

KIDS COUNT

The State of the Child in Tennessee, 2006

A Blueprint for Tennessee's Future

Recommendations for Improving the Quality of Life for Children

Tennessee Commission on Children and Youth

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Table of Contents

Acknowledgements.....	v
KIDS COUNT CLIKS	vi
Recommendations for Improving the Quality of Life for Children.....	1
Primary Indicators	55
Secondary Indicators.....	69
Data Definitions and Sources.....	85



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KIDS COUNT CLIKS

The KIDS COUNT Network is comprised of state-based KIDS COUNT projects in 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Network members share the common goal of using data to advance positive change on behalf of children and families.

What Data are Available?

The CLIKS website brings together data on the well-being of children collected by KIDS COUNT grantees from state and local sources. The unique system allows users to access state-specific inventories of data from local sources, such as health departments, human services agencies and schools. The content of state pages is determined by a participating KIDS COUNT partner using data from local jurisdictions. CLIKS can be a powerful tool for community leaders, policymakers, service providers, parents and others who want to take a closer look at the local factors that affect the lives of children and families.

What Kinds of Reports Can I Generate?

- ☐ **Profiles** give you detailed information about a single state or region.
- ☐ **Graphs** allow you to view indicators graphed over time.
- ☐ **Maps** provide color-coded state maps based on CLIKS data.
- ☐ **Rankings** allow you to view all of the regions within a state, ranked according to an indicator.
- ☐ **Raw Data** gives you the opportunity to download CLIKS data as delimited files.

To use the CLIKS website, go to www.aecf.org/cgi-bin/cliiks.cgi. For example, select Profiles from the above menu of items. You will then see a list of states. If you click on Tennessee you will get a summary of indicators for Tennessee as a whole. Or, if you click on the plus sign to the left of Tennessee you will get a list of counties for selection. Select the county you want to view and a summary of multi-year data for all available indicators will appear. You can also generate graphs, maps and rankings and download raw data. Each section has specific directions included at the site.

All the Tennessee data were provided by the KIDS COUNT project of the Tennessee Commission on Children and Youth. Specific questions regarding CLIKS can be directed to pam.k.brown@state.tn.us.

CLIKS Website

www.aecf.org/cgi-bin/cliiks.cgi

Tennessee Commission on Children and Youth Website

All current editions of *The State of the Child in Tennessee*, as well as other publications produced by the Commission, can be found at:

www.tennessee.gov/tccy.

Blueprint for Tennessee's Future

Recommendations for Improving the Quality of Life for Children



Why a Blueprint for the Success of Tennessee's Children is Necessary

The Tennessee Commission on Children and Youth developed this *Blueprint for the Success of Tennessee's Children* to identify strategies that reflect good stewardship of state resources and strengthen community connectedness to support children and families. These strategies should guide the development of public policies and systems. *Blueprint* strategies are based on partnerships to provide opportunities for Tennessee children and families to be personally successful. At the same time they lay the foundation for the successful economic growth and development of Tennessee's tomorrow.

Blueprint strategies focus on what needs to be addressed, why we need to address it, and how it should be addressed.

With a 2006 National KIDS COUNT ranking of 46th in overall child well-being, Tennessee needs specific strategies for the development of public systems and structures and community collaborations that enhance opportunities for children and families. The *Blueprint for the Success of Tennessee's Children* can guide efforts to build those public structures and systems that provide a foundation for a community solutions approach. The long-term goal is to create a legacy of a nurturing and just society, enabling children to flourish so they may contribute positively to future economic growth of Tennessee.

Solutions

In the last 50 years, in Tennessee and the nation as a whole, we have built a series of modern networks that are essential to our economy and our quality of life – our power grid, phone systems, water systems, interstate highways and the Internet. In fact, Tennessee has an outstanding system of interstate highways. In December 2006, *Overdrive Magazine*, ranked I-40 in Tennessee as the best road in America and Tennessee third overall for best roads. Tennesseans need to work together so our public structures, systems and networks that support the development of healthy, productive citizens have comparable rankings.

The failure to provide comprehensive supports for Tennessee children – the backbone of our workforce and economy for the future – is the equivalent of having scattered wells, individual generators and county roads, but no infrastructure to ensure future success.

The early years of life matter because early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all the development and behavior that follows – and getting it right the first time is easier than trying to fix things later (Knudsen et al, 2006).

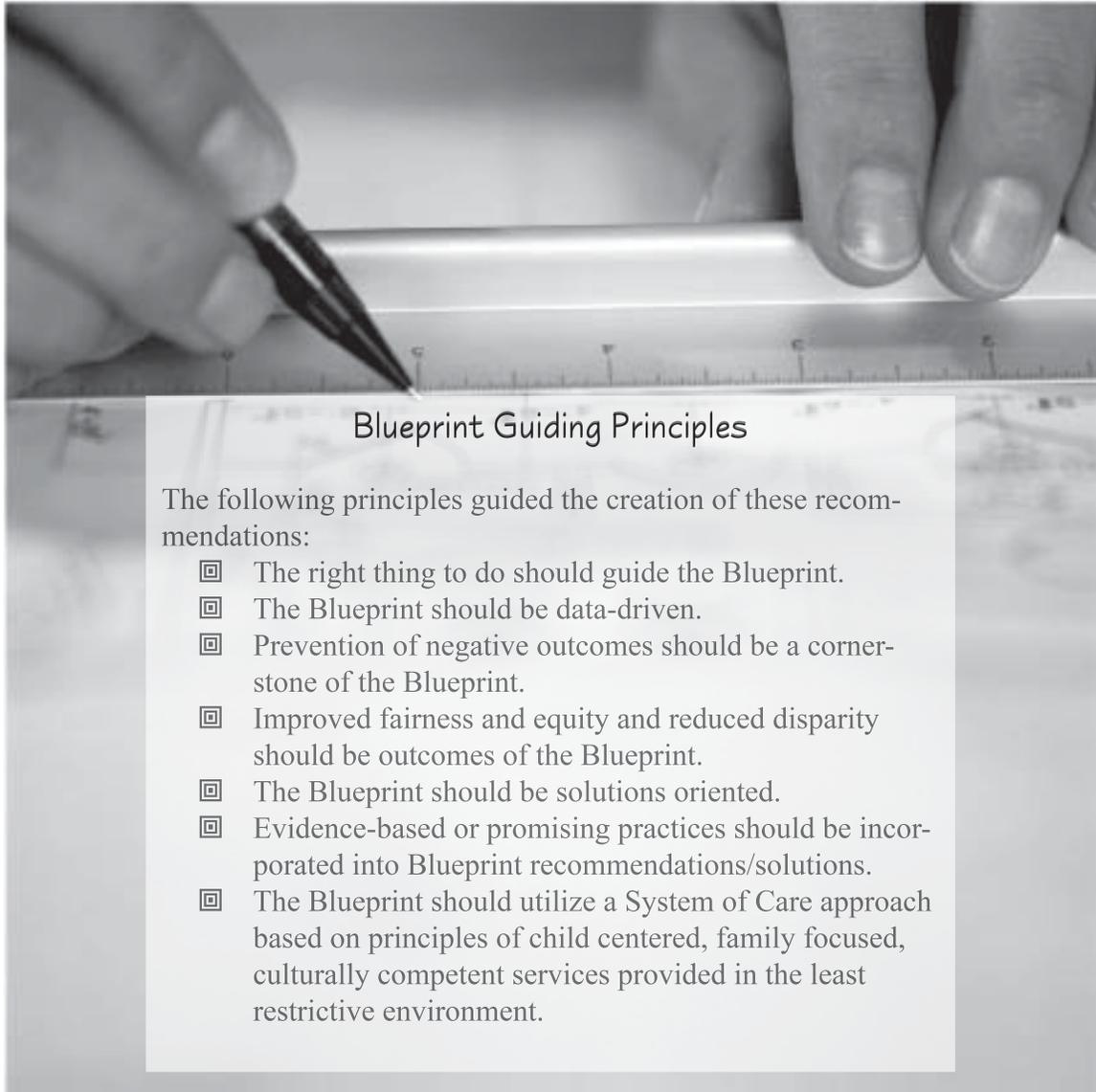
Investing in Tennessee children is the most important thing we can do to provide them with opportunities for success. Our future is at risk if the health, education and development of Tennessee children are not given the priority they deserve. The workforce of tomorrow depends on the investments we make in them today and, over the years, in their growth and development. Our legacy needs to be one of responsibility as a community and as a state. We must ensure Tennessee children have a bright future, and that, consequently, the future of the state as a whole is enhanced.

Impact of Blueprint Recommendations on Outcomes in Various Sectors

Recommendations	Health	Mental Health	Substance Use/Abuse	Education	Child Welfare	Juvenile Justice	Economic Success
Evidence-Based and Promising Practices							
Coordinated System of Care							
Reduce Infant Mortality							
Nurse/Professional Home Visiting Programs							
Full Continuum of Mental Health Services							
Coordinated School Health Programs							
Quality After-School Programs							
Quality Early Childhood Education							
School Safety							
Family Resource Centers							
Child Abuse Prevention and Intervention							
Child Advocacy Centers							
Foster Care							
Court Appointed Special Advocates							
Successful Transitions to Adulthood							
Quality Juvenile Justice Services							
Juvenile Detention Alternatives Initiative							
Professional Development							
Effective Legal Representation							

Overarching Themes

Although it became evident that a number of children’s issues within the domains of health, education, youth development, child welfare and juvenile justice require improvements, two overarching themes rose to the surface: the need for a coordinated system of care to provide a seamless approach to accessing services, and the need to focus on services and practices that have demonstrated success producing desired outcomes.



Blueprint Guiding Principles

The following principles guided the creation of these recommendations:

- ▣ The right thing to do should guide the Blueprint.
- ▣ The Blueprint should be data-driven.
- ▣ Prevention of negative outcomes should be a cornerstone of the Blueprint.
- ▣ Improved fairness and equity and reduced disparity should be outcomes of the Blueprint.
- ▣ The Blueprint should be solutions oriented.
- ▣ Evidence-based or promising practices should be incorporated into Blueprint recommendations/solutions.
- ▣ The Blueprint should utilize a System of Care approach based on principles of child centered, family focused, culturally competent services provided in the least restrictive environment.

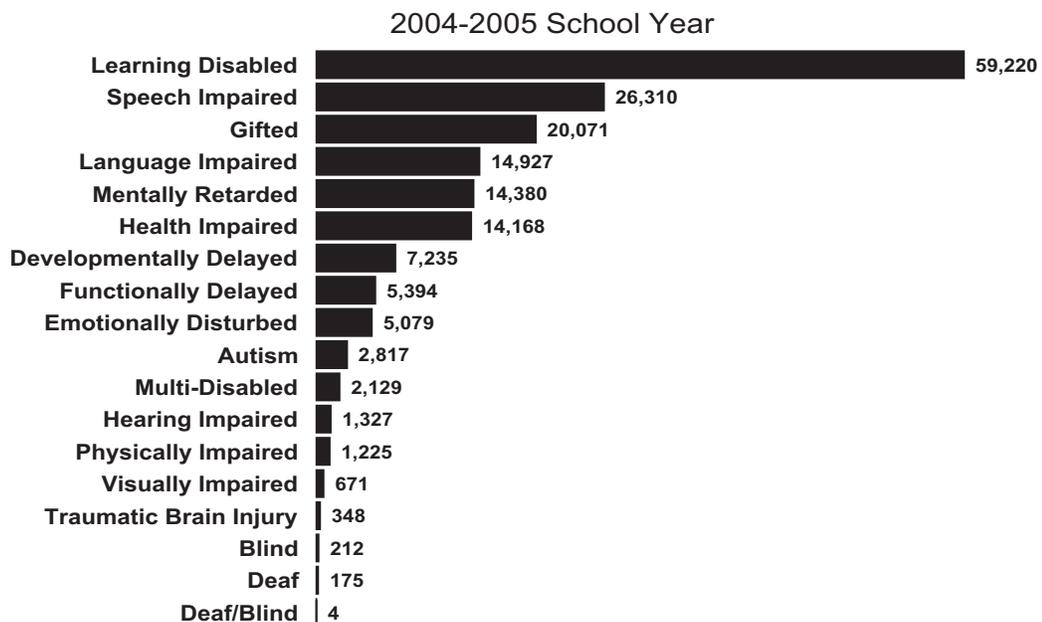
Coordinated System of Care

Goal: Implement a Coordinated System of Care to maximize existing resources and strengthen collaborative community efforts to better meet the needs of children and families in Tennessee.

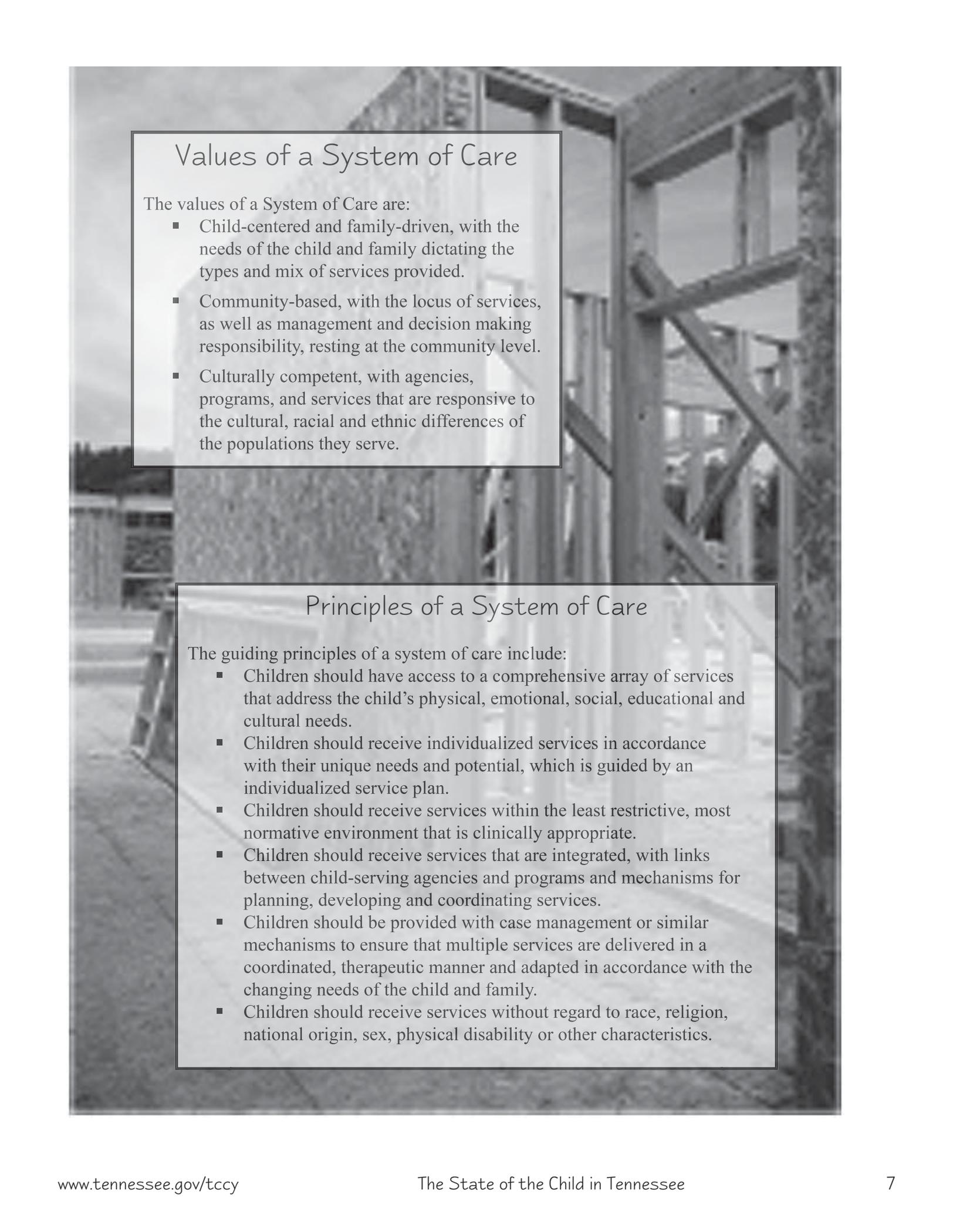
A coordinated system of care requires the participation by families and the community at large. A healthy and stable family and home environment are important for all children. When children have additional or special needs, supportive, coordinated, community-based systems of care enhance opportunities for successful outcomes.

The term “Coordinated System of Care” (SOC) originated in the children’s mental health system and is distinguished from other initiatives by a set of core values and guiding principles (Stroul & Friedman, 1986). These values and principles are equally applicable for all children who need services from multiple agencies and systems. Minimally, all children need health and educational services, and many children also receive services from mental health, child welfare, juvenile justice and other systems. When these systems work together in a coordinated manner, they more effectively meet the needs of children and families. Consequently, their outcomes and opportunities for success are improved. These are the same values and principles that should guide all services for children and families.

Tennessee Children Ages 3 to 21 Receiving Special Education Services



Number by Category. Source: Tennessee Department of Education



Values of a System of Care

The values of a System of Care are:

- Child-centered and family-driven, with the needs of the child and family dictating the types and mix of services provided.
- Community-based, with the locus of services, as well as management and decision making responsibility, resting at the community level.
- Culturally competent, with agencies, programs, and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.

Principles of a System of Care

The guiding principles of a system of care include:

- Children should have access to a comprehensive array of services that address the child's physical, emotional, social, educational and cultural needs.
- Children should receive individualized services in accordance with their unique needs and potential, which is guided by an individualized service plan.
- Children should receive services within the least restrictive, most normative environment that is clinically appropriate.
- Children should receive services that are integrated, with links between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated, therapeutic manner and adapted in accordance with the changing needs of the child and family.
- Children should receive services without regard to race, religion, national origin, sex, physical disability or other characteristics.

Evidence-Based Programs/Practices

Goal: To implement more evidence-based practices to ensure maximum benefit in improving outcomes for children receiving services provided or supported by the State of Tennessee.

Evidence-based practices are those that have been explicitly proven successful by appropriately rigorous research and replication. Since the late 1990s, with improved evaluation and analyses by the Surgeon General and various researchers, evidence has been available regarding what produces better outcomes from services provided by the mental health, substance abuse, child welfare and juvenile justice systems. The health field, in contrast, has a longer tradition of identifying evidence-based treatment approaches that produce better outcomes. Promising practices objectively appear to have the potential to become evidence-based, but to date are not sufficiently researched to validate if they actually produce desired results and can be successfully replicated.

Though these evaluations and analyses demonstrate which tactics tend to produce positive outcomes and which do not, we continue to employ many failed strategies. For example, past juvenile justice reforms tended to focus on retribution and incarceration, as it was believed these would have a beneficial impact on juvenile crime, but there has been no empirical evidence to support punishment as an effective deterrent of youth violence. Evidence-based or promising practices are beneficial because they have been tested, so the potential results of proposed projects can be adequately gauged before full implementation as long as the methods used are consistent with the original model, typically referred to as maintaining fidelity with the model.

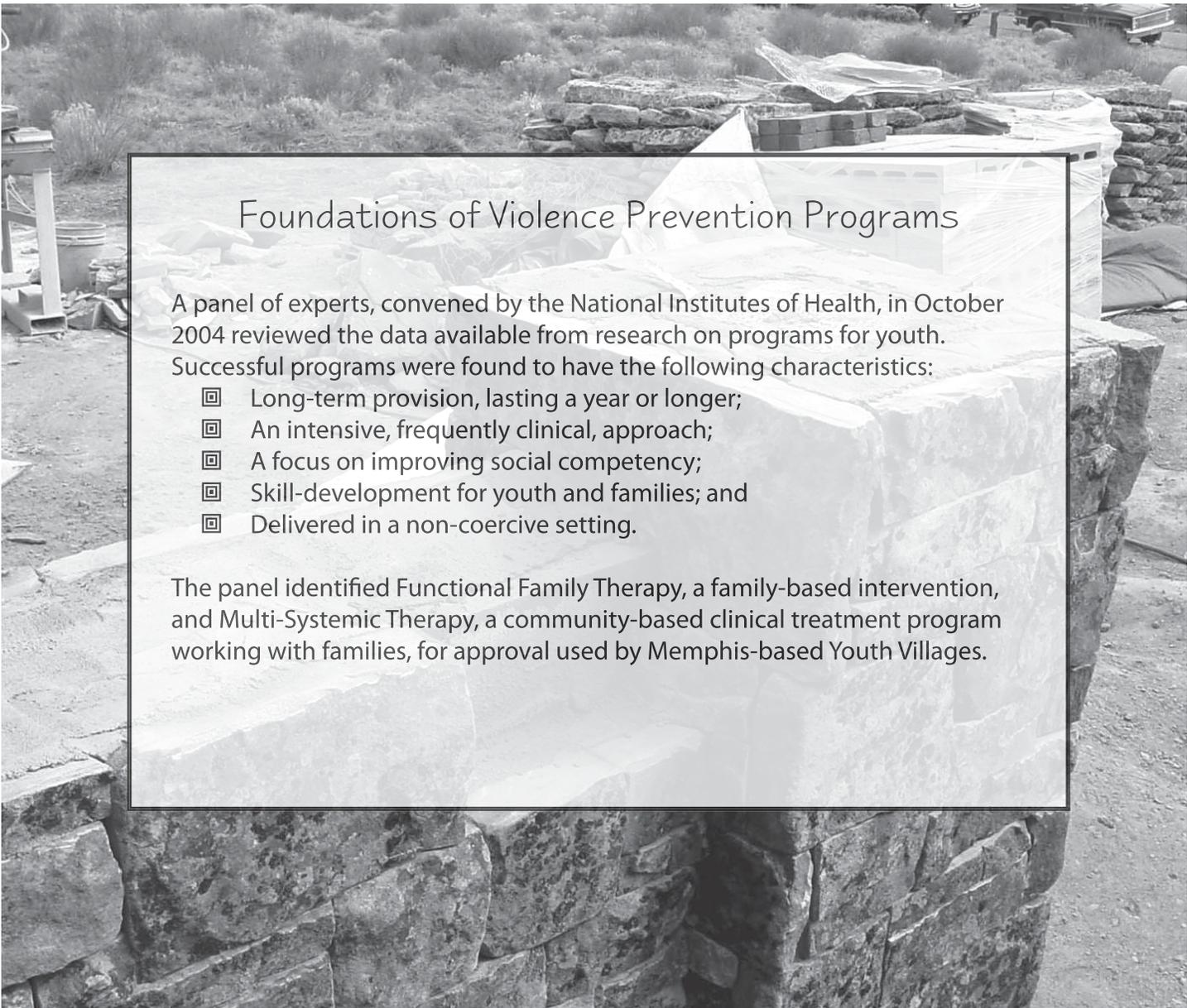
The transition to evidence-based practices is challenging for providers who are comfortable with the service delivery approaches they currently employ. The natural resistance to change coupled with concerns about the perceived or actual expense of evidence-based practices impedes swift transition to proven strategies. However, the proven outcomes of evidence-based programs demonstrate the cost effectiveness of using strategies that provide the greatest benefits for children and families, for communities and for the state as a whole.

As a result of the success and importance of evidence-based practices, federal funds to states now require their use for programs that are based on proven, performance-based, evidence-based, and/or “blueprint” projects. Successful evidence-based programs can make a substantial difference in improving outcomes for children who receive services from the mental health, substance abuse, child welfare and juvenile justice systems.

Blueprints: A Violence Prevention Initiative (Center for the Study of the Prevention of Violence, 1996) is one of the best known meta-analyses to identify programs with demonstrated effectiveness in preventing or at least reducing violence. Effective interventions can help young people, even those who have exhibited challenging behaviors, be successful in school and become productive citizens. Many of these practices build on traditional values of family, teamwork and citizenship, and while

the focus is on prevention of violence, they also improve outcomes across a range of systems and issues. The evidence-based practices identified by this *Initiative* include:

- Nurse-Family Partnership (nurse home visiting program);
- Bullying Prevention Program (BPP);
- Promoting Alternative Thinking Strategies (PATHS);
- Big Brothers Big Sisters of America;
- Quantum Opportunities Program (QOP);
- Multi-Systemic Therapy (MST);
- Functional Family Therapy (FFT);
- Midwestern Prevention Project;
- Life Skills Training;
- Multidimensional Treatment Foster Care (MTFC).



Foundations of Violence Prevention Programs

A panel of experts, convened by the National Institutes of Health, in October 2004 reviewed the data available from research on programs for youth. Successful programs were found to have the following characteristics:

- ▣ Long-term provision, lasting a year or longer;
- ▣ An intensive, frequently clinical, approach;
- ▣ A focus on improving social competency;
- ▣ Skill-development for youth and families; and
- ▣ Delivered in a non-coercive setting.

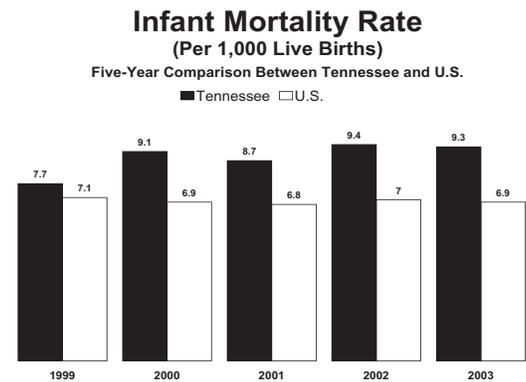
The panel identified Functional Family Therapy, a family-based intervention, and Multi-Systemic Therapy, a community-based clinical treatment program working with families, for approval used by Memphis-based Youth Villages.

Reduce Infant Mortality

Goal: Implement proven and effective strategies to reduce infant mortality.

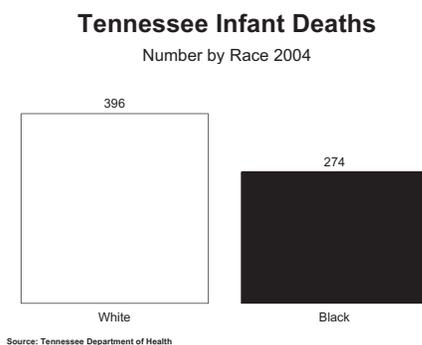
Our tiniest citizens face the largest challenges to their health and survival. The infant struggling to breathe in the incubator in one of Tennessee's hospitals has the potential to be the next Isaac Hayes or Red Grooms, the next great musician, artist, sports hero, inventor, soldier, preacher, doctor, fireman, etc. When a child loses the struggle to survive, the family, the community and society as a whole lose.

In the 2006 National KIDS COUNT Data Book, Tennessee ranked 47th in the country for infant mortality, with the rate hovering at 9.3 deaths per 1,000 births (The Annie E. Casey Foundation). Infant mortality is an important area of focus because, in addition to the personal agony each lost life causes, a family's loss of potential, creativity and productivity is a loss for the entire community. Infant mortality is inextricably linked to health indicators such as maternal health, socioeconomic conditions, access to medical care, quality of medical care, and public health practices (America's Children, 2006). It is essential that Tennessee strengthen its efforts to decrease the infant mortality rate by implementing and supporting educational campaigns, nurse home visiting programs, and women's health initiatives.



Source: The Annie E. Casey Foundation

Before a child's first birthday there are many life threatening events that contribute to infant mortality. Sudden Infant Death Syndrome (SIDS) is rare during the first month of life, but risk peaks between two and three months of age before decreasing. Identified independent risk factors for SIDS include sleeping face down, sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or no prenatal care, young maternal age, and preterm birth and low birth weight (American Academy of Pediatrics, 2005). Campaigns such as the "**Baby Back to Sleep**" program, which highlights the importance laying an infant on his or her back while sleeping, have emphasized lowering the incidence of these risk factors in an effort to decrease overall infant mortality rates.

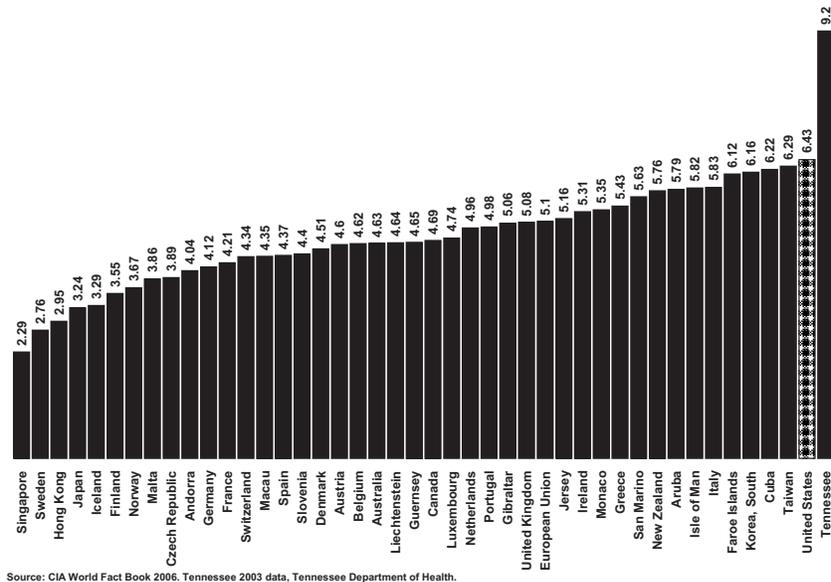


Source: Tennessee Department of Health

Low birth weight is a significant factor in nearly two thirds of all infant deaths and is best addressed by educating and providing health services to mothers-to-be through avenues such as **adequate prenatal care** and Nurse Home Visiting Programs. Early and continuous prenatal care helps identify conditions and behavior that can result in low birth weight babies, such as smoking, drug and alcohol abuse, inadequate weight gain during pregnancy, and repeat pregnancies in six months or less.

