing low birth weight, infant mortality and other poor birth outcomes. The number of births to mothers suffering from substance abuse issues in Tennessee is increasing at alarming rates.

Parent's healthcare needs also affect their children's lives. Parents with untreated health, mental health and substance abuse issues are unable to provide the supportive and nurturing parenting necessary for their children to succeed in school and in life. Their children may suffer from emotional and developmental delays that could inhibit their opportunities to be successful. Providing access to treatment for parents with severe mental health and substance abuse issues gives families opportunities to stay intact and avoid more drastic interventions, such as out of home placement, and helps reduce children's exposure to adverse childhood experiences and toxic stress. A July 2016 report from the Center on Law and Social Policy and Georgetown University Center for Children and Families found Medicaid expansion helps children by helping mothers get care for maternal depression, an adverse childhood experience. Maternal depression can affect children's cognitive, socio-emotional and behavioral development as well as academic achievement and employment opportunities throughout their lifetime. Mothers without health insurance face significant financial barriers to screening, identification and treatment of maternal depression.

Healthcare coverage for low-income parents also improves family financial well-being by reducing the impact catastrophic illness or injury can have on family finances. Medical bills from such circumstances are among the leading causes of personal bankruptcy in Tennessee. Insurance coverage provides financial assistance to low-income families so medical bills do not leave them destitute and unable to save and invest in the family's future. Uninsured persons are essentially "missing pillars" in the healthcare system, causing all who have insurance to pay higher premiums to cover the costs they incur.

Failure to take advantage of Affordable Care Act funding is having catastrophic effects on Tennessee's rural hospitals. Closure of rural hospitals is no longer a threat; it is a reality. Rural communities without hospitals have increased challenges with business location and economic development. Expanded insurance coverage would significantly reduce the amount of indigent, care provided by public and rural hospitals in Tennessee, improving their balance sheets and enabling them to remain viable so they can continue to provide care in the more remote areas of the state. Receipt of additional Federal healthcare funding would also be an economic boost for Tennessee by creating hundreds of jobs in the healthcare industry. The multiplier effect of additional federal expenditures is substantial.

Health, Mental Health and Substance Abuse

We applaud the Department of Health for the focus on adverse childhood experiences and the collection and dissemination of data on the prevalence in Tennessee. TCCY values the collaboration with the Department of Health on home visiting programs. We are very pleased to

have received a coaching technical assistance grant from the Institute for Child Success to help develop a plan validating the economic benefit of evidence-based home visiting programs and their potential for Social Impact Bonds/Pay for Success. The results of that effort will be available next year. As previously mentioned, restoration of funding for home visiting programs would make a substantial difference in preventing and responding to ACEs.

There continues to be a need for additional resources to provide treatment and support for children and adults suffering from the effects of mental illness and substance abuse in Tennessee. Mental health and substance abuse issues have a dramatic effect on the resources of all child serving departments, as well as law enforcement, the judicial system and corrections. Parental mental illness and substance abuse are toxic stressors for children creating instability and insecurity in their home and diminishing parental serve and return response and attention. They are major underlying factors in the high rate of parental incarceration in Tennessee.

The Commission appreciates your efforts to improve access to drug courts and other specialty courts for veterans and the mentally ill. Assisting those with mental health and substance abuse issues in accessing treatment as opposed to being incarcerated is more humane, more cost-effective and more likely to succeed.

Suicide is the second leading cause of death among children and young adults, aged 10 to 24, and is growing among older adults as well. The Department of Mental Health funds eight Crisis Stabilization Units across the state to provide interventions for adults who are a danger to themselves or others who can be treated in a less restrictive setting than an inpatient psychiatric hospital. The Department of Mental Health and Substance Abuse Services reports Crisis Stabilization Units admitted more patients than the four Regional Mental Health Institutes (RMHI) in FY 2015. However, there are no Crisis Stabilization units for children and youth. Youth who are a danger to themselves or others are therefore taken to hospital Emergency Departments for diagnosis and immediate intervention. Due to the lack of appropriate treatment resources, children and youth may spend several days in the ER, occupying bed space needed to provide treatment for acute trauma, utilizing resources at the most intensive level of care, awaiting appropriate placement to meet their needs. In the past, these youth could be transferred to the Regional Mental Health Institute for treatment, but the RMHIs no longer serve children and youth. Crisis Stabilization Units for children and youth were a priority resource need listed by four of the seven Mental Health Policy and Planning Regions over the past year.

