



Tennessee Commission on Children and Youth

Budget Recommendations

FY2023-24





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August 25, 2022

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

Dear Governor Lee,

Tennessee Code Annotated Section 37-3-103(a)(1)(B), includes the following statutory duty for the Tennessee Commission on Children and Youth (TCCY):

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

The Commission appreciates the opportunity to provide recommendations for the FY 2023-2024 state budget as we have for over 20 years. Over the past two decades, Tennessee has created public-private and state-local partnerships to implement essential "infrastructure" services for children and families – basic public supports developed in our child welfare, education, health, human services, juvenile justice, mental health, and disability services systems. These services and supports are interrelated, so weakening public structure resources in one system erodes the strength of the foundation in all systems.

The Commission wants to thank you and the General Assembly for the leadership you provide to improve outcomes for children, youth, and families in Tennessee.

Good public policies and strategic investments in public structures are leading to a better Tennessee for children. We look forward to partnering together to strengthen Tennessee's families and communities by improving their health, education, and economic wellbeing.

Sincerely,



Rob Philyaw
Commission Chair



Richard Kennedy
Executive Director

CC: Jim Bryson, Commissioner, Department of Finance and Administration
Margie Quin, Commissioner, Department of Children's Services
Penny Schwinn, Commissioner, Department of Education
Morgan McDonald, Interim Commissioner, Department of Health
Clarence Carter, Commissioner, Department of Human Services
Marie Williams, Commissioner, Department of Mental Health and Substance Abuse Services
Stephen Smith, Commissioner, Bureau of TennCare
Michelle Long, Administrative Director, Administrative Office of the Courts
David Thurman, Budget Director, Department of Finance and Administration
The Honorable Randy McNally, Lieutenant Governor
The Honorable Cameron Sexton, Speaker, Tennessee House of Representatives
Members of the Senate Finance, Ways and Means Committee
Members of the House Finance, Ways and Means Committee
Members of the 112th Tennessee General Assembly
Legislative Office of Budget Analysis

Tennessee Commission on Children and Youth
FY 2023-2024 BUDGET RECOMMENDATIONS
Executive Summary

Health

Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

- Fund and prioritize direct clinical mental health services in schools.
 - Counseling services should be provided by a Qualified Mental Health Professional, be easily available to all students and free of charge regardless of insurance status.
- Increase availability of all levels of child and adolescent psychiatric treatment to appropriately address mental health concerns.
- Ensure adequate funding and infrastructure is in place to address suicide hotline calls to the newly implemented 988 number.
- Leverage federal funding for Medicaid reimbursement for all eligible students, not just those with IEPs.

Family & Community

Continue progress toward a trauma-informed youth justice system aimed at increasing community safety, reducing recidivism, supporting youth development and increasing community involvement.

- Fully implement the evidence-based services outlined in the Juvenile Justice Reform Act.
- Fund innovation and pilot programs to address juvenile offenses without court involvement.
- Invest in community-based programs to support youth as they transition back to their communities after detention.

Invest state dollars in programs working to reduce the number of children entering state custody and the trauma associated when custody is necessary.

- Increase available placements at all levels to ensure that children are placed in an environment appropriate to their needs.
- Use federal Title IV-E funds to increase programs aimed at preventing children from entering custody.
- Reduce trauma associated with removal by increasing the number of relative caregiver placements and Court Appointed Special Advocates.
- Support effective treatment and rehabilitation of youth by increasing level four mental health placement availability.

Continue to create, support and sustain resilient children, youth, families and communities.

- Modeling the Governor's success with identifying and investing in distressed communities, identify and invest in communities lacking resilience infrastructure (parks, recreational centers, sidewalks, libraries).
- Expand on existing investments in community infrastructure and the next generation by ensuring every Tennessee child has a safe and accessible place to play, learn and engage in constructive activities.

Education

Ensure Tennessee's historic investment in education is not diluted over time.

- Include an automatic inflation adjuster in the new education funding formula.