Another preventable cause of infant mortality, shaken baby syndrome (SBS), results in an estimated 20 to 25 infant deaths annually in Tennessee. SBS causes four to five times that many children to suffer from blindness, cerebral palsy, developmental delays or other injuries (Prevent Child Abuse Tennessee, 2006). As little as five seconds of shaking can result in damage. Inappropriate responses to anger, fear and frustration contribute to this form of child abuse. Preventing shaken baby syndrome by increasing parents' and child care providers' understanding of the architecture of the developing infant brain and of child development and the impact of shaking has the potential to reduce the incidence of shaken baby syndrome by nearly half.

Comparison of National Infant Mortality Rates 2006 Deaths Per 1,000 Live Births



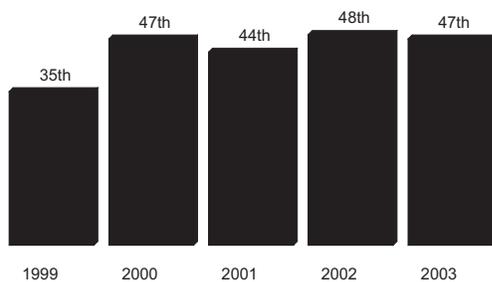
The U.S. Department of Health and Human Services (HHS) promotes critical programs in an effort to combat infant mortality and birth defects, including the **folic acid campaign** that strives to prevent serious birth defects by ensuring expectant mothers get appropriate daily intake of the vitamin. HHS also supports campaigns to reduce mother-to-child HIV transmission and **reduce teen pregnancy** and provides Title V block grants to states for efforts to reduce infant mortality.

These strategies are important steps in the efforts to reduce Tennessee's infant mortality rate.

One of the more effective, evidence-based strategies for reducing infant mortality is the implementation of **nurse/ professional home visiting** programs. The Healthy Start Initiative is an evidence-based practice that has seen marked results. Established in 1991, Healthy Start programs include elements such as inclusion of the local community in program planning, assessment of local needs, efforts to increase public awareness, implementation of an infant mortality review, development of a package for innovative health and social services for pregnant women and for infants, and evaluation of the initiative. Healthy Start site visits and evaluations result in a higher percentage of women in the program receiving adequate or better prenatal care, experiencing adequate initiation of prenatal care, and having adequate or better number of prenatal care visits (U.S. Department Health and Social Services, 2006).

Tennessee Rankings on Infant Mortality

1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Child Maltreatment Prevention and Intervention

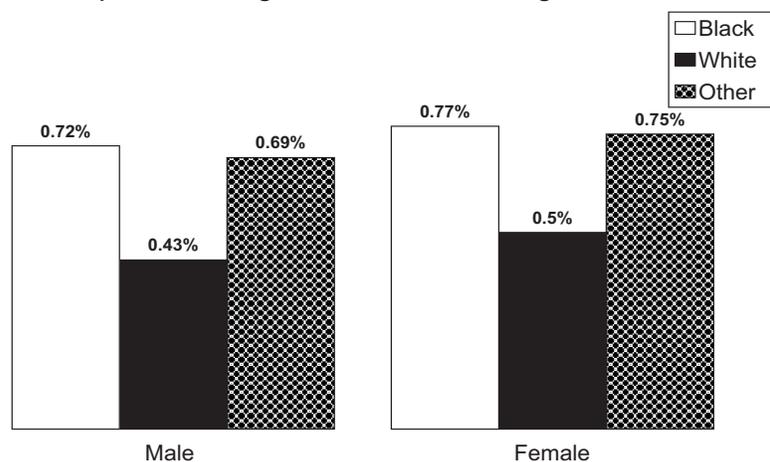
Goal: Provide quality programs to prevent child maltreatment and intervene effectively when child maltreatment does occur.

Child maltreatment, which includes both child abuse and child neglect, is a major social problem. Nationally it is the leading cause of death from injuries for children over a year old. It also roughly doubles the probability that an individual engages in many types of crime, and children who experience child maltreatment start engaging in crime earlier. Abused or neglected children are more likely to be arrested as both juveniles and adults. Estimates suggest that the crime induced by child maltreatment costs society from \$6.7 billion to \$62.5 billion per year, depending on the social costs attributed to crime and whether those costs include estimates of willingness to pay to avoid crime (National Bureau of Economic Research, 2007).

Strategies to prevent child maltreatment and intervene appropriately when it does occur are critically important for Tennessee children. When interpersonal experiences are disruptive, neglectful, abusive, unstable, or otherwise stressful, they increase the probability of poor outcomes. Severe or chronic stress, including stress caused by child maltreatment, releases harmful chemicals in the brain that impair cell growth and make it harder for neurons to form healthy connections.

In addition to positively impacting infant mortality, **nurse/professional home visiting programs** also have been shown to have an effect on reducing child abuse and maltreatment within the home. Programs delivered by professional visitors (nurses or mental health workers with either post-high school education or experience in child development) yield more beneficial effects than those involving paraprofessionals. In programs using paraprofessionals, beneficial effects were consistently evident only when programs were carried out for a number of years. A 15-year follow-up study of the pioneer of home visiting programs' original positive findings showed the benefits in having a

Percent Tennessee Juvenile Court Referrals by Race and Sex Dependant Neglect and Abuse Allegations 2005



Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistics Report 2005.

nurse make home visits to new, low-income, unmarried mothers included, for the children, a 48 percent reduction in child abuse and neglect, a 59 percent reduction in arrests and a 90 percent reduction in adjudications, and for the mothers, 61 percent fewer arrests, 72 percent fewer convictions and 98 percent fewer days in jail (Nurse Family Partnership, 2005).

Nurse home visiting programs that start in infancy have been shown to reduce the incidence of substantiated cases of maltreatment by 50 percent.

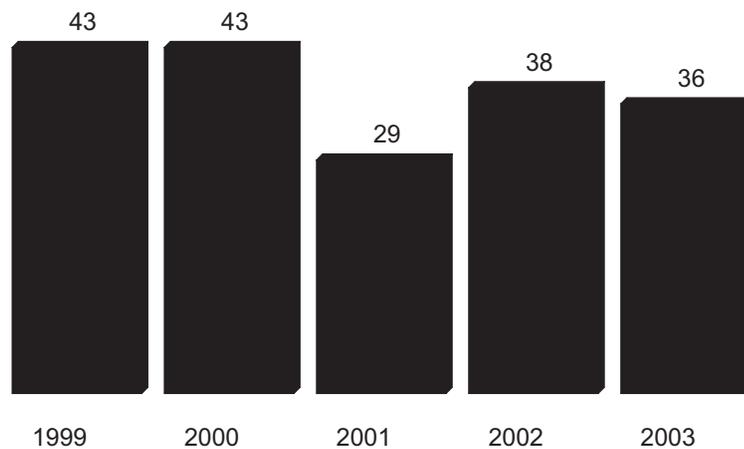
At a cost of about \$4,000

per child, the total cost of providing this service to all children would be about \$16 billion. Given that the crime induced by abuse is only one of the social costs of maltreatment, these estimates suggest that such a home visiting program might well pay for itself in terms of reducing social costs, even based on conservative estimates of the costs of crime (National Bureau of Economic Research, 2007).

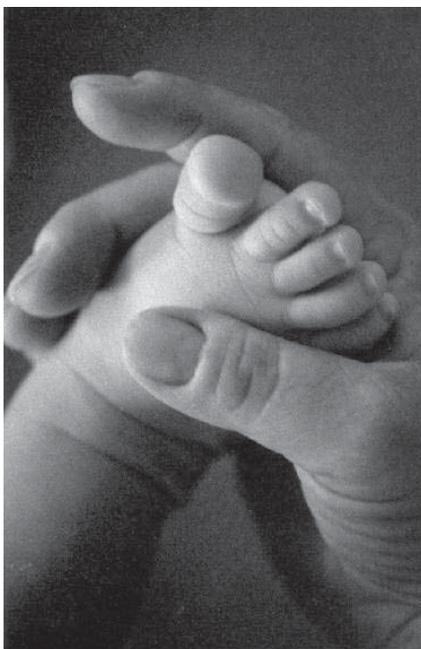
When the benefits of improving prenatal care and reducing pre-term and low-birth-weight babies are added to the crime prevention aspects, it is clear the lack of home visiting programs for all children is a would better support their healthy birth and development.

Tennessee Rankings on Child Death Rate

1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.



While the outcome research is most solid for nurse home visiting programs, nursing shortages coupled with funding constraints require consideration of other professional and trained home visiting models. Essential elements for all types of home visiting include well trained home visiting personnel, compliance with program policies and procedures to produce desired outcomes, and quality supervision and support for home visitors. While some home visiting programs focus primarily on improving educational outcomes, whenever possible, strategies to reduce infant mortality and prevent child maltreatment should be included.

Pressures on the nation's system for helping abused and neglected children have prompted new efforts toward reforming child protective services in order to ensure children's safety. System reforms should ensure that investigations target high-risk families while building collaborative community-based networks to serve lower-risk families in order to provide responses tailored to the individual needs of the

child and family's situation (Waldfogel, 1998). In the past, when children and families were referred to Child Protective Services (CPS) or cases were screened out or unfounded, the cases were closed without further exploration of the need for services. Early responsiveness to the needs of these families can link them to the supports within the community they require, prevent further system involvement, and help protect children regardless of risk.

Child Protective Services multi-level response system legislation enacted by the Tennessee General Assembly in 2005 is designed to create a statewide response to prevent and reduce child maltreatment and increase community partnerships for more timely and accessible services for referral, assessment, or investigation. Effective implementation of the multi-level response system should improve child protective services interventions in Tennessee. In 2004, the Tennessee Department of Children's Services received 52,341 reports of abuse and neglect; of those 41,482 were investigated, and 11,105 were indicated.

Child Advocacy Centers (CAC) offer children and families a friendly place where young victims can receive counseling and treatment and contact law enforcement personnel, attorneys and case managers who investigate alleged incidents of sexual and severe abuse. Families also receive support where trained professionals and volunteers can work together to improve the safety and well being of children



through intervention and prevention in their communities (TCCAC, 2004). Ensuring CACs are available to abused children in Tennessee is a key component in appropriately intervening in child abuse situations. Presently, 25 child advocacy centers statewide are located in 21 of the state's 31 judicial districts, with the goal to have at least one center in each of Tennessee's judicial districts.

Tennessee needs nurse/professional home visiting programs, child advocacy centers and other comprehensive strategies to prevent child maltreatment and the accompanying negative outcomes for children and for society.

Quality Child Care and Early Childhood Education

Goal: Provide children with the opportunity to receive high-quality early childhood education and childcare in order to improve educational, economic and life outcomes.

Early childhood education is critical to brain development, as the brain grows from 75 percent to 90 percent of its adult size between ages 3 and 6, and the quality and quantity of stimulation determines the success of this development (Schiller, 1997).

As Noble Laureate economist James Heckman (2000, 2005) has noted, as we look for ways to ensure future prosperity, we need to begin to think of early education as economic development. To be successful, future workers will need to have strong social skills so they get along with diverse groups of people and can successfully work in teams to solve problems.

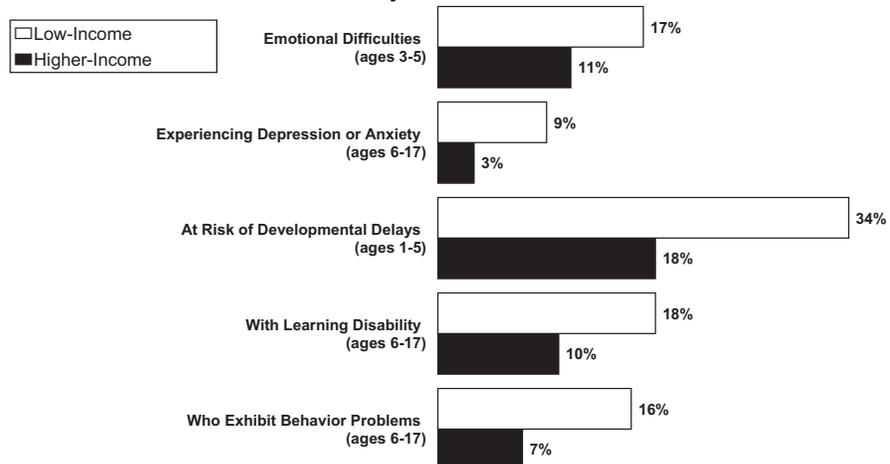
Economists are now landing in the same place as our colleagues in neuroscience, in understanding that these social and emotional skills are influenced very early in life as a child's brain architecture is developing. Children who are started on a strong skill trajectory continue to develop even more skills, so benefits multiply over time – skill begets skill. New economic research demonstrates that the real benefits of early childhood education are not from making children smarter, but from nurturing the children's non-cognitive skills. It's not just about reading proficiency; it's about social competence. The 21st Century economy requires a workforce with these skill sets. It is easier and more cost-effective to develop social and emotional skills in children as they are developing.

We need to ensure all children have the opportunity to succeed in school. None of us chooses where we will be born. Some are born into neighborhoods with tree-lined streets, well-funded schools and hospitals, easily accessed libraries and the benefits and comfort these community resources provide. For others, the struggle to survive and access our neighborhoods' scarce resources begins with the first breath. In places of scarcity, when too many people try to share too few resources, no one gets enough.

The quality of their early life experiences has a significant impact on children's future growth and development. Children need an environment of supportive, positive relationships to build sturdy brain architecture. Children in families with low incomes tend to experience greater

Social and Cognitive Development of Tennessee Children

Differences by Family Income, 2003

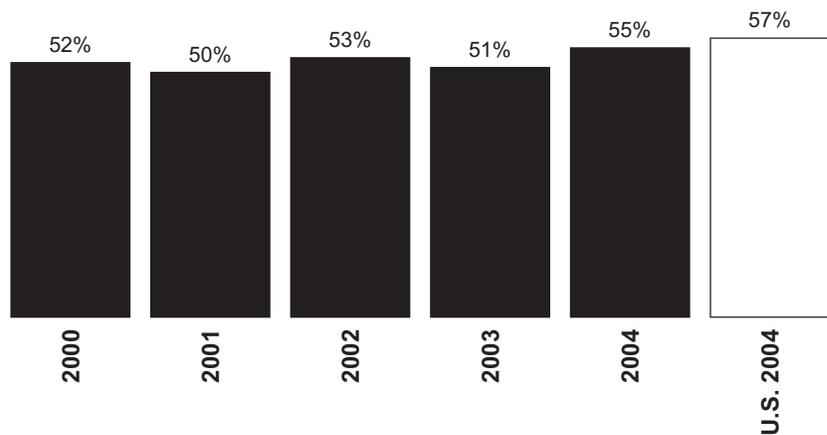


Source: Child Trends analysis of the 2003 National Survey of Children's Health. Low-Income defined as below 200 percent of poverty.

stress. Consequently these children often have less opportunity to access quality, stimulating and diverse life experiences, including libraries and other community resources. Children from low-income families entering kindergarten are on average one to one-and-a-half years behind middle class children in language and other cognitive skills. Low socioeconomic status has more impact on cognition scores than any other factors including race, ethnicity, home reading and family educational expectations. Additionally, socioeconomic status has been proven to contribute to a learning gap; children on welfare hear about 616 words per hour while children with professional parents hear about 2,153 words (Tennessee Department of Education, 2006).

Tennessee Early Childhood Education Enrollment

Percent of Children Ages 3 to 5 Enrolled in Nursery School, Preschool or Kindergarten

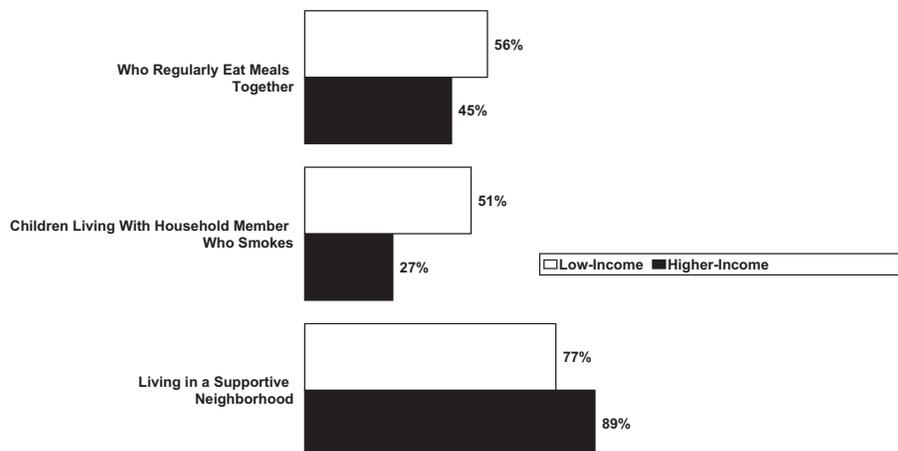


Source: Annie E. Casey Foundation

Quality early childhood education can be crucial in closing this language gap prior to first grade before it adversely impacts a child's long-term educational experience (Hart & Risley, 1995). Brain stimulation is critical to closing the learning gap and is a direct result of the quality of the education received, which is entirely dependent on factors such as classroom size, low teacher-student ratios and a challenging curriculum.

Studies in Tennessee have shown at-risk students perform significantly better on First Grade Achievement Test Scores when they have participated in pre-kindergarten programs (Tennessee Department of Education, 2006). Their scores were not only better than a matched group of low-income children who did not attend pre-kindergarten, but also were above the state average. The long-term benefits of early childhood education are substantial and include increases in test scores,

Tennessee Family and Neighborhood Differences By Income 2003



Source: Child Trends analysis of the 2003 National Survey of Children's Health. Low-Income defined as below 200 percent of poverty.

decreased special education placement, increases in high school graduation rates, increases in college attendance, decreases in crime and delinquency, and improved employment and earnings (National Institute for Early Education Research, 2003).

All children should have equal opportunities to experience quality child care, and adequate state child care reimbursement rates improve access to quality child care for low income families with children.

Two previous governor-appointed task forces on child care have recommended state reimbursement rates be set at the 80th percentile to provide opportunity for all children to receive quality child care. Current reimbursement rates in Tennessee average around the 45th percentile. Higher child care reimbursement rates are essential to ensure access to quality child care. Poor quality child care increases the stress a young child

experiences, and like child abuse, causes the release of chemicals that damage the developing architecture of the child's brain. When we do not provide sufficient child care reimbursement to enable providers to employ sufficient staff with adequate credentials and training, and to include other resources required for quality child care, we jeopardize the future opportunities for children to be successful in school and in life.

The opportunity to attend quality child care and early pre-kindergarten programs significantly improves future educational, economic and life outcomes for all children, especially low-income children, and in turn, the economy and quality of life in the state as a whole benefits.

Tennessee and U.S. Educational Attainment 2004

Percent of People 25 Years Old and Over

	High School Graduates or Higher	Bachelor's Degree
U.S.	85.2 Percent	27.7 Percent
Tennessee	82.9 Percent	24.3 Percent

Source: National Center for Education Statistics



K-12 Education and Beyond

Goal: That every Tennessee student will graduate prepared to function in the workplace and the family.

Our education system may be the most important public structure we have created in our state and nation. This system benefits us all; it is the foundation of our democracy and the engine of our economy. It is our collective responsibility to ensure public education is adequately supported and has the resources it needs to meet the challenges of a global century.

An adequate educational system is among the foundation for a blueprint for success for Tennessee children. Investments in education are truly investments in the economic future of the state. A stable, well-trained work force is essential for economic development, whether jobs are home grown or move in from other parts of the nation or around the world.

Tennessee has many challenges in developing a world class education system. The expansion of quality early childhood education strengthens the foundation for educational success, but other supports are also needed to shore up the education system in Tennessee. As a result of lawsuits, the state has moved to equity in funding across Tennessee counties. Unfortunately, all counties are now equitably funded inadequately.

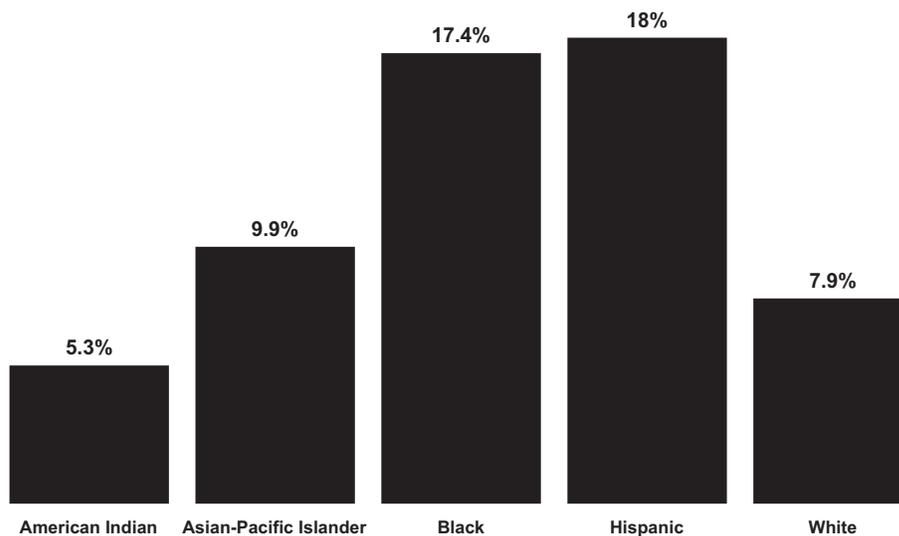
Laws and policies in Tennessee are often high quality and should provide a foundation for educational success. "Education Alignment Policies" were ranked sixth in the nation and "Standards, Assessments, and Accountability State K-12 Policy Indicators" were ranked fourth in a recent report (Education Week, 2007). However, when it comes to areas requiring expenditures, Tennessee often

lags. The same report ranked "Chances for Success Indicators" at 45th and "Elementary and Secondary Performance Achievement Indicators" at 40th.

Investments in education are critically important for Tennessee to close the achievement gap its students experience compared to the nation as a whole. The 2006 National KIDS COUNT Data Book reflects a higher percentage of Tennessee students scoring below basic reading and math levels in 4th and 8th grade than

Tennessee High School Dropouts

Percent by Race and Ethnicity 2004



Source: Tennessee Department of Education

the nation as a whole, and ranks the state 45th in the percent of teens who are high school dropouts.

While Tennessee has the highest average state, city and county sales tax rate in the nation at 9.35 percent (The Sales Tax Clearinghouse, 2007), Tennessee ranks 50th in both per capita and percent of personal income spending on K-12 education, and 47th in per capita and 42nd in percent of personal income spending on higher education (Governing, 2006). Analysis from the Institute on Taxation and Economic Policy indicated Tennessee's level of public investments in libraries, pre-K, K-12 and public colleges and universities lags a staggering \$2.1 billion behind the regional average in funding for education (*The Real Budget Deficit*, 2006).

Tennessee schools must redouble their efforts to keep children in school and learning. Among the strategies that should be considered are efforts to reduce the number of children who are suspended or expelled. Schools provide important environments for learning both academics and positive interactions with others. When children are prohibited from attending school, they are more likely to get behind in their studies (or farther behind), to become disconnected from learning, to become involved in less desirable behavior during unsupervised time, and to drop out of school.

Reports increasingly express alarm about the school-to-prison pipeline associated with zero tolerance, stricter standards for graduation and high-stakes testing. The solutions for this and other complex issues facing today's children include developing partnerships and relationships between agencies and groups to overcome problems of communication, coordination and diffused responsibility between them (Redirecting Youth from the School-to-Prison Pipeline, November 2005), strategies that are exemplified through a system of care approach and use of evidence-based practices.

The Tennessee Comptroller of the Treasury *Zero Tolerance: An Update 2006* report included the following recommendation: "The General Assembly may wish to consider encouraging local education agencies to implement more alternatives to expulsion." It referenced the national Zero Tolerance, Zero Evidence report, which said:

Research shows that one of the strongest predictors of dropout is prior association with school discipline... School suspension and expulsion appear to be effective primarily in removing unwanted students from school. For troublesome or at-risk students, the most well-documented outcome of suspension appears to be further suspension, and eventually school dropout.

Research suggests a variety of strategies to help children succeed in school. While there are no simple solutions

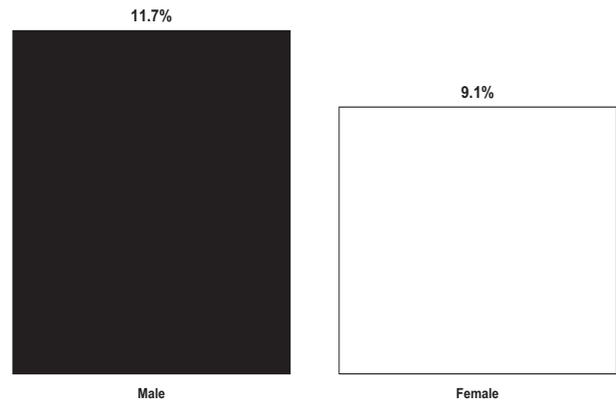


to the dropout crisis, there are clearly “supports” that can be provided within the academic environment and at home that would improve students’ chances of staying in school. Strategies to help children stay in and graduate from high school include:

- Improve teaching and curricula to make school more relevant and engaging and enhance connection between school and work;
- Improve instruction, and access to supports for struggling students;
- Build a school climate that fosters academics;
- Ensure that students have a strong relationship with at least one adult in the school;
- Improve the communication between parents and schools (The Silent Epidemic, 2006).

Tennessee High School Dropouts

Percent by Gender 2004



Source: Tennessee Department of Education

As is all too frequently the case, Tennessee has good laws and policies to benefit children and families. An example is the national recommendation that the age at which students can legally drop out of school be raised. Tennessee laws have required compulsory school attendance until age 18 for more than a decade, but without the necessary programs services to help struggling children succeed in school, usually requiring funding to put them in place, laws and policies alone cannot ensure success.

Completion of high school impacts economic outcomes. A study of the average annual earnings in 1999 of spring 1988 eighth-grade students, by high school completion status and sex, reported those who completed high school in four years had higher incomes than those who did not (National Center for Education Statistics, 2006).

A proper blueprint for the success of Tennessee children also calls for adequate investments in higher education. Tennessee must increase the percentage of its population 25 and older with a bachelor’s degree. In 2003, only



21.5 percent of adults in Tennessee had a bachelor’s degree, compared to 26.5 percent for the United States (Tennessee Higher Education Commission). For every 100 ninth graders in Tennessee, 61 graduate from high school, 38 enter college, 26 are still enrolled their sophomore year, and 16 graduate within six years (National Center for Higher Education Management Systems, 2003, reported by Tennessee Higher Education Commission).

Recent research links improving education outcomes to improving health outcomes. The consequences of educational disparities are striking: adults with low educational attainment are more likely to die precipitately from cardiovascular disease, cancer, infection, lung disease, and diabetes. On average, a

high school graduate lives six to nine years longer than a dropout (Alliance for Excellent Education, 2006).

Providing a strong foundation for the Tennessee educational system through adequate funding and programming to ensure all children have the opportunity to reach their full potential would be beneficial for individual children, their families and society as a whole. A more solid educational foundation in Tennessee would help compensate for other weaknesses in the systems that support and foster success for Tennessee children.

Family Resource Centers

The family is the core of all the networks that hold us together. Increased mobility and other economic and social changes have weakened some of the traditional family supports, but the community has opportunities to strengthen and support families, especially those experiencing crisis or dealing with challenges. Family Resource Centers (FRCs) are among those opportunities.

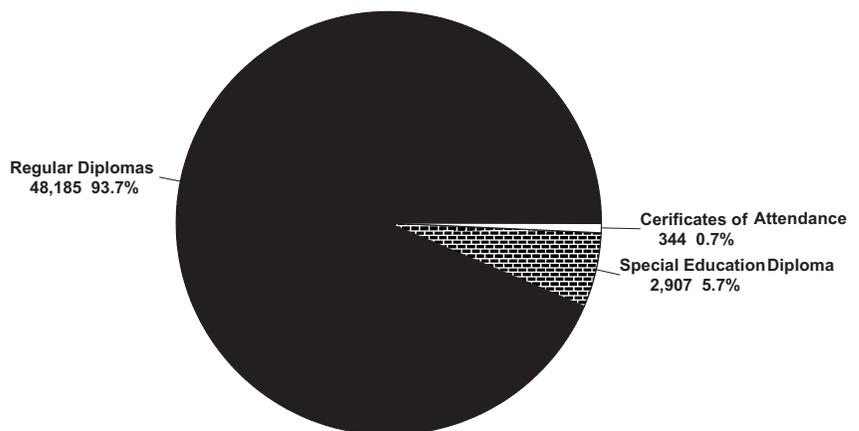
The state of Kentucky's implementation of Family Resource Centers for elementary school children and Youth Services Centers for middle and high school students was evaluated to determine the programs' effectiveness. Findings from a 1999 evaluation indicated the families served were low income and often headed by single parents. Additionally, teachers and parents reported the centers helped families and students deal with nonacademic problems that placed them "at risk for negative outcomes" in school (Southern Regional Educational Board, 2001). In an evaluation by REACH of Louisville, findings show a positive change in achievement and academic proficiency at the elementary level, students' perception of improvement regarding the completion of their class work and homework, following directions, obeying rules and staying on task. Data also indicated students improved their peer relationships in terms of relating appropriately, having friends, participating and cooperating.

