



Resource Map of Expenditures for Tennessee Children

Tennessee Commission on Children and Youth

Annual Report – April 2015



STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH

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TO: Members of the Tennessee General Assembly
FROM: Linda O'Neal, Executive Director
DATE: April 15, 2015
RE: *Resource Mapping 2015 Report*

In accordance with 2008 Public Chapter 1197, codified as TCA 37-3-116, which is included in this report as Appendix A, attached please find the *Resource Mapping 2015 Report* of federal and state funding for services for Tennessee children. This report includes data for FY 2013-14.

Collecting data from state departments/agencies is improving, as both the departments/agencies and the Commission grow more accustomed to the process. The level of collaboration and assistance in this process has been gratifying, and data submission was completed earlier than it has been in the past. Nonetheless, the short schedule between the close of fiscal year financial records and the deadline for the report makes a thorough analysis a continued challenge. The Commission hopes to follow this report with smaller ones that provide a more detailed focus on some aspects of resources directed toward children in Tennessee. In this report, more detail was provided by some departments/agencies than others, and the Commission has more data than is reflected in this report. Your review and feedback on the report will guide decisions regarding whether more or less detail is needed for future reports. It will also determine how much and what kind of information you would find most useful for future annual reports.

TCCY appreciates the assistance of the many staff across state government who made the collection of data for the *Resource Mapping 2015 Report* possible. A list of participants is included in the Report as Appendix B. Collaborators in providing the information essential for developing this report have worked to achieve accuracy. However, the complicated nature of the state budget means there is a possibility of duplicate reporting. TCCY and state department/agency staff have made conscientious efforts to avoid duplicate counting, but this is especially challenging when the same dollars are included in multiple state departmental/agency budgets as "interdepartmental funding." In order to avoid double counting of funds, the Resource Mapping Project counts all funds directed toward children in the department making the actual program expenditures.

The process provides exciting prospects for better understanding Tennessee's financial commitment to the state's children. We look forward to having an opportunity to present Resource Mapping to the legislature next session, and answer any questions you might have. In the meantime, please feel free to contact TCCY staff regarding the report.

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Tennessee Commission on Children and Youth authorization number 316095. April 2015. 200 copies. This public document was promulgated at a cost of \$2.40 each.



Resource Mapping 2015

Tennessee benefits when citizens work with the public sector to maintain our way of life through careful stewardship of our public structures – whether law enforcement, highways, libraries, colleges or services for children. Our public systems must be stable to guarantee Tennessee’s citizens can continue to look forward to a quality of life that provides the foundation for a healthy state.

The economic downturn known as the “Great Recession” created particular challenges. The revenue and budgets that support public structures are a system of forward exchange: we pay taxes forward, not for immediate exchange for goods and services, but so we have them available in the future. In the same way, the public goods and services we have now (schools, bridges, libraries, roads, public health) were funded by taxes paid in the past. Interrupting the forward exchange by cutting taxes or essential services now can leave the next generation behind in the future, both in the sense that costs will be higher and that meeting higher needs will be less affordable.

The state budget is the instrument we use to plan for the future, and it reflects our shared priorities. Over the past several decades Tennessee has established public-private and state-local partnerships to implement essential “infrastructure” services for children, families and vulnerable Tennesseans. These basic public supports developed in our child welfare, education, health, human services, juvenile justice, mental health and disability services systems are interrelated; therefore weakening public structure resources in one system erodes the strength of the foundation in all systems.

These services and supports provide children with opportunities to thrive and become productive citizens and enable children to remain with their families, succeed in school and become part of Tennessee’s economic engine of the future. They do this by improving health and educational opportunities and helping to reduce child abuse and involvement with child welfare and juvenile justice systems.

Lately there has been much discussion about the value of prevention in our country and state. Some people believe we should do more to prevent problems before they occur; instead of postponing our response to fiscal and other problems, we should use our resources today to prevent them from becoming worse. Maintaining these partnerships, services and supports is essential for preventing problems from escalating and for maintaining Tennessee’s overall quality of life.

Eroding the foundation of partnerships that support children and families not only results in a loss of essential services and supports, it further contributes to overall economic distress in the state, with loss of jobs for the thousands of Tennesseans employed to provide these necessary services. The contributions of these employees are not only to those served; their salaries have a large multiplier effect that is vital to the strength of the state’s economy.

Our legacy cannot be one of dismantling public-private and state-local partnerships, the infrastructure of services for children and families in Tennessee. Many endangered partnerships provide essential services and supports to help children be healthy and supported in their homes, families and communities. If these services are abolished, more children will fail in school; have health, mental health and substance abuse problems; and enter the child welfare and juvenile justice state custody systems, while fewer children will be prepared to be active citizens and productive adults. We must ensure these partnerships survive to maintain essential services and supports that provide the foundation for a brighter, more prosperous future for Tennessee.

The future of our state and communities is directly connected to how we move forward after cuts made over the past several years due to budget restrictions. Well-educated students, well-trained workers, a healthy environment and functioning infrastructure are foundations of a strong economy. Now more than ever we need our public systems and structures to provide support and protection to those hardest hit by the economic downturn and to pave the way for a robust recovery.

Tennessee has used common sense solutions to achieve its strong credit rating and standing as one of the best-managed states in the country. This is no time to dismantle the tools we need to continue moving our state forward. As state revenues recover, we must strengthen the foundations of our public systems and structures, both since they were weakened during the recent recession and because there will always be another cyclical recession down the road. We must provide opportunities for present and future generations of Tennesseans to be safe, healthy, successful students, productive employees, and participating citizens.

The Tennessee Commission on Children and Youth (TCCY) is committed to helping policy makers and the public understand the ongoing challenges faced by Tennessee's children and families because we know it is critical to make the right decisions as we emerge from the economic downturn. The future of Tennessee depends on its ability to foster the health and well-being of the next generation. Capable children are the bedrock of a prosperous and sustainable Volunteer State.

Sound policies have been instrumental in improving outcomes for Tennessee children, and adequate services and supports are essential to ensure our children are healthy and educated for success in the workforce of tomorrow. Beginning in FY 2009-10 and continuing into FY 2010-11, federal stimulus funds and state reserves helped maintain many essential services. In the ensuing years and indicated in this FY 2013-14 Resource Mapping report, some of these services have clearly suffered as federal stimulus funds diminished.

Tennessee achieved its best ranking ever in the 2012 Annie E. Casey Foundation's *KIDS COUNT Data Book*. The state's 2012 ranking of 36th was the best in the 24 years of KIDS COUNT scoring states on child well-being. Though Tennessee slipped to 39th in 2013, the state regained the position of 36th in 2014. We know good public policies contribute to better outcomes, and changes in rankings reflect the value of both good public policies and how investments in essential services and supports can impact results.

Resource mapping provides data to help develop a clearer understanding of services and programs for children in Tennessee. This information can better inform the Governor and members of the General Assembly in developing policy, setting goals and making decisions regarding the allocation of funds.

Tennessee is heavily reliant on federal funding for the public structures that provide many of the essential services and supports for Tennessee children and families. In FY 2013-14, federal expenditures accounted for close to half of all dollars spent on children through the Tennessee state budget (41 percent). FY 2012-13 saw a modest increase in federal dollars after two straight years of declines as American Recovery and Reinvestment Act of 2009 (ARRA) funds were exhausted. Federal funds declined again in FY 2013-14, though this was partly because of a reclassification of TennCare pharmacy rebates as “other expenditures” rather than a combination of state and federal expenditures.

Over the eight years of reported resource mapping data, total expenditures for children in Tennessee have increased each year, largely on the strength of steady Basic Education Program (BEP) increases. Perhaps the most basic state responsibility for children is education. Tennessee’s BEP distributes funding to local education agencies for this purpose. The BEP is the largest single category of expenditures for children and is entirely funded by state dollars. State BEP funding has steadily risen with increases in the amount generated by the formula each year. The importance of educational funding cannot be overstated, however, it is equally true that children who are NOT safe, healthy, supported and nurtured, and engaged in productive activities will have more difficulty learning.

After the BEP, TennCare is the largest funding category, followed by the departments of Education (non-BEP dollars), Human Services, and Children’s Services. Department of Mental Health and Substance Abuse Services funding for services for children is lower than the other primary departments, but TennCare funding for mental/behavioral health services totaled over \$241 million in FY 2013-14.

Over 40 percent of all expenditures for children in FY 2013-14 were federal dollars. When required matching and maintenance of effort (MOE) dollars for agencies that provide the major federally funded services to children and youth are considered, reliance on federal funding is even more apparent. *Excluding* the BEP, almost three of every four dollars spent on services for Tennessee children and families in FY 2013-14 were from federal funding sources. State funding accounted for 26 percent of all non-BEP expenditures in FY 2013-14. Excluding the BEP, over eight of every 10 dollars in the state budget for children—81 percent—in FY 2013-14 were either federal or required as match/MOE for federal funding. This figure has decreased somewhat from past years because of the reclassification of TennCare pharmacy rebates from general TennCare expenditures (for which the state portion requires a match) to non-governmental funds.

Federal funding provides the infrastructure for essential services and supports for children to be safe, healthy, nurtured and supported, and engaged in productive activities. Federal funding also constitutes 14 percent of the \$4.8 billion spent to educate children in Tennessee in FY 2013-14.

TennCare/Medicaid is the largest source of federal funding for health and mental health services for children. These dollars provide children with preventive care to keep them healthy as well as medications and treatment when they are ill. Good health in children provides the foundation for healthy and productive adults. Children who suffer from chronic illnesses like diabetes and asthma are less likely to do well throughout their lives without a secure medical home and access to health insurance.

TennCare also provides the funding for most mental health services for children. Children who have untreated mental health needs are at greater risk of doing poorly in school and having disruptive behaviors that challenge parents at home and teachers in the classroom. Too often, untreated mental

health issues put children at greater risk of substance abuse through self-medicating, and also place them at greater risk of entering state custody, either because of their behaviors or in order to access services they need.

Federal Temporary Assistance for Needy Families (TANF), known as Families First in Tennessee, provides financial assistance to very poor children, at a maximum of \$185 per month for a mother and two children, the typical Families First case. Important federal programs help reduce hunger in children and enable them to better receive essential nutrients for healthy, growing bodies and developing brains. The Supplemental Nutrition Assistance Program (SNAP—commonly known as Food Stamps) provides low-income families with access to food to help improve the quality of their diets. The Women, Infants and Children (WIC) nutrition program provides baby formula, cereals, milk, eggs and cheese for pregnant women and young children to help improve outcomes for growing babies and help children stay healthy. The free- and reduced-price school lunch and breakfast programs couple with SNAP and other nutrition programs to keep children healthy and better able to learn in school. Research demonstrates hungry children have a difficult time paying attention and learning.

As Pope Francis wisely observed: "A population that does not take care of the elderly and of children and the young has no future, because it abuses both its memory and its promise." The German theologian Dietrich Bonhoeffer is similarly quoted as saying "The test of the morality of a society is what it does for its children." Resource Mapping data presents a variety of opportunities to debate how well Tennessee is doing on that test. Ensuring all Tennessee children are safe, healthy, educated, nurtured and supported, and engaged in opportunities to succeed in school and in life provides a secure future for all Tennesseans. Identifying financial needs for necessary services is only the beginning. The long-term goal is sustaining and improving the fragile infrastructure that supports Tennessee children who fuel the economic engine for the state's future.

Recommendations

Increase Funding for Prevention, Early Intervention, and Services for Young Children

Resource mapping data reveals prevention and early intervention services cost significantly less per child than more intensive intervention. However, these less costly, but often more effective services generally do not receive the resources necessary to prevent many poor outcomes that end up costing taxpayers more in the long term for more costly and more intensive interventions. The research is increasingly clear: the biggest return on investment for public expenditures is services for young children that provide them enhanced opportunities to achieve their full potential and prevent costly and avoidable remedial expenditures.

In 2013, the Robert Wood Johnson Foundation Commission to Build a Healthier America released a report entitled “Time to Act: Investing in the Health of Our Children and Communities.”

Recommendation number one in the report is as follows: “Make investing in America’s youngest children a high priority. This will require a significant shift in spending priorities and major new initiatives to ensure that families and communities build a strong foundation in the early years for a lifetime of good health.”¹

The future health and well-being of Tennessee children, and therefore the future prosperity of the state, depends on what we do for them in the early years. Resource mapping data clearly suggests we are not doing enough.

Implement Insure Tennessee

The easiest and most beneficial way for Tennessee to infuse substantial additional federal dollars into the state’s economy would be to accept Medicaid expansion funding for TennCare. The multiplier effect of additional federal expenditures is substantial. The benefits would accrue to children and families, the state’s health care system (especially rural hospitals whose survival is in jeopardy), and the state’s economy as a whole.

Children with healthcare coverage are more successful in school. Health insurance provides access to services allowing children to miss fewer days and receive treatment for illnesses such as asthma or ear infections that, if left untreated, could limit educational opportunities and cause life-long disability. The Early and Periodic Screening, Diagnosis and Treatment available to children enrolled in TennCare increases opportunities for more effective treatment at an early stage of onset, preventing minor conditions from deteriorating into problems that are more serious and more costly and difficult to treat. Children with serious emotional disturbances, severe mental illness or significant substance abuse issues can access treatment, avoiding academic delays or the need for state custody for healthcare coverage eligibility.

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

¹ Robert Wood Johnson Foundation. 2014. <http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002>

Insure Tennessee would improve access to substance abuse treatment for young women before and during pregnancy, preventing some of the negative health outcomes of neonatal abstinence syndrome and legal intervention leading to state custody. If all uninsured low-income children in Tennessee were eligible for enrollment, then unnecessary placements in state custody to access health care services could be avoided, and those children who did come into state custody would already have an insurance provider, easing access to treatment services.

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

Parent's healthcare needs also affect their children's lives. Parents with untreated health, mental health and substance abuse issues are unable to provide their children with the supportive parenting necessary for children to succeed in school and in life. Their children may suffer from emotional and developmental delays that inhibit their opportunities for success in the future. Providing access to treatment for parents with severe mental health and substance abuse issues gives families opportunities to stay intact and avoid more drastic interventions, such as out of home placement.

Healthcare coverage for low-income parents also improves family financial wellbeing by reducing the impact catastrophic illness or injury can have on family balance sheets. Medical bills from treatment of catastrophic illness or injury are among the leading causes of personal bankruptcy in Tennessee. Insurance coverage provides financial assistance to low-income families so that medical bills do not leave them destitute and unable to save and invest in the family's future.

Enhance Opportunities for the State to Receive Federal and Other Funding

The resource mapping data demonstrate a heavy reliance on federal funding for the provision of essential services and supports for children and families. The state must continue to take advantage of all possible sources of federal and other external funding that is consistent with state purposes and goals. One of the main barriers to departments' ability to receive additional funding is the often lengthy approval process in the state system. A more timely/expedited approval process for authorization to spend grant dollars is needed. Delays in General Assembly approval for federal, foundation or other funding are a substantial deterrent to applying for such funding, even when it would be very beneficial for the state and Tennessee children, and especially when programs must be implemented and/or funds must be expended within a relatively short timeframe.