Children suffer from the effects of untreated parental mental illness and substance abuse. Unfortunately, that suffering often begins at birth. Tennessee continues to have a significant problem with neonatal abstinence syndrome reporting slightly more cases through the 34th week of 2016 (651) than 2015 (590). Treatment programs for pregnant women and mothers who suffer from substance abuse are scarce in Tennessee. While many of these mothers are under the care of a physician for treatment of addiction, chronic pain or mental illness, over half exposed their infants to non-prescription drugs or prescription drugs obtained without a prescription. Continued efforts to reduce access to opiates and other prescription drugs are still necessary to combat this problem, and more efforts and resources to reduce unplanned pregnancies, increase prenatal care, and treat mothers with addiction are necessary at this time.

The Department of Health continues to make efforts to reduce unplanned pregnancies, which constitute half of all pregnancies in Tennessee. Colorado and South Carolina have both shown **improvements reducing unplanned pregnancies through the use of voluntary long acting reversible contraceptives (LARC)**. Voluntary long acting reversible contraceptives are not a new idea; many psychiatrists treating mentally ill women with psychotropic medications that are known to cause birth defects and abnormalities have used them to prevent pregnancies in their patients. Long acting reversible contraceptives are also recommended for adolescents and young adult women who are addicted to drugs or abusing alcohol.

Programs focusing on providing voluntary long acting reversible contraceptives have resulted in reduced teen births and reduced teen abortions, and reduced unplanned second or subsequent births. By reducing unplanned or unwanted pregnancies, young women are able to complete their education, participate in treatment for addiction, if needed, and wait to start their families until they are better prepared to provide for their children's needs. A Step Ahead program that originated in Memphis and has spread to some other areas across the state is an important vehicle for accessing LARCs for women who are uninsured or cannot afford them.

Teen birth rates nationally and in Tennessee have fallen dramatically in recent years, but the state still ranked 42nd for teen births in the *2016 KIDS COUNT Data Book*. The Commission applauds the Department of Health for initiating renewed efforts to reduce adolescent pregnancies and the Department of Children's Services for efforts to reduce pregnancies among current and former foster youth. An August 2014 National Vital Statistics Report from the Centers for Disease Control and Prevention reports the costs of adolescent childbearing in the United States was estimated at \$9.4 billion in 2010 alone. Health outcomes for births to young mothers include elevated risks for low birthweight babies and preterm births, placing infants at greater risk of serious and long-term illness, developmental delays, and of dying in the first year of life.

Reducing adolescent sexual activity is very difficult; reducing adolescent pregnancy is not. Preventing adolescent pregnancies requires a broad-based community approach, and long-acting reversible contraceptives should be one strategy utilized. Additional strategies include ensuring **medical providers are trained in the administration of voluntary long-acting reversible contraceptives and appropriately compensated for this service** by TennCare and other insurance providers, including compensation for maintaining an appropriate supply of voluntary long-acting reversible contraceptives for immediate use when requested/prescribed. The Commission applauds the TennCare Bureau for implementing strategies to make access to LARCs easier.

Child Welfare and Juvenile Justice

As previously mentioned, we appreciate the appropriation of non-recurring funds this year to address adverse childhood experiences. These funds were appropriated to the Department of Children's Services (DCS) and distributed through an Announcement of Funds process. The appropriation was \$1.25 million, and there were 72 applications for almost \$8.5 million in funding. TCCY urges you to **increase funds to address adverse childhood expenditures in Tennessee and make them available as recurring dollars**. This would be a worthy legacy for your administration.