Family Resource Centers (FRC) began as a network of prevention and early intervention programs and continue to provide community services for the unique needs of families and children in any given locale. Services range from educational, medical and psychological to business and social services. Family Resource Centers are an effective model to provide diverse services to families in need, and expansion would allow FRCs to serve more of these families. Currently, 104 family resource centers serve school communities in 79 school systems in 65 of Tennessee's 95 counties.

Tennessee Family Resource Centers provide varied services from site to site. They would benefit from a thorough evaluation of their impact, and a more uniform role and mission, minimum requirements for services, guidelines for staff qualifications and increased funding. Establishing these mandates would help move FRC toward greater consistency in

Documentation of Completion From Tennessee Schools

2004-2005



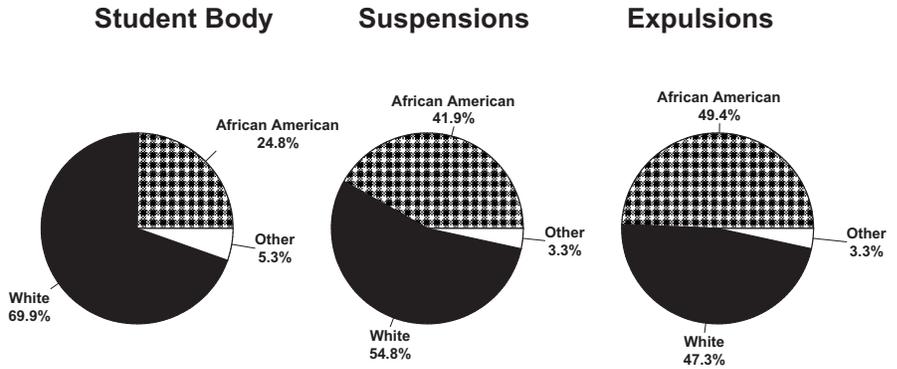
Source: Tennessee Department of Education

their array of services, facilitate better quality programming, allow for increased staffing, require monitoring to increase accountability, and should include ongoing evaluation to determine their outcomes.

Bullying Prevention Programs

Young people learn how to interact with others in a variety of settings, and a great deal of that learning occurs in school. Stress has an adverse impact on the developing brains of children throughout their lives. When they believe their physical safety is threatened, they experience stress. Positive school environments are safe and encourage healthy growth and development. The absence of evidence-based bullying prevention programs in all Tennessee schools is a missed opportunity to help young people develop into productive citizens who know how to interact appropriately with one another and respect differences.

Inequity in Suspensions and Expulsions 2004-2005

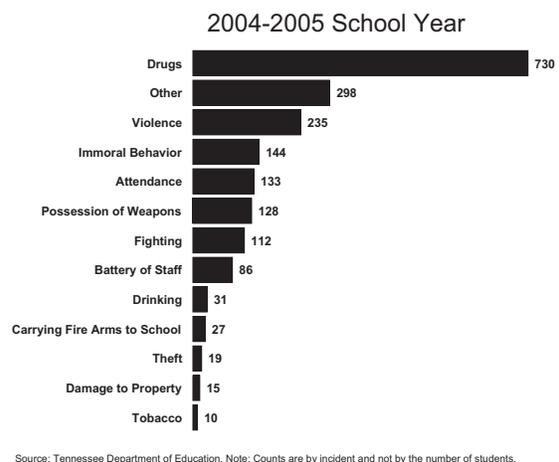
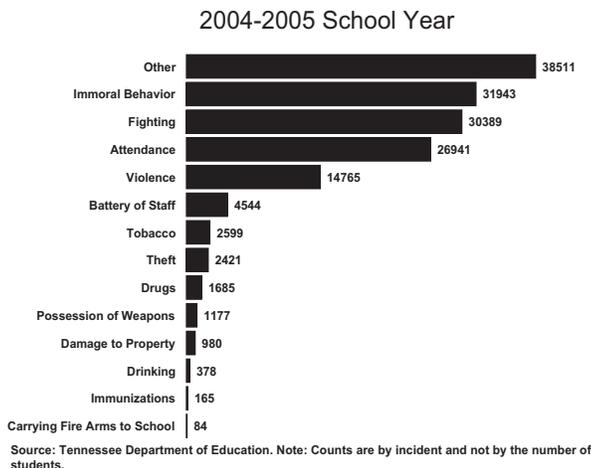


Source: Tennessee Department of Education

Evidence-based bullying prevention programs improve school climates. They are school-based initiatives to reduce bullying problems in K-12 settings. “The [Bullying Prevention] program identifies and addresses incidents from teasing and taunting to intimidation and physical violence and attempts to restructure the school environment to reduce opportunities and rewards for bullying behavior” (*Blueprints: A Violence Prevention Initiative*, 1999).

Research has validated bullying prevention programs that are successful in reducing inappropriate interactions. Effective bullying prevention results in decreased bullying and acceptance of bullying by others, and increased willingness to intervene and defend victims of bullying (Chapin Hall Issue Brief, 2006). Such a change in school climate is important because when there is not appropriate intervention, the consequences of bullying include depression and suicide in the children who are bullied, and increased crime and violence on the part of

Tennessee School Suspensions by Type Tennessee School Expulsions by Type



bullies (Fight Crime: Invest in Kids, 2003).

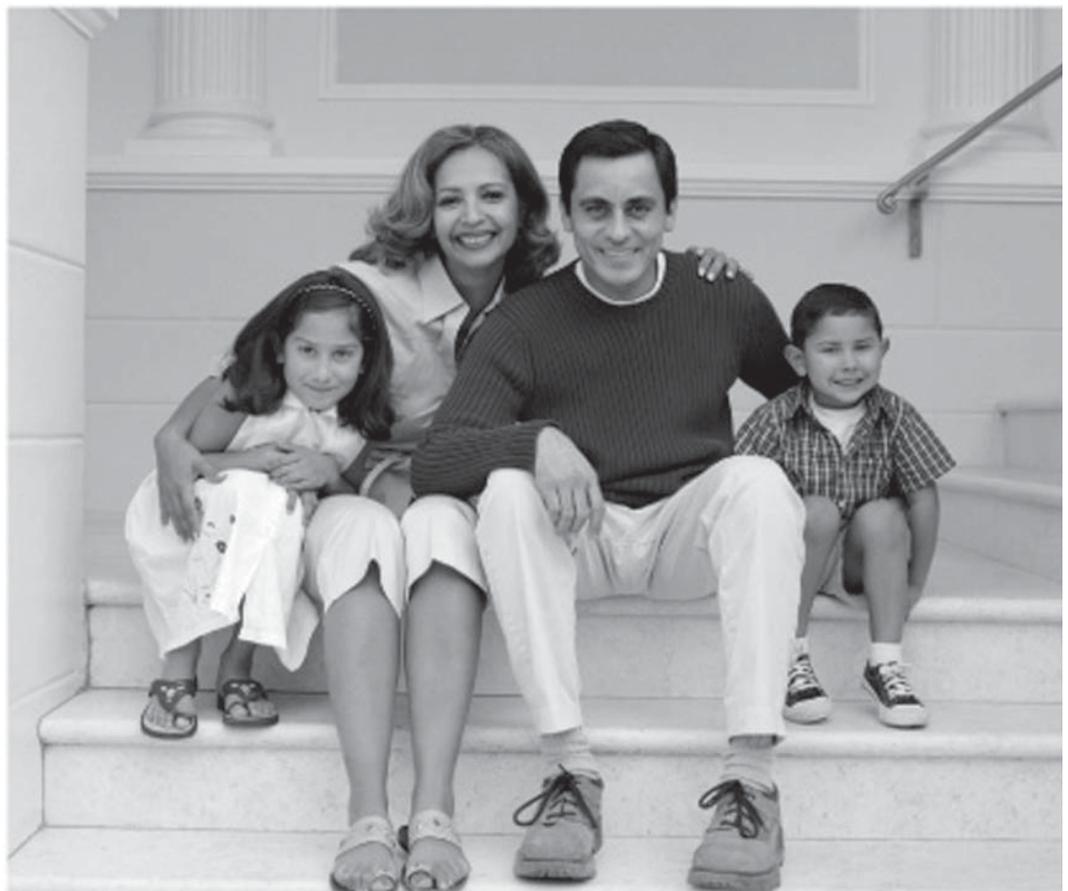
The Olweus Bullying Prevention Program has been recognized by the Substance Abuse and Mental Health Services Administration for its proven results (“The Olweus Bullying Prevention Program, SAMSHA Model Program):

- A 30 to 70 percent reduction in student reports of being bullied and bullying others; results are largely parallel with peer ratings and teacher ratings;
- Significant reductions in student reports of general antisocial behavior (e.g., vandalism, fighting, theft and truancy);
- More positive attitude toward schoolwork and school.

In 2005, the Tennessee General Assembly recognized the importance of bullying prevention programs with the passage of Public Chapter 202 requiring each school district to adopt a policy “prohibiting harassment, intimidation or bullying.” This was in recognition that, “Students learn by example. School administrators, faculty, staff and volunteers who demonstrate appropriate behavior, treating others with civility and respect and refusing to tolerate harassment, intimidation or bullying, encourage others to do so as well” (Public Acts 2005, Chapter 202).

Improving school climate through bullying prevention programs is one of the best ways to contribute to safe schools. A Secret Service study of school shootings found that “almost three-quarters of the attackers felt persecuted, bullied, threatened, attacked or injured by others prior to the incident” (Fight Crime: Invest in Kids, 2003).

Teaching young people how to interact respectfully with one another is an important lesson that prepares them to be good citizens. Brain development is not only important in early childhood. Research is revolutionizing our view of the adolescent brain and providing new insight into how to make adolescence go well as a stage of development. A host of structural changes occur in the architecture of the human brain during these critical years. In fact, the last area of the brain to mature is the part capable of making good decisions.



Youth Development Programs

Goal: Provide youth development opportunities that improve overall outcomes for Tennessee children, including after-school programs and mentoring programs.

The great architect of our democracy, Thomas Jefferson, along with others among our founders, believed education should be available to all. Only an informed citizenry can make the choices needed to support and sustain our nation. While the formal education system, beginning with quality child care and early childhood education, is a critical part of developing an informed citizenry, youth development programs are also needed to buttress this system.

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Tennessee's future workforce will need multiple skills to be successful – the ability to communicate well, the self-discipline and focus to see a problem through to its solution, and the ability to work effectively with lots of different kinds of people, to name a few. As we look for ways to ensure future prosperity, we need to think of youth development efforts as economic development.

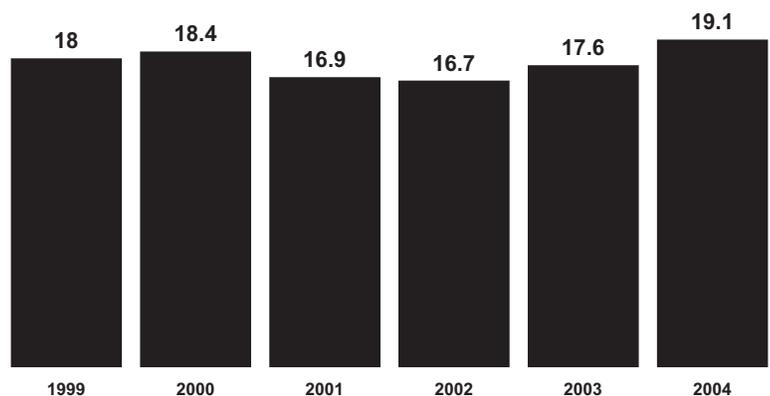
Youth development is also community development. Repeated studies have established that young people who participate in quality youth development programs are more likely to be active voting citizens, settled in stable personal relationships, employed and economically self-sufficient, and happy with their lives as young adults. These are important, measurable benefits to the community. Investment in youth is investment in healthy communities.

Quality youth programs support parents in guiding their children toward their roles as adults in the community. They give young people a chance to put into practice the values they learn at home – values of persistence, of helping others, taking responsibility for their actions, and working as part of a team. Consistent practice over time

One's quality of life and contributions to society can be traced back to patterns and opportunities established in childhood and adolescence. The return on investment in quality early childhood and youth development programs far exceeds the return on most projects that are currently funded as economic development. To ensure the future success of the state's economy, we must invest in the youth of today.

Sexually Transmitted Diseases

Rate for Teens 15-17



Experiences shape the kind of people we will become. Sports teach teamwork and discipline. Volunteerism provides experience in caring for others, which in turn makes one a good citizen in society. Performance arts promote determination, confidence and positive self-esteem. These are the experiences that shape children and adolescents now and into adulthood.

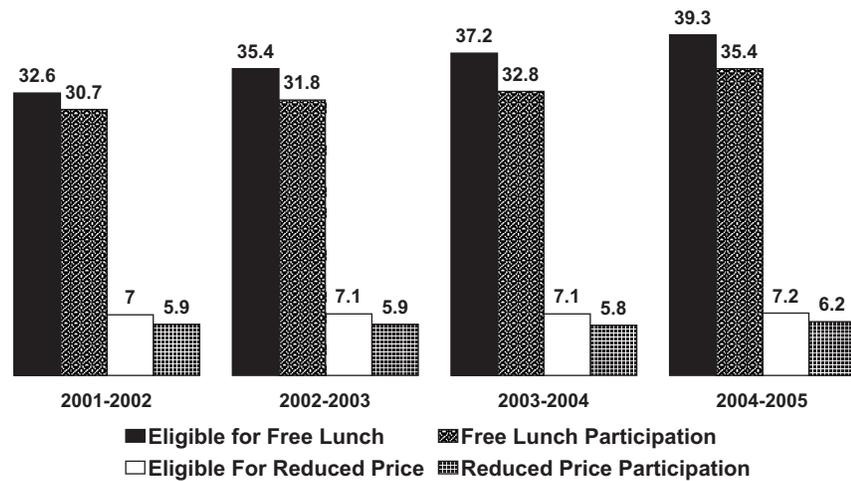
Quality after-school programs have grown in importance in supporting children and adolescents in their path to adulthood. A new report on

school reform says, “The structure of the day for American children is... obsolete” (Mott, 2007). After-school programs provide opportunities for educational enrichments and positive interactions that prepare children and youth for their roles as productive citizens. But 23 percent of Tennessee’s K-12 youth are left alone at some point each week, spending an average of nearly nine hours per week unsupervised after school. An estimated 21 percent of these children in self-care would be likely to participate in an after-school program if one were available. Parents believe their children could reap benefits from an after-school program ranging from academic enrichment and improved social skills to improved physical activity, staying safe and out of trouble and in general having more fun (After-school Alliance, 2004).

Research shows young children are not the only age group who could reap the benefits of after-school programs. Adolescents who spend a significant amount of time unsupervised miss out on important youth development opportunities while they are in situations that are more likely to lead to more risky behaviors. Fifteen percent of sexually active teens ages 16 to 18 report that their first experience with sexual intercourse occurred during the after school hours of 3 p.m. to 6 p.m., with 25 percent of sexually active African-American teens saying the first time they had sexual intercourse was in the hours immediately after school (National Campaign to Prevent Teen Pregnancy, 2003).

It is important that our schools and communities provide children and youth with after-school opportunities as they go through the stage in life where they practice the roles and values they will take on as adults. It is up to adults to control the environments that affect young people’s lives, especially those that would derail their healthy development. Expanding the availability of after-school programs through the use of unclaimed lottery proceeds, surplus lottery funds or other appropriations is an excellent strategy for improving outcomes for Tennessee children, and a network to support after-school programs in Tennessee is also critical to establishing and supporting quality programming in after-school programs across the state.

Percent Free and Reduced-Price Lunch Students Eligible Students and Average Daily Participation Rates 2001-05



Source: Tennessee Department of Education

Relationships are important in all aspects of life, and never more so than during a child's growth and development. The Search Institute identified support from three or more non-parent adults as one of the building blocks of healthy development so young people grow up to be healthy, caring and responsible (Search Institute, 2006).

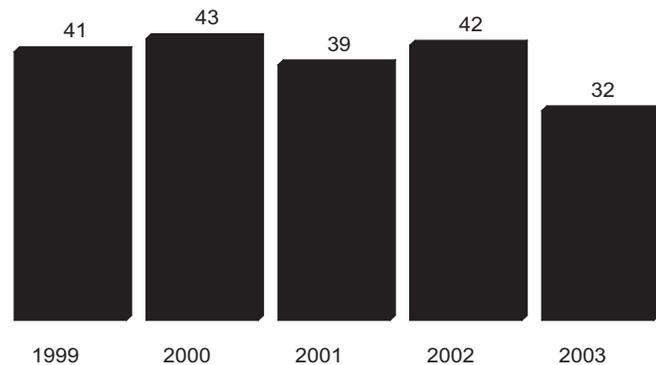
Children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, and moral.

Relationships in childhood and adolescence lay the foundation for a wide range of developmental outcomes that really matter – self-confidence and sound mental health, motivation to learn, achievement in school and later in life, knowing the difference between right and wrong, having the capacity to sustain friendships and to be a successful parent (Bostrom, 2004).

Relationships with neighbors, teachers, coaches, mentors and others engage children in the community in ways that help them to find out who they are, what they can become, and how and why they are important to other people. Adolescence is the time when young people traditionally become part of the

Tennessee Rankings on Teen Deaths From All Causes

1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.



community and begin to try on their roles as adults in training (Bostrom, 2004).

Appropriately planned, implemented and evaluated mentoring programs are evidence-based strategies for helping young people develop into productive citizens. Evaluation of Big Brothers Big Sisters of America mentoring programs has demonstrated that, after 18 months with a mentor, participants compared to a control group of non-participating peers:

- Were 46% less likely to initiate drug use during the study period.
- Were 27% less likely to initiate alcohol use.
- Were better in academic behavior, attitudes and performance.
- Were more likely to have higher quality relationships with their parents or guardians.
- Were more likely to have higher quality relationships with their peers at the end of the study period (U.S. Department of Justice, 1999).

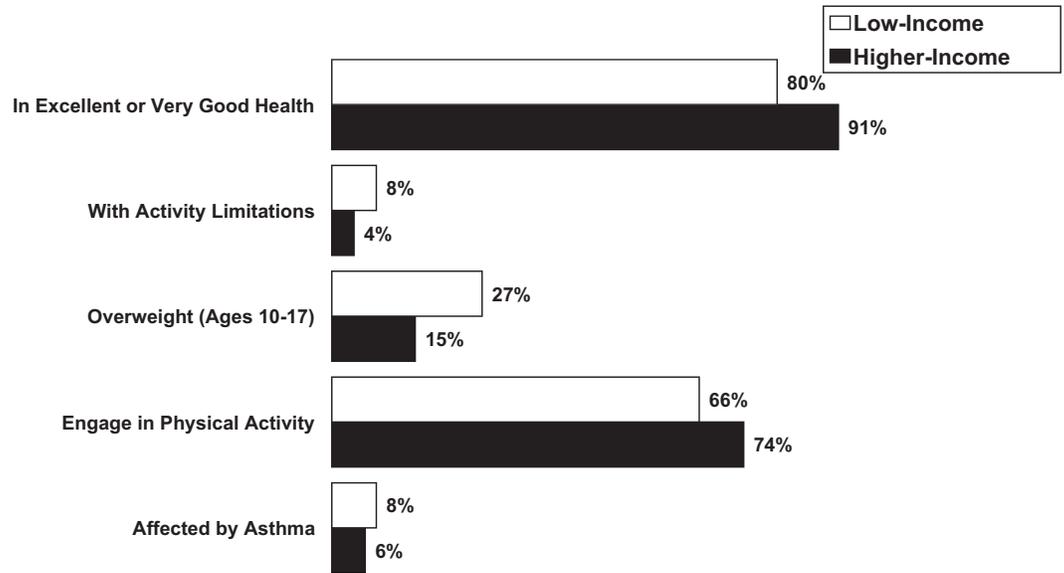
The critical components of effective mentoring programs have been identified as strong agency capacity, proven program design, effective community partnerships, sustainable resource development and useful program evaluation. Research indicates that poorly designed and implemented mentoring programs may actually do more harm to the youth served than if the youth had never participated in the program at all (U.S. Department of Justice, 2003).

The most important aspect of mentoring is the quality of the relationship between the adult and youth. Because relationships and a sense of bonding occur over time, the duration and consistency of a mentoring relationship is very important. The risks and improvements to the young person are proportional to how long the relationship endures. The longer a relationship lasts, usually the closer the relationship and the greater the benefit to the youth. At a minimum, mentors and mentees should meet regularly at least four hours per month for at least a year (Mentor, 2006).

Evidence-based mentoring programs are beneficial for all youth, especially those at greatest risk because they are in single parent families, have parents in prison, or are in state custody. Providing a mentor for these children can help repair shaky emotional and educational foundations and increase their prospects for success in all aspects of their lives.

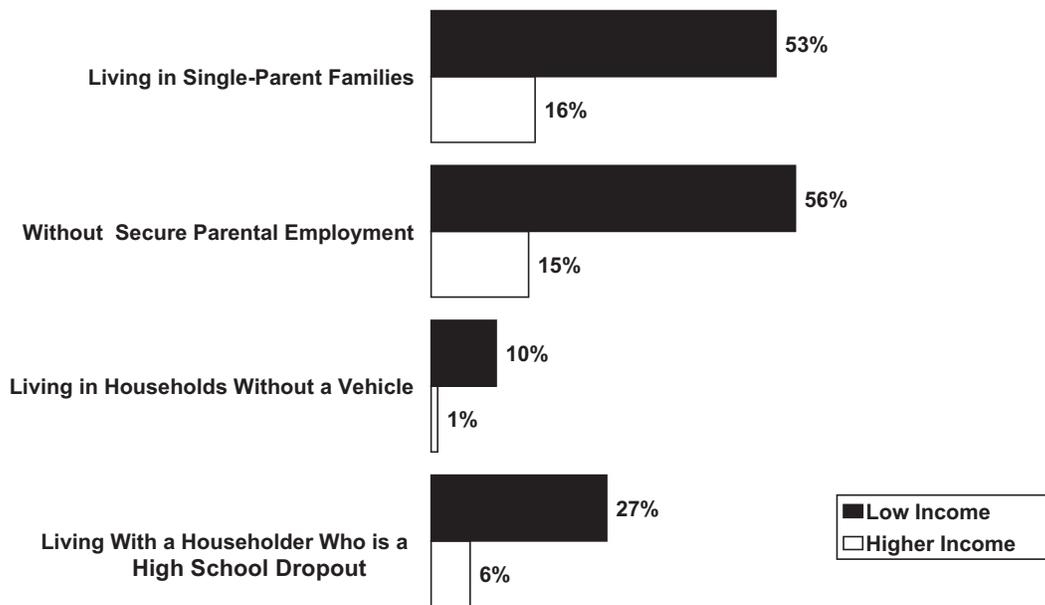
In January 2007, Governor Bredesen's Children's Cabinet announced the Lead, Inspire, Fulfill and Teach (LIFT) initiative to recruit and train mentors for all youth in state custody. This is an important effort to provide mentors for these especially vulnerable children.

Differences by Family Income 2003



Source: Child Trends analysis of the 2003 National Survey of Children's Health. Low income defined as below 200 percent poverty.

Social/Economic Characteristics for Tennessee Children 2003



Source: Population Reference Bureau analysis of the American Community Survey (2002-2004). Low Income is defined as below 200 percent of poverty.

Health, Mental Health And Substance Abuse Programs

Health concerns affect the well-being of Tennessee children. Healthy citizens tend to be more productive citizens. Few issues can have as strong an impact on family well-being as health concerns, and adverse health outcomes can destroy a family’s financial health, in addition to their impact on physical or mental health. Public health is so important to our “life, liberty and pursuit of happiness” that the first public health policies in the United States began in 1798.

The health care infrastructure dramatically impacts our interdependence and shared concerns for quality of life, and few issues are more central to our values as a community than healthy living. We are all subject to the same types of illnesses, and the health of each of us affects the rest.

In Tennessee, as in much of America, our health, mental health and substance abuse systems have gaping holes. These begin with the uninsured children and adults. The United States has never built a sturdy health coverage infrastructure, continuing to rely on job-based insurance, an increasingly hit-or-miss, inefficient and unreliable approach. The 2006 KIDS COUNT report indicated almost one in 10 Tennessee children (9 percent) did not have health insurance. While CoverKids will provide important expansions to address this gap, our health, mental health and substance abuse systems still provide too fragile a web. Their gaps are compounded by continued inequity in the way health insurance coverage of all types responds with limits on mental health and substance abuse treatment.

Coordinated School Health Programs

Goal: Implement comprehensive Coordinated School Health programs incorporating all components of this evidence-based program model in school districts statewide.

Provision of Coordinated School Health (CSH) programs in all Tennessee schools could go a long way toward supporting the healthy growth and development of Tennessee children. Coordinated School Health programs have demonstrated success in positively impacting outcomes for children.

The eight components of the Coordinated School Health program are health education, physical education, health services, nutrition services, health promotion for staff, counseling and psychological services, healthy school environment and parent and community involvement. These programs are evidence-based and have proven to be effective by increasing physical activity in children, providing enhanced nutritional services, combating obesity and improving academic performance (Tennessee Coordinated School Health Report, 2004).

Healthy children are better equipped to learn and excel in the classroom. According to the *2005 Chartbook* produced by the U.S. Department of Health and Human services for children, the overall percent of obese children in the nation is 14.8 with Tennessee at 20 percent. In every age category, Tennessee has more obese children than the nation as a whole.

Age Group	U.S.	Tennessee
10-11	21.9	32.5
12-14	14.4	18.9
15-17	10.7	12.8

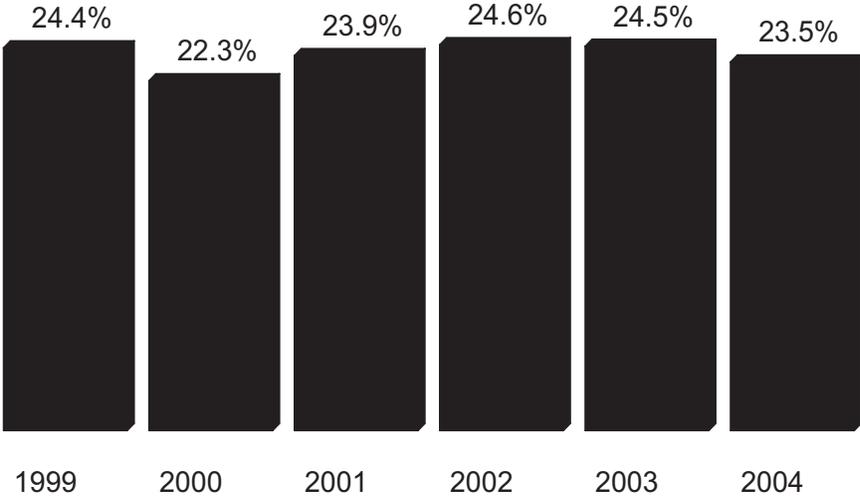
(U.S. DHHS, 2006)



Among children, obesity has doubled over the past 20 years, and it has tripled for adolescents. The two key behavioral factors related to obesity onset are poor dietary practices and inadequate regular physical activity. Health and physical education, including nutrition and medical services, need to be an integral part of a child's school experience, as school is the most direct way to provide these services to children. The educational focus must be expanded to include comprehensive care

Percent of Young Children on WIC

1999 to 2004



Source: Tennessee Department of Health

of students, rather than simply educating the child in the primary subjects (Brookings Institution, 2006). Implementation of CSH programs is an evidence-based strategy for increasing physical activity and improving nutrition and medical services.

Coordinated School Health Programs coupled with quality after-school programs are also effective strategies to reduce teen pregnancy and teen birth rates in Tennessee.



Full Continuum of Mental Health/Substance Abuse Services

Goal: Create a complete continuum of care, especially focusing on family and community-based services, for children and youth with mental health and substance abuse treatment needs.

The gaps in the mental health and substance abuse networks in Tennessee leave children and families with these treatment needs stretched beyond human limits trying to survive and thrive. Providing a full continuum of mental health and substance abuse services in Tennessee using a **system of care** approach and **evidence-based or promising practices**, should improve the opportunities children and families have to overcome these conditions. The availability of a wide range of services to meet the individualized needs of children and families improves their prospects for success in all aspects of their lives.