Resource Mapping FY 2013-14 Data

The program and fiscal information contained in the **Tennessee Children’s Budget: Program Information Template** was completed by all departments with programs serving children and youth. The template was designed to collect extensive, detailed information about each of the programs to enable TCCY to compile and present data in a variety of ways.

Resource Mapping Statewide Overview

Fiscal Year 2013-2014

Number of Agencies	25
Number of Data Records	3,663
Number of Children Served	18,642,318
Total Expenditures	\$9,440,166,012

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Departments/agencies reported the number of children served by each of their programs. Most Tennessee children receive services from multiple departments/agencies. For example, virtually all children who receive Families First (Temporary Assistance for Needy Families) also receive TennCare (Medicaid) and Supplemental Nutrition Assistance Program (SNAP, commonly known as Food Stamps), and many also receive child care assistance. School-age children who attend public schools receive services from a variety of funding streams, and they may participate in many other activities that receive state support, such as afterschool programs, 4-H, arts education programs, and universal prevention services. The reported numbers of children served by all various state and federally funded programs total 18,642,318 for FY 2013-14.

Data systems in Tennessee are currently inadequate to precisely track the estimated 1.5 million children across multiple services and across departments/agencies. They also do not tell us whether the children receiving services had one or multiple contacts with each program reporting them.

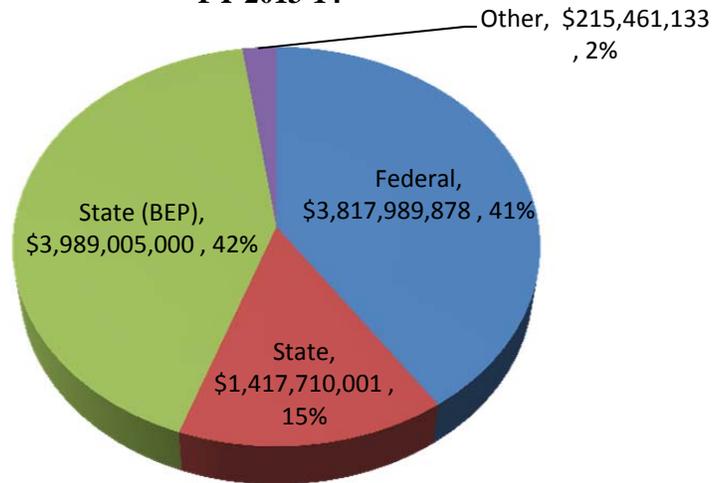
The total number of departments reporting has increased by two since last year, as hunter safety programs from the Tennessee Wildlife Resources Agency and a respite program for grandparents who are primary caregivers at the Commission on Aging and Disability were added.

Excluding the BEP, around three of every four dollars spent on services for children and families in Tennessee came from federal funding sources (71 percent in FY 2014). State funding accounted for 26 percent of all non-BEP expenditures in FY 2013.

Total Expenditures by Source

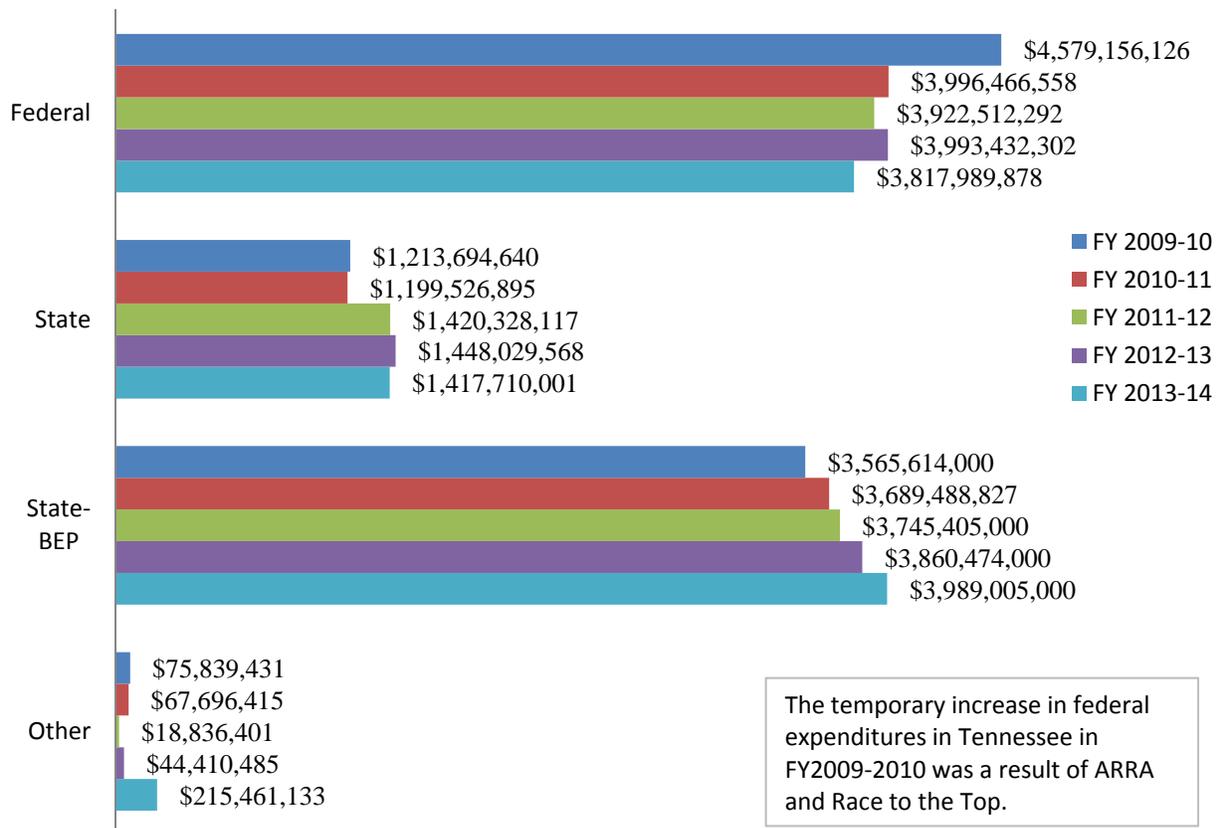
Total: 9,440,166,012

FY 2013-14



Total Expenditures by Source

FY 2009-10, FY 2010-11, FY 2011-12, FY 2012-13, FY 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

Changes in Non-BEP State Expenditures

Non-BEP state spending on children for FY 2013-14 appears to have dropped by just over two percent from FY 2012-13, but all of that is due to the reclassification of some TennCare and CoverKids revenues, as pharmacy and insurance premium rebates that are now listed under "Other." If these funds had been included in state expenditures this year as they were in the past, state funds for children's programs would have increased by \$29 million, or almost two percent.

Non-BEP State Expenditures by Agency FY 2012-13 and FY 2013-14

Agency	FY 2012-13	FY 2013-14	Dollar Change FY 2012-13 to FY 2013-14	Percent Change FY 2012-13 to FY 2013-14
Administrative Office of the Courts	\$13,081,942	\$11,905,998	(\$1,175,944)	-8.99%
Commission on Aging and Disability	Not Reported	\$24,634	\$24,634	100.00%
CoverKids*	\$48,162,298	\$43,848,828	(\$4,313,470)	-8.96%
Department of Agriculture	\$50,000	\$50,000	\$0	0.00%
Department of Children's Services	\$372,601,700	\$404,204,300	\$31,602,600	8.48%
Department of Correction	\$348,547	\$154,465	(\$194,082)	-55.68%
Department of Education	\$166,227,459	\$165,736,536	(\$490,923)	-0.30%
Department of Health	\$71,002,800	\$64,303,983	(\$6,698,817)	-9.43%
Department of Human Services	\$94,459,933	\$81,900,558	(\$12,559,375)	-13.30%
Dept. of Mental Health and Substance Abuse Services	\$25,401,004	\$34,832,254	\$9,431,250	37.13%
Department of Safety	\$957,986	\$291,356	(\$666,630)	-69.59%
Department of Transportation	\$84,124	\$98,858	\$0	0.00%
Dept. of Intellectual and Developmental Disabilities	\$3,323,357	\$3,471,422	\$148,065	4.46%
Governor's Books from Birth Foundation	\$3,444,100	\$3,104,100	(\$340,000)	-9.87%
Governor's Children's Cabinet	\$114,317	\$110,000	(\$4,317)	-3.78%
Office of Criminal Justice Programs	\$1,504,829	\$460,723	(\$1,044,106)	-69.38%
TennCare*	\$623,028,609	\$576,036,685	(\$46,991,924)	-7.54%
Tennessee Arts Commission	\$925,345	\$907,801	(\$17,544)	-1.90%
Tennessee Commission on Children and Youth	\$2,687,893	\$2,904,145	\$216,252	8.05%
Tennessee Higher Education Commission	\$9,900,000	\$11,800,000	\$1,900,000	19.19%
Tennessee State Museum	\$784,139	\$814,040	\$29,901	3.81%
Tennessee Wildlife Resources Agency	Not Reported	\$420,058	\$420,058	100.00%
UT Institute of Agriculture	\$9,939,187	\$10,329,256	\$390,069	3.92%
Total	\$1,448,029,569	\$1,417,710,001	(\$30,334,303)	-2.09%

*About \$56 million for TennCare and close to \$3.2 million for CoverKids are pharmacy and medical premium rebates and have been reclassified as "Other" rather than "State" funds.

Source: Tennessee Commission and Youth Resource Mapping Project

As mentioned above, TennCare appears to have the largest state dollar decrease, but without reclassification of \$55,771,856 in pharmacy rebates that have been reported under state funds in the past, TennCare would have had a dollar increase of almost \$8.8 million, which reflects an increase of 1.4 percent. Other than TennCare, the largest dollar decrease in children's program expenditures was \$12.6 million in the Department of Human Services. This decrease was fully explained by the decline in subsidized child care benefits for low-income families.

The Department of Children's services had the largest dollar increase in state expenditures for children. After a few troubled years, the Department asked for and received funding increases so that case workers could keep smaller caseloads and provide better service to children and families.

The Department of Mental Health and Substance Abuse Services had the next largest. An analysis of their increases by primary outcome area (safe, healthy, educated, nurtured & supported, and engaged) showed these increases to be across-the-board in these broad general categories. The largest increase was 64 percent in programs meant to engage youth in activities that help them to reach their potential. The smallest was 27 percent in programs aimed at children's health, which includes spending on both mental health and substance abuse services.

While the dollar difference is not as large, the Department of Safety reported the largest percentage decline in state expenditures on children's programs. The Department of Safety reports three programs and their administrative costs. DARE (Drug Abuse Resistance Education) saw a small increase, but both motorcycle safety and general highway safety education programs had sharp declines in state funding. In addition, state funds supporting the administration of these programs declined significantly.

The Office of Criminal Justice Programs (OCJP) reported an almost identical percentage decrease in children's program state expenditures. OCJP primarily administers federal grants. Its state dollars are often either matching funds or are to help launch programs that will sustain themselves with other funding sources in the future. OCJP funded a group of juvenile drug courts with state funding in FY 2012-13, but that funding did not continue into FY 2013-14.

The largest percentage increase in reported state dollars were for the two agencies that are reporting programs for the first time. The Commission on Aging and Disability oversees a program that provides respite services to grandparents who are primary caregivers. The Department of Children's Services has long reported similar respite care programs, so this one seemed as if it should be included. The Tennessee Wildlife Resources Agency reported its hunter education program. Continued review of the services they provide may yield additional programs to be reported in the future.

The two agencies with the second- and third-largest state dollar increases (Department of Mental Health & Substance Abuse Services and the Tennessee Higher Education Commission) were also the two with the largest percentage increases among agencies that have reported previously. The former was discussed above, while the latter reports only one state-funded program, so the full increase was for dual enrollment grants. These grants accelerate students' progress toward a degree through concurrent high school and college enrollments. It is funded through state lottery proceeds.

Expenditures by State Agency and Funding Source FY 2013-14

Agency	State	Federal	Other	Total
Administrative Office of the Courts	\$11,905,998	\$2,467,312	\$0	\$14,373,310
Commission on Aging and Disability	\$24,634	\$77,504	\$0	\$102,138
CoverKids	\$43,848,828	\$137,606,608	\$3,189,846	\$184,645,282
Department of Agriculture	\$50,000	\$0	\$158,000	\$208,000
Department of Children's Services	\$404,204,300	\$309,415,700	\$7,620,600	\$721,240,600
Department of Correction	\$154,465	\$160,705	\$0	\$315,170
Department of Education	\$165,736,536	\$974,907,761	\$0	\$1,140,644,297
Department of Education: BEP	\$3,989,005,000	\$0	\$0	\$3,989,005,000
Department of Health	\$64,303,983	\$135,923,817	\$28,596,400	\$228,824,200
Department of Human Services	\$81,900,558	\$1,111,074,217	\$6,619,514	\$1,199,594,289
Department of Labor and Workforce Development	\$0	\$14,463,180	\$0	\$14,463,180
Department of Mental Health and Substance Abuse Services	\$34,832,254	\$21,881,233	\$0	\$56,713,487
Department of Safety	\$291,356	\$0	\$0	\$291,356
Department of Transportation	\$98,858	\$2,516,785	\$45,000	\$2,660,643
Department of Intellectual and Developmental Disabilities	\$3,471,422	\$0	\$0	\$3,471,422
Governor's Books from Birth Foundation	\$3,104,100	\$0	\$2,729,513	\$5,833,613
Governor's Children's Cabinet	\$110,000	\$0	\$0	\$110,000
Office of Criminal Justice Programs	\$460,723	\$1,925,333	\$0	\$2,386,056
TennCare	\$576,036,685	\$1,093,634,865	\$160,679,505	\$1,830,351,055
Tennessee Arts Commission	\$907,801	\$60,900	\$0	\$968,701
Tennessee Commission on Children and Youth	\$2,904,145	\$685,926	\$87,500	\$3,677,571
Tennessee Higher Education Commission	\$11,800,000	\$4,670,343	\$0	\$16,470,343
Tennessee State Museum	\$814,040	\$0	\$0	\$814,040
Tennessee Wildlife Resources Agency	\$420,058	\$967,007	\$0	\$1,387,065
UT Institute of Agriculture	\$10,329,256	\$2,796,871	\$3,774,449	\$16,900,576
Volunteer TN	\$0	\$2,753,813	\$1,960,806	\$4,714,619
Total	\$5,406,715,001	\$3,817,989,878	\$215,461,133	\$9,440,166,012