You and the staff at DCS are to be congratulated for the great strides made in improving the child welfare system in Tennessee and coming into compliance with the Brian A. lawsuit. DCS is now in the maintenance phase of the settlement where it must continue showing the improvement made over these last 15 years. **DCS must continue the progress in child welfare as it strives to provide appropriate services and timely permanency** for children who have experienced abuse or neglect and as it prepares for the next round of Federal Child and Family Service Reviews.

TCCY is very supportive of the efforts DCS has made transforming the juvenile justice system by implementing a more therapeutic approach in working with youth in Youth Development Centers. The transition of Woodland Hills into Gateway to Independence is a very positive development for provision of effective juvenile justice programming. Focusing on education outcomes and successful transition to community, Gateway to Independence, assists youth in developing skills needed to succeed as contributing citizens.

As demonstrated by the Council of State Governments study in Texas, many youth who are placed in youth development centers can be more effectively treated and supervised in a community setting. The implementation of additional community programs through requests for proposals during FY15 and 16 is a step in the right direction and should improve the availability of both alternative and step-down placements for the YDCs.

DCS continues to improve the provision of services to youth aging out of state custody. This includes extension of foster care while youth complete high school or attend post-secondary education. The Office of Independent Living continues to serve more youth each year, even as DCS is reducing the number of youth aging out of state custody by providing supportive services that move children to permanency before aging out of custody. Length of stay in extension of foster care has increased to 255 days, equal to about two academic semesters, illustrating the difficulty former foster youth have meeting the rigorous demands of college academic requirements. DCS needs to increase the number of youth served by extension of foster care services by expanding program eligibility to former foster youth who are employed, working 80 hours a month or more, or participating in activities to remove barriers to employment. Allowing youth to participate in extension of foster care while employed part-time will not only allow more youth to have a successful transition, it will also provide support for those who have more difficulty meeting academic requirements to stay in school and complete their education objectives. Today most people take more than five years to complete a four-year degree and many also must work part-time to support themselves while in school. Opening extension of foster care to youth employed 80 hours a month provides an additional safety net for those who struggle academically and need more support to complete their education.

Continuation of the Resource Centers is important for assisting in successful transition to adulthood. DCS should also explore opening Resource Centers in rural parts of the state to assist transition age youth in those areas who are not currently being served. The I AM READY Center in Chattanooga is developing a satellite center in Bradley County to work with former foster youth in the Cleveland area who are unable to find transportation to the center in Chattanooga.

The Tennessee Housing Development Agency (THDA) has been instrumental in focusing on housing assistance for transitioning young adults. Transition age youth, particularly former foster youth, are at high risk of homelessness. Funding has been granted to several agencies around the state to provide housing for this population. We appreciate the emphasis THDA has put on the housing needs of former foster youth and transition age young people and encourage them to continue.

Staff participation with the Second Look Commission, on the Department of Health Child Fatality Review Team, and with the Department of Children's Services in its efforts to address child deaths has revealed the challenges frequently associated with receiving autopsy reports for children. These delays adversely impact overall child fatality review to identify preventable deaths, and perhaps more importantly, impact a determination of whether a child death is the result of abuse or neglect, natural causes or an accident. Consequently, remaining siblings may be either unnecessarily removed from their families into the state's foster care system or left in abusive homes where they are at-risk of child maltreatment. Timely provision of autopsy reports begins with a quality death scene investigation. The Commission encourages the **development, implementation and funding of quality death scene investigation practices and sufficient forensic pathologists to conduct autopsies and related tests timely.**

Administrative Office of the Courts funding for legal representation of children in or at-risk of state custody needs to be increased. Children at-risk of school suspension/expulsion and children involved with the juvenile courts, regardless of charge, need to be provided with effective legal counsel, as recommended by the Council of State Governments. In multiple counties in Tennessee, serious concerns have been raised about the lack of legal representation for youth facing potentially life-altering decisions by schools or juvenile courts. The "School-to-Prison Pipeline" is a well-documented phenomenon, and suspension/expulsion increases the likelihood a child will ultimately drop out of school and fail to acquire the skills needed to be a productive employee. In a country founded on principles of the rule of law, it is unconscionable to fail to provide children with representation to protect their rights, even in minor cases that can have life-long adverse impacts. Failure to provide children with effective legal counsel sends them a message that they are not "worth it" and subverts their respect for the legal system. Tennessee needs to provide **funds for effective legal counsel for young people.** Current reimbursement for lawyers who represent children is inadequate in both hourly and maximum rates. Under the current system, the Administrative Office of the Courts needs additional funding for court-appointed counsel. As an alternative, the state should also explore establishing an office or center to employ attorneys and support staff to provide effective representation for indigent children and to provide training to private attorneys representing other children.