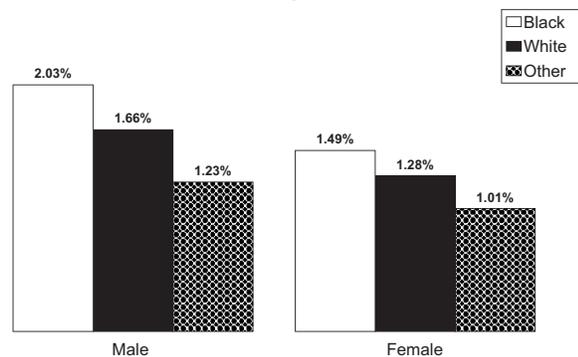
A full continuum of services begins with appropriate screening to identify potential needs, and as appropriate, assessment and more thorough evaluation to clearly identify treatment requirements, and includes services of varying levels of intensity and intrusiveness, ranging from family-based and community-based services to more intensive settings.

The Tennessee Department of Mental Health and Developmental Disabilities received federal funding to establish two projects to provide a continuum of mental health services utilizing a System of Care approach. These include the Nashville Connection implemented in Nashville/Davidson County by Tennessee Voices for Children, and the Mule Town Project implemented in Columbia/Maury County and led by Centerstone, Inc., in collaboration with Tennessee Voices for Children and other community partners. Results from the Nashville Connection indicate the use of mental health liaisons in schools may be a promising practice that enables children with serious emotional disturbance to remain in their home, school and community and avoid state custody or residential placement, including psychiatric hospitalization (Tennessee Voices for Children, 2006).

According to a 2003 Centers for Disease (CDC) report, 2.7 million American children ages 4 to 17 have been identified as having severe emotional or behavioral difficulties, but only two-thirds of them have had contact with a mental health professional, general physician or have used special education services for those difficulties. The Surgeon General's office reports that between 10 and 15 percent of the child and adolescent population has some symptoms of depression (Report of the Surgeon General, 1999). Using the previously described **system of care approach** along with **evidenced based-best practice programs** to provide a continuum of mental health services could improve outcomes for Tennessee children.

Percent Tennessee Juvenile Court Referrals by Race and Sex

Status and Unruly Offenses 2005

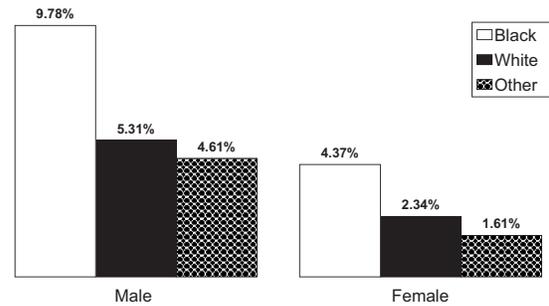


Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistical Report 2005.

A survey conducted in Tennessee in late 2003 indicated 55 percent of the children in juvenile justice facilities (juvenile detention, temporary holding resources, youth correctional facility, assessment facility or regional mental health institute) were experiencing mental health problems. Specifically one in seven children was on some type of psychiatric medication while in these facilities; two of every five children were known to have substance abuse problems; and over one quarter of all youth in juvenile justice facilities had co-occurring mental health and substance use problems (Tennessee Department of Mental Health and Developmental Disabilities, 2003). The survey also identified the need for a standardized or comprehensive method of identifying children with mental health, substance abuse or developmental disabilities so appropriate services could be provided.

Percent Tennessee Juvenile Court Referrals by Race and Sex

Delinquent Offenses 2005



Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistics Report 2005.

Substance abuse is very much intertwined with mental health issues as many youth experience these simultaneously, dubbed “co-occurring disorders.” Survey data from 2005 suggests that 24.4 percent of Tennessee students ages 12 to 17 had their first drink of alcohol before 13 years of age, 41.8 percent drank in the past 30 days, and 41.9 percent have used marijuana one or more times during their life (Youth Risk Behavior Survey, 2005). Since substance abuse disorders and mental health disorders are sometimes co-occurring, reflecting a tendency of youth with mental health needs to self-medicate through substance abuse, every effort is needed to intervene with youth experiencing co-occurring disorders. A recent study of the four youth development centers in Tennessee indicates that 83 percent of the children had a mental health diagnosis, 79 percent had substance abuse issues, and 55 percent were poly-substance users (Tennessee Commission on Children and Youth, 2003).



Appropriate screening for mental health and substance abuse issues by pediatricians, through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) process, and in school would allow many children to receive the early intervention services they need and avoid escalation of their problems. In 2006 the Tennessee General Assembly passed a joint resolution calling for a study of the children’s mental health system in Tennessee and recommendations for its improvement. This study process provides a critical opportunity to develop a comprehensive plan to provide the mental health and substance abuse services needed by Tennessee children and their families.

Goal: Implement evidence-based programs for children in state custody to provide them with opportunities for timely permanence, long-term connections with caring adults, and the tools necessary for success in school and in life.

Unfortunately, not all families get the support they need to function, and for all too many children, the state is forced to become their parent. The values on which our country was founded call upon us to protect the weak and helpless. Sadly, the state is not, and can never be, the best family. Although we can do much to help provide safety and stability to children who have been neglected and abused, current research shows that a child, once damaged by abuse or loss, is likely to continue to be at risk throughout his or her life (Felitti, 2003).

Failures of the systems serving Tennessee children and families inevitably result in substantial numbers falling through the cracks. When the cracks in the foundations and gaping holes in the safety nets of the health care system, including especially mental health and substance abuse, education, child abuse prevention and youth development systems, fail to catch and support vulnerable children and families, they ultimately become the responsibility of the Tennessee Department of Children’s Services.

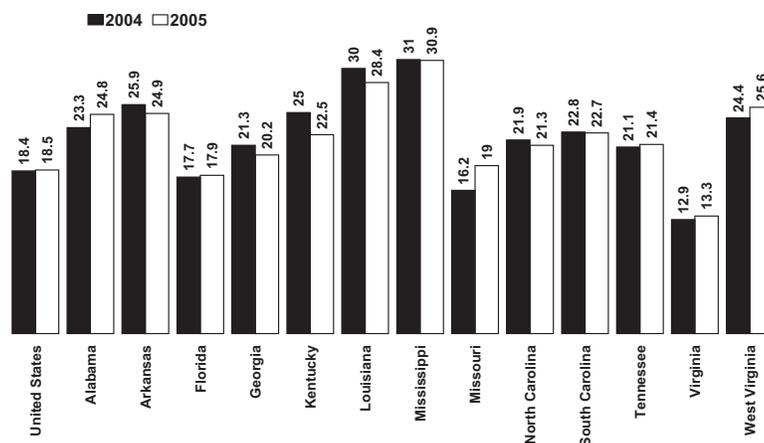
When children are at risk of state custody, effective legal representation for the children and their families is essential to ensure their rights are protected and they are treated fairly. Inadequate availability of public defenders and appropriately trained attorneys to represent children and families in child welfare cases in juvenile courts is a missing pillar in this portion of the system serving these most vulnerable children and families in Tennessee.

Quality legal representation should be provided to all children and families in the juvenile court system. Limited training for attorneys in juvenile court contributes to inadequate representation. These attorneys often need access to more specialized training, and they also need more adequate compensation for their services. Efforts are needed to recruit qualified attorneys to practice in juvenile courts. Caseload studies have shown a need for 56 additional public defenders to handle the workload of legal representation for juveniles charged with delinquency in juvenile courts. Funding is needed for additional assistant public defenders.

In addition to more public defenders, Tennessee

Percent of Children Under Age 18 Living in Poverty, 2004 and 2005

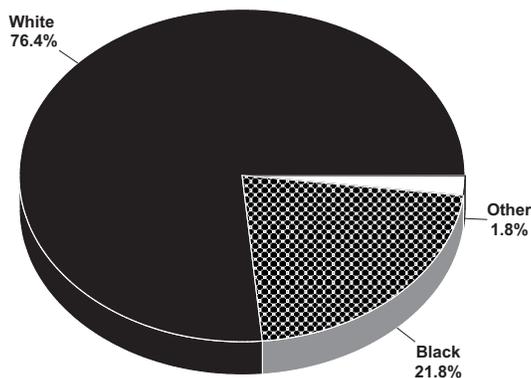
Tennessee Compared to Selected Southern States



Source: Source: Population Reference Bureau analysis of the American Community Survey

Percent of Population By Racial Group

Ages 0-18, 2005



Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistical Report 2005

legal representation is a basic tenet of the American justice system. In far too many cases, this basic pillar is missing in juvenile courts in Tennessee.

At any point in time, there are over 9,000 children in the custody of the State of Tennessee primarily as a result of neglect or abuse by a parent or behavior problems of the child, and unfortunately, all too many children who have experienced abuse or neglect subsequently exhibit behavior problems. More than half the children in state custody are adolescents. Almost a third of these children came into custody from single-parent, mother head of household families, and 17 percent lived with relatives (not biological parents) prior to custody. More than half the children are adjudicated dependent or neglected (TCCY-CPORT, 2004).

Family and community partnerships to prevent abuse and neglect are essential underpinnings too frequently missing. The gaps in the mental health and substance abuse treatment systems also contribute to children entering state custody. In 93 percent of all custody cases, the child or a parent has either a mental health diagnosis or substance abuse issues or both. One in two children in custody has a formal mental health diagnosis.

Family and community partnerships to meet the differing needs of children and families involved in the foster care system must focus on the strengths and needs of the families who have become involved with the state system. Quality child welfare services should increase family participation and engagement and provide strong foster and kinship care and timely permanency for children by implementing and sustaining a model for family-centered practice. Child and Family Team meetings are one method of increasing family involvement. At the same time these meetings engage other individuals involved with the child. They provide an opportunity for family members, professionals and informal resources to come together to develop meaningful, individualized permanency plans for the safety and well-being of children at risk and to meet the needs of their families.

Tennessee should strengthen foster and kinship care and timely permanence for children by using case management and providing services and supports for families, foster parents, and relative caregivers. Children in foster and kinship care have already been removed from their primary family unit and

should consider the establishment of a “public guardian” program that employs attorneys to represent the interests of children and families. Loan forgiveness programs and other demonstration programs like public guardians are potential avenues to attract attorneys to study and practice child advocacy law (Pew Commission on Children in Foster Care, 2004). Too often, the needs of these children are unmet. Effective legal representation could help improve their outcomes.

Strategies should be implemented to ensure effective legal representation is available for all children in the juvenile court system. The right to effective

placed with alternative caregivers, foster parents or caregivers in their extended family. The state should ensure these transitions are made as smoothly as possible by encouraging all case managers to thoroughly review cases and offer comprehensive services. Providing an advocate, independent of the situation, also helps ensure recommendations to the court are in the child's best interest and helps minimize disruption in a child's life.

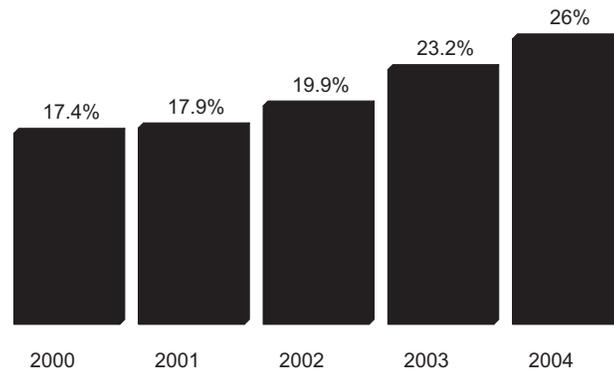
Additionally, efforts to provide timely permanence for children removed from their families must continue and increase.

Effective interventions are needed to facilitate speedy reunification with family, permanent guardianship or termination of parental rights and placement for adoption. The same quality, evidence-based and best practice services that facilitate prompt reunification justify termination of parental rights if reunification does not occur.

Court Appointed Special Advocates (CASA) are important resources in the provision of quality child welfare services. CASA volunteers are appointed by the courts to gather accurate and complete information about a child's circumstances and to use this information to make informed, objective recommendations in the best interests of the child. Every child in custody should have the opportunity have a CASA.

Percent of Children Receiving Food Stamps

2000 to 2004



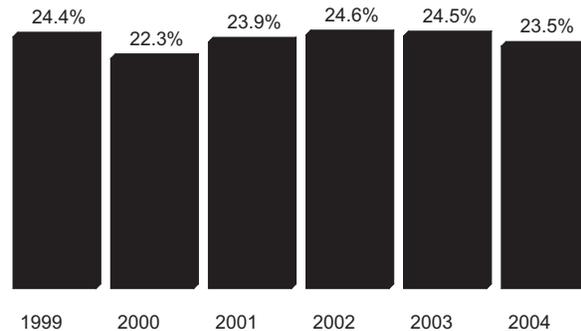
Source: Tennessee Department of Human Services



In 2004, The Pew Commission on Foster Care recommended an expansion of the CASA Program stating: “CASA is a proven means of strengthening the voice of children in dependency courts.” The U.S. Department of Justice supports CASA through annual grants to the national organization specifically designated to expand additional programs where they are needed. The repeated recognition of CASA’s effectiveness illustrates the need for CASA volunteers to be available for all children in state custody. The effective advocacy by a CASA volunteer can be a significant factor in children receiving needed services and achieving timely permanence. Though CASA programs in Tennessee are largely locally funded, additional state funding will be necessary to support the expansion of CASA programs into unserved counties.

Percent of Young Children on WIC

1999 to 2004

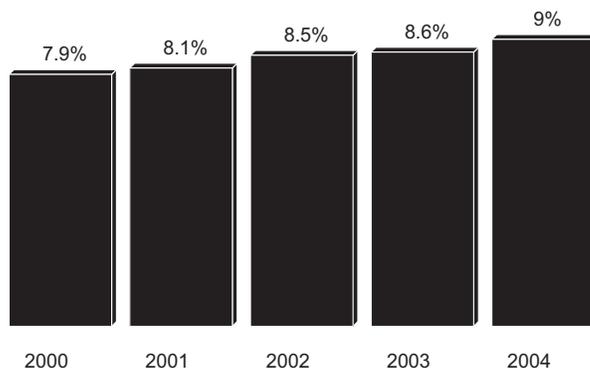


Source: Tennessee Department of Health

Youth is a time of learning, exploration and risk taking. For some this leads to behavior that challenges community values and puts them in contact with the juvenile justice system. Youth development opportunities enable young people to learn appropriate behavior and develop community connections that make juvenile delinquency less likely. The majority of young people who come in contact with juvenile courts for inappropriate, illegal behavior, especially those from secure backgrounds and with access to jobs and relationships, cease to offend, and effective interventions and opportunities are critical for those who are not so fortunate to help them get on the right track.

Percent of Children Receiving Families First Grants

2000 to 2004



Source: Tennessee Department of Human Services

An analysis of children in foster care compared to children in the juvenile justice system in Tennessee suggests more similarities than differences (CPORT, 2004). Both groups have experienced the impact of domestic violence, poor academic performance, parent incarceration, child and parent mental health and substance abuse issues, etc. The common underlying conditions need to be acknowledged and addressed. Too frequently children in state custody move from child welfare to juvenile justice. More individualized services tailored to child and family needs should produce better outcomes, including reducing this movement.

Juvenile justice system improvements need to focus on evidence-based practices that make a difference in helping youth turn their lives around. In a review of over 500 evidence-based intervention studies, most programs reduce recidivism by 10 percent or more, and one-fourth of the studies show recidivism reductions of 30 percent or more (Lipsey, 2005).

Evidence-based juvenile justice system interventions begin at juvenile court intake and detention, when children first enter the system. The Juvenile Detention Alternatives Initiative (JDAI) developed by the Annie E.

Casey Foundation is a systematic change to juvenile detention practices (Annie E. Casey Foundation, 1997). It supports increased utilization of alternatives to detention, including increased prevention and intervention programming, home monitoring, intensive case management services and day-reporting programs.

Implementation of JDAI has helped to reduce the number of youth in secure detention by encouraging the use of community-based alternatives. JDAI began in 1993 to support juvenile justice agencies in implementing alternatives to secure placements for young status or delinquent offenders who do not pose a threat to their communities. Confinement should be a consequence of last resort, used only because of the possibility of youth not appearing for scheduled



court hearings or the risk that the youth poses to the community. Status offenders, for example those who are truant, unruly or runaways, are not dangerous criminals, and should not be securely held.

In addition, JDAI places a major emphasis on data-driven system assessments and planning to prepare for detention reform. Objective screening tools used to determine whether or not a child is placed in detention have helped to reduce the number of youth held securely. Data collected following implementation of these tools demonstrates that the decrease of non-violent juvenile offenders in detention populations has not posed any greater threats to communities. In fact, communities that have implemented JDAI programs have experienced reductions in detention, reductions in commitments to state custody, and reductions in juvenile crime rates. They have also seen reductions in the over-representation of minority children in the juvenile justice system.



In response to 2005 legislation passed by the Tennessee General Assembly, the Tennessee Commission on Children and Youth worked with a group of stakeholders to develop a draft detention assessment tool (DAT). Such a tool is one of the first steps necessary to assist in the many phases of detention reform. By implementing an objective detention assessment tool for detention centers, fewer non-violent youth should be placed in detention, eventually reducing the disproportionate number of youth of color in these facilities by providing equitable treatment to all children in the juvenile justice system.

Alternatives to detention, such as community-based programs for prevention and intervention, electronic home monitoring, intensive case management services and day-reporting programs for youth on probation, must accompany detention reform to further reduce the number of non-violent youth in detention centers. Community resources also assist in reducing overcrowding and unsafe detention conditions and enable youth involved in the juvenile justice system to acclimate back into their home communities.

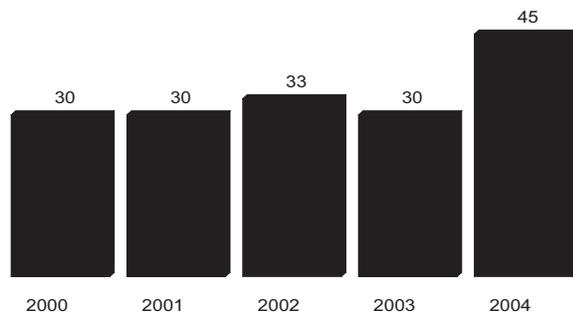
Detention without rehabilitation services is not therapeutic; rather it allows increasing numbers of children to be detained without addressing the causal factors behind their crimes. Focusing on rehabilitative services helps to improve youths' contributions to local communities while providing them with the opportunity to become active and productive citizens. Shifting the focus from punishment to rehabilitation and providing services for each youth's personal needs within the community addresses risk factors that cause many youth to offend and re-offend.

Appropriate detention utilization and the development of new strategies to reduce reliance on secure detention are keys to shifting the emphasis for juvenile offenders from confinement and punishment to rehabilitation and positive youth development. It also allows communities to save money by reducing the high cost of detention centers and redirecting those funds to less expensive community alternatives.

Lack of community services was cited as the most critical barrier resulting in children coming into state

Tennessee Rankings on the Percent of Teens Who are High School Dropouts

2000 to 2004



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

custody as adjudicated delinquents in a 2003 survey. These included lack of appropriate treatment programs and available placements to deter entering the juvenile justice system or provide treatment once children become involved with the system. Other barriers included payment/insurance sources, transportation, child and family willingness to follow-up, lack of personnel to ensure follow-up, and increasing language barriers with growing numbers of Hispanic and Asian youth in Tennessee who come in contact with the juvenile justice system (Tennessee Department of Mental

Health and Developmental Disabilities, 2003).

When children proceed through the juvenile court and detention systems and go into state custody with delinquent adjudications, it is imperative that the system respond with evidence-based interventions. Twenty-four percent of children in custody of the Department of Children's Services are adjudicated delinquent and reside in an array of placements including foster homes, detention facilities, assessment centers, group homes or secure training schools/correctional facilities.

Multi-Systemic Therapy (MST) is an evidence-based program for violence prevention targeted towards children with mental health treatment needs and adjudicated dependent/neglected/abused or delinquent. It has been tested in eight scientific trials since 1986. In every case MST dramatically reduced the number of days that delinquent and otherwise troubled youth spent in corrections or residential treatment compared to conventional treatment strategies. Less placement in corrections or residential treatment and increased family and community placements are desired goals because correctional/residential placements are correlated with increased likelihood of adverse long-term outcomes, including increased recidivism. Youth Villages in Memphis is the largest provider of Multi-Systemic Therapy in the United States. Implementing evidence-based practices such as MST improves outcomes for youth and increases community safety.

Tennessee Commission on Children and Youth studies of the four youth development centers in Tennessee indicated 83 percent of the children had a mental health diagnosis, 79 percent had substance abuse issues, 55 percent were poly-substance users, and 65 percent had co-occurring disorders (combination of substance use and mental health issues). More



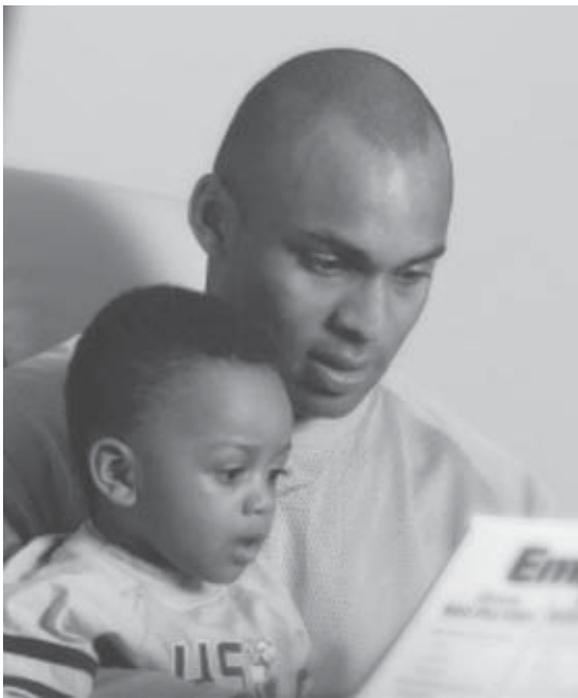
than one in three (37%) of the children in the Youth Correctional Facilities had been in custody before. This high rate of recidivism strongly suggests the need to adequately identify the individual needs of the child and family and better meet those needs to avoid repeat custodies. Juvenile justice reform and early intervention is essential to decrease this cycle of recidivism.

Since 1994, arrest rates for most types of juvenile crime have declined. Several juvenile justice reforms have been initiated across the United States, including The MacArthur Foundations' "Models for Change Initiative," which focuses on improving services for youth in the juvenile justice system. Pennsylvania is one of the model states under this initiative. Its strengths include a unified child welfare and juvenile system in a single agency and strong support for improvements on the part of juvenile court judges and other key stakeholders. The Pennsylvania approach acknowledges that children who suffer from maltreatment or live in foster care are often the same children as those in the juvenile justice system (MacArthur, Fall 2005).

Implementation of evidence-based programs, with fidelity to the essential elements of the programs/practices, should result in improved outcomes in terms of both community safety and opportunities for youth to become successful as adults.

Adequate supports and services are essential for children to successfully transition from state custody to independence. Whether they are in the child welfare or juvenile justice systems, their needs are the same. Connection to a consistent, caring adult, preferably one who loves them unconditionally, is the greatest need for children who age out of state custody. Too often children who are in custody do not have the emotional, educational, or financial supports other young people are likely to receive from their families. These children are thrust into adulthood with expectations that include finding housing, getting a job and buying a car, all unrealistic without the means to access resources.

Only about one in eight former foster children have graduated from a four-year college and only 38 percent are employed 12-18 months after leaving the system (Annie E. Casey Foundation, 2003).



One study of young adults who graduated from foster care found that within two to four years, only 54 percent had completed high school; less than half had jobs; 25 percent had experienced homelessness; 30 percent had no health care; and 60 percent of the girls had given birth (Homeland Insecurity... American Children at Risk, 2006). A comprehensive approach must be taken to support young people as they transition into adulthood.

Five strategies identified by the Foster Care Work Group would improve the transition to adulthood for the youth leaving state custody. Components of a comprehensive approach to promoting economic success among youth aging out of foster care include:

- ▣ advocating and supporting educational attainment;
- ▣ facilitating access to workforce development opportunities;
- ▣ providing financial literacy education;
- ▣ encouraging savings and asset development; and

- ▣ creating entrepreneurship opportunities.

These types of services must be available to ensure transition out of state custody is as smooth as possible, with opportunities for successful adulthood. Enhancing their opportunity for higher education is an important step for improving future prospects for success for former foster children. This could include waiver of public higher education tuition, special scholarships or Hope Scholarships with more realistic requirements for these young adults. The state should be a responsible parent and ensure children who have aged out of state custody have appropriate opportunities to succeed in the adult world.



Issues for All Systems

As we strive to shore up the foundations of the systems that are essential for Tennessee children to be healthy, educated, productive citizens, we also have to address underlying common issues that threaten to further erode the stability of these public structures. These are essential ingredients for the success of all Tennessee children.

Opportunity for All Tennessee Children

Goal: Provide professionals in all systems serving children in Tennessee (health, mental health, substance abuse, education, youth development, child welfare and juvenile justice) with tools and opportunities to assure all children have fair and just treatment and opportunities for success.

There is a significant differential between those who succeed in the world, and those who do not, and often the most noticeable factor is skin color. Fundamental fairness demands all children have the opportunity to receive the services and supports necessary for success. Failure to provide equal opportunities jeopardizes the future of each individual child and short-changes the future of Tennessee and its economy. All children need equal access to adequate health care, including mental health and substance abuse services, child abuse prevention, quality early childhood education, pre-K and higher education, and youth development opportunities to help them be born healthy and stay healthy, and to succeed in school and in life.

Tennessee has an obligation to provide equal opportunity and consequently improve fairness and equity across the systems that interact with children. Community-based services, mentoring programs, steady jobs, and significant relationships positively impact all at-risk youth, and at-risk youth tend to live in low income families, regardless of race or ethnicity.

Tennessee must strengthen its health care system to ensure opportunities for successful outcomes for all and to eliminate disparities. Many of these strategies are identified in the section of this report focused on reducing infant mortality and improving Coordinated School Health programs and mental health and substance abuse systems.

Adequate health care early in life is critical to a long, healthy and productive life. A number of health outcomes illustrate the lack of equal opportunity for positive outcomes for children



involved with the health care system in Tennessee. In 2002, an African American woman was two times as likely as a White woman to receive little or no prenatal care. Data from 2004 indicate infant mortality was 2.7 times higher for African American infants than for White infants. In addition, African American adolescents between 15 and 17 experience pregnancy rates at twice the rate of White youths. In 2004 the

death rate from diabetes for African Americans was over twice the rate of Whites, and the death rate for African American stroke victims was 43 percent higher than for Whites.

There are also tremendous opportunities to improve prospects for all children to have successful experiences in the educational system in Tennessee. These begin with the provision of quality early childhood education and efforts to strengthen the K-12 and higher education systems. A particular area of concern is the disproportionate zero tolerance expulsion of African-American students who constituted 25 percent of statewide student enrollment in 2004-05, but accounted for 34 percent of all zero tolerance violations, a slight improvement from 2001-02 when they were 24 percent of students and 37 percent of zero tolerance violations (Zero Tolerance An Update, 2006). According to a 2005 report from the Tennessee Department of Education, African-American children received 55 percent of all suspensions and 47 percent of all expulsions (not just zero tolerance expulsions). Implementation of more alternatives to suspension and expulsion would improve opportunities for success in school and in life for all Tennessee children.



The Tennessee 2005 Annual Juvenile Court Statistical Report noted that 36 percent of youth referred to juvenile courts with dependent, neglect and abuse allegations were minorities. African-American children, especially babies, are disproportionately represented in Tennessee’s child welfare system and in state custody.

While inequity is apparent among many systems serving children, it is most evident in the juvenile justice system. The courts’ innate functions require judgments based on the rules of fairness and equity, making it essential for juvenile courts in Tennessee to ensure the equitable and fair treatment of all youth involved with the juvenile justice system. Currently, youth of color are disproportionately represented at most levels of the system.

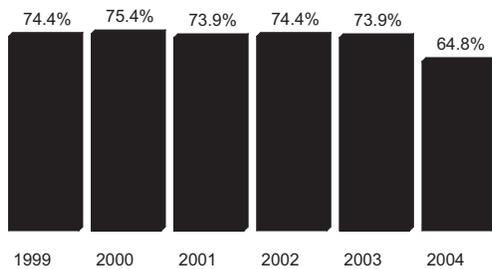
Youth of color make up 21 percent of those ages 0-17 in Tennessee, but 54 percent of youth in secure confinement, compared to 44 percent White youth in the same facilities. Sixty percent of the youth transferred to adult court were youth of color (Tennessee Council of Juvenile and Family Court Judges,

2004). Implementation of a Juvenile Detention Alternatives Initiative should reduce the over-representation of minorities in the juvenile justice system. Implementation of evidence-based strategies for those who are served in the juvenile justice system should improve outcomes for all children served.

Improving opportunity for all Tennessee children should be a major priority. Over time, improved opportunities should eliminate disparities across the systems serving children and consequently increase their prospects for success in all aspects of their lives.