Source: Tennessee Commission and Youth Resource Mapping Project

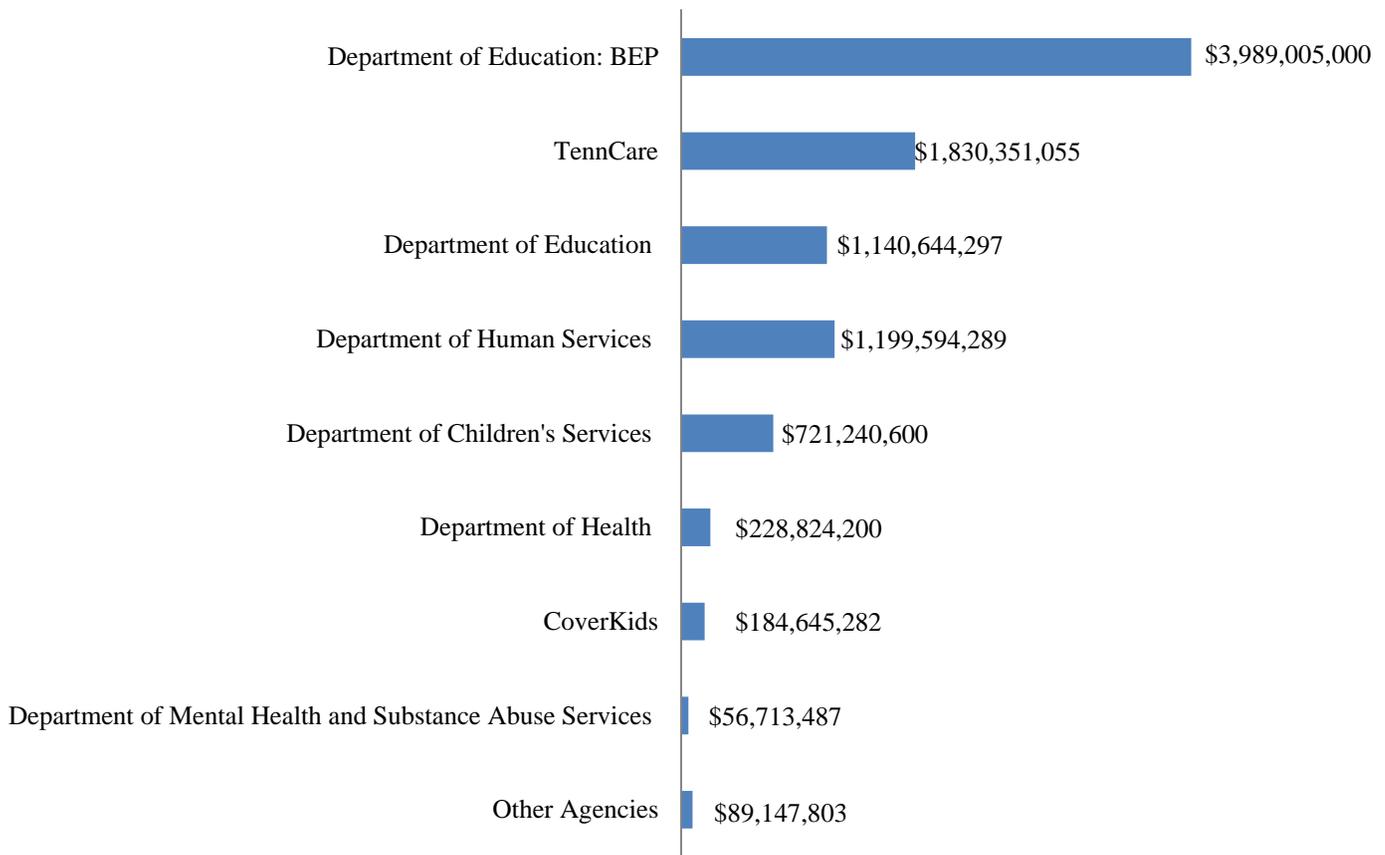
Total Expenditures by Leading Child Service Agencies

The largest source of expenditures for children is the BEP, then TennCare, followed by the Departments of Education (non-BEP), Human Services, and Children’s Services. Department of Mental Health and Substance Abuse Services funding for services for children is substantially below the other primary departments, but it is not the only source of mental health care funding for children. TennCare provided mental/behavioral health services for children totaling over \$241 million in FY 2013-14. The Department of Intellectual and Developmental Disabilities is no longer included as a separate entry in the “Expenditures by Leading Child Service Agencies” list because a major portion of its children’s funding has moved to TennCare.

The non-BEP education category includes federal spending that takes place in schools as well as within the Department of Education. In the mapping section later in the report federal expenditures that go directly to school systems are mapped, but those that stay with the Department of Education are not included there as they are here.

Expenditures by Leading Child Service Agencies

Fiscal Year 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

Ages of Children

Throughout its relatively short history, the Resource Mapping process has struggled with collecting data regarding the ages of children served. Reporting by established age categories (such as 0 to 5) was problematic the first two years because some services cut across multiple age groups, and large portions of expenditures were reported as “All Children” or “Families.” The decision was made to permit departments to indicate the specific ages of children rather than age groups served by various programs for FY 2008-09 through FY 2011-12.

Ultimately, the result was the same: there are virtually no useful data by the age of children served because 73 percent of all reported expenditures cover such a broad range of ages that no meaningful analyses by age are possible. These include funding for the BEP (5-18), TennCare (0-21), CoverKids (0-18), Temporary Assistance for Needy Families (TANF) (“Families”), and Supplemental Nutrition Assistance Program (SNAP, commonly known as Food Stamps) (0-18).

Resource Mapping continues to explore ways to look at funding by age group. One of the least understood age groups’ expenditures is for those under five, as most have not yet entered the public education system. For FY 2013-14, for the second year, departments were asked to estimate the percentage of funds for each of the 3,725 programs reported that go to children under five. In a few cases, the percentage is based on actual data, but for most programs it is an estimate. For programs that serve all children or that do not provide services directly to children, such as TCCY’s general advocacy, funds were allocated to the under-five age group based on the percent of all Tennessee children who are under five (26.8 percent). It should be understood that these results are a rough estimate. At the same time, they were estimated program by program, and so should be in the neighborhood of actual under-five spending proportions. There was no attempt to divide the funding to this age group by source, as estimates were made by program, many of which have several funding sources.

The table on page 14 shows the results of TCCY’s second year estimating spending on our youngest children. The agency with the highest percentage is the Governor’s Books from Birth Foundation, which targets all its spending to pre-kindergarten-aged children. The next highest is the Department of Health, where some of the programs with the highest percentage of funds going to children under five were Child Health and Development (CHAD), lead poisoning prevention, Early Childhood Comprehensive Systems (ECCS), child immunizations, home visitation programs, infant mortality prevention, SIDS prevention, newborn hearing screening, TennCare advocacy, TennderCare and WIC.

The agency with the most dollars going to this age group was TennCare, at over \$640 million. The Department of Human Services directed nearly \$300 million to Tennessee’s youngest children, mostly in child care benefits and Supplemental Nutrition Assistance Program (SNAP) funds. In its non-BEP funding, the Department of Education spent almost \$170 million on this age group, including programs such as voluntary pre-kindergarten, Tennessee Early Intervention System (TEIS), and IDEA funding for three- and four-year-olds who have been identified as having special needs.

Departments estimated total funding on children under five years of age accounted for 15.1 percent of all expenditures for children in Tennessee in FY 2013, while children under age five are 26.8 percent of all children in the state. This is a bit lower than last year, primarily because the percent of children under 5 as estimated by the US Census Bureau was 26.8 in 2014, compared to 27.2 the previous year.² Programs that allocate funds to children under 5 based on their percent of the population all allocated a little bit less. In

² <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

addition, TennCare spends the highest dollar amount on this group, and TennCare's reported expenditures for all children are down compared to last year.

Many children under five have increased need for services and supports. A higher percentage of children from birth to five (31 percent) live in poverty than children ages six to 17 (24 percent).³ The American Academy of Pediatrics describes toxic stress as "severe, chronic stress that becomes toxic to developing brains and biological systems when a child suffers significant adversity, such as poverty, abuse, neglect, neighborhood violence, or the substance abuse or mental illness of a caregiver."⁴ Toxic stress is especially damaging in children under age five because of its impact on their rapidly developing brains.

TennCare pays the costs for approximately half of all babies born in Tennessee each year. Estimates are that 35 percent of TennCare expenditures are for children under five, substantially more than their 26.8 percent of the child population. This disproportionate share results partly from high neonatal hospital costs, especially for low birthweight babies and babies who are born exposed to opiates and other addictive substances, generally referred to as Neonatal Abstinence Syndrome (NAS).

In calendar year 2014, 1,006 babies in Tennessee were born with NAS.⁵ NAS babies also often have low birthweight. Live born infants in the first year of life who are not low-birthweight have an average cost of \$4,736 and an average length of stay in the hospital of two days. NAS babies cost an average of \$62,324 and have 26.2 days average length of stay.⁶ TennCare infants with NAS are 18 times more likely to enter state custody than infants without NAS.⁷

In addition to higher costs at birth, low birthweight babies are at risk for developmental and other disabilities that result in increased costs to families and increased need for and reliance on publicly funded services. This suggests a need to consider the return on investment of increased funding for the state's youngest children. As discussed in the section on programmatic focus beginning on page 19, early intervention is much less expensive than the moderate or intensive intervention often required when physical, mental or emotional health needs are left unaddressed.

Multiple studies have concluded that by waiting until children reach kindergarten to assess their abilities and work with those who are less prepared, we miss an important window of development in which brain pathways are still forming at a rapid rate. Investing in our youngest children allows many more of them to enter kindergarten prepared to learn and significantly improves their chances for independent, productive and fulfilling lives.⁸

³ Annie E. Casey Foundation. KIDSCOUNT Data Center. *Children in Poverty by Age Group*. <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=44&loct=2#detailed/2/44/false/36,868,867,133,38/17,18,36/12263,12264>

⁴ Andrew Garner, Jack Shonkoff, et al. "Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health." *Pediatrics*. 2012; 129 (1):224-231.

⁵ Angela M. Miller, PhD, MSPH, Epidemiologist, Division of Family Health and Wellness, Tennessee Department of Health NAS Reporting via email 04/1/2014 to Sujit Das. County information is not yet complete for 2014, but, when it is, data will be posted to the Annie E. Casey Foundation KidsCount data center under *Children with Neonatal Abstinence Syndrome* at <http://datacenter.kidscount.org/data/tables/8288-children-with-neonatal-abstinence-syndrome?loc=44&loct=5#detailed/2/any/false/any/any/16847,16848>

⁶ <http://www.tn.gov/tenncare/forms/TennCareNASData2012.pdf>

⁷ http://health.state.tn.us/MCH/PDFs/NAS/NAS_FAQ.pdf

⁸ For an overview that references many of the major studies, see Hirokazu Yoshikawa, Christina Weiland, et. al. 2013. *Investing in our future: The evidence base on preschool education*. Foundation for Child Development. <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>

Estimate of Spending on Children Under Five Years of Age

FY 2013-14

State Agency	Estimate of Dollars Spent on Children Under 5	Estimate of Percent Spent on Children Under 5	Total Expenditures
Administrative Office of the Courts	\$1,582,455	11.0%	\$14,373,310
Commission on Aging and Disability	\$27,373	26.8%	\$102,138
CoverKids	\$49,484,936	26.8%	\$184,645,282
Department of Agriculture	\$0	0.0%	\$208,000
Department of Children's Services	\$117,513,837	16.3%	\$721,240,600
Department of Correction	\$0	0.0%	\$315,170
Department of Education	\$169,613,634	14.9%	\$1,140,644,297
Department of Education: BEP	\$0	0.0%	\$3,989,005,000
Department of Health	\$141,024,178	61.6%	\$228,824,200
Department of Human Services	\$294,257,472	24.5%	\$1,199,594,289
Department of Labor and Workforce Development	\$0	0.0%	\$14,463,180
Department of Mental Health and Substance Abuse Services	\$4,988,502	8.8%	\$56,713,487
Department of Safety	\$0	0.0%	\$291,356
Department of Transportation	\$445,600	16.7%	\$2,660,643
Department of Intellectual and Developmental Disabilities	\$929,686	26.8%	\$3,471,422
Governor's Books from Birth Foundation	\$5,833,613	100.0%	\$5,833,613
Governor's Children's Cabinet	\$29,480	26.8%	\$110,000
Office of Criminal Justice Programs	\$634,031	26.6%	\$2,386,056
TennCare	\$640,622,869	35.0%	\$1,830,351,055
Tennessee Commission on Children and Youth	\$728,915	19.8%	\$3,677,571
Tennessee Higher Education Commission	\$0	0.0%	\$16,470,343
Tennessee Wildlife Resources Agency	\$0	0.0%	\$1,387,065
TN Arts Commission	\$0	0.0%	\$968,701
TN State Museum	\$0	0.0%	\$814,040
UT Institute of Agriculture	\$0	0.0%	\$16,900,576
Volunteer TN	\$235,731	5.0%	\$4,714,619
Total	\$1,427,952,311	15.1%	\$9,440,166,012

Source: Tennessee Commission on Children and Youth Resource Mapping Project

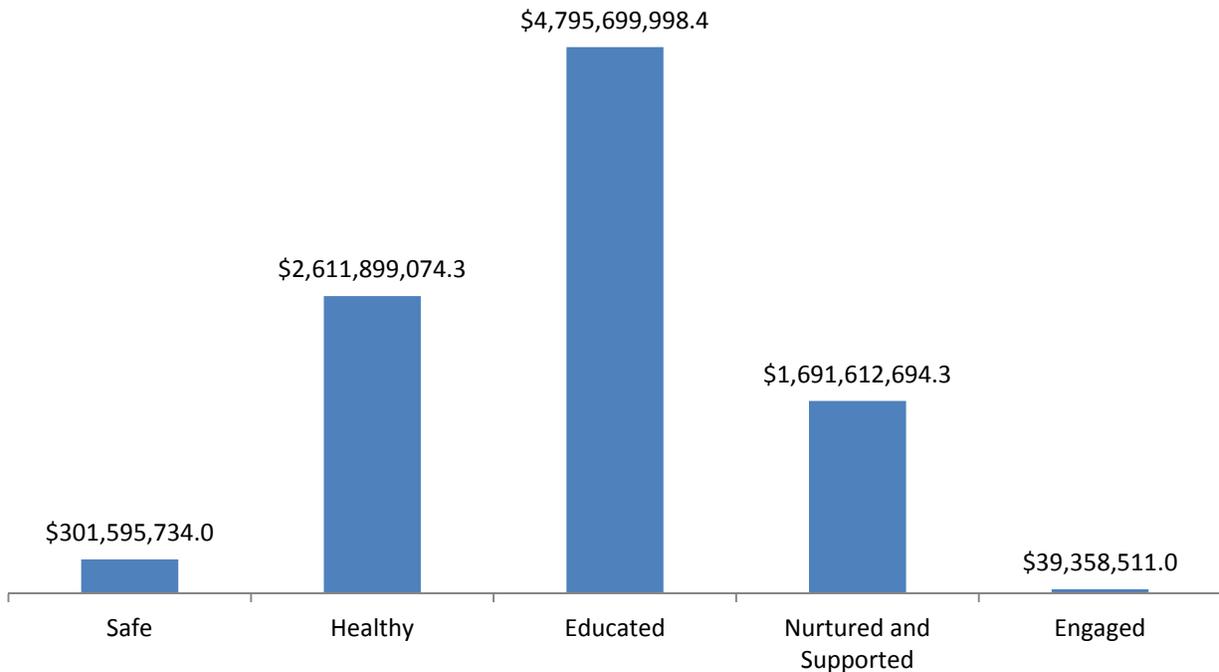
Primary Outcomes

Departments were also asked to select one **Primary Outcome** area that best captured the intended outcome of the program. The five outcome area options included:

- **Safe** (Examples: home visitation, bullying prevention, suicide prevention, child protective services, accident prevention);
- **Healthy** (Examples: immunizations, crisis response, mental health case management, intensive case management, outpatient sex offender treatment, substance abuse prevention, substance abuse intervention);
- **Educated** (Examples: BEP, technical education, special education);
- **Supported and Nurtured** (Examples: income supports, probation, foster care, youth development centers);
- **Engaged** (Examples: mentoring, teen courts, after school programs, 4-H).