Expand early investment to support Tennessee's youngest children.

- Increase investment in young children to an amount equal to or greater than their share of the child population.

Economics

Invest in Tennessee's workforce and promote strong family bonds.

- Implement 12 weeks of Paid Family Leave for Tennessee state employees upon qualifying events consistent with those under FMLA.
- Expand Resource Centers across the state, particularly in rural areas, to support those entering the workforce while participating in Extension of Foster Care.

Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

Recommendations

Fund and prioritize direct clinical mental health services in schools.

Increase availability of all levels of child and adolescent psychiatric treatment to appropriately address mental health concerns.

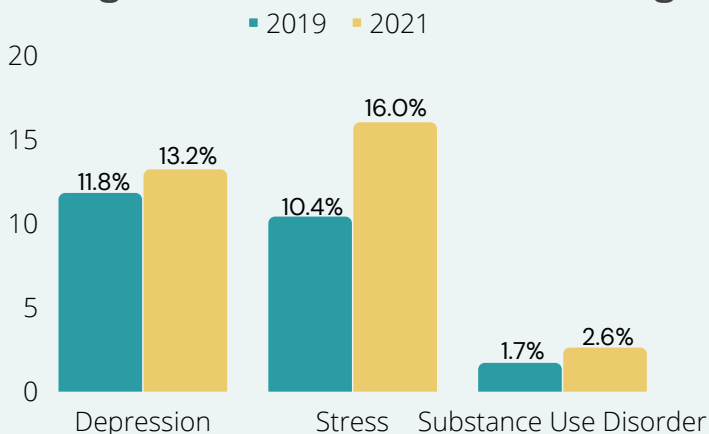
Ensure adequate funding and infrastructure is in place to address suicide hotline calls to the newly implemented 988 number.

Leverage federal funding for Medicaid reimbursement for all eligible students, not just those with IEPs.

"Mental health is a key component of the person's ability to function well in their personal and social life as well as adopt strategies to cope with life events.

In this regard, early childhood years are highly important, in light of the greater sensitivity and vulnerability of early brain development, which may have long-lasting effects on academic, social, emotional, and behavioral achievements in adulthood."- International Journal of Mental Health Systems⁴

Tennessee parental concern regarding undiagnosed mental illness is increasing.⁵



To meet the increasing demand for mental health services, Tennessee will need to invest in the next generation of clinicians. The shortage of mental health providers, particularly pediatric mental health, is not unique to Tennessee. Other states have found loan repayment programs to be a successful incentive.

Many mental health conditions first arise in youth and adolescents.¹

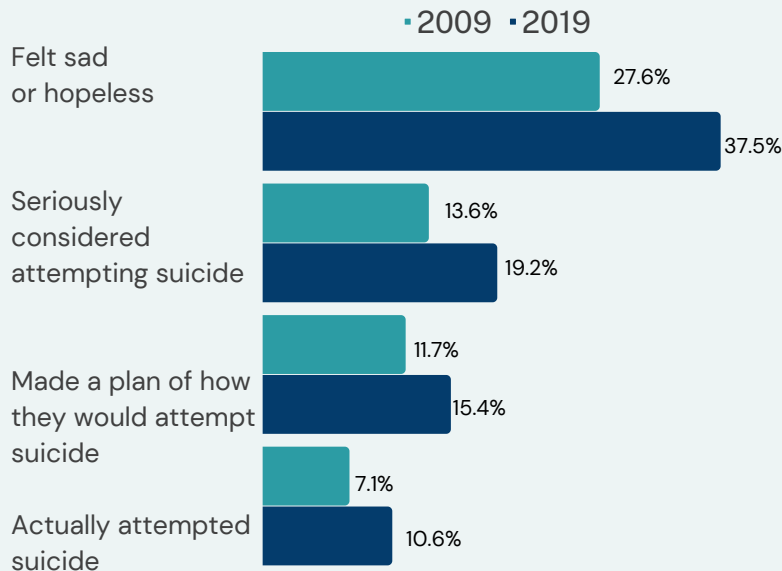
Half of all conditions begin by age 14

75 percent of all conditions begin by age 24

7 in 10

teens see depression and anxiety as a major problem among their peers.²

Depression and suicidal behaviors among Tennessee high schoolers have increased over the last decade.³



Although already on the rise, the pandemic has exacerbated mental health concerns among Tennessee youth.⁵



One in seven Tennessee parents reported their child had been diagnosed with anxiety in 2021. A 42 percent increase from one in 10 reported in 2019.

Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

Nationally, emergency departments have seen increasing rates of pediatric psychiatric patients. Data from 2007-2016, showed a **60 percent increase in emergency department visits for pediatric mental health disorders** while overall visits remained consistent.⁶

Another evaluation of ambulance data from 2011-2015 found a **53 percent increase in psychiatric emergency department visit in children 6-11 years old** and a 54 percent increase in those aged 12 - 17.⁶

This significant increase in pediatric psychiatric needs paired with a lack of treatment availability has led to a troubling trend of "Emergency Department (ED) Boarding" where children are forced to remain in emergency departments due to a lack of treatment beds to meet their unique needs.

The Joint Commission has outlined some of the significant challenges that arise from ED Boarding:⁷

- "Increases psychological stress on patients who may already be in depressed or psychotic states.
- Delays mental health treatment that could mitigate the need for a mental health inpatient stay.
- Consumes scarce ED resources and increases pressure on staff.
- Worsens ED crowding.
- Increases wait times for all patients in waiting rooms and adds to patient frustration.
- Increases use of ancillary support, such as security officers or safety attendants, especially if a psychiatric patient is agitated.
- Delays treatment for other ED patients – some of whom may have life-threatening conditions.
- Increases rates of patients who leave without being seen.
- Lengthens inpatient stays for those admitted.
- Has a significant financial impact on ED reimbursement."

Tennessee falls behind, with the lowest rate in the nation, when it comes to treating youth with Severe Depression.⁸

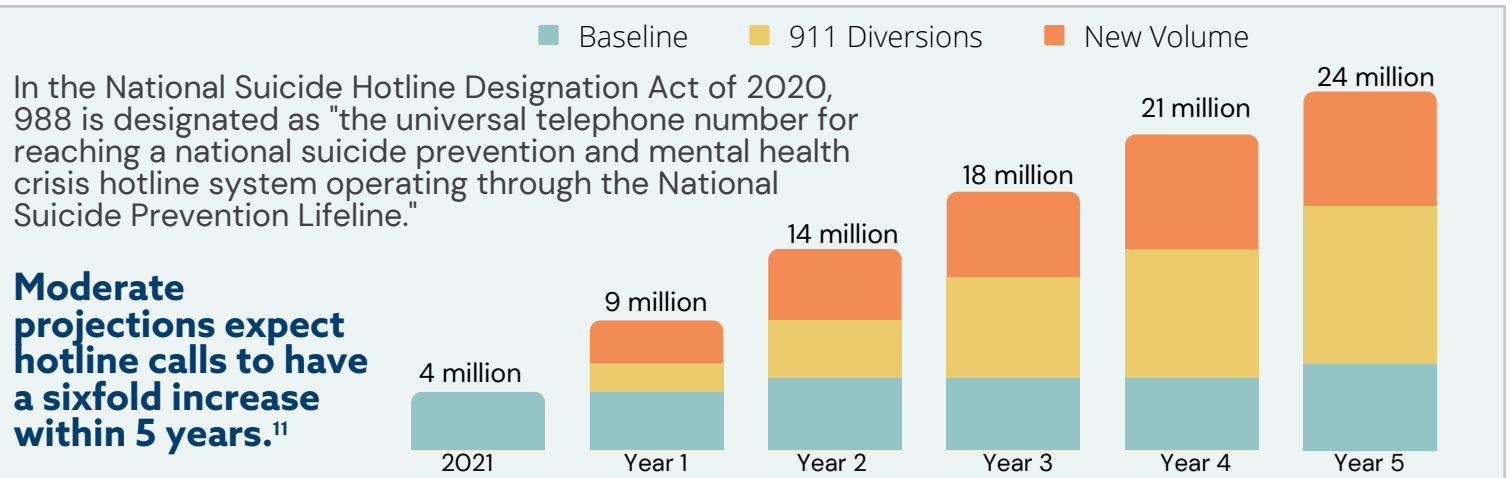
Youth with severe depression receive some consistent treatment (7-25+ visits in a year).⁸