Percent of Babies Born That Received Adequate Prenatal Care

1999 to 2004



Source: Tennessee Department of Health

Professional Development/Continuing Education and Training

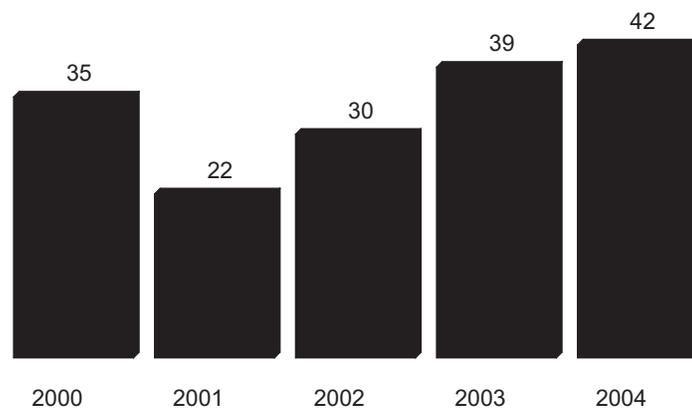
Goal: Promote educational and training opportunities for professionals in the child serving systems in Tennessee.

Sufficiently educated and trained employees are essential for all systems that support the health, education and development of Tennessee's children – the workforce and voters of tomorrow. An adequate higher education system producing well-trained staff is critical. The Department of Children's Services development of the Social Work Consortium involving public and private colleges with accredited social work programs is an important strategy for increasing the number of appropriately prepared staff for the public child welfare system. Other efforts to ensure the availability of quality staff in the systems that serve Tennessee children and families would also be beneficial.

Strategies are needed to help juvenile court judges keep abreast of current information, programs and initiatives and expand their knowledge and expertise about issues impacting the child welfare and juvenile justice systems. Juvenile court judges need training on issues such as child and adolescent development, including brain development, and evidence-based, effective strategies for intervening with children and families. Broadening their awareness should enable judges to better contribute to resolving the challenging problems facing children and families involved with the child welfare and juvenile justice systems, including disproportionate minority contact.

Professional development, training and continuing education are life-long learning experiences. They continually provide opportunities for enrichment and strengthening the foundation supporting the systems in Tennessee that are essential for the success of our children.

Tennessee Rankings on Percent Teens Not Attending School and Not Working 2000 to 2004



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Conclusion



This *Blueprint* provides an overview of many of the most critical cracks in the foundation of our public structures that support and serve Tennessee children. As a state, we must make the necessary investments to improve the prospects our children have to become the successful, productive workforce of the 21st century.

A 2006 report entitled “Homeland Insecurity...American Children at Risk” begins with the assertion:

“WE CAN DO BETTER THAN THIS.”

We know in Tennessee we can and must do better to provide our children with opportunities for success.

While this Blueprint was largely developed before the release of “Homeland Insecurity,” the two reports reach many of the same conclusions. We must make investments to improve the future of our children. Priority areas for investment in both reports include child health, child abuse and neglect, early childhood education, child care, mental health and after-school programs.

One in five children in Tennessee lives in poverty (KIDS COUNT, 2006), making this an underlying concern and significant barrier to their success. “Poverty Is Not a Character Builder. Poverty is associated with negative outcomes for children. It can impede children’s cognitive development and their ability to learn. It can contribute to behavioral, social and emotional problems. (it)...can lead to poor health...(the risks)...are greatest among children who experience poverty when they are young and among children who experience persistent and deep poverty” (National Center for Children in Poverty as quoted in Homeland Insecurity, 2006).

Failure to provide the public structures necessary to support Tennessee’s health, education and youth development systems contribute to poverty in Tennessee. Implementation of the evidence-based strategies highlighted in this publication would provide opportunities for more Tennessee children to be healthy and successful in school and in life. The success of our children should result in a healthier, better educated workforce and improve overall economic conditions in the state.

When children grow up without adequate access to the necessities of life, our whole state loses. A recent study (Holzer, 2007) found that if every child had enough and no child grew up poor, the nation would save \$500 billion as a result of increased productivity, decreased crime and reduced need for health care.

Ending poverty is difficult and requires long-term strategies across a wide range of sectors in our society, including economic development, public assistance, and perhaps most significantly education. A Brookings Institution study found increased education was one of the five most effective factors in reducing poverty. It also is a strong contributor to another, full-time employment. Recent reports (Martin, 2006) have even correlated increased incidence of marriage and marriage stability and reduced incidence of divorce with higher education. Two-parent families are less likely to be in poverty.

Quality education, early education and education targeted to those children whose homes and neighborhoods do not provide a history of enriching experiences can have a significant impact on reducing poverty.

The investments we make now are critical for children to be healthy, educated and provided the developmental supports they need to be the successful and productive citizens and employees of tomorrow. In turn, these same investments ensure a bright future for Tennessee. Many of the children born in 2007 will graduate from high school in 2025. As we end the first quarter of the 21st century, let us hope we have invested well and those investments are providing substantial dividends in improved outcomes and success for Tennessee's children.

How the Blueprint Was Developed

The Tennessee Commission on Children and Youth created this *Blueprint for the Success of Tennessee's Children* to guide advocacy efforts for a better future for children and families. The Commission adhered to these guiding principles in developing *Blueprint* strategies:

- Focusing on **the right thing to do** for children and families.
- Identifying **data-driven** strategies that are grounded in sound research.
- Providing critical **development opportunities to prevent negative outcomes** for children and youth.
- Improving **opportunity** through greater **fairness and equity** that reduces disparity.
- Being **solutions oriented** and focused on what should happen to address needs.
- Stressing **evidenced-based practices** that have proven positive outcomes for children and youth.
- Promoting a **System of Care**, based on principles of child centered, family driven, culturally competent services provided in the least restrictive environment.
- Producing **good citizens** who will strengthen and give back to the community.

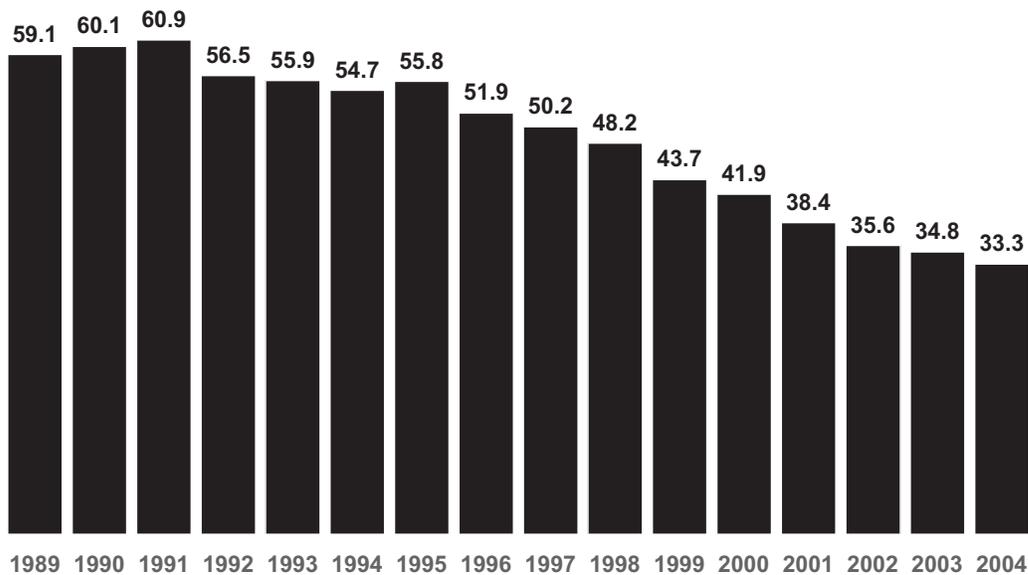
On August 24, 2005, approximately 200 Tennesseans participated in a Children's Caucus. Participants engaged in discussion groups to develop recommendations for the *Blueprint*, with each participant attending two sessions focused on different topics. The solutions identified at the Children's Caucus coupled with Tennessee Commission on Children and Youth research led to the development of this *Blueprint for the Success of Tennessee's Children*.

Additional Graphics



Tennessee Teen Pregnancy Rate

Per 1,000 Females Ages 15-17

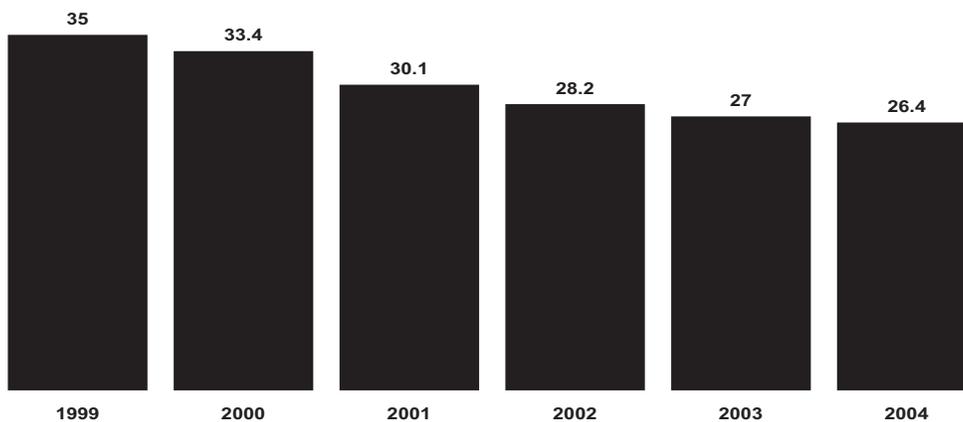


Source: Tennessee Department of Health, Office of Health Statistics

Teen Birth Rate, Ages 15-17

Rate Per 1,000 Females

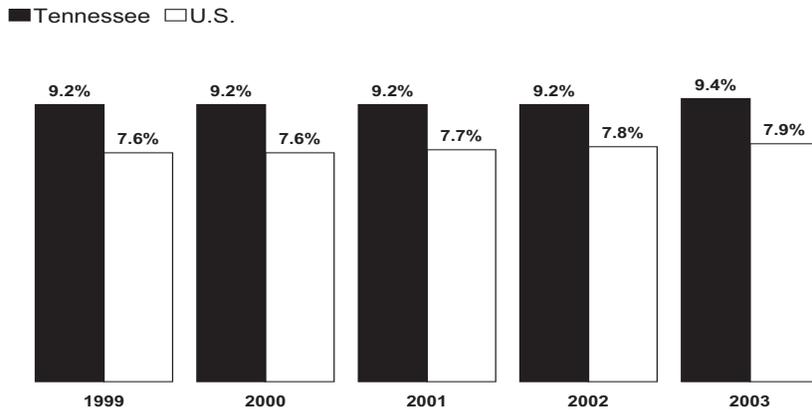
Six-Year Comparison



Source: Tennessee Department of Health

Percent Low-Birth-Weight Babies

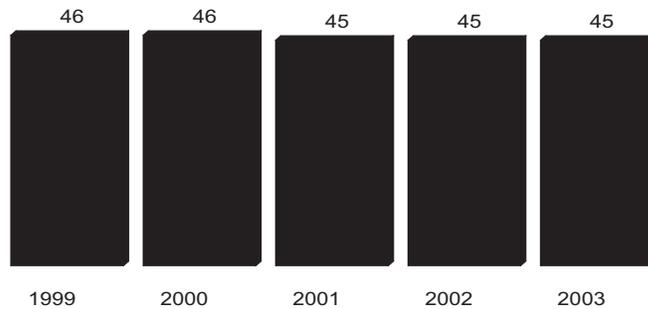
Less Than 2,500 Grams (5.5 Pounds)
Five Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation

Tennessee Rankings on Percent Low Birthweight Babies

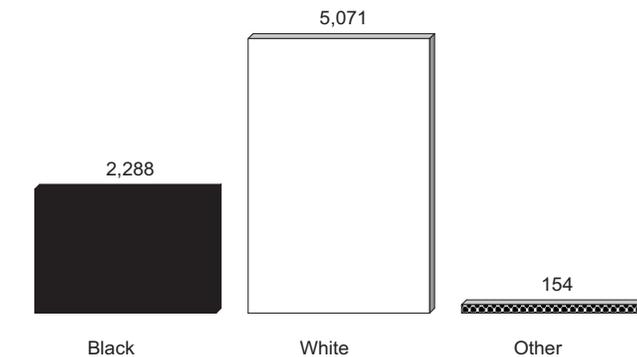
1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Tennessee Low Birthweight Babies

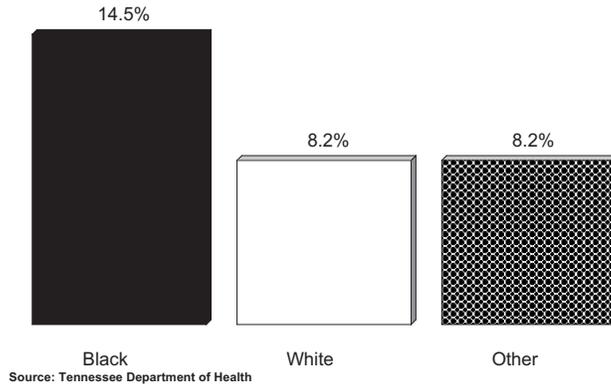
Number by Race 2004



Source: Tennessee Department of Health

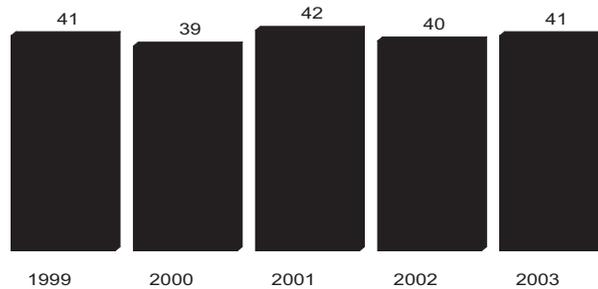
Tennessee Low Birthweight Babies

Percent By Race 2004



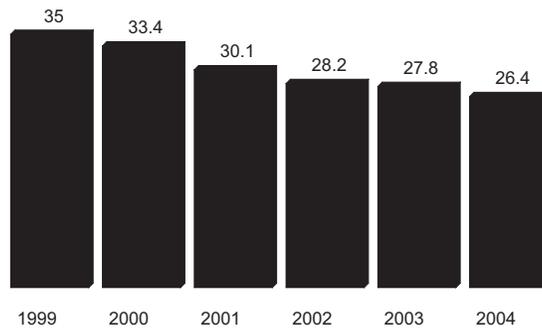
Tennessee Rankings on the Teen Birth Rate

1999 to 2003



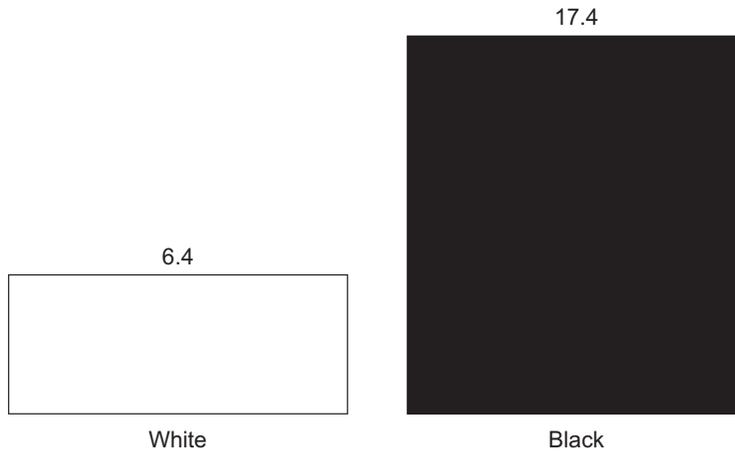
Birth Rate for Teens

1999 to 2004



Rate of Tennessee Infant Deaths

By Race 2004

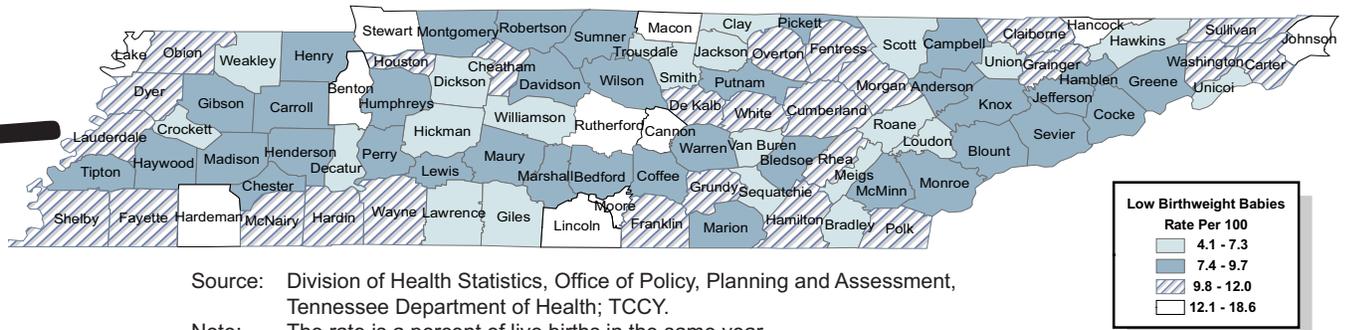


Rate per 1,000 live births. Source: Tennessee Department of Health

Blueprint for Tennessee's Future Primary Indicators

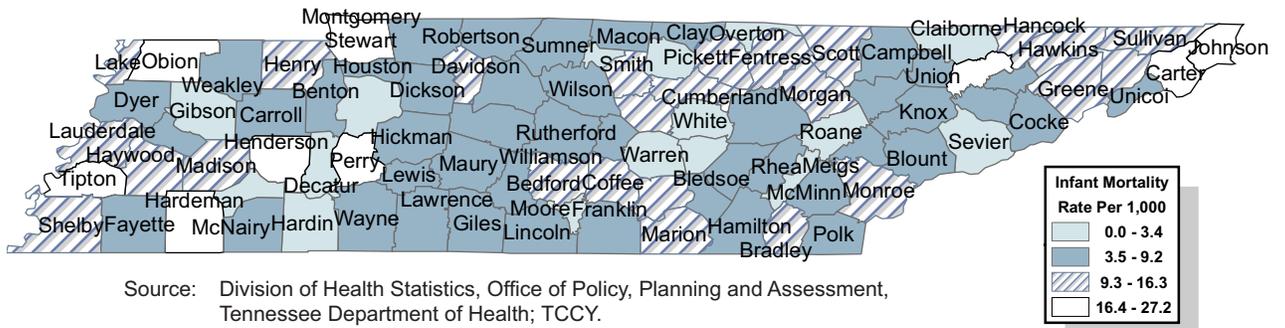


Low Birthweight Babies



County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	7,513	9.4	Hamblen	64	7.7	Moore	9	14.8
Anderson	72	8.5	Hamilton	460	11.6	Morgan	23	10.7
Bedford	49	7.5	Hancock	12	12.8	Obion	47	11.4
Benton	21	13	Hardeman	42	12.7	Overton	28	10.4
Bledsoe	12	9	Hardin	31	11.4	Perry	9	9.2
Blount	123	9.2	Hawkins	45	6.9	Pickett	6	9.5
Bradley	87	7.2	Haywood	22	8.4	Polk	24	12
Campbell	44	9.1	Henderson	28	8.3	Putnam	83	9
Cannon	17	12.6	Henry	31	8.3	Rhea	41	10.4
Carroll	26	7.9	Hickman	16	6	Roane	31	6.2
Carter	66	10.4	Houston	11	10.1	Robertson	77	8.1
Cheatham	48	9.8	Humphreys	21	8.9	Rutherford	274	8.2
Chester	15	8.1	Jackson	6	4.8	Scott	17	5.4
Claiborne	36	10.1	Jefferson	43	8.2	Sequatchie	10	6.3
Clay	7	6.3	Johnson	22	13.3	Sevier	92	9.4
Cocke	39	9.7	Knox	439	8.6	Shelby	1,608	11.3
Coffee	53	7.5	Lake	13	18.6	Smith	15	7
Crockett	8	5.1	Lauderdale	43	11.8	Stewart	20	13.6
Cumberland	58	11.3	Lawrence	29	5.2	Sullivan	155	10.1
Davidson	838	9.3	Lewis	13	7.6	Sumner	145	7.9
Decatur	5	4.3	Lincoln	55	12.7	Tipton	66	8.9
DeKalb	29	11.8	Loudon	37	7.3	Trousdale	6	6.7
Dickson	44	6.8	Macon	34	12.7	Unicoi	13	6.8
Dyer	52	10.4	Madison	121	9	Union	16	7
Fayette	46	11.3	Marion	24	7.4	Van Buren	2	4.1
Fentress	23	11.1	Marshall	31	8.7	Warren	43	8.2
Franklin	44	9.9	Mauzy	86	8.6	Washington	144	10.6
Gibson	53	8.8	McMinn	57	9.3	Wayne	19	11.2
Giles	20	6.3	McNairy	37	10.8	Weakley	23	7
Grainger	26	11.1	Meigs	7	6	White	31	10.5
Greene	63	8.8	Monroe	50	9	Williamson	127	6.5
Grundy	20	10.3	Montgomery	219	9.3	Wilson	116	9

Infant Mortality



Source: Division of Health Statistics, Office of Policy, Planning and Assessment, Tennessee Department of Health; TCCY.

Note: Rate is the number of infants who die before their first birthday per 1,000 live births in the same year.

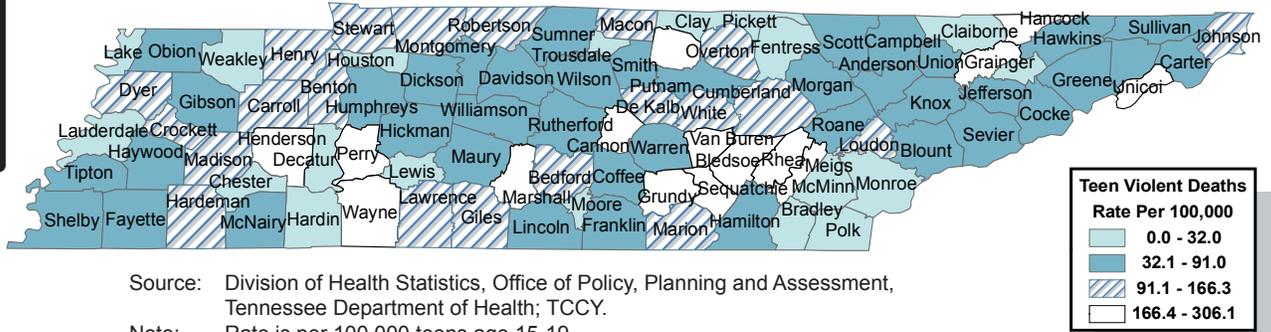
County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	686	8.6	Hamblen	5	6	Moore	0	0
Anderson	6	7.1	Hamilton	29	7.3	Morgan	3	14
Bedford	8	12.2	Hancock	1	10.6	Obion	7	17
Benton	1	6.2	Hardeman	7	21.1	Overton	3	11.2
Bledsoe	1	7.5	Hardin	0	0	Perry	2	20.4
Blount	9	6.8	Hawkins	7	10.7	Pickett	0	0
Bradley	17	14.2	Haywood	3	11.4	Polk	1	5
Campbell	3	6.2	Henderson	7	20.8	Putnam	9	9.7
Cannon	1	7.4	Henry	4	10.8	Rhea	3	7.6
Carroll	3	9.1	Hickman	1	3.8	Roane	0	0
Carter	11	17.3	Houston	1	9.2	Robertson	6	6.3
Cheatham	6	12.2	Humphreys	0	0	Rutherford	17	5.1
Chester	0	0	Jackson	0	0	Scott	4	12.6
Claiborne	1	2.8	Jefferson	4	7.6	Sequatchie	1	6.3
Clay	1	8.9	Johnson	4	24.1	Sevier	3	3.1
Cocke	2	5	Knox	23	4.5	Shelby	183	12.8
Coffee	8	11.3	Lake	1	14.3	Smith	3	14.1
Crockett	1	6.3	Lauderdale	5	13.8	Stewart	4	27.2
Cumberland	3	5.8	Lawrence	5	8.9	Sullivan	15	9.8
Davidson	59	6.6	Lewis	1	5.9	Sumner	8	4.3
Decatur	0	0	Lincoln	3	6.9	Tipton	16	21.5
DeKalb	4	16.3	Loudon	3	5.9	Trousdale	0	0
Dickson	4	6.2	Macon	2	7.5	Unicoi	1	5.3
Dyer	4	8	Madison	21	15.7	Union	1	4.3
Fayette	2	4.9	Marion	4	12.3	Van Buren	0	0
Fentress	3	14.4	Marshall	3	8.4	Warren	1	1.9
Franklin	2	4.5	Maury	6	6	Washington	14	10.3
Gibson	2	3.3	McMinn	4	6.5	Wayne	1	5.9
Giles	2	6.3	McNairy	2	5.8	Weakley	2	6.1
Grainger	4	17.1	Meigs	0	0	White	1	3.4
Greene	8	11.2	Monroe	6	10.8	Williamson	8	4.1
Grundy	2	10.3	Montgomery	18	7.6	Wilson	11	8.5

Child Death



County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	247	22.1	Hamblen	2	18.4	Moore	0	0.0
Anderson	2	15.9	Hamilton	19	34.9	Morgan	1	27.7
Bedford	1	11.9	Hancock	0	0.0	Obion	0	0.0
Benton	2	71.4	Hardeman	0	0.0	Overton	1	27.0
Bledsoe	0	0.0	Hardin	0	0.0	Perry	0	0.0
Blount	2	10.4	Hawkins	2	20.0	Pickett	1	124.5
Bradley	3	17.5	Haywood	1	23.3	Polk	0	0.0
Campbell	1	14.3	Henderson	1	20.2	Putnam	1	9.0
Cannon	2	75.9	Henry	0	0.0	Rhea	2	38.8
Carroll	1	19.0	Hickman	0	0.0	Roane	2	21.8
Carter	2	21.1	Houston	0	0.0	Robertson	2	17.1
Cheatham	1	12.4	Humphreys	2	59.6	Rutherford	5	12.0
Chester	0	0.0	Jackson	0	0.0	Scott	2	45.2
Claiborne	0	0.0	Jefferson	4	45.8	Sequatchie	3	127.0
Clay	0	0.0	Johnson	0	0.0	Sevier	2	15.2
Cocke	1	16.6	Knox	11	16.0	Shelby	50	25.2
Coffee	1	10.5	Lake	0	0.0	Smith	1	27.6
Crockett	0	0.0	Lauderdale	1	18.4	Stewart	1	41.1
Cumberland	2	25.2	Lawrence	1	12.3	Sullivan	8	31.0
Davidson	24	23.5	Lewis	0	0.0	Sumner	7	25.2
Decatur	0	0.0	Lincoln	2	34.2	Tipton	6	50.7
DeKalb	0	0.0	Loudon	0	0.0	Trousdale	0	0.0
Dickson	4	43.1	Macon	1	23.2	Unicoi	1	35.8
Dyer	1	13.2	Madison	2	10.5	Union	2	52.0
Fayette	3	52.6	Marion	0	0.0	Van Buren	0	0.0
Fentress	1	32.1	Marshall	1	18.3	Warren	3	40.4
Franklin	0	0.0	Maury	4	28.0	Washington	5	27.1
Gibson	2	21.7	McMinn	3	31.0	Wayne	1	36.0
Giles	3	54.4	McNairy	1	21.5	Weakley	1	16.3
Grainger	2	51.7	Meigs	0	0.0	White	1	23.7
Greene	3	26.7	Monroe	1	12.7	Williamson	5	15.9
Grundy	2	69.7	Montgomery	5	15.8	Wilson	3	15.5

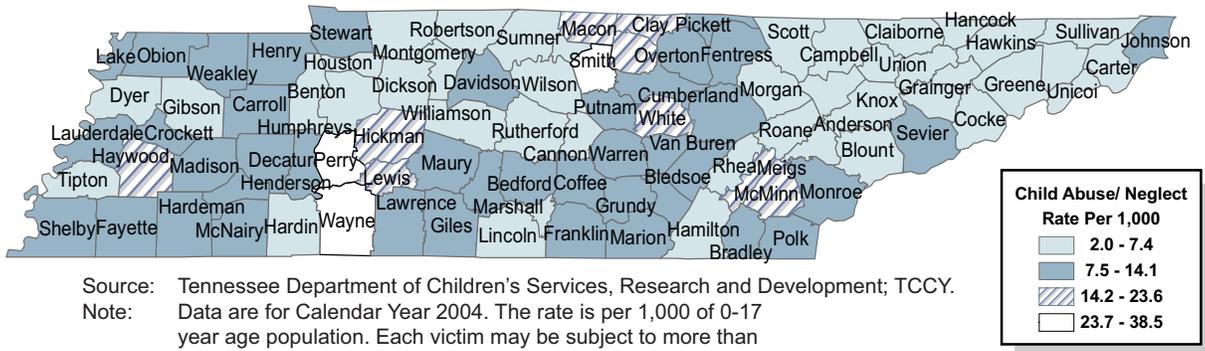
Teen Violent Death



County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	283	69.4	Hamblen	1	26.3	Moore	0	0.0
Anderson	4	83.8	Hamilton	11	52.6	Morgan	1	75.1
Bedford	3	109.2	Hancock	1	208.3	Obion	1	48.9
Benton	1	97.3	Hardeman	2	98.3	Overton	2	151.3
Bledsoe	2	224.0	Hardin	0	0.0	Perry	1	183.2
Blount	5	67.7	Hawkins	2	57.7	Pickett	0	0.0
Bradley	2	32.0	Haywood	1	72.4	Polk	0	0.0
Campbell	2	75.9	Henderson	5	284.4	Putnam	2	38.8
Cannon	2	218.6	Henry	2	100.3	Rhea	4	194.6
Carroll	3	150.0	Hickman	1	58.9	Roane	3	88.4
Carter	2	54.1	Houston	0	0.0	Robertson	5	117.2
Cheatham	2	71.8	Humphreys	1	82.7	Rutherford	8	54.4
Chester	0	0.0	Jackson	2	280.1	Scott	1	63.9
Claiborne	0	0.0	Jefferson	2	62.1	Sequatchie	2	260.1
Clay	0	0.0	Johnson	1	94.9	Sevier	3	61.2
Cocke	2	89.8	Knox	11	40.1	Shelby	34	49.1
Coffee	2	57.9	Lake	0	0.0	Smith	1	73.2
Crockett	1	95.0	Lauderdale	0	0.0	Stewart	1	106.6
Cumberland	3	103.8	Lawrence	4	133.9	Sullivan	7	73.1
Davidson	24	67.5	Lewis	0	0.0	Sumner	7	69.3
Decatur	0	0.0	Lincoln	2	91.0	Tipton	3	65.8
De Kalb	1	144.7	Loudon	4	166.3	Trousdale	0	0.0
Dickson	2	61.3	Macon	2	133.7	Unicoi	2	185.9
Dyer	3	115.5	Madison	8	115.7	Union	1	72.2
Fayette	1	45.8	Marion	2	102.7	Van Buren	1	286.5
Fentress	0	0.0	Marshall	5	252.3	Warren	2	76.4
Franklin	2	68.3	Maury	4	72.5	Washington	3	41.7
Gibson	2	63.0	McMinn	1	30.0	Wayne	2	181.0
Giles	3	138.3	McNairy	1	62.6	Weakley	0	0.0
Grainger	3	222.2	Meigs	2	258.7	White	2	123.5
Greene	3	73.8	Monroe	0	0.0	Williamson	6	53.9
Grundy	3	306.1	Montgomery	11	104.2	Wilson	6	89.2

Source: Division of Health Statistics, Office of Policy, Planning and Assessment, Tennessee Department of Health; TCCY.