Expenditures by Primary Outcome Area

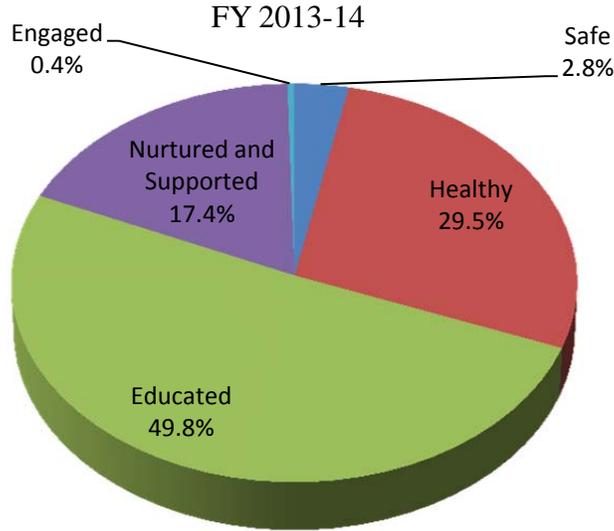
Fiscal Year 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

The BEP is the primary expenditure in the “Educated” outcome, and the proportion of funding focused on “Healthy” is heavily driven by TennCare expenditures. Tables reporting expenditures by Primary Outcome by state department/agency are presented in Appendix C.

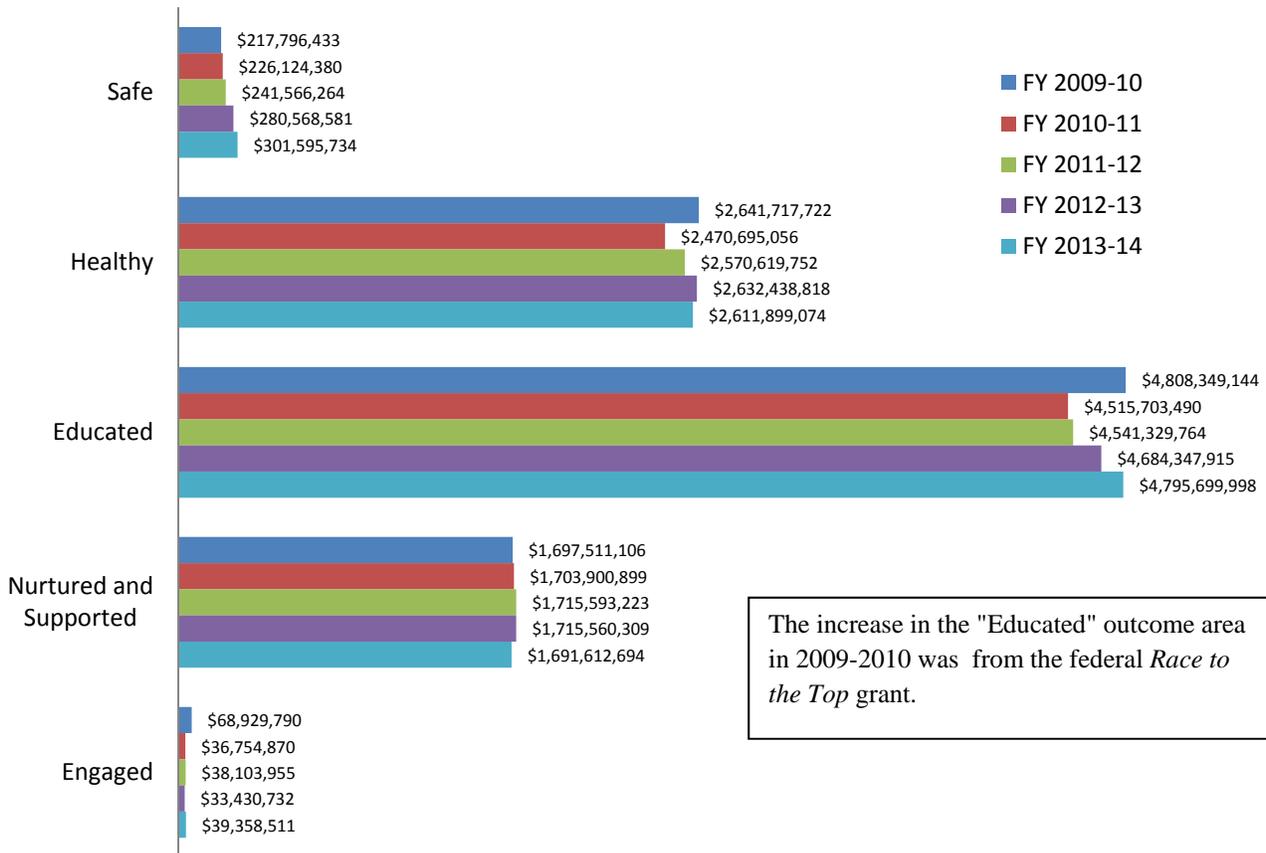
Expenditures by Primary Outcome Area



Source: Tennessee Commission and Youth Resource Mapping Project

Expenditures by Primary Outcome Area

FY 2009-10, FY 2010-11, FY 2011-12, FY 2012-13, and FY 2013-14



Source: Tennessee Commission and Youth Resource Mapping Project

Services by Service Delivery Location

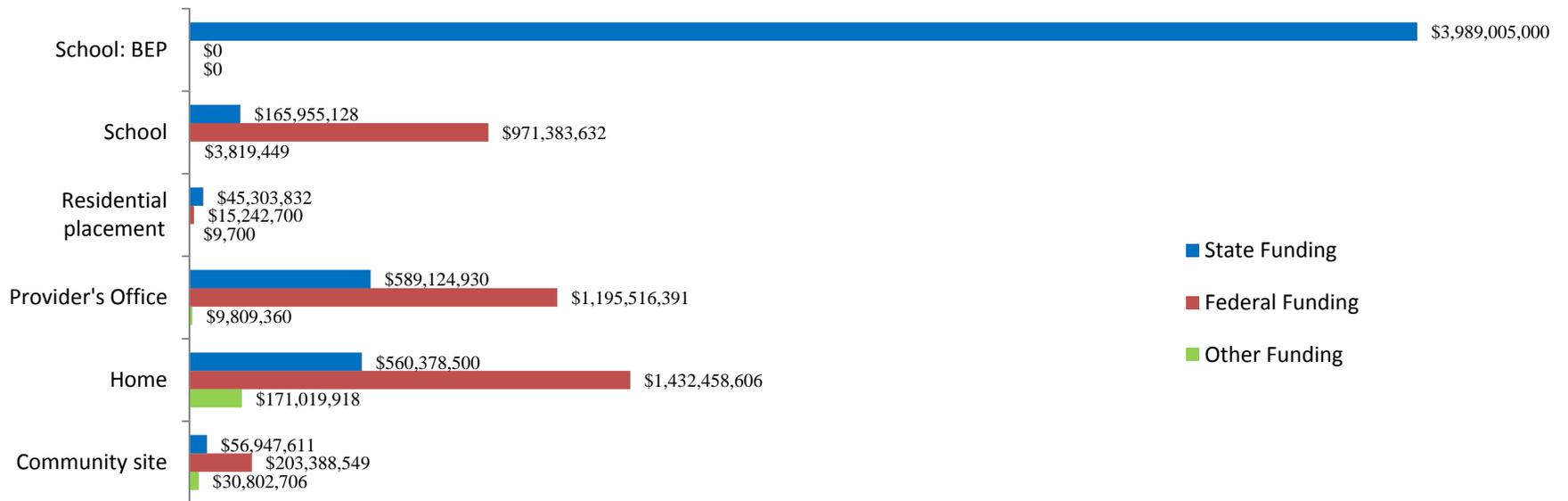
Departments reported the **service delivery location** for their programs. Location options included:

- Home,
- Community site,
- School,
- School – BEP,
- Provider’s office, and
- Residential placement.

Cost per child served varies significantly across and even within service delivery location categories. For example, services delivered in the “Home” location group include both foster care, because the children are living in a family setting, and a wide range of services to children in their own homes. Costs for services for children in “Residential placement” are, on average, thousands of dollars more per child than services in any other setting.

Expenditures by Service Delivery Location

FY 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

Programmatic Focus

Data were collected on the **Programmatic Focus** of expenditures. Departments selected from six different focus areas:

- **General services:** Services to promote the healthy development and education of *All Children* (Examples: regular education, immunizations, health services);
- **Universal prevention:** Services for *All Children* to promote positive outcomes (Examples: substance abuse prevention, bullying prevention, suicide prevention, accident prevention, after school programs, 4-H, sports, arts, music);
- **Targeted prevention:** Services for *Children At Risk* of adverse outcomes (Examples: income supports, home visitation, mentoring, special education);
- **Early intervention:** Services for children who have life circumstances or have exhibited behaviors, which if addressed early, can remediate problems and avoid the need for additional interventions (examples: life skills training, mentoring);
- **Moderate intervention:** Services for children who have needs that require intervention in order for them to continue to function in the community (Examples: crisis response, mental health case management, probation, child protective services, foster care, outpatient substance abuse treatment);
- **Intensive intervention:** Services for children who require intensive or long-term intervention to remain in the community or because they are a risk to themselves or others and cannot function in the community (Examples: youth development centers, outpatient sex offender treatment, intensive case management, residential treatment).

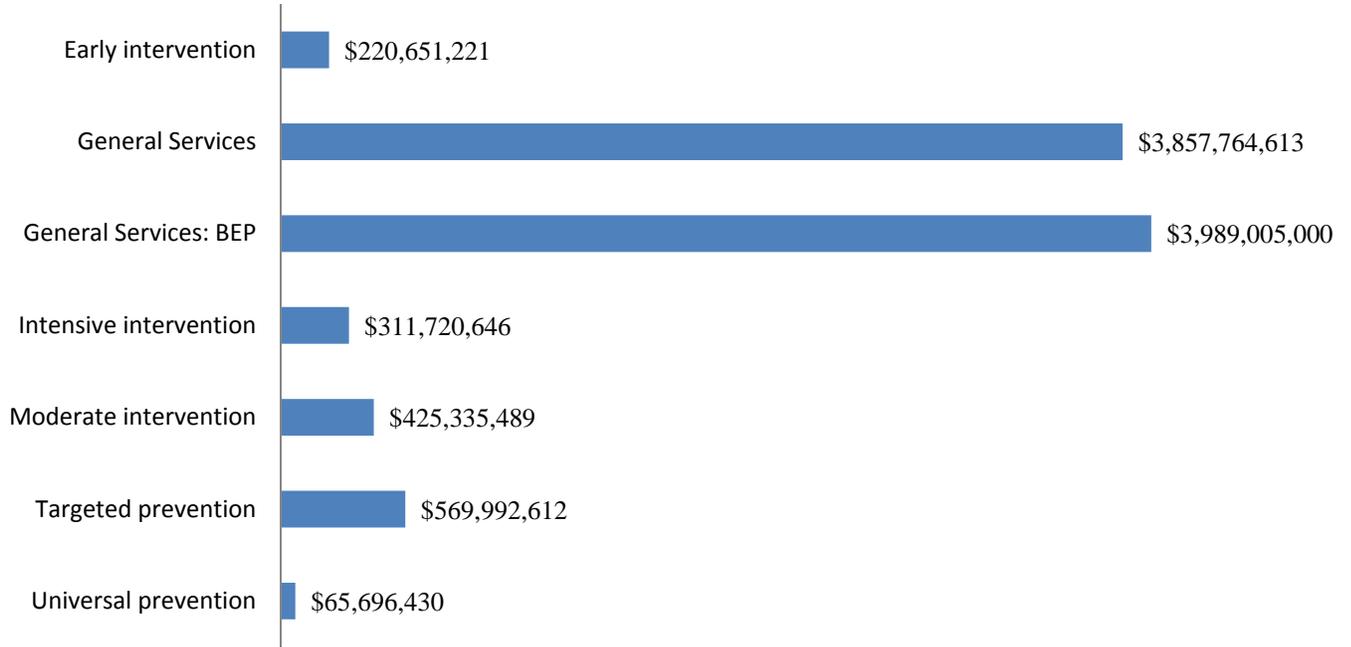
Data submitted for expenditures for CoverKIDS were not separated by programmatic focus, and all CoverKIDS expenditures were reported as “multiple focus” because they could not readily be identified by programmatic focus.

As seen in the figures on the following page, the most expensive services by far per child were for intensive intervention. To the extent that universal and targeted prevention services can help to avoid undesirable outcomes in the first place and can help identify children who will benefit from early and moderate intervention, it would be useful to devote more resources to those prevention services. Study after study has demonstrated the effectiveness of early childhood intervention.

A 2005 RAND Corporation study examined multiple programs and reported “well-designed early childhood interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program.”⁹ This could ultimately save money by reducing the need for more intensive, and more costly, interventions.