in Tennessee	Nationally
12.20%	27.20%

As of March 2022, 17 states had taken advantage of the "Free Care" policy reversal began receiving federal Medicaid reimbursement for all students, not just those with an IEP. Many of those states are in the southeast, including Kentucky, Missouri, Arkansas, Louisiana, North Carolina, South Carolina, Georgia and Florida.⁹

Neighboring state, Kentucky, has found success expanding mental health services in schools through this policy change.

"In addition to Kentucky school districts being able to bill for services delivered to all Medicaid-enrolled students, **the state is using funds for school counselors and mental health services** mandated in the School Safety and Resiliency Act of 2019, which did not provide specific funding. **"Approval of this amendment is a game-changer,"** said Adam Meier, secretary of the Cabinet for Health and Family Services, when the SPA was approved in 2019. "This will provide additional resources to support increased access to mental health services for students using money already being spent by school districts."¹⁰



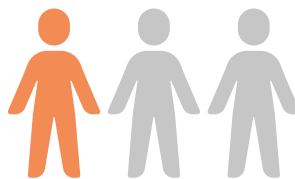
Continue progress toward a trauma-informed youth justice system aimed at increasing community safety, reducing recidivism, supporting youth development and increasing community involvement.

Recommendations

Fully implement the evidence-based services outlined in the Juvenile Justice Reform Act.

Fund innovation and pilot programs to address juvenile offenses without court involvement.

Invest in community-based programs to support youth as they transition back to their communities after detention.



By age 23, nearly 1 in 3 Americans have been arrested for a crime.¹

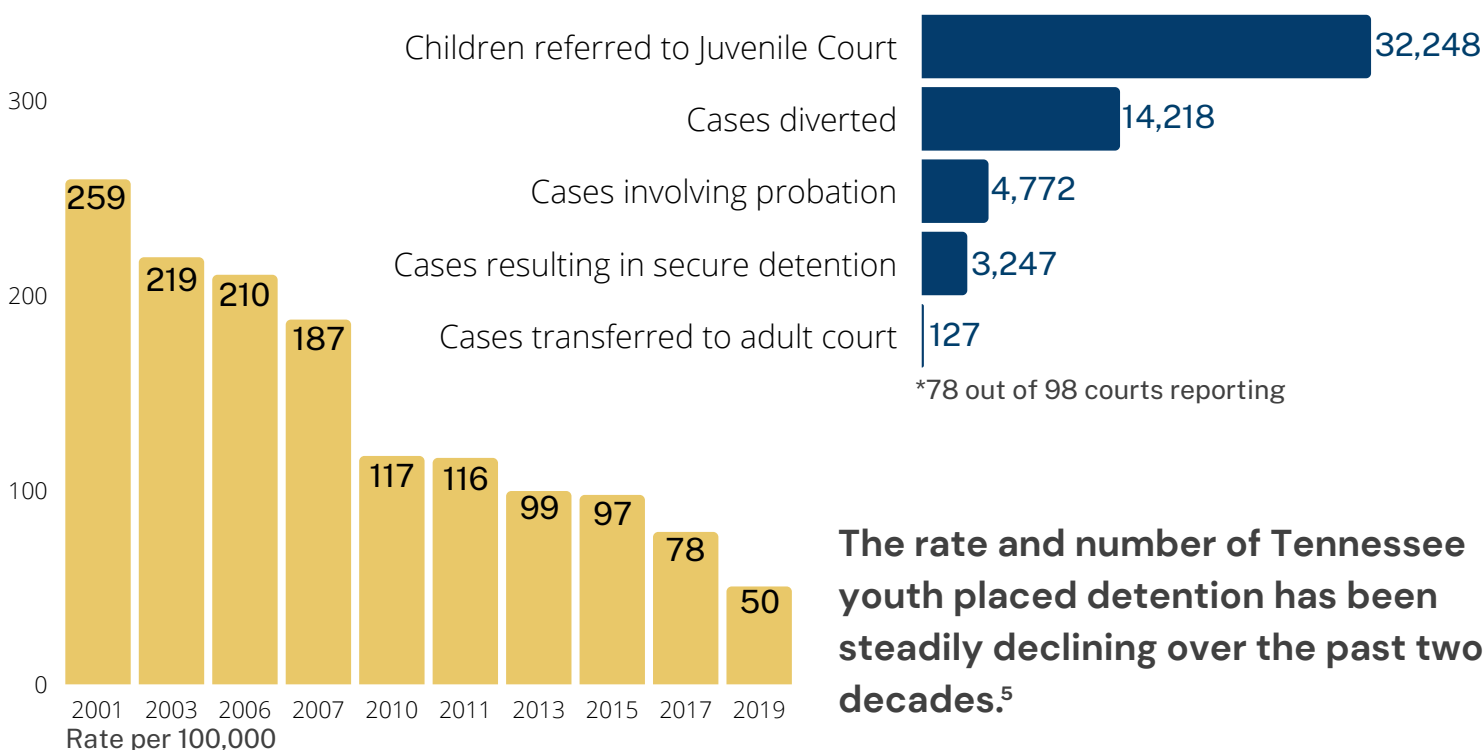
70% of youth in custody reported they had something very bad or terrifying happen to them.²