Child Abuse and Neglect



County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	11,105	7.7	Hamblen	89	6.4	Moore	5	3.6
Anderson	107	6.5	Hamilton	376	5.3	Morgan	19	4.1
Bedford	146	13.7	Hancock	3	2.0	Obion	67	8.5
Benton	26	7.1	Hardeman	83	11.9	Overton	43	9.0
Bledsoe	23	7.7	Hardin	38	6.3	Perry	66	35.3
Blount	140	5.6	Hawkins	75	5.8	Pickett	8	7.6
Bradley	284	13.1	Haywood	93	17.2	Polk	48	12.7
Campbell	53	5.8	Henderson	64	10.0	Putnam	186	12.9
Cannon	25	7.4	Henry	64	9.3	Rhea	46	6.9
Carroll	53	7.7	Hickman	106	17.9	Roane	54	4.5
Carter	52	4.3	Houston	8	3.9	Robertson	67	4.4
Cheatham	39	3.7	Humphreys	23	5.3	Rutherford	182	3.5
Chester	34	8.3	Jackson	51	20.1	Scott	35	6.2
Claiborne	45	6.4	Jefferson	73	6.6	Sequatchie	26	8.7
Clay	35	20.6	Johnson	37	10.5	Sevier	161	9.4
Cocke	41	5.3	Knox	516	5.9	Shelby	1,992	7.8
Coffee	114	9.3	Lake	17	11.9	Smith	137	29.0
Crockett	34	8.9	Lauderdale	71	10.2	Stewart	27	8.6
Cumberland	118	11.5	Lawrence	112	10.6	Sullivan	149	4.4
Davidson	1,278	9.9	Lewis	48	15.9	Sumner	151	4.2
Decatur	23	9.0	Lincoln	54	7.1	Tipton	112	7.2
DeKalb	59	14.1	Loudon	47	5.4	Trousdale	7	3.9
Dickson	56	4.7	Macon	127	22.8	Unicoi	21	5.7
Dyer	40	4.1	Madison	260	10.7	Union	28	5.7
Fayette	67	8.9	Marion	80	12.3	Van Buren	14	10.5
Fentress	39	9.6	Marshall	60	8.4	Warren	129	13.5
Franklin	119	12.8	Maury	168	9.0	Washington	119	5.0
Gibson	82	6.9	McMinn	214	17.4	Wayne	140	38.5
Giles	59	8.2	McNairy	51	8.6	Weakley	69	8.7
Grainger	13	2.6	Meigs	50	16.8	White	131	23.6
Greene	73	5.1	Monroe	83	8.2	Williamson	83	2.0
Grundy	32	8.7	Montgomery	253	6.3	Wilson	80	3.2

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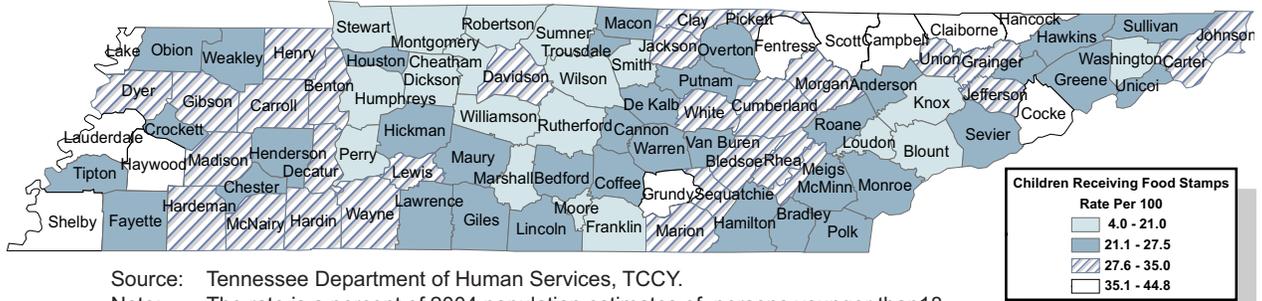
amilies First



Source: Tennessee Department of Human Services; TCCY.
 Note: The rate is the 0-17 year age group receiving TANF payments as a percent of same age resident population.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	129,667	9.0	Hamblen	698	5.0	Moore	41	3.0
Anderson	928	5.6	Hamilton	7,784	11.1	Morgan	299	6.4
Bedford	508	4.8	Hancock	230	15.1	Obion	378	4.8
Benton	206	5.7	Hardeman	603	8.7	Overton	297	6.2
Bledsoe	130	4.4	Hardin	294	4.9	Perry	44	2.4
Blount	835	3.3	Hawkins	682	5.3	Pickett	35	3.3
Bradley	557	2.6	Haywood	466	8.6	Polk	103	2.7
Campbell	544	6.0	Henderson	257	4.0	Putnam	851	5.9
Cannon	144	4.3	Henry	432	6.3	Rhea	590	8.8
Carroll	674	9.9	Hickman	303	5.1	Roane	704	5.9
Carter	832	6.8	Houston	106	5.1	Robertson	608	4.0
Cheatham	219	2.1	Humphreys	257	5.9	Rutherford	2,942	5.6
Chester	266	6.5	Jackson	126	5.0	Scott	478	8.4
Claiborne	540	7.7	Jefferson	517	4.7	Sequatchie	145	4.8
Clay	99	5.8	Johnson	228	6.5	Sevier	483	2.8
Cocke	567	7.3	Knox	6,313	7.2	Shelby	50,279	19.6
Coffee	750	6.1	Lake	215	15.0	Smith	143	3.0
Crockett	173	4.6	Lauderdale	830	12.0	Stewart	145	4.6
Cumberland	754	7.3	Lawrence	296	2.8	Sullivan	1,471	4.4
Davidson	18,686	14.5	Lewis	103	3.4	Sumner	1,824	5.0
Decatur	163	3.9	Lincoln	591	7.7	Tipton	1,000	6.4
DeKalb	210	8.3	Loudon	271	3.1	Trousdale	69	3.8
Dickson	510	4.3	Macon	299	5.4	Unicoi	263	7.2
Dyer	836	8.6	Madison	3,030	12.5	Union	385	7.8
Fayette	302	4.0	Marion	493	7.6	Van Buren	36	2.7
Fentress	269	6.7	Marshall	293	4.1	Warren	450	4.7
Franklin	376	4.1	Maury	840	4.5	Washington	938	4.0
Gibson	954	8.1	McMinn	560	4.5	Wayne	125	3.4
Giles	286	4.0	McNairy	411	6.9	Weakley	324	4.1
Grainger	206	4.2	Meigs	150	5.0	White	288	5.2
Greene	674	4.7	Monroe	426	4.2	Williamson	321	0.8
Grundy	303	8.3	Montgomery	2,461	6.1	Wilson	369	1.5

Food Stamps



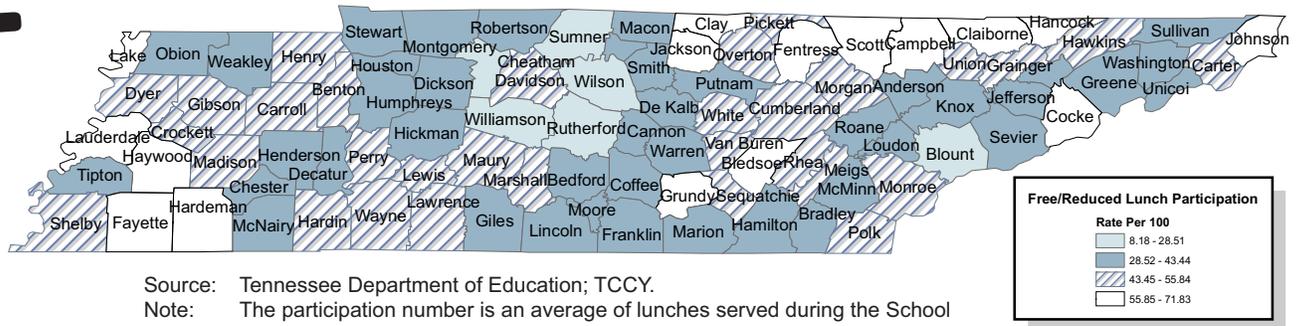
Source: Tennessee Department of Human Services, TCCY.

Note: The rate is a percent of 2004 population estimates of persons younger than 18 years of age.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	373,071	26.0	Hamblen	3,614	25.9	Moore	211	15.2
Anderson	4,456	27.1	Hamilton	17,588	25.0	Morgan	1,620	34.5
Bedford	2,496	23.4	Hancock	666	43.8	Obion	1,900	24.1
Benton	1,231	33.8	Hardeman	2,118	30.4	Overton	1,239	26.1
Bledsoe	837	28.1	Hardin	2,118	35.0	Perry	389	20.8
Blount	5,145	20.6	Hawkins	3,325	25.7	Pickett	321	30.3
Bradley	4,754	21.9	Haywood	1,983	36.7	Polk	983	26.0
Campbell	3,796	41.7	Henderson	1,569	24.6	Putnam	3,401	23.6
Cannon	767	22.7	Henry	2,073	30.0	Rhea	2,160	32.3
Carroll	2,001	29.3	Hickman	1,574	26.6	Roane	2,964	24.8
Carter	3,710	30.3	Houston	483	23.4	Robertson	2,636	17.4
Cheatham	1,325	12.7	Humphreys	918	21.0	Rutherford	7,917	15.2
Chester	959	23.5	Jackson	785	31.0	Scott	2,535	44.8
Claiborne	2,635	37.6	Jefferson	3,107	28.1	Sequatchie	840	28.0
Clay	515	30.3	Johnson	1,184	33.7	Sevier	4,179	24.5
Cocke	3,145	40.3	Knox	17,448	20.0	Shelby	92,130	36.0
Coffee	3,003	24.5	Lake	607	42.4	Smith	874	18.5
Crockett	995	26.2	Lauderdale	2,559	36.9	Stewart	646	20.5
Cumberland	2,902	28.2	Lawrence	2,639	24.9	Sullivan	7,886	23.5
Davidson	36,753	28.5	Lewis	982	32.5	Sumner	6,114	16.9
Decatur	775	30.5	Lincoln	1,819	23.8	Tipton	3,929	25.2
DeKalb	1,080	25.7	Loudon	1,774	20.2	Trousdale	458	25.3
Dickson	2,378	19.9	Macon	1,426	25.6	Unicoi	1,005	27.5
Dyer	3,115	32.1	Madison	7,073	29.2	Union	1,595	32.2
Fayette	1,792	23.9	Marion	1,930	29.7	Van Buren	342	25.7
Fentress	1,621	40.1	Marshall	1,444	20.3	Warren	2,494	26.1
Franklin	1,685	18.2	Maury	4,289	22.9	Washington	4,955	20.9
Gibson	3,574	30.2	McMinn	2,934	23.8	Wayne	1,013	27.8
Giles	1,770	24.5	McNairy	2,034	34.3	Weakley	1,858	23.3
Grainger	1,375	27.8	Meigs	929	31.1	White	1,535	27.7
Greene	3,237	22.4	Monroe	2,771	27.3	Williamson	1,650	4.0
Grundy	1,351	36.8	Montgomery	7,181	17.9	Wilson	2,997	12.0

F

ree and Reduced-Price Lunch



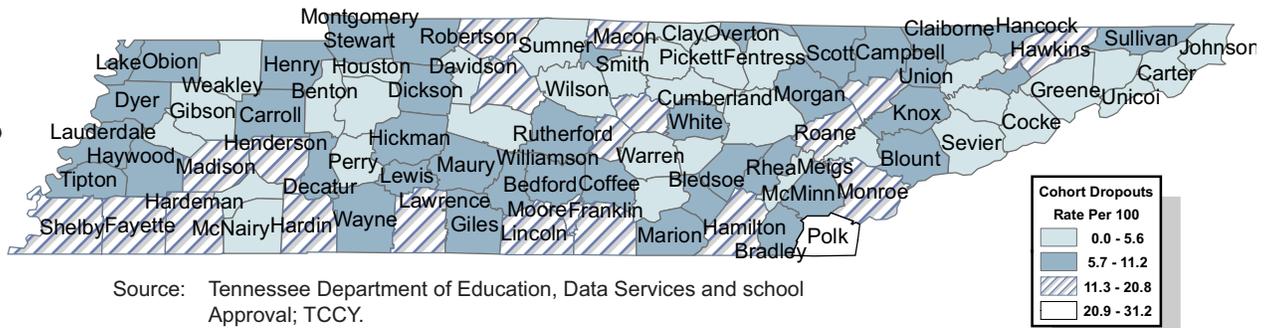
Source: Tennessee Department of Education; TCCY.

Note: The participation number is an average of lunches served during the School Year 2004-05.

The rate is a percent of average daily student attendance.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	102,745	41.5	Hamblen	3,778	42.9	Moore	320	34.4
Anderson	3,724	33.0	Hamilton	15,463	41.5	Morgan	1,453	47.7
Bedford	2,639	39.7	Hancock	678	71.5	Obion	2,177	42.2
Benton	1,202	51.3	Hardeman	2,585	62.5	Overton	1,548	49.7
Bledsoe	1,025	58.3	Hardin	1,805	51.0	Perry	539	51.4
Blount	4,581	28.5	Hawkins	3,540	47.0	Pickett	333	50.7
Bradley	5,129	39.5	Haywood	2,382	71.8	Polk	1,153	48.3
Campbell	3,415	60.8	Henderson	1,689	39.6	Putnam	3,408	36.3
Cannon	818	40.6	Henry	2,187	48.9	Rhea	1,912	44.2
Carroll	2,095	44.9	Hickman	1,470	40.6	Roane	2,777	40.2
Carter	3,678	49.2	Houston	556	41.5	Robertson	3,001	31.8
Cheatham	1,600	24.3	Humphreys	1,168	40.7	Rutherford	9,297	26.4
Chester	917	38.7	Jackson	919	59.4	Scott	2,517	68.0
Claiborne	2,648	61.1	Jefferson	2,764	41.2	Sequatchie	964	51.0
Clay	672	60.4	Johnson	1,333	61.5	Sevier	5,099	40.4
Cocke	3,159	61.5	Knox	15,527	31.1	Shelby	78,838	52.0
Coffee	3,307	38.2	Lake	532	65.2	Smith	1,159	38.0
Crockett	1,228	48.8	Lauderdale	2,556	60.6	Stewart	795	39.4
Cumberland	3,312	49.8	Lawrence	2,996	47.3	Sullivan	7,465	35.2
Davidson	31,832	48.7	Lewis	846	46.9	Sumner	5,667	24.4
Decatur	597	40.9	Lincoln	1,718	36.2	Tipton	4,373	41.3
DeKalb	1,089	43.4	Loudon	2,527	37.5	Trousdale	442	36.5
Dickson	2,794	36.6	Macon	3,066	41.4	Unicoi	991	41.8
Dyer	3,185	49.2	Madison	1,762	44.7	Union	1,499	51.7
Fayette	2,231	69.4	Marion	1,440	41.5	Van Buren	391	53.7
Fentress	1,423	65.2	Marshall	7,221	55.8	Warren	2,248	39.1
Franklin	2,220	40.4	Maury	1,955	47.9	Washington	4,880	33.0
Gibson	3,659	46.5	McMinn	1,564	33.8	Wayne	1,203	51.5
Giles	1,727	40.1	McNairy	4,071	38.2	Weakley	1,852	40.4
Grainger	1,596	51.4	Meigs	910	52.7	White	1,738	47.3
Greene	3,906	42.2	Monroe	3,000	47.7	Williamson	2,149	8.2
Grundy	1,337	62.2	Montgomery	8,221	33.6	Wilson	3,086	20.3

Cohort Dropouts

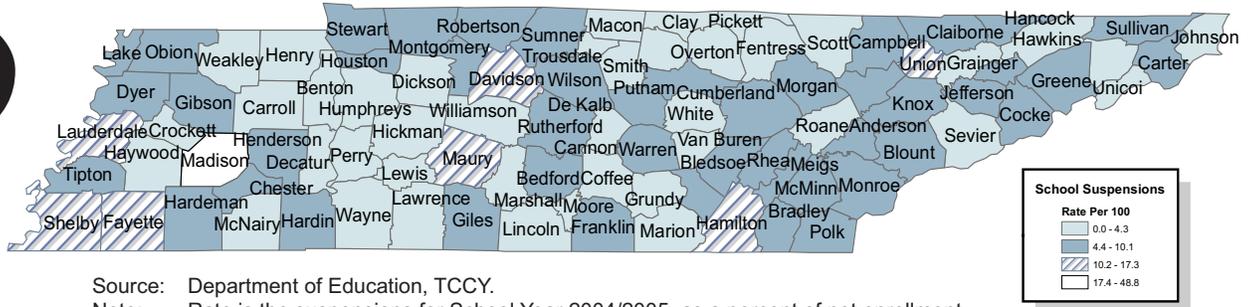


Source: Tennessee Department of Education, Data Services and school Approval; TCCY.

Note: The dropout rate is a percent of dropouts per ninth grade net enrollment. Data excludes state special schools.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	10,831	10.6	Hamblen	72	8.2	Moore	12	14.6
Anderson	139	12.7	Hamilton	565	14.0	Morgan	21	7.0
Bedford	30	6.4	Hancock	8	9.0	Obion	33	7.2
Benton	5	2.2	Hardeman	54	12.4	Overton	13	4.6
Bledsoe	11	7.0	Hardin	47	15.7	Perry	7	5.6
Blount	116	8.3	Hawkins	108	14.1	Pickett	7	8.1
Bradley	94	8.3	Haywood	34	11.0	Polk	24	31.2
Campbell	31	6.4	Henderson	52	13.8	Putnam	30	4.6
Cannon	31	15.9	Henry	26	6.2	Rhea	32	8.5
Carroll	27	6.3	Hickman	24	7.3	Roane	76	12.8
Carter	40	5.6	Houston	8	5.6	Robertson	96	12.3
Cheatham	24	3.6	Humphreys	10	4.0	Rutherford	157	6.0
Chester	14	5.6	Jackson	4	3.4	Scott	23	6.8
Claiborne	19	8.1	Jefferson	10	2.0	Sequatchie	16	8.4
Clay	1	4.3	Johnson	10	4.0	Sevier	47	3.8
Cocke	17	3.5	Knox	461	11.2	Shelby	1,877	15.2
Coffee	62	8.1	Lake	7	9.9	Smith	5	2.8
Crockett	11	4.6	Lauderdale	27	7.8	Stewart	14	7.1
Cumberland	33	5.3	Lawrence	69	11.9	Sullivan	162	7.6
Davidson	1,307	20.8	Lewis	17	9.2	Sumner	123	5.0
Decatur	9	10.1	Lincoln	55	14.0	Tipton	63	6.5
DeKalb	47	17.0	Loudon	21	3.5	Trousdale	9	8.7
Dickson	64	10.1	Macon	41	12.9	Unicoi	3	1.6
Dyer	35	7.1	Madison	200	16.4	Union	20	7.2
Fayette	58	19.0	Marion	28	8.8	Van Buren	0	0.0
Fentress	2	2.9	Marshall	27	7.6	Warren	13	2.7
Franklin	62	13.1	Maury	102	9.6	Washington	67	4.8
Gibson	39	5.5	McMinn	42	6.5	Wayne	13	6.0
Giles	37	8.9	McNairy	16	5.1	Weakley	13	2.9
Grainger	11	4.1	Meigs	1	0.6	White	26	7.7
Greene	43	5.0	Monroe	70	11.8	Williamson	102	5.3
Grundy	9	3.6	Montgomery	230	10.3	Wilson	46	3.8

School Suspensions



Source: Department of Education, TCCY.

Note: Rate is the suspensions for School Year 2004/2005, as a percent of net enrollment for the same period.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	84,724	8.7	Hamblen	533	5.4	Moore	0	0.0
Anderson	961	7.6	Hamilton	5,258	12.0	Morgan	202	6.0
Bedford	397	5.4	Hancock	76	7.4	Obion	316	5.5
Benton	35	1.3	Hardeman	471	10.1	Overton	8	0.2
Bledsoe	127	6.5	Hardin	208	5.2	Perry	23	2.0
Blount	1,079	6.5	Hawkins	293	3.5	Pickett	7	1.0
Bradley	896	6.2	Haywood	146	4.0	Polk	219	8.1
Campbell	345	5.9	Henderson	226	4.8	Putnam	597	5.7
Cannon	49	2.2	Henry	33	0.7	Rhea	311	6.4
Carroll	99	2.0	Hickman	56	1.4	Roane	298	4.2
Carter	569	6.8	Houston	90	5.9	Robertson	897	8.6
Cheatham	442	5.9	Humphreys	61	2.0	Rutherford	2,805	7.5
Chester	149	5.7	Jackson	15	0.9	Scott	146	3.6
Claiborne	356	7.1	Jefferson	632	8.3	Sequatchie	107	5.0
Clay	1	0.1	Johnson	58	2.4	Sevier	575	4.0
Cocke	487	8.6	Knox	3,609	6.4	Shelby	27,932	16.2
Coffee	179	1.8	Lake	86	9.1	Smith	120	3.7
Crockett	32	1.1	Lauderdale	612	12.8	Stewart	189	8.4
Cumberland	343	4.7	Lawrence	220	3.1	Sullivan	1,355	5.6
Davidson	12,335	15.9	Lewis	35	1.7	Sumner	1,532	5.8
Decatur	8	0.5	Lincoln	209	3.9	Tipton	1,154	9.8
DeKalb	213	7.6	Loudon	499	7.3	Trousdale	23	1.7
Dickson	332	3.9	Macon	45	0.5	Unicoi	70	2.6
Dyer	478	6.7	Madison	2,128	48.8	Union	508	16.4
Fayette	661	17.3	Marion	165	4.3	Van Buren	6	0.7
Fentress	19	0.8	Marshall	308	2.1	Warren	413	6.6
Franklin	324	5.3	Mauzy	659	14.9	Washington	439	2.5
Gibson	401	4.6	McMinn	435	8.6	Wayne	54	2.1
Giles	225	4.7	McNairy	279	2.3	Weakley	149	2.9
Grainger	83	2.3	Meigs	95	4.9	White	58	1.4
Greene	547	5.4	Monroe	704	9.8	Williamson	393	1.4
Grundy	48	2.0	Montgomery	2,101	7.1	Wilson	1,253	7.5

Juvenile Court Referrals



Source: Tennessee Council of Juvenile and Family Court Judges 2004 Annual Juvenile Court Statistical Report, Metro Juvenile Court, TCCJ.

Note: Sullivan County includes Divisions I and II, and Bristol. Johnson City is included in Washington County. The rate is a percent of 0-17 year age population estimate.

County	Number	Rate	County	Number	Rate	County	Number	Rate
Tennessee	78,975	5.5	Hamblen	694	5.0	Moore	49	3.5
Anderson	621	3.8	Hamilton	4,167	5.9	Morgan	195	4.2
Bedford	299	2.8	Hancock	78	5.1	Obion	582	7.4
Benton	217	6.0	Hardeman	505	7.3	Overton	84	1.8
Bledsoe	144	4.8	Hardin	199	3.3	Perry	75	4.0
Blount	1,415	5.7	Hawkins	880	6.8	Pickett	43	4.1
Bradley	713	3.3	Haywood	1,005	18.6	Polk	29	0.8
Campbell	375	4.1	Henderson	496	7.8	Putnam	691	4.8
Cannon	142	4.2	Henry	201	2.9	Rhea	130	1.9
Carroll	192	2.8	Hickman	356	6.0	Roane	218	1.8
Carter	991	8.1	Houston	82	4.0	Robertson	1,273	8.4
Cheatham	524	5.0	Humphreys	290	6.6	Rutherford	1,196	2.3
Chester	273	6.7	Jackson	136	5.4	Scott	175	3.1
Claiborne	267	3.8	Jefferson	650	5.9	Sequatchie	97	3.2
Clay	60	3.5	Johnson	266	7.6	Sevier	1,938	11.4
Cocke	798	10.2	Knox	4,692	5.4	Shelby	14,589	5.7
Coffee	391	3.2	Lake	55	3.8	Smith	122	2.6
Crockett	94	2.5	Lauderdale	1,068	15.4	Stewart	143	4.5
Cumberland	575	5.6	Lawrence	551	5.2	Sullivan	2,246	6.7
Davidson	11,218	8.7	Lewis	100	3.3	Sumner	2,008	5.6
Decatur	88	3.5	Lincoln	332	4.4	Tipton	281	1.8
De Kalb	156	3.7	Loudon	439	5.0	Trousdale	123	6.8
Dickson	565	4.7	Macon	389	7.0	Unicoi	0	0.0
Dyer	402	4.1	Madison	735	3.0	Union	299	6.0
Fayette	517	6.9	Marion	254	3.9	Van Buren	68	5.1
Fentress	155	3.8	Marshall	442	6.2	Warren	584	6.1
Franklin	240	2.6	Maury	753	4.0	Washington	1,991	8.4
Gibson	1,283	10.8	McMinn	323	2.6	Wayne	280	7.7
Giles	322	4.5	McNairy	265	4.5	Weakley	367	4.6
Grainger	303	6.1	Meigs	95	3.2	White	158	2.9
Greene	702	4.9	Monroe	658	6.5	Williamson	1,331	3.2
Grundy	257	7.0	Montgomery	1,465	3.7	Wilson	690	2.8