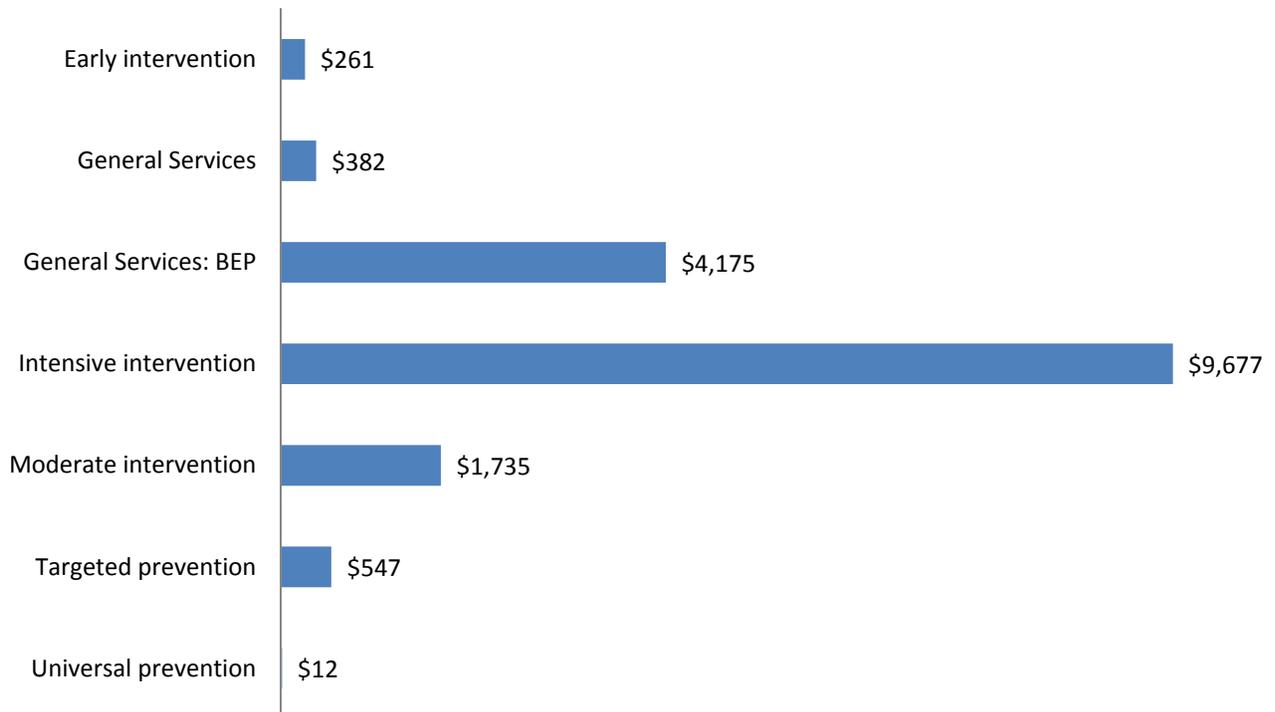
⁹ Karoly, Lynn A., M. Rebecca Kilburn, and Jill Cannon. 2005. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: The Rand Corporation. Research brief available at http://www.rand.org/pubs/research_briefs/RB9145/index1.html

Total Expenditures by Programmatic Focus FY 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

Per-Child Expenditures by Programmatic Focus FY 2013-14



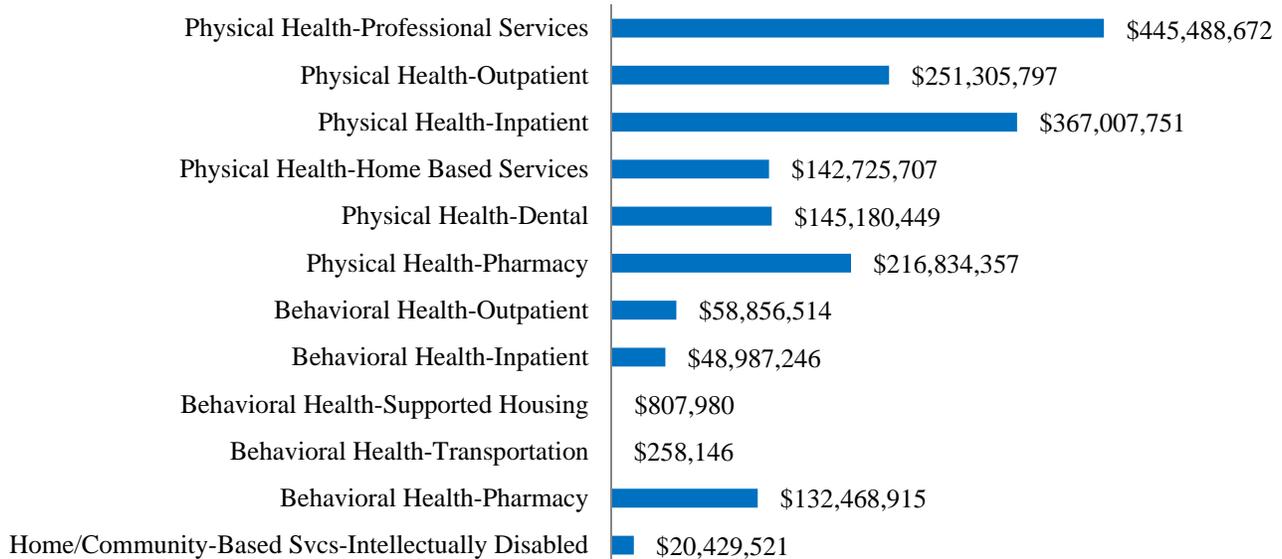
Source: Tennessee Commission on Children and Youth Resource Mapping Project

TennCare

As previously reported, TennCare is the second largest source of expenditures for children in Tennessee with total spending of \$1.8 billion. The great majority of these dollars are spent on physical health services (85.6 percent). The following bar graph presents TennCare expenditures on children by category.

TennCare Expenditures by Category

FY 2013-14



Source: Tennessee Commission on Children and Youth Resource Mapping Project

In TennCare behavioral health services, pharmaceutical interventions dwarf other types of interventions, with more than half of spending on children's mental health services (55 percent) going to medication. Behavioral health pharmacy expenditures can be prescribed by both health and mental health providers. It is difficult to gauge exactly what this means for individual children, or what it suggests (if anything) about how behavioral services are delivered to Tennessee children. Some types of medication are very expensive, while others cost very little. Tennessee also receives rebates on pharmaceuticals, which the state in turn spends on pharmacy services going forward. During FY 2013-14, 46 percent of behavioral health pharmacy expenditures were paid for by pharmacy rebates. Rebates come from previous spending and do not necessarily map perfectly to current spending. With the data provided, it is impossible to identify how much of current expenditures will generate rebates and consequently reduce the proportion of mental health services spent on medications.

The federal portion of TennCare (the Federal Medical Assistance Percentage—or FMAP) varies somewhat from year to year—it was 65.29 percent in FY 2013-14. The FMAP is computed using a formula that includes Tennessee's per capita income relative to the per capita income of the country as a whole. Outside of the FMAP, the federal portion of overall Medicaid expenditures will increase for states when/if they implement programs authorized by the Affordable Care Act (ACA) to cover people who do not qualify for traditional Medicaid. These expansion programs provide 100 percent federally funded Medicaid expansion until 2017 when the federal percentage drops to 95 percent, gradually reducing to 90 percent in 2020 and beyond. Tennessee has rejected federal dollars for TennCare for this group, leaving over \$1 billion federal dollars on the table and hundreds of thousands of Tennesseans without access to health insurance.

Who are the Uninsured in Tennessee?

Governor Haslam presented an alternative to Medicaid expansion called Insure Tennessee. Insure Tennessee would have tapped new federal dollars to provide market-based insurance options for approximately 280,000 working and low-income Tennesseans, including an estimated 24,000 veterans, who do not qualify for Medicaid/TennCare yet earn too little to qualify for subsidized insurance on the Federal Health Insurance Marketplace. While this alternative to Medicaid expansion has not gained adequate support in the legislature to date in 2015, the conversation about how best to approach health care costs for those who lack health insurance continues. An exploration of who the uninsured people are in Tennessee are could inform the debate.

The United States Census Bureau produces a state- and county-level estimate of insurance coverage rates known as the Small Area Health Insurance Estimate (SAHIE). The data provide information on how many people are uninsured by county. Because those over the age of 65 qualify for Medicare, the SAIHE looks only at those under the age of 65. Among that group, the top fifth of Tennessee counties based on the ***number of residents*** uninsured is shown in the table below. These data are the most recent available and are from 2013, prior to the implementation of the ACA provisions providing access to insurance on the Federal Health Insurance Marketplace.

Number and Percent of Uninsured Tennesseans Under Age 65 for the Top Fifth of Counties on Number Uninsured, 2013

County	Number Under 65	Uninsured Number Under 65	Uninsured Percent Under 65
Tennessee	5,404,037	876,189	16.2
Shelby	814,125	141,723	17.4
Davidson	562,369	103,814	18.5
Knox	370,493	51,950	14.0
Hamilton	285,551	43,983	15.4
Rutherford	249,738	40,084	16.1
Montgomery	164,896	23,207	14.1
Sumner	143,353	19,988	13.9
Sullivan	123,535	18,438	14.9
Sevier	76,730	17,046	22.2
Washington	101,121	15,653	15.5
Williamson	174,600	15,517	8.9
Blount	101,146	15,008	14.8
Bradley	83,722	14,840	17.7
Wilson	103,377	13,492	13.1
Madison	80,711	11,891	14.7
Maury	70,839	11,139	15.7
Putnam	59,568	11,078	18.6
Hamblen	51,652	10,437	20.2
Greene	53,807	9,380	17.4

As one might expect, the number of uninsured under age 65 tracks pretty well with the number of people under age 65, placing the most populous counties on this list. However, the column on the right shows that the percentages of uninsured people in each county vary quite a bit, ranging from a low of 8.9 percent in Williamson County to a high of 22.2 percent in Sevier County.

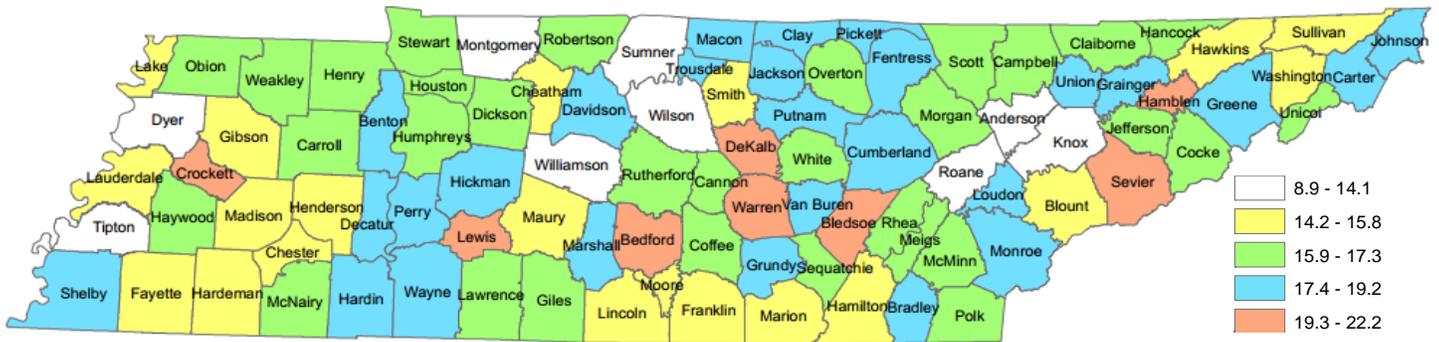
If one looks instead at the top fifth of counties by the *percent of residents* under age 65 who are uninsured, a different picture emerges. Only four counties (Sevier, Hamblen, Putnam and Davidson) are on both lists.

**Number and Percent of Uninsured Tennesseans Under Age 65 for the
Top Fifth of Counties on Percent Uninsured, 2013**

County	Number Under 65	Uninsured Number Under 65	Uninsured Percent Under 65
Tennessee	5,404,037	876,189	16.2
Sevier	76,730	17,046	22.2
Bedford	39,012	8,468	21.7
Bledsoe	9,527	1,989	20.9
Warren	33,013	6,716	20.3
Hamblen	51,652	10,437	20.2
DeKalb	15,730	3,111	19.8
Crockett	12,008	2,378	19.8
Lewis	9,720	1,881	19.4
Perry	6,228	1,193	19.2
Pickett	3,808	731	19.2
Macon	19,055	3,640	19.1
Cumberland	40,858	7,721	18.9
Putnam	59,568	11,078	18.6
Davidson	562,369	103,814	18.5
Wayne	11,918	2,203	18.5
Grundy	10,701	1,978	18.5
Clay	5,969	1,106	18.5
Grainger	18,551	3,378	18.2
Van Buren	4,374	797	18.2

The counties with highest percentage of people lacking health insurance are primarily in Middle and East Tennessee. The highest percentages of uninsured people under age 65 in Tennessee live in counties ranging from urban, to suburban, to very small rural counties. The maps on the following page look at two different groups of Tennesseans who do not have health insurance. The first map shows the percentage of people under the age of 65 who do not have medical insurance by county across the state while the second concentrates just on those who fall into what has come to be known as the “coverage gap.”

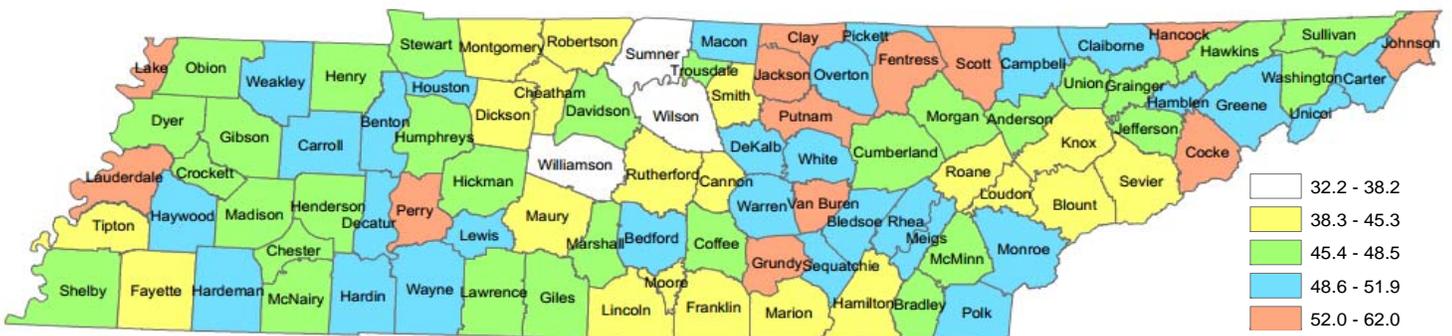
Percent of Tennesseans Under Age 65 Who Are Uninsured by County, 2013



This map provides an interesting comparison to the one below, which shows the percentage of uninsured people under age 65 who live in a household with an income less than 138 percent of the federal poverty level. These are the Tennesseans who make too little to qualify for subsidies on the Federal Health Insurance Marketplace. Yet, typically they only qualify for TennCare if they have eligible minor children. Even then, TennCare may only cover the children. These are the low-income, mostly working adults who are in the coverage gap and would have received access to health insurance through the proposed Insure Tennessee alternative to Medicaid expansion.