Court Appointed Special Advocates (CASA) Programs provide trained volunteers who are appointed by juvenile court judges to advocate in the best interest of abused and neglected children in their courts. There are currently 52 counties with CASA programs in place. We appreciate the funding provided for six new counties in the FY 2017 budget, and increasing the amount of state support for each county. CASA programs now receive \$18,000 per county. The cost to provide CASA in each county is much greater, so they must still raise the majority of funds required to implement these important programs. Consideration should be given to increasing the funding for each county to \$20,000 per year and to provide funding for three

additional counties that are projected to be ready to implement CASA programs in July 2017. The provision of minimal state funding to additional counties pays substantial dividends in improving outcomes for some of the state's most vulnerable children and provides a stable source of support assuring community partners of each program's viability.

CASA's goal is to provide a CASA volunteer for every child who needs one by 2020. A CASA program in every county, for every child who needs one, would enhance efforts of the Department of Children's Services to reduce the number of children in custody through timely family reunification or other exits to permanency. Funding for CASA programs is administered by the Commission on Children and Youth and includes interdepartmental funding from the Department of Children's Services and state dollars appropriated directly to TCCY. The Tennessee CASA Association has worked extensively with counties to expand the availability of CASA programs and provides important training, technical assistance and support for CASA programs.

Education

The Tennessee Commission on Children and Youth is a long-time supporter of **quality Pre-Kindergarten Programs** in Tennessee. While we recognize concerns identified by the Vanderbilt Study regarding the "fade-out" of academic gains on the part of students who experienced Pre-K in Tennessee, the Commission believes continued funding for Pre-K is essential to preserve the infrastructure and provide a foundation for work to improve quality programming and outcomes. Legislation passed by the General Assembly in 2016 is designed to improve quality, and the Department of Education is working diligently to implement changes.

The Gates Foundation, with its partners Ounce of Prevention and Alliance for Early Success, has recently announced plans to work with the Department of Education and advocates in the state to improve quality and work for expansion of Pre-K. The Commission is pleased to be a partner in this effort.

National evaluations of quality Pre-K programs have shown reduced referrals for special education, increased graduation rates, reduced incarceration, and even increases in the earnings of student's households. At-risk students, defined as those eligible to participate in free or reduced-price lunch programs, and children with disabilities are shown to benefit most from quality Pre-K programs.

Tennessee must strive to preserve and expand the Pre-K infrastructure and ensure Pre-K programs are high quality, including through implementation of the 2016 legislation to ensure Pre-K programs:

- are delivered in developmentally appropriate classrooms and settings that enable children to learn through play and group interaction, not primarily teacher-directed activities;
- emphasize social and emotional development in addition to cognitive development;
- utilize a high quality curriculum, delivered consistently, that focuses on the foundations of literacy and numeracy skill development;
- have independent evaluation of classrooms to identify strengths and opportunities to maximize student learning;

- have high quality teachers who are adequately prepared in higher education and receive coaching and support to implement continuous improvement strategies based on classroom evaluations; and
- provide alignment of instruction for Pre-K and K-3 to ensure continuous learning and growth opportunities for all children.

Quality Pre-K programs are a wise investment in the future of Tennessee and compliment your Administration's goals of improving education and economic opportunities. Quality Pre-K is an important strategy for building a stronger, more competitive work force.

The Commission appreciates your support for **Family Resource Centers (FRC) and the Coordinated School Health Program (CSHP)** during the Great Recession, continuing those programs with non-recurring funding and fully restoring them with recurring funding to the state's base budget. Family Resource Centers are important state-local, and often public-private, partnerships working to improve education opportunities and achievement among at-risk students and their families. The state funds 103 FRCs in 79 of the state's 142 school districts. Several districts have expressed interest in developing FRCs if funding were available.