Blueprint for Tennessee's Future Secondary Indicators



County-by-County Information on 28 Indicators of Child Well-Being

Secondary Indicators



County	Total TennCare Recipients 2004		TennCare Recipients Younger than Age 21		Prenatal Care		Teens Births	
	Number	Rate	Number	Percent	Number	Rate	Number	Rate
Tennessee	1,368,647	23.2	639,871	37.9	79,572	54.9	3,075	26.4
Anderson	17,312	24.1	7,322	38.5	845	65.7	36	23.8
Bedford	9,305	23.1	4,703	38.3	655	50.2	28	34.3
Benton	5,453	32.5	2,194	52.6	162	48.1	5	15.9
Bledsoe	3,478	27.3	1,439	41.9	133	57.1	1	4.3
Blount	21,334	19.3	9,265	31.6	1,333	76.2	39	18.4
Bradley	18,799	20.5	8,482	32.4	1,201	64.9	50	31.1
Campbell	16,462	40.5	6,209	58.5	482	74.1	21	25.9
Cannon	3,302	24.8	1,387	35.4	135	58.5	3	10.7
Carroll	8,596	28.7	3,411	42.6	329	53.2	18	29
Carter	15,865	27.7	6,428	44.2	635	67.2	30	29.4
Cheatham	6,046	15.9	2,812	23.8	491	54.0	12	12.7
Chester	3,903	24.0	1,716	32.3	185	49.2	6	20.7
Claiborne	12,076	39.3	4,506	54.9	356	70.8	17	27.2
Clay	2,943	36.5	1,093	55.0	112	75.9	7	42.9
Cocke	13,254	38.2	5,268	58.3	402	62.4	17	24.6
Coffee	12,021	24.1	5,442	38.2	709	62.5	29	27.4
Crockett	4,134	27.7	1,827	41.5	158	52.5	10	30.7
Cumberland	12,494	25.3	5,354	45.2	515	72.0	25	27.9
Davidson	119,332	20.3	62,357	40.1	9,005	48.0	323	37.3
Decatur	3,665	31.0	1,389	47.6	116	56.0	4	18.9
DeKalb	5,086	28.0	2,030	41.8	246	64.2	11	30.1
Dickson	9,682	21.4	4,588	33.4	643	56.0	27	26.7
Dyer	11,751	31.0	5,128	46.2	501	62.1	29	36.2
Fayette	7,031	22.9	3,273	37.7	406	32.0	14	21.7
Fentress	8,186	47.7	2,971	63.2	208	76.0	12	33.5
Franklin	7,881	19.5	3,289	28.9	445	60.4	16	21.1
Gibson	13,549	27.9	5,915	43.4	604	47.0	31	31.5
Giles	6,877	22.9	2,972	35.1	315	71.4	10	15
Grainger	6,806	31.5	2,616	45.8	234	73.1	12	29.4
Greene	16,098	25.0	6,363	37.8	714	73.1	35	29.4
Grundy	6,325	43.2	2,342	55.3	195	51.3	6	20.3
Hamblen	14,588	24.4	6,368	39.4	835	61.1	36	34.6
Hamilton	62,995	20.2	29,753	35.6	3,979	61.6	185	31.1
Hancock	3,215	47.1	1,148	64.3	94	66.0	6	39.2
Hardeman	8,303	28.4	3,702	45.7	331	44.7	14	23.1
Hardin	8,910	33.9	3,583	51.6	273	63.4	13	27.2
Hawkins	14,639	26.5	6,065	41.0	655	63.5	26	22.9
Haywood	6,663	33.6	3,179	51.1	263	36.9	15	37.1
Henderson	7,148	27.1	3,040	41.0	336	52.1	14	26.3
Henry	8,462	26.8	3,686	46.2	372	61.6	23	36.2
Hickman	6,293	26.5	2,825	41.0	265	55.8	13	27.7
Houston	2,323	28.4	933	40.2	109	36.7	6	35.5
Humphreys	4,412	24.1	1,897	37.9	235	52.8	8	22
Jackson	3,802	33.5	1,375	46.8	124	63.7	6	30.3
Jefferson	12,146	25.8	5,214	39.3	523	70.0	27	33.3
Johnson	5,850	32.4	2,162	53.3	166	64.5	8	26.2
Knox	72,120	18.3	32,431	30.0	5,085	72.0	159	23.1
Lake	2,529	31.8	962	53.1	70	62.9	3	24.4

Secondary Indicators

County	Total TennCare Recipients 2004		TennCare Recipients Younger than Age 21		Prenatal Care		Teens Births	
	Number	Rate	Number	Percent	Number	Rate	Number	Rate
Tennessee	1,368,647	23.2	639,871	37.9	79,572	54.9	3,075	26.4
Lauderdale	8,714	31.0	3,998	49.3	363	27.5	18	33.2
Lawrence	10,925	26.6	4,624	37.8	561	66.3	16	18.1
Lewis	3,710	31.5	1,667	48.2	170	61.2	7	27.5
Lincoln	7,844	24.3	3,396	38.4	432	54.4	17	24.5
Loudon	8,269	20.1	3,511	35.1	510	68.8	17	22.5
Macon	6,132	28.8	2,683	42.2	267	64.4	10	20.9
Madison	24,002	25.4	11,762	40.7	1,340	48.5	43	23.7
Marion	8,105	28.7	3,362	44.3	325	57.2	10	17.3
Marshall	5,514	19.7	2,509	30.6	358	59.8	8	13.4
Maury	15,757	21.6	7,488	34.4	1,000	59.0	26	15.7
McMinn	12,513	24.7	5,264	37.0	615	61.5	33	33.7
McNairy	9,274	37.0	3,659	53.7	343	63.8	21	45.3
Meigs	3,754	32.4	1,615	48.3	117	66.7	3	12.4
Monroe	11,885	28.9	4,949	41.7	555	71.2	26	31.2
Montgomery	23,959	16.8	12,656	27.0	2,358	39.2	69	23.9
Moore	968	16.4	421	26.1	61	54.1	3	24.2
Morgan	6,373	31.3	2,621	47.9	215	69.8	8	21
Obion	7,588	23.1	3,314	36.8	412	68.2	17	27.9
Overton	6,037	29.4	2,222	40.2	268	72.8	5	13.5
Perry	1,880	24.4	794	36.9	98	52.0	7	41.7
Pickett	1,750	34.4	613	48.4	63	81.0	5	0
Polk	4,408	26.9	1,782	41.2	200	67.5	7	23.6
Putnam	15,344	23.5	6,451	34.6	924	64.3	25	21.3
Rhea	8,498	29.0	3,646	45.5	393	60.1	18	31.9
Roane	12,948	24.4	5,147	37.3	499	69.9	20	19.2
Robertson	10,791	18.5	5,193	29.7	955	50.5	32	24.8
Rutherford	30,154	15.1	15,763	25.0	3,334	58.2	84	22.3
Scott	9,870	44.7	4,012	61.1	317	70.0	13	28.5
Sequatchie	3,608	30.0	1,529	44.7	159	56.6	3	13.4
Sevier	17,999	23.6	8,527	43.0	977	62.1	40	27.5
Shelby	242,442	26.3	137,306	46.4	14,252	32.0	726	35.2
Smith	4,177	22.5	1,775	32.5	213	62.0	5	12.4
Stewart	2,770	21.2	1,185	32.4	147	33.3	3	11.2
Sullivan	33,914	22.0	13,965	36.1	1,534	65.8	48	16.5
Sumner	24,203	17.5	11,507	27.7	1,845	68.3	48	15.2
Tipton	12,866	23.5	6,636	37.1	744	33.7	27	18.8
Trousdale	2,193	29.0	919	43.7	90	61.1	3	21.9
Unicoi	5,361	30.1	1,931	45.4	190	75.3	6	19.7
Union	6,219	32.6	2,731	47.9	230	76.5	7	16.7
Van Buren	1,725	30.7	625	40.3	49	71.4	4	0
Warren	10,967	27.7	4,453	40.3	523	64.6	23	28.2
Washington	22,435	20.2	9,034	31.4	1,354	73.6	29	15.6
Wayne	4,418	25.5	1,745	40.6	169	65.7	6	19.2
Weakley	7,437	21.0	3,215	29.4	327	71.6	10	14.4
White	7,130	30.0	2,930	45.7	294	71.1	13	27.3
Williamson	8,774	6.3	4,125	9.0	1,943	61.3	18	4.7

Secondary Indicators



County	Births To Unmarried Females 2004		Teen Pregnancy for 15-17 Age Group		Teens With STD, Age 15-17		Medical Doctors By County of Practice 2005		Dentists by County of Practice, 2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Tennessee	30,342	38.1	3,879	33.3	4,597	19.1	Number	Rate	Number	Rate
Anderson	285	33.7	44	29.1	33	10.8	190	264.0	54	75.0
Bedford	291	44.4	30	36.7	19	11.4	34	83.0	13	31.7
Benton	61	37.7	7	22.3	6	9.1	10	59.4	5	29.7
Bledsoe	32	24.1	1	4.3	5	8.8	6	46.6	2	15.5
Blount	402	30.2	45	21.3	44	10.0	198	176.7	63	56.2
Bradley	379	31.6	57	35.4	33	9.7	154	166.2	33	35.6
Campbell	151	31.3	23	28.4	5	3.1	38	93.0	9	22.0
Cannon	50	37	4	14.2	0	0	9	67.0	4	29.8
Carroll	122	37.1	21	33.9	25	20.6	29	96.5	7	23.3
Carter	205	32.3	37	36.2	5	2.4	43	74.8	16	27.8
Cheatham	143	29.1	15	15.9	29	15.4	12	31.0	5	12.9
Chester	48	25.9	9	31	15	23.8	8	48.7	2	12.2
Claiborne	100	28.1	19	30.4	9	7.0	25	80.7	7	22.6
Clay	32	28.6	7	42.9	1	3.3	6	74.0	2	24.7
Cocke	180	44.8	19	27.5	18	13.0	23	65.6	7	20.0
Coffee	290	40.9	36	34.1	21	9.9	98	194.4	33	65.5
Crockett	61	38.6	12	36.8	12	18.2	5	33.2	4	26.5
Cumberland	175	34	30	33.5	5	2.8	97	194	15	30
Davidson	3,837	42.6	430	49.6	429	23.4	3,163	533.9	481	81.2
Decatur	35	30.2	4	18.9	1	2.2	9	76	4	34
DeKalb	83	33.7	11	30.1	6	7.9	17	92.6	4	21.8
Dickson	226	35.1	35	34.6	16	7.7	55	120	21	46
Dyer	210	41.9	30	37.5	46	28.0	61	160.0	17	44.6
Fayette	174	42.9	18	27.9	29	21.0	14	45	10	32
Fentress	73	35.1	13	36.3	3	4.2	11	63.6	3	17.3
Franklin	164	36.9	20	26.4	31	20.0	53	130.2	14	34.4
Gibson	269	44.5	37	37.6	76	37.9	37	76.1	16	32.9
Giles	111	35.2	16	24	27	20.4	29	96.1	8	26.5
Grainger	58	24.8	14	34.3	5	6.1	5	22.9	4	18.3
Greene	253	35.4	39	32.7	26	10.5	104	160.4	22	33.9
Grundy	61	31.3	6	20.3	4	6.7	3	20.3	0	0.0
Hamblen	283	33.9	45	43.3	11	4.7	139	230.5	33	54.7
Hamilton	1,615	40.6	241	40.4	397	32.5	1,123	359.4	212	67.8
Hancock	25	26.6	6	39.2	3	10.0	3	43.8	2	29.2
Hardeman	187	56.5	17	28.1	41	32.3	21	70.9	10	33.8
Hardin	92	33.7	13	27.2	11	10.4	14	52.8	8	30.2
Hawkins	188	28.7	28	24.7	22	9.8	33	59.1	11	19.7
Haywood	151	57.4	17	42.1	25	30.2	12	60.2	6	30.1
Henderson	125	37.2	19	35.7	12	11.1	16	60.2	6	22.6
Henry	147	39.5	29	45.6	23	18.1	50	157.4	15	47.2
Hickman	107	40.4	14	29.9	5	4.8	9	37.2	7	28.9
Houston	49	45	6	35.5	4	11.7	5	60.8	1	12.2
Humphreys	84	35.7	10	27.5	3	3.8	12	65.0	4	21.7
Jackson	44	35.5	7	35.4	1	2.3	5	43.7	4	35.0
Jefferson	172	32.9	30	37	22	12.5	37	77.4	12	25.1
Johnson	61	36.7	8	26.2	4	6.0	12	65.9	5	27.5
Knox	1,570	30.9	218	31.7	303	21.4	1,588	400.3	240	60.5
Lake	33	47.1	4	32.5	13	52.4	2	25.1	2	25.1

Secondary Indicators

County	Births To Unmarried Females 2004		Teen Pregnancy for 15-17 Age Group		Teens With STD, Age 15-17		Medical Doctors By County of Practice 2005		Dentists by County of Practice, 2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Tennessee	30,342	38.1	3,879	33.3	4,597	19.1	6,750	241.3	3,007	50.5
Lauderdale	189	52.1	22	40.6	35	31.3	11	38.7	6	21.1
Lawrence	143	25.5	17	19.3	14	7.4	34	82.3	11	26.6
Lewis	65	38.2	7	27.5	7	12.6	7	58.9	1	8.4
Lincoln	146	33.8	24	34.6	23	16.6	29	89.2	7	21.5
Loudon	147	28.8	22	29.2	9	5.8	46	110.6	18	43.3
Macon	85	31.8	13	27.2	1	1.0	7	13.7	3	5.9
Madison	587	43.8	63	34.7	143	37.6	396	1573.6	58	230.5
Marion	113	34.8	13	22.5	19	15.9	27	125.2	4	18.5
Marshall	120	33.5	11	18.5	12	9.5	18	18.9	8	8.4
Mauzy	377	37.7	37	22.3	67	19.2	180	634.2	35	123.3
McMinn	214	34.8	35	35.8	30	14.9	63	221.9	19	66.9
McNairy	115	33.5	23	49.6	5	5.1	16	21.6	6	8.1
Meigs	39	33.3	3	12.4	6	11.7	3	25.6	1	8.5
Monroe	171	30.8	32	38.4	18	10.4	35	84.0	10	24.0
Montgomery	780	33.1	85	29.4	132	21.7	175	120.9	65	44.9
Moore	15	24.6	3	24.2	1	4.0	3	50.3	1	16.8
Morgan	62	28.8	8	21	1	1.2	9	43.9	3	14.6
Obion	172	41.7	19	31.2	34	25.9	42	127.6	15	45.6
Overton	57	21.3	7	18.9	4	5.0	18	87.1	4	19.4
Perry	23	23.5	7	41.7	2	5.7	4	51.7	1	12.9
Pickett	9	14.3	7	0	-	-	3	58.5	0	0.0
Polk	47	23.5	9	30.4	3	4.7	17	103.2	3	18.2
Putnam	302	32.7	30	25.6	14	5.7	169	255.2	32	48.3
Rhea	149	37.9	21	37.2	15	12.7	13	43.9	7	23.7
Roane	152	30.5	24	23	6	2.8	46	86.3	18	33.8
Robertson	297	31.1	38	29.5	23	8.5	45	75.6	16	26.9
Rutherford	1,032	31	113	30	89	11.5	323	158.3	90	44.1
Scott	87	27.4	14	30.7	1	1.1	23	102.9	5	22.4
Sequatchie	54	34	4	17.9	2	4.2	2	16.4	3	24.6
Sevier	340	34.8	49	33.7	15	5.0	67	86.4	25	32.2
Shelby	7,724	54.2	958	46.4	1,644	38.6	2,820	303.7	635	68.4
Smith	56	26.3	7	17.4	7	8.1	19	100.8	4	21.2
Stewart	47	32	3	11.2	2	3.5	6	45.1	4	30.1
Sullivan	475	31	53	18.2	72	12.0	573	371.4	114	73.9
Sumner	571	30.9	63	19.9	37	5.7	174	123.7	57	40.5
Tipton	319	42.9	34	23.6	50	16.8	42	75.2	12	21.5
Trousdale	32	35.6	3	21.9	8	25.7	5	65.4	1	13.1
Unicoi	60	31.6	6	19.7	1	1.5	17	95.0	4	22.4
Union	58	25.2	7	16.7	9	10.5	4	20.6	2	10.3
Van Buren	18	36.7	4	0	2	9.7	1	17.7	0	0.0
Warren	198	37.9	27	33.1	15	9.1	44	110.1	10	25.0
Washington	398	29.4	33	17.7	23	5.9	603	537.9	68	60.7
Wayne	48	28.4	8	25.6	5	7.3	10	57.4	3	17.2
Weakley	100	30.6	12	17.3	34	24.4	29	81.4	9	25.3
White	103	35	14	29.4	10	9.7	23	95.9	11	45.9
Williamson	220	11.3	30	7.9	19	2.5	448	310.6	105	72.8
Wilson	332	25.7	56	26.7	44	10.2	101	104.1	30	30.9

Secondary Indicators



County	Divorces per 1,000 Population, 2004		Reported Child abuse cases 2004		Commitment to State Custody		Remaining in State Custody	
	Number	Rate	Number	Rate	Total	Rate	Number	Rate
Tennessee	28,858	4.9	25,311	3.6	7,870	4.9	10,284	6.4
Anderson	281	3.9	477	2.9	94	5.2	229	12.6
Bedford	305	7.6	593	5.6	114	9.7	106	9
Benton	78	4.7	130	3.6	12	3	16	4
Bledsoe	52	4.1	158	5.3	8	2.4	11	3.3
Blount	762	6.9	540	2.2	121	4.3	165	5.9
Bradley	518	5.7	1,032	4.7	215	8.7	241	9.8
Campbell	224	5.5	241	2.7	62	6.1	66	6.5
Cannon	64	4.8	129	3.8	19	5.1	30	8.1
Carroll	90	3	195	2.9	30	3.9	40	5.2
Carter	302	5.3	220	1.8	82	5.9	70	5.1
Cheatham	206	5.4	381	3.6	45	4	71	6.2
Chester	55	3.4	122	3.0	10	2.1	9	1.9
Claiborne	16	0.5	189	2.7	38	4.9	53	6.8
Clay	32	4	152	9.0	18	9.5	13	6.8
Cocke	184	5.3	216	2.8	43	5	78	9
Coffee	272	5.5	758	6.2	81	6	111	8.2
Crockett	30	2	140	3.7	19	4.5	15	3.6
Cumberland	355	7.2	860	8.4	91	8	113	9.9
Davidson	2,043	3.5	6,924	5.4	1,024	7	1,160	7.9
Decatur	37	3.1	62	2.4	5	1.8	5	1.8
DeKalb	109	6	350	8.3	34	7.3	44	9.5
Dickson	313	6.9	517	4.3	100	7.6	155	11.8
Dyer	256	6.8	431	4.4	31	2.9	58	5.4
Fayette	172	5.6	239	3.2	37	4.5	29	3.5
Fentress	117	6.8	329	8.1	30	6.7	28	6.2
Franklin	213	5.3	476	5.1	76	7.1	73	6.9
Gibson	168	3.5	289	2.4	136	10.5	108	8.3
Giles	165	5.5	305	4.2	62	7.7	78	9.7
Grainger	109	5.1	93	1.9	29	5.3	39	7.1
Greene	451	7	364	2.5	109	6.8	156	9.7
Grundy	83	5.7	147	4.0	16	4	22	5.4
Hamblen	423	7.1	333	2.4	109	7.1	148	9.6
Hamilton	1,462	4.7	2,194	3.1	284	3.6	583	7.4
Hancock	38	5.6	28	1.8	8	4.7	15	8.8
Hardeman	85	2.9	254	3.7	40	5.2	46	6.0
Hardin	93	3.5	239	4.0	11	1.7	19	2.9
Hawkins	312	5.6	310	2.4	115	8.1	122	8.6
Haywood	65	3.3	262	4.9	38	6.4	49	8.2
Henderson	932	35.4	261	4.1	23	3.3	24	3.4
Henry	183	5.8	225	3.3	39	5.1	47	6.2
Hickman	100	4.2	618	10.4	45	6.8	23	3.5
Houston	63	7.7	98	4.8	10	4.4	19	8.5
Humphreys	114	6.2	280	6.4	30	6.3	36	7.5
Jackson	48	4.2	260	10.3	23	8.2	31	11.0
Jefferson	80	1.7	270	2.4	65	5.2	66	5.3
Johnson	103	5.7	150	4.3	15	3.8	21	5.4
Knox	2,113	5.4	2,421	2.8	386	3.8	628	6.2
Lake	23	2.9	49	3.4	9	5.4	4	2.4

Secondary Indicators

County	Divorces per 1,000 Population, 2004		Reported Child abuse cases 2004		Commitment to State Custody		Remaining in State Custody	
	Number	Rate	Number	Rate	Total	Rate	Number	Rate
Tennessee	28,858	4.9	52,341	3.6	7,870	4.9	10,284	6.4
Lauderdale	158	5.6	392	5.7	53	6.9	77	10.0
Lawrence	244	5.9	525	5.0	39	3.3	34	2.9
Lewis	75	6.4	328	10.9	18	5.4	13	3.9
Lincoln	165	5.1	328	4.3	45	5.3	54	6.4
Loudon	143	3.5	197	2.2	49	5.1	41	4.3
Macon	125	5.9	664	11.9	57	9.4	92	15.1
Madison	328	3.5	1,024	4.2	200	7.3	217	7.9
Marion	140	5	352	5.4	53	7.3	51	7.0
Marshall	162	5.8	280	3.9	42	5.4	62	7.9
Maury	371	5.1	830	4.4	94	4.5	101	4.9
McMinn	291	5.7	702	5.7	60	4.4	82	6.0
McNairy	100	4	222	3.7	22	3.4	36	5.5
Meigs	0	0	197	6.6	16	4.9	23	7.1
Monroe	203	4.9	298	2.9	64	5.7	63	5.6
Montgomery	1,120	7.9	1,109	2.8	168	3.8	204	4.6
Moore	23	3.9	43	3.1	3	1.9	42	27.2
Obion	198	6	261	3.3	45	5.2	37	4.3
Overton	103	5	464	9.8	31	5.9	27	5.1
Perry	28	3.6	209	11.2	13	6.3	19	9.2
Pickett	12	2.4	81	7.6	10	8.3	7	5.8
Polk	81	5	151	4.0	26	6.3	23	5.5
Putnam	295	4.5	989	6.9	121	7.1	168	9.8
Rhea	202	6.9	242	3.6	26	3.4	34	4.5
Roane	281	5.3	300	2.5	78	5.9	91	6.9
Robertson	304	5.2	380	2.5	81	4.8	88	5.3
Rutherford	1,131	5.7	1,052	2.0	80	1.4	83	1.4
Scott	150	6.8	124	2.2	36	5.7	37	5.9
Sequatchie	68	5.7	125	4.2	15	4.6	22	6.7
Sevier	454	6	394	2.3	136	7.2	141	7.5
Shelby	2,660	2.9	8,777	3.4	807	2.9	1,407	5.0
Smith	95	5.1	612	13.0	36	6.9	34	6.5
Stewart	65	5	114	3.6	21	6.0	16	4.5
Sullivan	763	5	663	2.0	276	7.4	311	8.4
Sumner	723	5.2	623	1.7	136	3.4	204	5.1
Tipton	638	11.6	389	2.5	74	4.3	90	5.2
Trousdale	28	3.7	35	1.9	8	4.0	142	71.1
Unicoi	109	6.1	68	1.9	55	13.5	48	11.8
Union	106	5.6	130	2.6	29	5.3	42	7.7
Van Buren	21	3.7	59	4.4	11	7.5	15	10.2
Warren	243	6.1	533	5.6	127	12.0	125	11.9
Washington	563	5.1	468	2.0	231	8.6	230	8.5
Wayne	77	4.5	457	12.6	36	8.9	34	8.4
Weakley	147	4.1	291	3.7	52	5.3	51	5.2
White	114	4.8	690	12.4	54	8.8	91	14.8
Williamson	627	4.5	333	0.8	95	2.1	91	2.0
Wilson	528	5.5	432	1.7	89	3.3	96	3.5

Secondary Indicators



County	Regulated Child Care Spaces as of June 2004	Special Education December 2004		Event Dropouts SY 2004/2005		School Expulsions SY 2004/2005	
	Number	Number	Rate	Number	Rate	Number	Rate
Tennessee	331,938	113,208	11.6	7,287	2.6	1,968	2.0
Anderson	3,397	1,724	13.7	132	3.4	36	2.9
Bedford	1,353	816	11.1	22	1.0	0	0.0
Benton	343	393	14.8	3	0.4	2	0.8
Bledsoe	317	299	15.2	6	1.1	2	1.0
Blount	4,550	2,202	13.2	4	0.2	20	1.2
Bradley	2,708	1,229	8.5	48	1.1	18	1.2
Campbell	777	689	11.7	35	2.2	10	1.7
Cannon	307	267	12.1	33	4.9	0	0.0
Carroll	936	506	10.0	26	1.6	0	0.0
Carter	1,826	984	11.7	26	1.0	0	0.0
Cheatham	1,873	800	10.6	27	1.1	10	1.3
Chester	348	170	6.5	5	0.7	1	0.4
Claiborne	820	589	11.8	16	1.1	1	0.2
Clay	320	149	12.5	2	0.5	3	2.5
Cocke	1,040	760	13.3	4	0.2	7	1.2
Coffee	2,582	1,357	14.0	58	1.9	11	1.1
Crockett	532	220	7.9	8	1.0	4	1.4
Cumberland	1,353	862	11.9	53	2.4	23	3.2
Davidson	35,593	8,796	11.4	1,145	5.4	169	2.2
Decatur	386	248	15.5	9	2.2	4	2.5
DeKalb	396	319	11.4	50	6.1	2	0.7
Dickson	1,722	1,020	12.1	69	2.8	0	0.0
Dyer	1,620	717	10.1	21	1.1	11	1.5
Fayette	804	489	12.8	45	4.8	0	0.0
Fentress	328	213	8.9	19	6.9	0	0.0
Franklin	1,178	775	12.6	61	3.3	0	0.0
Gibson	2,067	940	10.9	95	2.2	0	0.0
Giles	727	535	11.2	33	2.2	19	4.0
Grainger	136	579	16.0	7	0.6	4	1.1
Greene	1,890	1,466	14.5	35	1.1	14	1.4
Grundy	222	521	22.1	20	2.8	0	0.0
Hamblen	2,044	1,029	10.3	97	3.4	54	5.4
Hamilton	20,316	4,631	10.6	576	4.6	90	2.1
Hancock	149.0	96	9.4	4	1.2	0.0	0.0
Hardeman	591	667	14.4	26	1.9	0	0.0
Hardin	361.0	511	12.7	47	4.0	11.0	2.7
Hawkins	1,143	1,267	15.0	109	4.4	20	2.4
Haywood	1415.0	357	9.7	46	4.8	8.0	2.2
Henderson	594	555	11.9	38	2.9	14	3.0
Henry	1221.0	421	8.5	15	1.0	0.0	0.0
Hickman	605	643	16.0	18	1.5	0	0.0
Houston	187.0	178	11.6	3	0.7	1.0	0.7
Humphreys	460	372	12.0	6	0.6	1	0.3
Jackson	318.0	280	15.9	0	0.0	0.0	0.0
Jefferson	976	888	11.6	11	0.5	5	0.7
Johnson	531.0	412	16.7	1	0.1	0.0	0.0
Knox	20,426	5,679	10.1	386	2.3	29	0.5
Lake	138	98	10.4	7	2.6	2	2.1

Secondary Indicators

County	Regulated Child Care Spaces as of June 2004	Special Education December 2004		Event Dropouts SY 2004/2005		School Expulsions SY 2004/2005	
	Number	Number	Rate	Number	Rate	Number	Rate
Tennessee	331,938	113,208	11.6	7,287	2.6	1,968	2.0
Lauderdale	924	658	13.8	35	2.6	1	0.2
Lawrence	1,290	955	13.5	32	1.4	17	2.4
Lewis	502	194	9.5	17	2.8	1	0.5
Lincoln	1,081	420	7.8	55	3.3	3	0.6
Loudon	1,122	594	8.7	21	1	35	5.1
Macon	416	474	12.5	43	4	4	0.5
Madison	5,483	2,432	16.6	192	4.3	11	2.5
Marion	799	508	11.5	38	3.3	8	2.1
Marshall	582	564	11.1	20	1.4	8	0.5
Maury	3,367	1,502	12.5	117	3.3	3	0.7
McMinn	825	986	11.9	53	2.2	22	4.3
McNairy	346	490	11.2	18	1.4	20	1.7
Meigs	161	238	12.3	1	0.2	0	0.0
Monroe	839	855	11.9	72	3.3	10	1.4
Montgomery	7,065	2,312	7.8	211	2.5	103	3.5
Moore	212	83	8.3	9	3	0	0.0
Morgan	146	413	12.2	4	0.4	11	3.3
Obion	964	531	9.2	27	1.7	3	0.5
Overton	579	653	18.6	19	2.0	0	0.0
Perry	165	182	15.4	5	1.3	0	0.0
Pickett	88	42	6.1	3	1.4	0	0.0
Polk	248	203	7.5	24	3.0	0	0.0
Putnam	3,330	1,208	11.5	18	0.6	3	0.3
Rhea	725	388	7.9	36	2.4	0	0.0
Roane	1,696	1,003	14.0	76	3.5	9	1.3
Robertson	1,619	1,262	12.1	93	3.0	8	0.8
Rutherford	11,491	3,527	9.5	163	1.5	204	5.5
Scott	872	336	8.2	13	1.1	5	1.2
Sequatchie	425	353	16.6	19	3.3	0	0.0
Sevier	2,334	1,570	10.9	24	0.6	1	0.1
Shelby	118,682	21,055	12.2	1,611	3.4	693	4.0
Smith	462	409	12.6	5	0.5	3	0.9
Stewart	245	295	13.1	4	0.6	6	2.7
Sullivan	5,940	2,881	12.0	152	2.0	94	3.9
Sumner	6,486	3,986	15.1	170	2.1	18	0.7
Tipton	1,695	1,389	11.8	43	1.2	0	0.0
Trousdale	263	220	16.5	7	1.8	7	5.3
Unicoi	301	370	13.6	5	0.6	2	0.7
Union	199	415	13.4	17	1.7	1	0.3
Van Buren	85	10	1.1	0	0.0	0	0.0
Warren	1,339	940	15.0	17	0.9	0	0.0
Washington	4,961	1,738	10.1	51	1.0	33	1.9
Wayne	275	432	16.9	9	1.1	0	0.0
Weakley	1,515	552	10.9	13	0.9	5	1.0
White	745	627	14.9	31	2.5	0	0.0
Williamson	8,886	2,427	8.5	101	1.2	0	0.0
Wilson	6,237	1,808	10.9	16	0.3	10	0.6