Uninsured people in this group are almost half of all uninsured people statewide, though they represent just 27 percent of the under-65 population as a whole. If the percentage of uninsured Tennesseans who are below the 138 percent of poverty threshold grows over the next few years, it will indicate that those who are eligible to participate in the Federal Health Insurance Marketplace are doing so, while those who are not eligible remain uninsured and in the coverage gap.

Percent of Uninsured Tennesseans Under Age 65 Whose Household Income Is Below 138 Percent of the Federal Poverty Level by County, 2013



In 2013, the portion of uninsured people who were in the coverage gap ranged from 32 percent in Williamson County to 62 percent in Hancock County; in 27 counties over 50 percent of the uninsured were in these low-income households. The people in this category are mostly childless working adults. Again, this data is from 2013, before the implementation of the Federal Health Insurance Marketplace. The data suggest the inability to afford health insurance is a main reason for not having

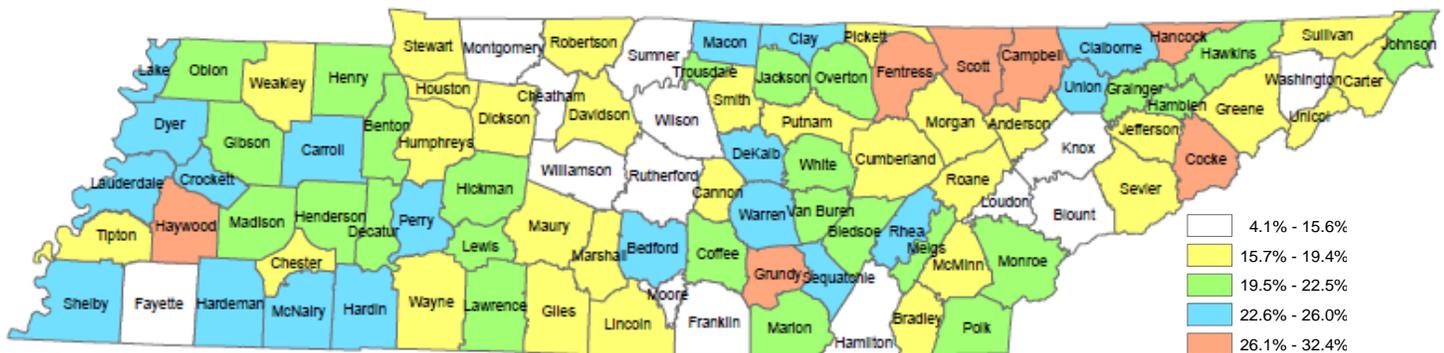
health insurance, as such a disproportionate number of uninsured Tennesseans are also poor. The Kaiser Family Foundation reports that for all states without any kind of Medicaid expansion, 66 percent of people in the coverage gap live in households with a worker, and 54 percent of them are workers themselves.¹⁰

Implementation of an alternative to Medicaid expansion in Tennessee would provide substantial benefits. Insure Tennessee was projected to provide coverage for more than 280,000 uninsured Tennesseans, including over 24,000 veterans. It would benefit Tennessee hospitals, Tennessee businesses, the Tennessee economy and individuals who receive access to health insurance. The estimated impact on the Tennessee economy includes:

- \$1.03 billion in new health care revenues;
- \$909 million in new income for residents of the state; and
- 15,000 full-time equivalent jobs.¹¹

Most of the people who currently have TennCare coverage are children and parents in low-income households. Some people who are both low income and who have a disability are also eligible for coverage. The map below shows the percentage of Tennesseans who were covered by TennCare in 2013.

**Percent of Tennesseans Who Are Covered by TennCare
By County, 2013**



Children benefit when their parents have insurance coverage, including when parents have access to treatment for their own physical and behavioral health needs. The Agency for Healthcare Research and Quality reports when parents also have insurance coverage, children are less likely to have unmet health needs and more likely to receive needed care.¹² Unmet health care needs in children can result in escalating and more costly problems, including the potential for life-long disability.

¹⁰ Garfield, et al. 2014. *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update*. Menlo Park, CA: Kaiser Family Foundation.

¹¹ Fox, William. 2015. "Jobs, revenue and new income among benefits of Haslam plan." *Chattanooga Times Free Press*. <http://www.timesfreepress.com/news/opinion/columns/story/2015/jan/18/who-benefits-under-insure-tennessee-plan/282967/>

¹² Children gain health insurance while parents lose: Health Insurance. February 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/news/newsletters/research-activities/14feb/0214RA20.html>

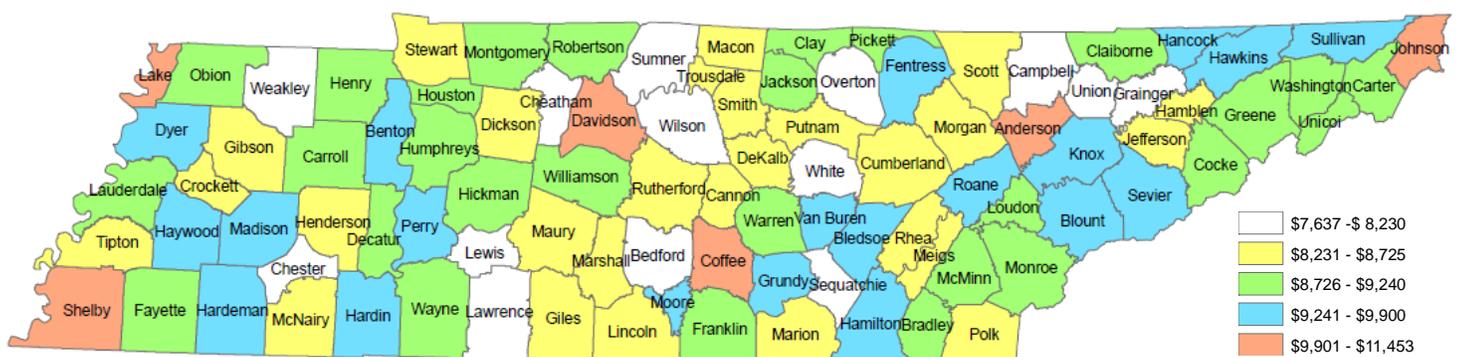
Mapping Children’s Program Funding

Many of the departments that provide data to the Commission on Children and Youth’s (TCCY’s) Resource Mapping Project are unable to break spending down by county. Many programs are statewide in nature and support children and children’s issues without providing services directly to children. The salaries and benefits of TCCY staff are counted, for example, but with the exception of the Ombudsman, staff does not provide services directly to children and cannot allocate those expenses by county. Some other programs do deliver services to individual children, but do not track their services by county. In some cases, departments can identify the number of children served per county, but not the expenditures per county.

In past reports, TCCY has mapped some of those programs that are able to provide detailed local information. For some of their programs, the Department of Human Services and the Department of Health provide counts of children served by county, but only report expenditures on a statewide basis. While this is good information, the depth of need by county is not well understood without the ability to allocate actual expenditures. Because the Department of Education sends a substantial portion of its resources directly to school districts, many education programs can be allocated by county and are usually among those highlighted with county-level maps.

Each year, the Department of Education compiles its Annual Statistical Report with nearly 60 tables of statistics on Tennessee schools. These cover all sorts of ways of looking at revenue, expenditures, staff and pupil data. With school funding in the news in Tennessee, TCCY decided to present per-pupil expenditures across the state, as well as the percentages of school funding that are federal, state and local for each county. Some counties have more than one school district, and there are often differences between them, but they are combined here to get a picture of what happens in the county as a whole.¹³ Achievement School District (ASD) funds were apportioned to Shelby and Davidson Counties based on the number of ASD students in each.¹⁴

Per-Pupil Education Expenditures by County, FY 2013-14



¹³ Annual Statistical Report data for 2013-14 is available at the Department of Education’s website. This report makes use of Table 50 (per-pupil expenditures) and Tables 13-19 (federal/state/local revenues).

http://tn.gov/education/data/asr_2014.shtml

¹⁴ Student counts used for apportioning came from the Department of Education’s 2013-14 Report Card, available at

http://tn.gov/education/data/report_card/index.shtml

State Education Revenue

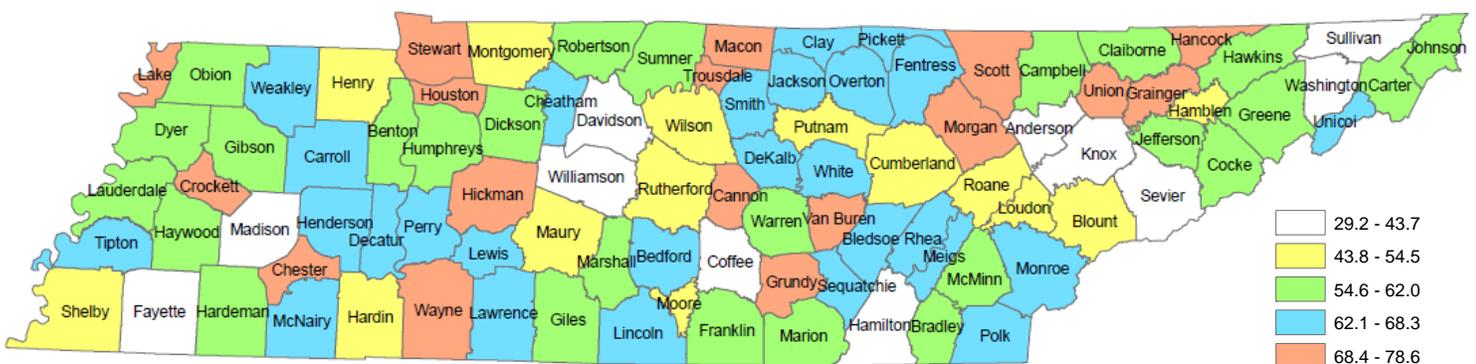
School districts and counties receive the vast majority of their state education revenues through the Basic Education Plan (BEP). The BEP is notoriously complicated. It begins with what is required to provide a basic education to public school students across the state. It then calculates the cost of all those necessary services. The state pays a different portion of total costs for different components of education. So the state covers 70 percent of instructional components, 75 percent of the classroom components, and 50 percent of non-classroom components. The state portion of the total amount required for each of these components adds up to total BEP funding. That pool of state money is then distributed to counties based on their fiscal capacity, or their ability to raise local funds for education.

Much like many kinds of health insurance, there is a maximum allowed on the inputs that make up each component. Based on the number of students, only a certain number of administrators, buildings, buses, supplies, etc. are deemed necessary. What is covered in each component, as well as pretty much anything one might like to know about the BEP, is explained in the Department of Education's excellent BEP handbook.¹⁵

Fiscal capacity is figured by two different agencies. The Tennessee Advisory Commission on Intergovernmental Relations (TACIR) figures fiscal capacity based on the average importance of each kind of local revenue source to all counties, and the ability of each to raise funds through each of those revenue sources. The Center for Business and Economic Research (CBER) at the University of Tennessee calculates fiscal capacity by comparing tax bases among counties. The two figures are averaged to determine distribution of funds. Almost 94 percent of state education funds are distributed through the BEP. The remaining six percent of state funds go to local education agencies for various programs, including the state match on school food services, career ladder programs, early childhood and vocational education programs, etc.

The county with the lowest percentage of education revenues coming from state sources is Davidson at 29.2, while the highest is Union at 78.6 percent.

Percent of Total Education Revenues that are State Dollars by County, FY 2013-14

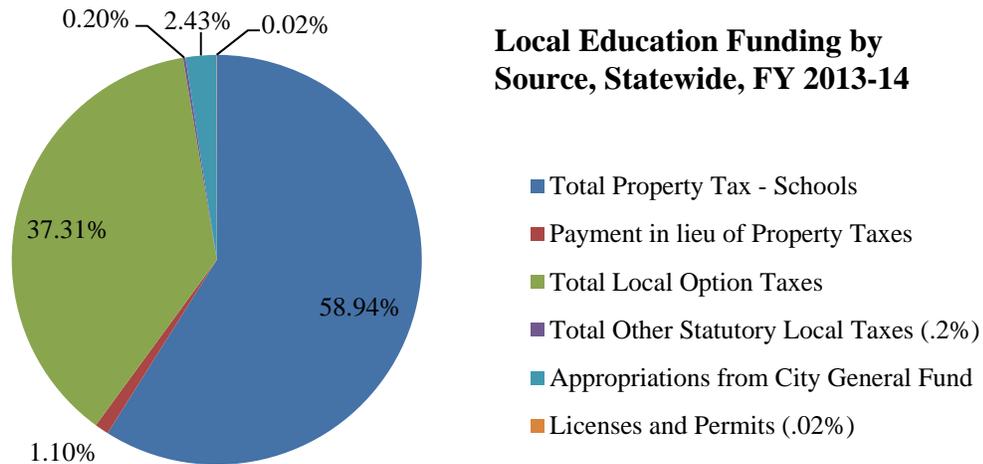


¹⁵ Available at http://www.tn.gov/sbe/BEP/2012%20BEP/BEP_Handbook_revised_Feb_2012.pdf

Local Education Revenue

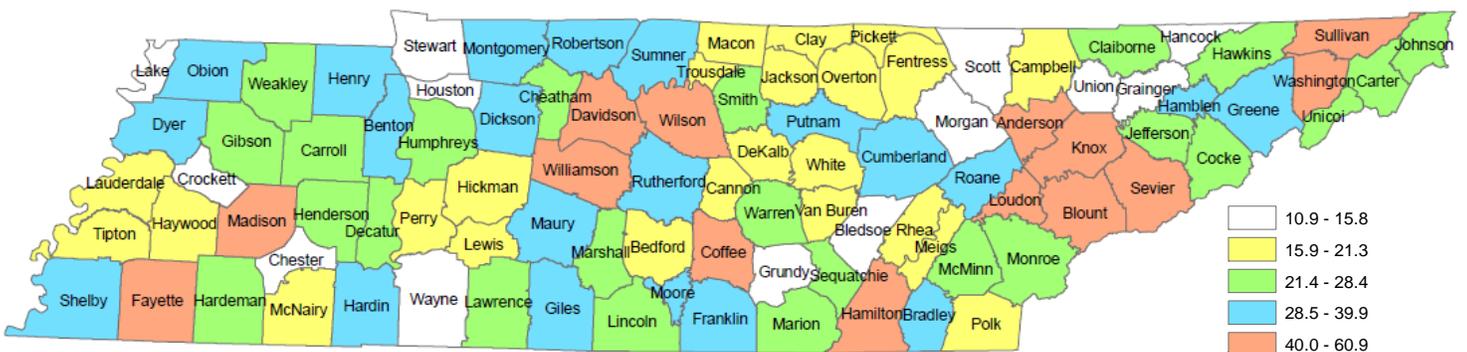
The Resource Mapping Project has been tasked with mapping funds that flow to children through the state budget. As such, local funds are not included. Local governments fund a variety of projects, but by far the main expenditure for children by local governments is for education. Local education funds are not included in the data presented earlier in the report, but data on these expenditures is clearly and consistently reported by the Department of Education, and it is included here in the review of education spending.