In 2016, **FRCs served 98,000 students and 66,500 families**. FRCs also engage their community to develop partnerships to provide additional support for students and their families, creating 1,950 relationships and generating over \$9 million in services, grants, donations and volunteer hours.

FRCs are severely underfunded. When the program began, over 20 years ago, grantees received \$50,000 per site. These funds provided for a full-time director and resources for programs and services. The funding soon decreased to \$33,300 and has now decreased to the current level of \$29,611.95. The current state level funding does not include any administrative funds for program oversight and training by the Department of Education.

Family Resource Centers play an important role in providing support for students outside the classroom so they can learn and grow academically. Tennessee needs to make FRCs available to students in every district and provide each FRC with the resources to assist students and families in getting supportive services to overcome difficulties they may experience, including adverse childhood experiences. The Department of Education needs funding for central office administration of the statewide Family Resource Center program and to provide training, coaching and leadership for Family Resource Center staff.

CSHP has been successful in attracting additional funding from foundations and businesses and serves as a base for the generation of additional support for strategies to improve health and educational outcomes for Tennessee students. Both programs provide important supportive services that strengthen families and their children and help them succeed in school.

The Commission applauds the successful implementation of Tennessee Promise increasing access to higher education for more high school graduates. Tennessee Promise will be an important factor in the state reaching its goal of 55 percent of the workforce having education and training beyond high school by 2025.

Childcare and Two-Generation Approaches to Reducing Poverty

Quality childcare is essential for working families and provides important opportunities to help children develop the cognitive, social and emotional competencies needed to succeed in school. Providing childcare and improving quality in childcare is an essential element in a two-generation approach to addressing poverty. Tennessee's Child Care Resource and Referral (CCR) network and Tennessee Early Childhood Training Alliance (TECTA) are essential components in the infrastructure of services and supports for the provision of quality childcare in Tennessee. Additional efforts to **implement evidence-based two-generation approaches to reduce poverty** are encouraged. In response to legislation, in November 2014, the Department of Human Services (DHS) held a Symposium entitled "Moving Families Forward – Transitional Pathways out of Poverty." The recommendations focused on a two-generation approach and strategies to improve executive function. In 2016, DHS established a Two Generation Consortium, and the Commission is pleased to be a part of this effort. Tennessee needs to move forward to implement two-generation strategies to reduce poverty, a major source of toxic stress for Tennessee children as one in four lives in poverty and one in six lives in a high-poverty neighborhood.

Human Trafficking

The Commission continues to support the provision of needed **funding to effectively intervene and address human trafficking**, including providing services to victims and punishment to perpetrators. Human trafficking presents a significant and serious threat to the physical and mental health and safety of children. Although Tennessee leads the nation in recognizing and punishing this criminal activity, more efforts to educate the public and prevent trafficking, unfortunately, are still needed at this time. We appreciate the Tennessee Bureau of Investigation's efforts to eliminate human trafficking in our state.

As Tennessee revenues continue to grow and outpace estimates, we hope this provides an opportunity to restore recurring funding for quality Home Visiting Programs, sustain funding in other areas, and make improvements in funding for mental health and substance abuse prevention and treatment and Family Resource Centers. Tennessee needs to continue moving forward with key expansions in areas that improve outcomes for Tennessee children and create opportunities for them to thrive. We appreciate your efforts for a brighter future for all Tennessee children and will do whatever we can to assist you. If you have questions or we can provide additional information, please let us know.