Secondary Indicators



County	Children Younger than 6 on WIC		Total Food Stamps, 2004		Personal Income Per Capita 2003	Youth Unemployment 2004		Median Home Sale Price 2003	Fair Market Rents 2005
	Number	Rate	Number	Rate	Amount	Number	Rate	Number	Number
Tennessee	113,264	23.5	804,795	13.6	\$28,440	31,850	17.6	\$119,000	\$633
Anderson	1,161	23.5	10,616	14.8	\$27,664	270	14.0	\$90,025	\$733
Bedford	1,163	31.7	5,203	12.9	\$24,832	210	14.4	\$85,000	\$701
Benton	422	39.1	3,299	19.7	\$20,226	100	33.3	\$76,000	\$544
Bledsoe	294	32.2	2,073	16.3	\$19,842	90	32.1	\$68,250	\$546
Blount	1,609	20.9	12,041	10.9	\$26,224	430	13.2	\$119,000	\$733
Bradley	1,892	26	10,656	11.6	\$25,955	560	18.9	\$105,275	\$651
Campbell	1,054	36.5	9,662	23.8	\$20,575	200	20.2	\$79,050	\$546
Cannon	220	20.5	1,828	13.7	\$25,242	20	5.9	\$85,000	\$571
Carroll	531	24.9	4,996	16.7	\$22,542	120	15.8	\$61,000	\$545
Carter	1,194	30.5	9,261	16.2	\$19,980	230	13.3	\$74,500	\$616
Cheatham	603	18.4	2,795	7.3	\$27,401	200	19.0	\$120,000	\$854
Chester	259	19.6	2,154	13.3	\$21,691	140	22.6	\$80,000	\$771
Claiborne	885	42.2	6,591	21.5	\$20,520	110	17.2	\$68,000	\$554
Clay	207	40.6	1,565	19.4	\$19,511	50	20.0	\$46,500	\$571
Cocke	933	38	8,087	23.3	\$18,718	130	19.4	\$81,750	\$485
Coffee	1,152	29.6	6,333	12.7	\$27,033	230	13.9	\$85,000	\$651
Crockett	465	40.1	2,236	15	\$23,912	110	28.2	\$65,000	\$532
Cumberland	782	24.4	6,651	13.5	\$22,816	190	15.0	\$99,000	\$634
Davidson	9,789	20.8	73,779	12.6	\$38,297	2,760	17.0	\$138,500	\$854
Decatur	319	39	1,946	16.5	\$23,667	70	18.9	\$54,950	\$541
DeKalb	453	33.4	2,698	14.9	\$22,317	50	8.8	\$86,500	\$612
Dickson	968	25.5	5,102	11.3	\$23,661	160	13.8	\$100,750	\$854
Dyer	867	28.4	7,359	19.4	\$25,403	160	17.8	\$76,100	\$620
Fayette	702	29	4,069	13.2	\$28,326	180	20.7	\$135,900	\$831
Fentress	481	37.8	4,519	26.4	\$19,972	120	25.5	\$64,500	\$571
Franklin	635	21.3	3,810	9.4	\$22,349	220	18.0	\$88,000	\$689
Gibson	1,261	32.9	8,261	17	\$24,855	310	22.0	\$80,900	\$549
Giles	458	20.5	4,319	14.4	\$24,008	120	14.6	\$74,000	\$587
Grainger	516	32.3	3,570	16.5	\$20,071	140	28.0	\$79,125	\$579
Greene	1,359	29.8	8,171	12.7	\$27,148	380	19.4	\$82,500	\$595
Grundy	419	34.9	3,541	24.2	\$19,775	70	21.2	\$50,500	\$546
Hamblen	1,316	28.3	7,929	13.3	\$25,012	220	11.5	\$99,000	\$630
Hamilton	5,736	25.5	37,662	12.1	\$32,009	1,350	15.8	\$117,000	\$701
Hancock	290	63.5	2,063	30.2	\$14,447	40	30.8	\$64,000	\$531
Hardeman	783	35.5	4,783	16.3	\$18,813	100	16.7	\$65,750	\$547
Hardin	584	30.9	5,592	21.3	\$22,536	150	22.4	\$80,000	\$529
Hawkins	1,241	30	8,225	14.9	\$21,514	310	26.3	\$91,750	\$616
Haywood	666	38.2	4,580	23.1	\$21,633	170	31.5	\$81,000	\$607
Henderson	517	25.3	4,076	15.5	\$22,513	170	23.6	\$81,000	\$577
Henry	664	30.9	4,886	15.5	\$22,713	310	32.3	\$75,000	\$538
Hickman	356	19	3,727	15.7	\$18,166	110	18.0	\$80,000	\$672
Houston	222	32.3	1,159	14.2	\$20,956	90	42.9	\$64,950	\$544
Humphreys	398	29.5	2,127	11.6	\$22,617	80	16.0	\$75,000	\$583
Jackson	217	27.2	2,089	18.4	\$22,180	30	9.7	\$68,200	\$571
Jefferson	816	22.9	7,179	15.3	\$21,690	310	21.5	\$99,900	\$620
Johnson	387	36	3,365	18.6	\$16,380	60	17.1	\$63,750	\$594
Knox	4,686	16.4	38,638	9.8	\$30,265	1,510	12.9	\$128,700	\$733
Lake	268	56.4	1,656	20.8	\$14,955	20	18.2	\$41,025	\$575

Secondary Indicators

County	Children Younger than 6 on WIC		Total Food Stamps, 2004		Personal Income Per Capita 2003	Youth Unemployment 2004		Median Home Sale Price 2003	Fair Market Rents 2005
	Number	Rate	Number	Rate	Amount	Number	Rate	Number	Number
Tennessee	113,264	23.5	804,795	13.6	\$28,440	31,850	17.6	\$119,000	\$633
Lauderdale	682	29.5	5,790	20.6	\$18,743	1,350	15.8	\$117,000	\$701
Lawrence	926	28.1	6,553	16	\$21,991	40	30.8	\$64,000	\$531
Lewis	371	38.9	2,433	20.7	\$18,820	100	16.7	\$65,750	\$547
Lincoln	585	24.3	4,429	13.7	\$24,228	150	22.4	\$80,000	\$529
Loudon	717	25.9	4,076	9.9	\$27,286	310	26.3	\$91,750	\$616
Macon	452	25.1	3,399	16	\$20,980	170	31.5	\$81,000	\$607
Madison	2,164	27.4	14,032	14.8	\$26,969	170	23.6	\$81,000	\$577
Marion	554	27.4	4,644	16.5	\$22,427	310	32.3	\$75,000	\$538
Marshall	487	21.9	3,291	11.7	\$24,588	110	18.0	\$80,000	\$672
Maury	1,346	22.5	9,360	12.8	\$28,597	90	42.9	\$64,950	\$544
McMinn	942	23.9	6,813	13.4	\$22,355	80	16.0	\$75,000	\$583
McNairy	575	30.6	5,193	20.7	\$23,798	30	9.7	\$68,200	\$571
Meigs	263	26.9	2,309	20	\$20,227	310	21.5	\$99,900	\$620
Monroe	942	30	6,922	16.9	\$20,110	60	17.1	\$63,750	\$594
Montgomery	3,518	25.9	14,318	10	\$27,481	1,510	12.9	\$128,700	\$733
Moore	93	21.7	476	8.1	\$23,394	20	18.2	\$41,025	\$575
Morgan	463	31.7	4,162	20.5	\$17,503	120	25.0	\$53,735	\$549
Obion	765	29.4	4,430	13.5	\$25,209	210	23.9	\$69,950	\$575
Overton	493	31.9	3,283	16	\$20,353	80	11.9	\$75,400	\$495
Perry	183	32	1,014	13.2	\$21,238	50	26.3	\$44,500	\$572
Pickett	151	43.3	924	18.2	\$17,339	20	14.3	\$62,500	\$571
Polk	448	35.3	2,405	14.7	\$21,130	90	28.1	\$81,500	\$620
Putnam	1,224	26.3	8,072	12.3	\$24,663	350	15.1	\$99,900	\$669
Rhea	664	31.7	5,203	17.8	\$21,085	230	23.2	\$90,000	\$551
Roane	712	18.6	7,480	14.1	\$24,949	260	19.4	\$110,000	\$627
Robertson	1,281	27.5	5,473	9.4	\$26,240	240	11.3	\$120,500	\$854
Rutherford	3,033	17.4	15,573	7.8	\$27,662	1,150	16.0	\$122,854	\$854
Scott	831	45.1	6,574	29.8	\$17,615	160	29.1	\$56,310	\$499
Sequatchie	312	31.5	1,961	16.3	\$20,855	40	14.3	\$77,300	\$546
Sevier	1,336	25.2	9,384	12.3	\$26,075	290	12.0	\$130,000	\$733
Shelby	19,857	23.2	167,271	18.2	\$33,441	4,960	20.9	\$127,850	\$831
Smith	302	20.3	2,083	11.2	\$23,124	130	22.0	\$81,000	\$615
Stewart	212	22.2	1,520	11.6	\$20,855	70	20.6	\$78,000	\$615
Sullivan	2,947	28	18,338	11.9	\$26,728	640	17.3	\$89,900	\$616
Sumner	2,009	17.6	13,115	9.5	\$28,063	700	14.2	\$143,000	\$854
Tipton	962	20.7	7,991	14.6	\$23,896	450	26.9	\$118,900	\$831
Trousdale	167	30.1	1,155	15.3	\$20,806	30	12.0	\$88,125	\$599
Unicoi	542	46.5	2,823	15.8	\$22,986	60	14.0	\$106,500	\$616
Union	581	36.6	3,658	19.2	\$17,570	160	24.6	\$85,000	\$733
Van Buren	158	36.5	973	17.3	\$21,700	50	45.5	\$59,000	\$571
Warren	1,059	34	5,871	14.8	\$23,129	190	18.8	\$70,000	\$630
Washington	2,204	28.4	11,701	10.5	\$25,326	410	12.0	\$112,250	\$616
Wayne	335	30.9	2,681	15.5	\$16,088	60	18.2	\$50,000	\$572
Weakley	674	26.3	4,656	13.1	\$22,037	310	21.8	\$64,500	\$629
White	615	35.4	3,674	15.5	\$19,743	90	15.3	\$68,150	\$598
Williamson	753	6.2	3,566	2.5	\$42,707	470	11.3	\$225,000	\$854
Wilson	1,179	14.9	6,472	6.8	\$31,446	470	15.2	\$145,000	\$854

Secondary Indicators



County	Total Population 2004	Population Younger than Age 18	Population Younger than Age 18: Racial Diversity				Total Hispanic Population 2004	Hispanic Population Younger than Age 18
	Number	Number	White	Black	Asian	American Indian	Number	Number
Tennessee	5,897,306	1,437,424	1,058,206	309,499	19,549	4,035	167,025	53,017
Anderson	71,770	16,461	14,549	942	213	49	869	269
Bedford	40,215	10,646	9,098	994	107	29	4,550	1,410
Benton	16,759	3,642	3,214	105	10	10	205	63
Bledsoe	12,748	2,979	2,654	95	2	7	156	47
Blount	110,715	24,976	23,256	1,014	325	79	1,505	501
Bradley	91,661	21,756	19,205	1,257	150	82	2,498	726
Campbell	40,627	9,094	8,644	66	23	25	371	69
Cannon	13,298	3,376	3,076	40	5	8	264	78
Carroll	29,928	6,839	5,628	826	19	21	433	169
Carter	57,285	12,235	11,147	196	34	25	606	178
Cheatham	38,124	10,468	9,328	199	36	44	631	179
Chester	16,233	4,073	3,059	480	9	7	206	73
Claiborne	30,722	7,007	6,644	75	57	18	211	41
Clay	8,061	1,697	1,585	46	5	6	154	38
Cocke	34,728	7,805	7,235	239	25	41	439	139
Coffee	49,882	12,277	11,164	662	96	38	1,469	462
Crockett	14,939	3,801	2,942	516	3	12	1,041	426
Cumberland	49,393	10,286	9,879	76	36	25	587	209
Davidson	587,279	128,745	78,657	46,872	4,392	396	35,889	11,319
Decatur	11,814	2,544	2,271	116	3	1	287	54
DeKalb	18,138	4,197	3,877	80	31	10	788	203
Dickson	45,234	11,974	10,644	703	44	66	667	223
Dyer	37,918	9,697	7,360	1,791	55	27	654	206
Fayette	30,711	7,495	5,026	2,720	87	39	562	155
Fentress	17,145	4,044	3,821	7	3	3	116	41
Franklin	40,385	9,263	8,060	615	41	18	782	232
Gibson	48,495	11,837	8,135	2,847	30	21	647	189
Giles	29,985	7,212	5,722	923	23	18	264	82
Grainger	21,575	4,950	4,754	25	5	5	253	79
Greene	64,421	14,432	13,153	420	65	37	927	252
Grundy	14,653	3,669	3,420	4	6	7	145	46
Hamblen	59,832	13,980	12,503	754	175	48	5,128	1,465
Hamilton	311,334	70,397	48,462	19,242	1,205	199	6,959	2,254
Hancock	6,829	1,521	1,361	9	2	0	24	5
Hardeman	29,267	6,956	3,184	3,098	28	5	354	70
Hardin	26,286	6,047	5,286	249	15	24	317	95
Hawkins	55,319	12,932	11,936	229	40	14	465	132
Haywood	19,846	5,398	2,116	2,967	2	5	675	237
Henderson	26,344	6,374	5,555	595	12	8	284	84
Henry	31,600	6,906	5,871	822	23	12	328	113
Hickman	23,774	5,921	5,310	122	5	38	275	74
Houston	8,190	2,063	1,806	80	6	1	146	62
Humphreys	18,340	4,369	3,872	197	16	8	182	60
Jackson	11,342	2,536	2,244	11	0	1	100	30
Jefferson	47,047	11,057	9,990	316	31	30	984	286
Johnson	18,047	3,518	3,221	26	3	14	150	47
Knox	393,486	87,424	74,033	10,702	1,433	274	6,496	2,068
Lake	7,954	1,430	956	332	4	3	90	34

Secondary Indicators

County	Total Population 2004	Population Younger than Age 18	Population Younger than Age 18: Racial Diversity				Total Hispanic Population 2004	Hispanic Population Younger than Age 18
	Number	Number	White	Black	Asian	American Indian	Number	Number
Tennessee	5,897,306	1,437,424	1,058,206	309,499	19,549	4,035	167,025	53,017
Lauderdale	28,135	6,930	3,861	2,541	29	50	331	94
Lawrence	41,012	10,589	9,984	241	17	23	475	127
Lewis	11,766	3,020	2,650	72	10	3	129	50
Lincoln	32,241	7,627	6,528	664	32	33	490	126
Loudon	41,048	8,766	8,628	173	29	33	1,259	465
Macon	21,306	5,567	5,074	18	28	16	550	167
Madison	94,654	24,202	13,332	9,810	222	36	2,011	607
Marion	28,225	6,490	5,806	298	19	13	220	61
Marshall	28,030	7,107	6,017	631	21	16	970	284
Maury	72,999	18,760	15,024	3,038	92	75	3,081	841
McMinn	50,719	12,324	10,787	770	80	46	1,042	360
McNairy	25,042	5,932	5,306	528	13	7	274	97
Meigs	11,570	2,984	2,662	63	4	6	81	30
Monroe	41,078	10,142	9,545	288	69	37	1,091	408
Montgomery	142,547	40,058	29,195	10,278	1,029	252	7,010	2,893
Moore	5,911	1,386	1,236	58	1	1	48	18
Morgan	20,352	4,690	4,249	53	10	5	182	51
Obion	32,785	7,889	6,217	1,040	25	10	1,045	283
Overton	20,539	4,754	4,333	48	8	7	153	33
Perry	7,701	1,870	1,709	83	2	3	85	28
Pickett	5,087	1,059	935	36	0	1	43	15
Polk	16,360	3,775	3,437	44	6	6	160	49
Putnam	65,387	14,387	13,651	332	139	38	2,826	968
Rhea	29,308	6,693	6,521	284	28	41	634	237
Roane	52,997	11,938	10,510	477	58	36	421	124
Robertson	58,390	15,159	13,269	1,499	80	49	2,826	779
Rutherford	199,205	52,122	44,506	6,851	1,441	143	9,019	2,715
Scott	22,081	5,663	5,401	47	10	4	131	59
Sequatchie	12,018	2,995	2,836	38	11	4	96	34
Sevier	76,184	17,052	16,402	226	113	79	1,238	403
Shelby	921,268	255,881	92,360	149,866	4,891	526	29,469	9,443
Smith	18,586	4,725	4,140	187	5	15	261	94
Stewart	13,079	3,156	2,761	107	24	14	164	61
Sullivan	153,937	33,530	30,299	1,043	207	78	1,252	427
Sumner	138,465	36,175	30,920	2,938	346	139	3,257	1,059
Tipton	54,836	15,565	10,849	3,433	86	61	794	259
Trousdale	7,555	1,808	1,535	167	1	5	185	49
Unicoi	17,834	3,654	3,379	50	4	12	443	172
Union	19,076	4,946	4,469	35	12	3	173	37
Van Buren	5,616	1,330	1,170	0	0	0	18	1
Warren	39,610	9,569	8,807	383	51	16	2,527	697
Washington	111,044	23,652	21,287	1,267	247	50	2,058	643
Wayne	17,293	3,640	3,200	58	13	5	146	41
Weakley	35,451	7,958	6,287	577	89	11	438	117
White	23,777	5,543	5,192	134	20	4	252	88
Williamson	140,296	41,114	35,233	2,094	807	69	4,617	1,485
Wilson	95,228	24,942	21,794	1,929	180	96	1,917	664

Data Definitions and Sources



Data Definitions and Sources

This year's book contains 40 indicators. The first 11 indicators are Primary Indicators: Indicators we believe play a significant role in child well-being in Tennessee. They provide a good snapshot of the economic, educational, physical and social health of children. The remaining indicators are Secondary Indicators. The story told by these indicators most likely mirrors that of a related Primary Indicator.

Data are reported for a variety of time periods. In some instances, data reflect calendar year (CY). Other data may be indicative of fiscal year (FY). All education data are reported by school year (SY). Data for most indicators are presented both as numbers and as rates.

Primary Indicators

Each indicator shows the current year or most recent data. The map for each Primary Indicator reflects only the **rate** for relevant indicator, because county comparisons are more meaningful using rates rather than numbers. Caution is still advised though, since the small populations of some counties made the rates elevated.

- ☐ **Low Birth weight Babies.** Includes infants who weighed less than 2,500 grams or 5.5 pounds (5 lbs., 8 oz.) at birth in calendar year 2004. The rate is low birth weight babies as a percent of live births in the same year. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics has the data available at its website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Infant Mortality.** This indicator shows the number of babies who died before reaching their first birthday in the calendar year 2004. The rate constitutes the ratio of the number of infant deaths per 1,000 live births for the same year. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied data at its website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Child Deaths.** Children between the ages of 1 and 14 who died from any cause in calendar year 2004 are included. The rate is per 100,000 of same age population. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided child death data and population estimations. KIDS COUNT configured the data and calculated the rate.
- ☐ **Teen Violent Deaths.** This indicator examines deaths due to accidents, homicides and suicides for teens between the ages of 15- 19, for calendar year 2004. The rate is per 100,000 same age population. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics provided the data. KIDS COUNT arranged the data and calculated the rate.
- ☐ **Free and Reduced Lunch Participation.** The data reflect the daily average of eligible students who participated in the program during the school year 2004-05. The rate is the average participation as the percent of daily school attendance. The Tennessee Department of Education supplied the data. KIDS COUNT reconfigured the data by county and calculated the rate.
- ☐ **Cohort Dropouts.** Cohort dropouts represent the number of students no longer enrolled as

12th graders compared to their numbers as ninth graders. The rate is a percent. The Tennessee Department of Education's Research Division supplied the data by school district per school year 2004-05. KIDS COUNT reconfigured the data by county and calculated the rate. State special schools are not included.

- ☐ **Children on Families First (TANF).** This indicator includes the 17 year old and younger cash recipients through Tennessee's Temporary Assistance to Needy Families (TANF) program during the fiscal year 2004. The rate is the percent of children in the resident population receiving TANF funds. The Tennessee Department of Human Services provided the TANF data. Population estimates are based on data supplied by the Department of Health. KIDS COUNT calculated the rate.
- ☐ **Children on Food Stamps.** Data for this indicator reflect children younger than age 18 who received federally funded food stamps during fiscal year 2004. The rate is the percent of same age population. Tennessee's Department of Human Services supplied the Food Stamp data. Population estimates are based on data supplied by the Department of Health. KIDS COUNT reorganized data and computed rates.
- ☐ **Substantiated Child Abuse.** This indicator represents the child abuse cases for which sufficient evidence was available in year 2004. The rate represents the number of cases per 1,000 children younger than age 18. The Tennessee Department of Children's Services supplied substantiated case data. Population estimates were obtained from the Tennessee Department of Health. KIDS COUNT calculated the rate.
- ☐ **Juvenile Court Referrals.** Children younger than age 18 who were brought to juvenile court during the calendar year 2004 are included in this indicator. The rate is referrals as a percent of the under age 18 population. Sullivan County includes Sullivan Division I and II courts, and Bristol; Washington County includes the Johnson City court. The Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) provided referral data for all courts except Davidson County, which submitted its own referral numbers. KIDS COUNT reconfigured referral data by county and computed the rate.
- ☐ **School Suspensions.** This indicator represents unduplicated counts of suspensions for the school year 2004-05. The rate is calculated as a percent of the total net enrollment for the same school year. The Tennessee Department of Education's Research Division provided data by school district at its website (<http://www.k-12.state.tn.us/asr0405>). KIDS COUNT reconfigured the data by county and calculated the rate. State special schools are not included.

Secondary Indicators

- ☐ **TennCare Enrollees Under Age 21.** TennCare enrollees include Medicaid recipients and uninsured and uninsurable individuals who are younger than 21 years old as of December 2004. The Bureau of TennCare supplied counts. Population estimates are derived from data provided by Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT did the reconfigurations and calculated the rate, which is a percentage.

- ☐ **Total TennCare Population.** This indicator includes persons of all ages who were enrolled to TennCare as of December 2004. The Bureau of TennCare supplied data. Population estimates are derived from data provided by Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT calculated the percents.
- ☐ **Medical Doctors by County of Practice.** The indicator shows the number of physicians by county of their practice. The rate is per 100,000 total resident population as of July 2005. Tennessee's Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided data at its website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Dentists by County of Practice.** The indicator shows the number of dentists by county of their practice. The rate is per 100,000 total resident population as of July 2005. Tennessee's Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, published data at its website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Children Under Age 6 in WIC.** This indicator shows eligible children below the age of six who were in WIC program in FY 2004. Rate is the percent of 0-5 year old population. Tennessee Department of Health provided WIC data firsthand. Population estimates are derived again from Tennessee's Department of Health's population data. Rates are calculated by KIDS COUNT.
- ☐ **Total Food Stamps.** The number and percent of persons receiving food coupons during fiscal year 2004 are included in this indicator. Estimates are based on monthly averages. The Tennessee Department of Human Services provided the data. Population estimates for the denominators came from the Tennessee Department of Health. KIDS COUNT organized the data, calculated the rates.
- ☐ **Reported Child Abuse Cases.** Numbers include all reports of child abuse to Child Protective Services in year 2004. Rate is the 0-17 age population as a percent of resident population of the same age. Data are provided by Department of Children's Services. Population estimates were derived from Department of Health population data. Rates were calculated by KIDS COUNT.
- ☐ **Adequate Prenatal Care.** This indicator includes pregnancies where adequacy of prenatal care is defined by Kessner Index. The rate is the number of babies born who received adequate care per 100 resident live births for 2004. Numbers for adequate care were provided by Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, and understated due to too much unknown care information received for this year. Rate is calculated by KIDS COUNT.
- ☐ **Teen Pregnancy.** The population of interest is the number of pregnant 15-17 year-old females during calendar year 2004. The rate is per 1,000. Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied the data at its website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Births to Teens.** This indicator includes 15-17 year-olds who gave birth in calendar year 2004, regardless of birth outcome. The rates are per 1,000 females in the specified age group. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, presented data at its website (<http://www2.state.tn.us/health/statistics>).

- ☐ **Births to Unmarried Females.** The number and rate of births to unmarried females in 2004 are included in this indicator. The rate is the percent of total live births. The data are from the Tennessee Department of Health website (<http://www2.state.tn.us/health/statistics>).
- ☐ **Teens with Sexually Transmitted Diseases.** Teens ages 15 to 17 who were diagnosed with chlamydia, gonorrhea or syphilis during year 2004 are included in this indicator. Rate is per 1,000 teens. The Tennessee Department of Health, Division of AIDS/HIV/STD provided data. Population estimates came from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. The rates were calculated by KIDS COUNT.
- ☐ **Commitment to State Custody.** The indicator shows children younger than 20 years of age who were committed to state custody during FY 2004 by county of commitment. The rate is per 1,000 children. Tennessee Department of Children's Services provided counts. Population estimates were based on data from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT computed the rates.
- ☐ **Remaining in State Custody.** Included in this indicator are children ages 0 to 19 who were in custody on June 30, 2004. The Tennessee Department of Children's Services provided counts and Tennessee's Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied population estimates. Rates, calculated by KIDS COUNT, are per 1,000.
- ☐ **School-Aged Special Education.** This indicator shows 6 to 21 year old public school students who were eligible for special education services during school year 2004. Rate is the percent of net enrollment for the same year. Children classified as gifted or as having a functional delay are not included in the numbers. Special state schools are not included in data. Tennessee Department of Education provided counts, based on a December 2005 report. KIDS COUNT reorganized the data by county and calculated the rates.
- ☐ **School Expulsions.** School year 2004 data reflect number of expulsions for school-age population. The rate is per 1,000 net school enrollments. The Tennessee's Department of Education provided data in its website (<http://www.k-12.state.tn.us/asr0405>). KIDS COUNT reorganized the data by county and calculated the rates. State special schools are not included.
- ☐ **Event Dropouts.** The number of students younger than 18 who drop out of school during grades 9 to 12. Rate is a percent of 9 to 12 grade net enrollment. Data are for school year 2004. The Tennessee Department of Education's Research Division supplied all necessary data. KIDS COUNT reorganized data by county and calculated the rate. State special schools are not included in the data.
- ☐ **Youth Unemployment.** The number of unemployed youth ages 16-19 as a percent of labor force are captured by this indicator. Tennessee's Department of Labor and Workforce Development, Employment Security Division, Research and Statistics, supplied both unemployment numbers and rates.
- ☐ **Recorded Marriages.** The indicator reflects the number of marriage licenses issued in 2004. Rates are per 1,000. Data were obtained from the Tennessee Department of Health website (<http://www2.state.tn.us/health/statistics>).

- ☐ **Recorded Divorces.** Numbers are indicative of divorces recorded by county and statewide in 2002; annulments were excluded. Data were obtained from the Tennessee Department of Health website (<http://www2.state.tn.us/health/statistics>). The rates are per 1,000 total population.
- ☐ **Regulated Child Care Spaces.** Tennessee's Department of Human Services (DHS) provided counts of regulated child care spaces statewide and by county. Counts include spaces for which DHS has official monitoring responsibility. Data are for fiscal year 2005.
- ☐ **Total Population.** Data represent 2004 population estimates and include all residents, by county and statewide, regardless of age. They are based on estimates of Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT arranged the data.
- ☐ **Population Younger Than Age 18.** The data are based on the population estimates obtained from Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT rearranged the data to obtain 0 to 17 year old population for counties in 2004.
- ☐ **Total Hispanic Population.** Data represent 2004 population estimates and include all Hispanic residents by county and statewide. The estimates ignore race. They are obtained from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency, website (<http://www.ojjdp.ncjrs.org/ojstatbb/ezapop>).
- ☐ **Hispanic Population Younger Than Age 18.** The Hispanic Population between the ages of 0 and 17 years is included. The data are for 2004. KIDS COUNT extracted data from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency, website (<http://www.ojjdp.ncjrs.org/ojstatbb/ezapop>).
- ☐ **Diversity of Population Younger Than Age 18.** This indicator includes youth population estimates for 2004, broken down by racial categories to reflect Census Bureau categorization. Numbers include both Hispanics and Non-Hispanics. KIDS COUNT extracted data from US Department of Justice, Office of Juvenile Justice and Delinquency, website (<http://www.ojjdp.ncjrs.org/ojstatbb/ezapop>).
- ☐ **Per Capita Personal Income.** Data are for 2003 and provided by the Tennessee Department of Revenue. These data are also available online from the Regional Economic Information System (REIS), Bureau of Economic Analysis (<http://bea.gov/bea/regional/reis/>).
- ☐ **Fair Market Rent.** The indicator represents final fair market rents for three-bedroom existing housing units for FY 2005. Fair market rents represent the 40th percentile gross rent, and determine the eligibility of rental housing units for the Section 8 Housing Assistance Payments program. They are also used to calculate subsidies under Rental Voucher program. Data are available by county and can be accessed from the website (www.huduser.org/datasets/FMR).
- ☐ **Median Housing Cost.** This indicator shows the annual median housing sales prices for existing and new housing for 2003. Tennessee Housing Development Agency (THDA) provides them at its website (<http://state.tn.us/thda/Research/slesprc.html>).

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