Local education funding comes from a variety of sources, and some counties rely more on one kind than others. As a whole, local education funds come primarily from property taxes and local option (sales) taxes. Sources of local education revenue statewide are shown in the pie chart below.



Fiscal capacity definitely plays a role in how much of a county’s education revenues are raised locally, but the factors that drive federal funds also make a difference. The reliance of each county on local funds is presented in the map below. The low is 10.9 percent in Union County, and the high is 60.9 percent in Sevier County.

Percent of Total Education Revenues That Are Local Dollars by County, FY 2013-14



Duplication of Services

Perhaps there were expectations the resource mapping process would uncover duplication in the provision of services to children and families in Tennessee. State departments and agencies report the number of children receiving services for each type of expenditure. When these numbers are totaled, they report many millions more “children served” than there are children in Tennessee, because most Tennessee children receive services from multiple departments/agencies/funding streams.

According to the Annie E. Casey Foundation,¹⁶ 24 percent of all children in Tennessee and 31 percent of children under age five live in poverty. Children in poverty are eligible for the following services, at a minimum:

- Temporary Assistance for Needy Families (TANF, called Families First in Tennessee);
- Supplemental Nutrition Assistance Program (SNAP, commonly known as Food Stamps);
- Women, Infants and Children (WIC) Supplemental Food Program for children under age six;
- Child Care Benefits for younger children;
- Pre-K at age four;
- Free- and Reduced-Price Breakfast Program for School Age Children;
- Free- and Reduced-Price Lunch Program for School Age Children;
- Medicaid/TennCare;
- Well Child [Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Community Outreach, Call Center and Screenings];
- Immunizations;
- Dental Clinic Services.

When children enter school, they benefit from a wide array of educational services and funding streams. If they are from low income families, they may participate in free- and reduced-price lunch, free- and reduced-price breakfast, after school programs, and a variety of other federally funded services and supports to improve their opportunities for success in school. All children who attend public schools benefit from Department of Education and BEP funds, as well as from a variety of programs aimed at, among other things, universal prevention of risky behavior, enhancing arts education, and promoting general health.

In general, the resources available for services for children in Tennessee beyond public education are so minimal, there is virtually no identifiable duplication. Responsibility for all children involved with the child welfare and juvenile justice system in a single department essentially eliminates opportunities for duplication of services for these vulnerable children and their families. Strategies are in place to transition children between funding streams when, for example, they enter state custody, or when their status otherwise changes and they move from one funding source to another. Even when multiple departments fund relatively similar services, they are typically targeted at different groups of children or different issues/problems. Communication and collaboration across departments serving children contributes to partnerships rather than duplication.

Annie E. Casey Foundation. KIDSCOUNT Data Center. *Children in Poverty by Age Group*.
<http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=44&loct=2#detailed/2/44/false/36,868,867,133,38/17,18,36/12263,12264>

Resource Mapping FY 2013-14 Inventory of Funds

The Resource Mapping Project is required in Tennessee Code Annotated 37-3-116(a)(5) to develop “An inventory of the funds for which the state may be eligible, but is currently not receiving or using, and the reasons why funds are not being received or used.” Tennessee relies heavily on federal funding for the provision of essential services and supports for Tennessee children and families. Excluding the BEP, of the total FY 2013-14 expenditures for children and families, over 71 percent of funds spent were federal dollars.

Rejecting Medicaid Expansion Dollars

The glaring federal funding opportunity that Tennessee is missing is Medicaid expansion. The Affordable Care Act (ACA) provided for Medicaid expansion that is fully funded by the federal government from 2014 through 2016, and then reduced slowly to 90 percent in 2020, where it is scheduled to stay. This expansion would cover families without employer-based insurance whose incomes are at or below 138 percent of the federal poverty line. Estimates show that ***Tennessee is currently forgoing \$6.2 million dollars a day***¹⁷ in federal funds.

Implementation of an alternative to Medicaid expansion in Tennessee would provide substantial benefits. Insure Tennessee was projected to provide coverage for more than 280,000 uninsured Tennesseans, including over 24,000 veterans. It would benefit Tennessee hospitals, Tennessee businesses, the Tennessee economy and individuals who receive access to health insurance. The estimated impact on the Tennessee economy includes:

- \$1.03 billion in new health care revenues;
- \$909 million in new income for residents of the state; and
- 15,000 full-time equivalent jobs.¹⁸

Furthermore, Tennessee businesses will have to pay millions of dollars in additional taxes as a result of the state rejecting these federal funds. A 2014 Jackson Hewitt study estimates Tennessee’s failure to expand Medicaid/TennCare could cost employers in the state between \$48 million and \$72 million in 2016.¹⁹

Other Funding Opportunities

Most major ongoing federal grants/funding streams are capped entitlements or an allotted amount of funding. State departments take advantage of these entitlements and typically utilize virtually all federal funding allocated to Tennessee, sometimes in the face of challenges in meeting matching or maintenance of effort requirements. A detailed list of all reported federal funding sources by department/agency and expenditure amount is presented in Appendix D.

¹⁷ Chris Bundgaard. 2014. ‘Some progress’ made on Medicaid expansion, governor says.

<http://www.wkrn.com/story/24948556/some-progress-made-on-medicaid-expansion-says-governor>

¹⁸ Fox, William. 2015. “Jobs, revenue and new income among benefits of Haslam plan.” *Chattanooga Times Free Press*. <http://www.timesfreepress.com/news/opinion/columns/story/2015/jan/18/who-benefits-under-insure-tennessee-plan/282967/>

¹⁹ Brian Haile and George Brandes. 2014. *State Medicaid Choices and the Hidden Tax Surprises for Employers*. Jackson Hewitt Tax Service.

http://www.jacksonhewitt.com/uploadedFiles/JacksonHewitt2014com/Content/Resource_Center/Healthcare_and_Taxes/Resources/MedicaidChoices_TaxSurprises.pdf

A small number of federal funding streams are uncapped entitlements, meaning the state can draw down as many federal dollars as it can match. The exact amount the state must match is based on a ratio relative to the funding source. The largest source of uncapped funding is Medicaid, with a match rate of 66 percent Federal, 34 percent State. The other primary sources are Titles IV-B and IV-E child welfare funds. Matching rates are 75 percent Federal, 25 percent State for Title IV-B and 66 percent Federal, 34 percent State for Title IV-E.

The Supplemental Nutrition Assistance Program (SNAP, commonly known as Food Stamps) has a 50-50 Federal-State matching rate for administrative funds, but Food Stamps are 100 percent federally funded and do not have a cap on the amount available to the state. Tennessee has done an excellent job with SNAP outreach and has been recognized nationally for the proportion of the eligible population actually receiving this assistance.

A substantial number of competitive federal funding announcements are released on an ongoing basis. These announcements are reviewed by staff at the TCCY and throughout state departments to identify appropriate opportunities to apply for funding. Particular emphasis is placed on funding closely coinciding with department/agency missions and priorities and funding that continues for multiple years. Departments also report only applying for federal funds where they are able to be competitive and easily build upon existing infrastructure.

However, a number of constraints still inhibit the state's application for competitive federal funding opportunities, as well as for foundation and other private funding. State departments/agencies were asked in previous years to complete a survey indicating problems they have experienced and/or anticipated in relation to applications for federal funding. Over time, there has been very little change in the reasons for not applying for federal dollars. The primary reason cited is the length of time it takes to get approval for grants from the General Assembly. The following are problems actually experienced that are deterrents to applying for funding:

- Duration of the grant is insufficient to justify time required to complete the application process.
- Department/agency does not have state funding to meet matching requirements.
- Department/agency does not have sufficient staff expertise to prepare the grant application.
- Department/agency does not have sufficient staff time to prepare the grant application.
- Award amounts are insufficient to justify the time required to complete the application process.
- The deadline for the submission of proposal is too short for proper planning.
- Existing infrastructure (excluding staff positions) could not support the new program and grant funds would not cover cost of creating new infrastructure.
- Existing staff could not support program and grant funds would not cover cost of additional staff.
- The grant would allow staff to be hired, but the department is unable to add additional positions or is concerned about the ability to add additional positions.
- Inability to recruit and hire staff to meet grant requirements due to non-competitive salaries in some job classifications.
- Time and challenges involved in getting approval to spend additional funding through the state process are a deterrent to pursuing funding.

A timely/expedited approval process for authorization to spend grant dollars is needed. Delays in General Assembly approval for federal, foundation or other funding are a substantial deterrent to applying for such funding, even when it would be very beneficial for Tennessee, and especially when programs must be implemented and/or funds must be expended in a short timeframe.

Appendix A
TCA 37-3-116

TCA 37-3-116. Resource mapping of funding sources

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

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

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

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

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

[Acts 2008, ch. 1197, § 1; 2009, ch. 344, § 1.]

Appendix B
Resource Mapping 2015 Advisory Group and Data Submission Staff



STATE OF TENNESSEE
**RESOURCE MAPPING ADVISORY GROUP and DATA SUBMISSION STAFF
BY DEPARTMENT**

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Comptroller of the Treasury

- Nneka Norman-Gordon

CoverKids

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- Vanessa Hall

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- Chris Fleming, Tennessee Farm Bureau

Department of Children's Services

- Dhivya Ben
- Elizabeth Cambron
- Mohamed El-Kaissy
- Jeffery Finney
- Mary Meadors
- Harry Myers
- Tom Neel
- Virendra Patel
- Mary Rolando
- Betty Smith
- Brian Stephens
- Sheri Strain
- Doug Swisher

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- Tanya Washington

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- Christy Ballard
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- Eve Carney
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- Connie Casha
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- Nicole Roberts Pratt
- Elizabeth Roper
- Gary X. Smith
- Youlonda Smith
- Brenda Staggs
- Dina Starks
- Jasmine Taylor
- Marci Tidwell
- Nakia Towns
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Department of Health

- Lisa Wade
- Dean Daniel
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Department of Human Services

- Carl Cullen
- April Christie
- Latamera Woodley

Department of Intellectual and Developmental Disabilities

- Kellie McCain

Department of Labor and Workforce Development

- Briana Johnson

Department of Mental Health and Substance Abuse Services

- Lymari Benitez
- Karen Edwards
- Sejal West
- Angela McKinney-Jones
- Bruce Gilmore
- Debbie Shahl
- Edwina Chappell
- Ellen Abbott
- Jeff Feix
- Kristy Leach
- Linda McCorkle
- Lisa Ragan
- Louise Barnes
- Lygia Williams
- Melissa Sparks
- Robert Currie
- Sue Karber
- Tirrill Parker
- Taryn Sloss
- Keri Virgo
- Kisha Ledlow

Department of Safety

- Captain Tony Barham
- Sonya Hadley
- Coleman Hanna
- John Milliken
- Sgt. Scott Staggs

Department of Transportation

- Diana Benedict
- Laurie Clark
- Mia Vickers

Governor's Books from Birth Foundation

- Theresa Carl

Governor's Children's Cabinet

- Jude White

Office of Criminal Justice Programs

- Susan French

TennCare

- Crystal G. Allen
- Terry Poff

Tennessee Arts Commission

- Carol White
- Michelle McEwen

Tennessee Commission on Aging and Disability

- Belinda Bruns
- Tabitha Satterfield

Tennessee Commission on Children and Youth

- Linda O'Neal
- Sujit Das
- Fay Delk
- Rose Naccarato
- Nancy Townsend
- Zanira Whitfield

Tennessee State Museum

- Paulette Fox
- Mary Jane Crockett-Green
- Lois Riggins-Ezzell

Tennessee General Assembly

- Representative Sherry Jones
- Roark Brown

Tennessee Higher Education Commission

- Betty Dandridge Johnson
- Troy Grant
- Tim Phelps

Tennessee Wildlife Resources Agency

- Don Hosse
- Randy Huskey
- Melinda Raymond

UT Institute of Agriculture

- Steve Sutton

Volunteer Tennessee

- Jim Snell

Appendix C
Primary Outcome Expenditures

Educated: FY 2013-14 Expenditures				
	State	Federal	Other	Total
Total	\$4,140,314,205	\$652,365,780	\$3,020,013	\$4,795,699,998
Department of Agriculture	\$50,000	\$0	\$158,000	\$208,000
Department of Children's Services	\$1,000,400	\$259,500	\$0	\$1,259,900
Department of Correction	\$0	\$160,705	\$0	\$160,705
Department of Education	\$131,859,252	\$644,707,174	\$0	\$776,566,426
Department of Education: BEP	\$3,989,005,000	\$0	\$0	\$3,989,005,000
Department of Health	\$26,500	\$1,143,600	\$0	\$1,170,100
Department of Mental Health and Substance Abuse Services	\$796,546	\$589,076	\$0	\$1,385,622
Department of Safety	\$252,033	\$0	\$0	\$252,033
Department of Transportation	\$98,858	\$653,304	\$45,000	\$797,162
Governor's Books from Birth Foundation	\$3,104,100	\$0	\$2,729,513	\$5,833,613
Tennessee Commission on Children and Youth	\$689,493	\$121,179	\$87,500	\$898,172
Tennessee Higher Education Commission	\$11,800,000	\$4,670,343	\$0	\$16,470,343
TN Arts Commission	\$817,983	\$60,900	\$0	\$878,883
TN State Museum	\$814,040	\$0	\$0	\$814,040

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Engaged: FY 2013-14 Expenditures				
	State	Federal	Other	Total
Total	\$17,758,517	\$17,825,545	\$3,774,449	\$39,358,511
Administrative Office of the Courts	\$106,316	\$0	\$0	\$106,316
Department of Education	\$2,181,000	\$84,000	\$0	\$2,265,000
Department of Labor and Workforce Development	\$0	\$14,463,180	\$0	\$14,463,180
Department of Mental Health and Substance Abuse Services	\$5,052,127	\$275,894	\$0	\$5,328,021
Office of Criminal Justice Programs	\$0	\$156,800	\$0	\$156,800
Tennessee Commission on Children and Youth	\$0	\$48,800	\$0	\$48,800
TN Arts Commission	\$89,818	\$0	\$0	\$89,818
UT Institute of Agriculture	\$10,329,256	\$2,796,871	\$3,774,449	\$16,900,576

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Healthy: FY 2013-14 Expenditures				
	State	Federal	Other	Total
Total	\$715,606,194	\$1,703,827,130	\$192,465,751	\$2,611,899,074
CoverKids	\$43,848,828	\$137,606,608	\$3,189,846	\$184,645,282
Department of Children's Services	\$3,638,500	\$55,100	\$0	\$3,693,600
Department of Education	\$22,937,304	\$325,280,349	\$0	\$348,217,653
Department of Health	\$64,277,483	\$134,780,217	\$28,596,400	\$227,654,100
Department of Mental Health and Substance Abuse Services	\$4,363,279	\$12,352,428	\$0	\$16,715,707
Office of Criminal Justice Programs	\$456,550	\$73,298	\$0	\$529,848
TennCare	\$576,036,685	\$1,093,634,865	\$160,679,505	\$1,830,351,055
Tennessee Commission on Children and Youth	\$47,564	\$44,266	\$0	\$91,830