Sincerely,



Brenda Davis
Commission Chair



Linda O'Neal
Executive Director

cc: First Lady Crissy Haslam

Greg Adams, Chief Operating Officer
 Jim Henry, Governor's Chief of Staff
 Dr. John Dreyzehner, Commissioner, Department of Health
 Raquel Hatter, Commissioner, Department of Human Services
 Bonnie Hommrich, Commissioner, Department of Children's Services
 Candice McQueen, Commissioner, Department of Education
 Larry Martin, Commissioner, Department of Finance and Administration
 Debra Payne, Commissioner, Department of Intellectual and Developmental Disabilities
 Burns Phillips, Commissioner, Department of Labor and Workforce Development
 Doug Varney, Commissioner, Department of Mental Health and Substance Abuse Services
 Dr. Wendy Long, Deputy Commissioner, Bureau of TennCare & Health Care Finance & Administration
 Deborah Taylor Tate, Administrative Director, Administrative Office of the Courts
 Ralph Perrey, Executive Director, Tennessee Housing Development Agency
 David Thurman, Budget Director, Department of Finance and Administration
 Jude White, Executive Director, Governor's Children's Cabinet
 The Honorable Ron Ramsey, Lieutenant Governor
 The Honorable Beth Harwell, Speaker, Tennessee House of Representatives
 The Honorable Bo Watson, Senate Speaker Pro Tempore
 The Honorable Steve Southerland, Senate Deputy Speaker
 The Honorable Mark Norris, Senate Republican Leader
 The Honorable Lee Harris, Senate Democratic Leader
 The Honorable Bill Ketron, Senate Republican Caucus Chairman
 The Honorable Jeff Yarbrow, Senate Democratic Caucus Chairman
 The Honorable Curtis Johnson, House Speaker Pro Tempore
 The Honorable Steve McDaniel, Deputy House Speaker
 The Honorable Gerald McCormick, House Republican Leader
 The Honorable Kevin Brooks, House Assistant Republican Leader
 The Honorable Glen Casada, House Republican Caucus Chairman
 The Honorable Sheila Butt, House Republican Floor Leader
 The Honorable Timothy Hill, House Republican Whip
 The Honorable Craig Fitzhugh, House Democratic Leader
 The Honorable Joe Towns, House Assistant Democratic Leader
 The Honorable Mike Stewart, House Democratic Caucus Chairman
 The Honorable Jason Powell, House Democratic Floor Leader
 The Honorable JoAnne Favors, House Democratic Whip
 The Honorable Randy McNally, Chair, Senate Finance, Ways and Means Committee
 The Honorable Doug Overbey, 2nd Vice-Chair, Senate Finance, Ways and Means Committee
 The Honorable Charles Sargent, Chair, House Finance, Ways and Means Committee
 The Honorable David Alexander, Vice-Chair, House Finance, Ways and Means Committee
 The Honorable Rusty Crowe, Chair, Senate Health and Welfare Committee
 The Honorable Joey Hensley, 2nd Vice-Chair, Senate Health and Welfare Committee
 The Honorable Cameron Sexton, Chair, House Health Committee
 The Honorable Barry Doss, Vice-Chair, House Health Committee
 The Honorable Brian Kelsey, Chair, Senate Judiciary Committee
 The Honorable Janice Bowling, 2nd, Vice Chair, Senate Judiciary Committee
 The Honorable Jon Lundberg, Chair, House Civil Justice Committee
 The Honorable Mike Carter, Vice-Chair, House Civil Justice Committee
 The Honorable Jim Coley, Subcommittee Chair, House Civil Justice Committee
 The Honorable William Lamberth, Chair, House Criminal Justice Committee
 The Honorable Micah Van Huss, Vice-Chair, House Criminal Justice Committee
 The Honorable Andrew Farmer, Subcommittee Chair, House Criminal Justice Committee
 The Honorable Dolores Gresham, Chair, Senate Education Committee
 The Honorable Reginald Tate, 1st Vice-Chair, Senate Education Committee
 The Honorable Todd Gardenhire, 2nd Vice-Chair, Senate Education Committee
 The Honorable Harry Brooks, Chair, House Education Administration and Planning Committee
 The Honorable Debra Moody, Vice Chair, House Education Administration and Planning Committee

The Honorable Mark White, Subcommittee Chair, House Education Administration and Planning Committee
The Honorable John Forgety, Chair, House Education Instruction and Programs Committee
The Honorable Billy Spivey, Vice-Chair, House Education Instruction and Programs Committee
The Honorable Roger Kane, Subcommittee Chair, House Education Instruction and Programs Committee



ECONOMIC WELL-BEING

DOMAIN RANK

42

Children in poverty

2014

26%

384,000 CHILDREN

WORSENERD

2008 **22%**

Children whose parents lack secure employment

2014

32%

479,000 CHILDREN

WORSENERD

2008 **30%**

Children living in households with a high housing cost burden

2014

33%

489,000 CHILDREN

WORSENERD

2008 **32%**

Teens not in school and not working

2014

9%

30,000 TEENS

UNCHANGED

2008 **9%**



EDUCATION

DOMAIN RANK

36

Young children not in school

2012-14

60%

100,000 CHILDREN

WORSENERD

2007-09 **59%**

Fourth graders not proficient in reading

2015

67%

N.A.

IMPROVED

2007 **73%**

Eighth graders not proficient in math

2015

71%

N.A.

IMPROVED

2007 **77%**

High school students not graduating on time

2012/13

18%

N.A.

IMPROVED

2007/08 **25%**

N.A. NOT AVAILABLE



HEALTH

DOMAIN RANK

28

Low-birthweight babies

2014

9.0%

7,297 BABIES

IMPROVED

2008 **9.2%**

Children without health insurance

2014

5%

78,000 CHILDREN

IMPROVED

2008 **7%**

Child and teen deaths per 100,000

2014

29

461 DEATHS

IMPROVED

2008 **34**

Teens who abuse alcohol or drugs

2013-14

5%

24,000 TEENS

IMPROVED

2007-08 **7%**



FAMILY AND COMMUNITY

DOMAIN RANK

39

Children in single-parent families

2014

37%

523,000 CHILDREN

WORSENERD

2008 **35%**

Children in families where the household head lacks a high school diploma

2014

13%

191,000 CHILDREN

UNCHANGED

2008 **13%**

Children living in high-poverty areas

2010-14

16%

242,000 CHILDREN

WORSENERD

2006-10 **13%**

Teen births per 1,000

2014

33

6,756 BIRTHS

IMPROVED

2008 **52**

UNITED STATES | 2016 KIDS COUNT PROFILE



ECONOMIC WELL-BEING

Children in poverty

2014

22%

15,686,000 CHILDREN

WORSENERD

2008 **18%**

Children whose parents lack secure employment

2014

30%

22,061,000 CHILDREN

WORSENERD

2008 **27%**

Children living in households with a high housing cost burden

2014

35%

25,710,000 CHILDREN

IMPROVED

2008 **39%**

Teens not in school and not working

2014

7%

1,255,000 TEENS

IMPROVED

2008 **8%**



EDUCATION

Young children not in school

2012-14

53%

4,387,000 CHILDREN

WORSENERD

2007-09 **52%**

Fourth graders not proficient in reading

2015

65%

N.A.

IMPROVED

2007 **68%**

Eighth graders not proficient in math

2015

68%

N.A.

IMPROVED

2007 **69%**

High school students not graduating on time

2012/13

18%

N.A.

IMPROVED

2007/08 **25%**

N.A. NOT AVAILABLE



HEALTH

Low-birthweight babies

2014

8.0%

318,847 BABIES

IMPROVED

2008 **8.2%**

Children without health insurance

2014

6%

4,397,000 CHILDREN

IMPROVED

2008 **10%**

Child and teen deaths per 100,000

2014

24

18,666 DEATHS

IMPROVED

2008 **29**

Teens who abuse alcohol or drugs

2013-14

5%

1,276,000 TEENS

IMPROVED

2007-08 **8%**



FAMILY AND COMMUNITY

Children in single-parent families

2014

35%

24,689,000 CHILDREN

WORSENERD

2008 **32%**

Children in families where the household head lacks a high school diploma

2014

14%

10,412,000 CHILDREN

IMPROVED

2008 **16%**

Children living in high-poverty areas

2010-14

14%

10,333,000 CHILDREN

WORSENERD

2006-10 **11%**

Teen births per 1,000

2014

24

249,078 BIRTHS

IMPROVED

2008 **40**