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Nurtured and Supported: FY 2013-14 Expenditures				
	State	Federal	Other	Total
Total	\$388,506,192	\$1,292,451,282	\$10,655,220	\$1,691,612,694
Administrative Office of the Courts	\$11,799,682	\$2,467,312	\$0	\$14,266,994
Commission on Aging and Disability	\$24,634	\$77,504	\$0	\$102,138
Department of Children's Services	\$284,731,200	\$188,579,200	\$2,074,900	\$475,385,300
Department of Education	\$3,123,180	\$3,000,817	\$0	\$6,123,997
Department of Human Services	\$81,900,558	\$1,088,956,331	\$6,619,514	\$1,177,476,403
Department of Mental Health and Substance Abuse Services	\$1,273,305	\$6,144,624	\$0	\$7,417,929
Department of Intellectual and Developmental Disabilities	\$3,468,976	\$0	\$0	\$3,468,976
Governor's Children's Cabinet	\$110,000	\$0	\$0	\$110,000
Tennessee Commission on Children and Youth	\$2,074,658	\$471,681	\$0	\$2,546,339
Volunteer TN	\$0	\$2,753,813	\$1,960,806	\$4,714,619

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Safe: FY 2013-14 Expenditures				
	State	Federal	Other	Total
Total	\$144,529,893	\$151,520,141	\$5,545,700	\$301,595,734
Department of Children's Services	\$114,834,200	\$120,521,900	\$5,545,700	\$240,901,800
Department of Correction	\$154,465	\$0	\$0	\$154,465
Department of Education	\$5,635,800	\$1,835,421	\$0	\$7,471,221
Department of Human Services	\$0	\$22,117,886	\$0	\$22,117,886
Department of Mental Health and Substance Abuse Services	\$23,346,997	\$2,519,211	\$0	\$25,866,208
Department of Safety	\$39,323	\$0	\$0	\$39,323
Department of Transportation	\$0	\$1,863,481	\$0	\$1,863,481
Department of Intellectual and Developmental Disabilities	\$2,446	\$0	\$0	\$2,446
Office of Criminal Justice Programs	\$4,173	\$1,695,235	\$0	\$1,699,408
Tennessee Commission on Children and Youth	\$92,431	\$0	\$0	\$92,431
Tennessee Wildlife Resources Agency	\$420,058	\$967,007	\$0	\$1,387,065

Source: Tennessee Commission on Children and Youth Resource Mapping Project

Appendix D
Federal Expenditures by State Agency and Federal Funding Source

Federal Funding Source	FY 11-12	FY 12-13	FY 13-14
Administrative Office of the Courts			
Juvenile Justice and Delinquency Prevention Act	\$46,015	\$37,500	\$ 2,429,812
Social Security Act	\$3,175,441	\$2,362,009	\$ 37,500
Subtotal	\$3,221,456	\$2,399,509	\$ 2,467,312
Commission on Aging and Disability			
Title XXI - SCHIP	Not Reported	Not Reported	\$77,504
Subtotal	\$0	\$0	\$77,504
CoverKids			
Title XXI - SCHIP	\$146,078,519	\$159,537,024	\$137,606,608
Subtotal	\$146,078,519	\$159,537,024	\$137,606,608
Department of Children's Services			
Chafee Foster Care Independence Act of 1999	\$985,800	\$1,024,900	\$2,177,100
Child Abuse Prevention and Treatment Act	\$1,668,700	\$1,349,600	\$1,746,000
Children's Justice Act	\$325,700	\$308,600	\$367,900
Personal Responsibility Education Program	\$0	\$0	\$659,400
School Nutrition	\$507,800	\$565,400	\$561,100
Special Education	\$480,500	\$566,600	\$737,600
Special Education - ARRA	\$1,200	\$0	\$0
TennCare	\$147,566,900	\$158,218,700	\$182,438,600
Title I of the No Child Left Behind Act	\$247,100	\$329,100	\$365,900
Title II of the No Child Left Behind Act	\$25,800	\$0	\$13,800
IV-B, Part 1 of the Social Security Act	\$870,700	\$5,668,400	\$1,019,500
IV-B, Part 2 of the Social Security Act	\$12,779,900	\$14,949,770	\$13,173,700
Title IV-E of the Social Security Act	\$75,831,500	\$80,334,700	\$92,357,100
Title IV, Part E American Recovery and Reinvestment Act	\$11,100	\$0	\$0
Title XX of the Social Security Act: SSBG	\$18,138,700	\$18,665,800	\$13,798,000
Subtotal	\$259,441,400	\$281,981,570	\$309,415,700
Department of Correction			
IDEA	\$38,500	\$53,400	\$55,052
IDEA - American Recovery and Reinvestment Act	\$2,200	\$0	\$0
Title I	\$75,600	\$115,300	\$105,653
Subtotal	\$116,300	\$168,700	\$160,705
Department of Human Services			
Child Care Development Block Grant	\$106,561,900	\$157,740,500	\$116,052,978
Section 17 of the NSLA: Child & Adult Care Food Program	\$55,138,400	\$66,117,900	\$65,966,160
Summer Food Program	\$5,808,100	\$7,588,700	\$15,288,822
Supplemental Nutrition Assistance Program (SNAP)	\$760,531,100	\$756,500,700	\$726,302,222
Temporary Assistance to Needy Families (TANF)	\$172,056,814	\$156,680,800	\$151,584,909
Title IV-D, Social Security Act (Child Support Enforcement)	\$33,375,505	\$36,942,045	\$35,121,833
Title XX - Social Services Block Grant	\$847,100	\$682,000	\$757,293
Subtotal	\$1,134,318,919	\$1,182,252,645	\$1,111,074,217

Federal Funding Source	FY 11-12	FY 12-13	FY 13-14
Department of Intellectual and Developmental Disabilities			
TennCare	\$25,777,740	\$0	\$0
Subtotal	\$25,777,740	\$0	\$0
Department of Education			
Adv. Placement & International Baccalaureate Program	\$204,375	\$202,158	\$285,289
American Recovery and Reinvestment Act	\$10,152,043	\$7,933,644	\$9,709,552
First to the Top	\$0	\$0	\$2,922,046
Carl D. Perkins Career & Tech. Education Act of 1998/2006	\$15,028,335	\$18,369,400	\$15,788,912
IDEA	\$241,873,787	\$244,479,183	\$234,122,050
IDEA, Preschool (619)	\$12,948,799	\$9,670,267	\$8,313,990
Financial Education for College Access & Success	\$0	\$0	\$357,037
School Nutrition	\$310,436,114	\$321,564,878	\$323,650,384
Title I, Part A NCLB (Schools with a High Percentage of Low-Income Families)	\$282,024,236	\$283,176,767	\$266,135,543
Title I, Part B of the NCLB Act of 2001 (Even Start)	\$468,128	\$0	\$0
Title I, Part D NCLB (Prevention and Intervention for At-Risk Children)	\$189,667	\$1,295,186	\$1,269,749
Title II, Part A NCLB (Teacher Training and Recruiting)	\$38,182,022	\$39,618,021	\$37,048,883
Title II, Part B NCLB (Math and Science Partnerships)	\$2,241,863	\$0	\$3,431,263
Title III NCLB (English Language Learners)	\$5,849,061	\$5,669,671	\$5,666,536
Title IV, Part A NCLB (Safe and Drug-Free Schools and Communities)	\$0	\$1,835,421	\$1,835,421
Title IV, Part B NCLB (21st Century Community Learning Centers)	\$16,848,580	\$18,369,911	\$24,551,578
Title V, Part B NCLB (Public Charter School)	\$5,645,289	\$3,372,335	\$7,699,571
Title VI, Part B NCLB (Rural Education Initiative)	\$5,126,838	\$5,003,849	\$4,725,908
Title X, Part C NCLB (McKinney-Vento Homeless Assistance)	\$1,234,764	\$1,247,584	\$1,247,584
Section 1003(g) NCLB Act (School Improvement Grants)	\$0	\$16,439,748	\$25,858,157
Workforce Investment Act of 1999	\$0	\$378,750	\$0
US Department of Education	\$2,679,641	\$2,726,449	\$288,309
Subtotal	\$951,133,541	\$981,353,222	\$974,907,761
Department of Labor and Workforce Development			
Workforce Investment Act of 1999	\$15,473,805	\$14,701,686	\$14,463,180
Subtotal	\$15,473,805	\$14,701,686	\$14,463,180

Federal Funding Source	FY 11-12	FY 12-13	FY 13-14
Department of Mental Health and Substance Abuse Services			
US Department of Justice	\$73,827	\$0	\$26,796
US Department of Health and Human Services	\$0	\$27,992	\$24,596
Substance Abuse and Mental Health Service Admin	\$3,357,656	\$6,416,732	\$6,576,539
Mental Health Block Grant	\$5,011,556	\$4,248,194	\$5,396,723
Substance Abuse Prevention and Treatment Block Grant	\$12,244,594	\$12,587,271	\$9,110,324
National Association of State Mental Health Program Directors*	\$0	\$0	\$106,301
Department of Housing and Urban Development	\$0	\$45,443	\$60,161
Administration for Children and Families	\$0	\$351,139	\$579,793
Subtotal	\$20,687,632	\$23,280,189	\$21,881,233
Department of Transportation			
National Highway Traffic Safety Administration	\$3,417,985	\$3,400,697	\$2,516,785
Subtotal	\$3,417,985	\$3,400,697	\$2,516,785
Department of Health			
Title V State Abstinence Education Grant	\$731,700	\$1,117,200	\$1,143,600
Affordable Care Act	\$152,800	\$100	\$0
American Recovery and Reinvestment Act	\$3,600	\$0	\$0
Chronic Disease Prevention	\$543,000	\$106,000	\$64,800
Early Childhood Comprehensive Systems	\$128,900	\$93,500	\$204,900
Emerging Infections Program	\$0	\$1,800	\$2,500
Family Planning	\$2,981,700	\$1,924,000	\$1,867,800
Farmers Market Nutrition Program	\$61,400	\$58,400	\$48,000
Healthy Communities	\$0	\$358,000	\$795,600
Maternal, Infant and Early Childhood Home Visiting	\$1,795,300	\$2,871,800	\$2,766,000
Immunizations And Vaccines For Children (VFC)	\$3,172,700	\$3,031,800	\$2,600,900
Maternal and Child Health Grant	\$2,481,500	\$6,088,300	\$6,260,200
CDC Early Hearing Detection & Intervention (EHDI)	\$287,800	\$198,200	\$268,400
Pregnancy Assistance Fund	\$741,700	\$1,966,200	\$1,280,900
Primary Care	\$472,900	\$319,300	\$628,100
Public Health Emergency Preparedness	\$2,458,300	\$2,698,700	\$3,829,200
Preventive Health Services/Rape Prevention Program	\$235,400	\$1,197,900	\$847,600
Center for Chronic Disease Prevention & Health Promotion	\$2,400	\$207,900	\$13,800
TennCare/Medicaid**	\$39,772,600	\$38,045,200	\$24,026,417
Traumatic Brain Injury Grant	\$12,500	\$159,200	\$159,600
Tuberculosis Control	\$326,500	\$787,100	\$331,100
HIV Prevention and Surveillance	\$730,300	\$618,600	\$615,500
Ryan White	\$0	\$2,300	\$100
Sexually Transmitted Disease Prevention	\$0	\$597,900	\$500,500
Commodity Supplemental Food Program (WIC)	\$87,036,100	\$83,142,000	\$87,668,300
Subtotal	\$144,130,100	\$115,528,800	\$135,923,817

Federal Funding Source	FY 11-12	FY 12-13	FY 13-14
TennCare			
TennCare***	\$1,203,089,947	\$1,219,597,112	\$1,093,634,865
Subtotal	\$1,203,089,947	\$1,219,597,112	\$1,093,634,865
Office of Criminal Justice Programs			
Community Oriented Policing Services (COPS) Grant	\$0	\$303,712	\$0
Edward Byrne Justice Assistance Grants	\$245,907	\$510,207	\$156,800
Edward Byrne Justice Assistance Grants - ARRA	\$1,750,831	\$50,000	\$0
Family Violence Prevention and Services Act	\$1,703,316	\$1,703,316	\$73,298
Sexual Assault Services Program	\$0	\$43,331	\$69,349
STOP Violence Against Women Formula Grants	\$0	\$17,168	\$22,959
Victim of Crime Act 1984	\$895,926	\$895,926	\$1,602,927
Subtotal	\$4,595,980	\$3,523,660	\$1,925,333
Tennessee Higher Education Commission			
College Access Challenge Grant	\$2,619,167	\$3,153,074	\$3,153,074
GEAR UP Grant	\$0	\$1,517,268	\$1,517,268
Subtotal	\$2,619,167	\$4,670,343	\$4,670,343
Tennessee Arts Commission			
National Endowment for the Arts	\$0	\$0	\$60,900
Subtotal	\$0	\$0	\$60,900
Tennessee Commission on Children and Youth			
OJJDP: Enforcing Underage Drinking Laws	\$400,308	\$5,245	\$270
OJJDP: Federal Formula Grant	\$1,004,444	\$622,141	\$169,857
OJJDP: Juvenile Accountability Block Grant	\$990,388	\$663,712	\$457,396
OJJDP: Title V	\$5,377	\$557	\$14,137
SAMHSA: Interdepartmental from MHSAS	\$75,736	\$31,644	\$44,266
Subtotal	\$2,476,254	\$1,323,299	\$685,926
Tennessee Wildlife Resources Agency			
Pittman-Robertson Act of 1937	Not Reported	Not Reported	\$967,007
Subtotal	\$0	\$0	\$967,006
UT Institute of Agriculture			
Smith-Lever Act of 1914	\$3,278,859	\$1,588,349	\$2,796,871
Subtotal	\$3,278,859	\$1,588,349	\$2,796,871
Volunteer TN			
Corp. for National and Community Service - AmeriCorps	\$2,654,688	\$2,734,186	\$2,753,813
Subtotal	\$2,654,688	\$2,734,186	\$2,753,813
Total	\$3,922,512,292	\$3,998,040,990	\$3,817,989,878

*In past years this funding was listed as "Other," but NASMHPD supports this program with federal dollars, so it was changed to more accurately reflect the source.

**The Department of Health has historically reported TennCare interdepartmental funding as "state." For the past two years, the amount that was federal was estimated by TCCY using the FMAP (see TennCare section of this report). This year, that amount is reported based on the Department of Health's interdepartmental contract with TennCare, where several services are listed at just 50% based in federal funds, which is substantially less than the FMAP.

***Pharmacy rebates that had previously counted as federal funds are now classified as "Other."