67% reported they had seen someone severely injured or killed.²

"For some youth, the juvenile justice experience may itself be retraumatizing, eliciting feelings of loss of control, and triggering memories and reactions of prior trauma." - American Bar Association³

Tennessee Juvenile Court Case Outcomes⁴

January 1, 2020–December 31, 2020



The rate and number of Tennessee youth placed detention has been steadily declining over the past two decades.⁵

Continue progress toward a trauma-informed youth justice system aimed at increasing community safety, reducing recidivism, supporting youth development and increasing community involvement.

Diversion from Court to Community-Based Resources

The justice system, can become like a maze, with many ways in and few out. Diversion from court to community-based resources can prevent youth from getting stuck in the system, a frequently costly, ineffective outcome.

Often, when provided the resources, communities, families and schools can hold young people accountable for their actions through evidence-based interventions while engaging them in positive experiences like school, work, volunteer service and sports.

When we divert youth from the court system to community based resources, they receive a faster, more tailored response. This results in a more efficient system, treating the unique needs of each youth while lowering the risk of recidivism.

"Research shows that the longer a child is out of his or her home, the greater his or her likelihood is of reoffending. **The goal should be to rectify the behavior and return the child to his or her home environment as soon as possible.**" - Beacon Center of Tennessee⁶

Youth who were diverted pre-arrest were 2.5x less likely to reoffend than non-diverted peers.⁷

Youth who committed serious offenses and participated in a restorative justice diversion were 44% less likely to recidivate than those prosecuted in court for the same offenses.⁸

Those harmed by a young person's offenses report higher satisfaction from restorative justice than the court process, one study reported 91 percent would participate again.^{8,9}

Restorative Justice

While Restorative Justice practices can be implemented in adult and youth justice systems, they are particularly impactful among youth due to their developmental stage and capacity for change. University of Wisconsin Law outlines the goals and principles of restorative justice below.

"Restorative justice seeks to examine the **harmful impact of a crime and then determines what can be done to repair that harm while holding the person who caused it accountable for his or her actions.** Accountability for the offender means accepting responsibility and acting to repair the harm done. Outcomes seek to both repair the harm and address the reasons for the offense, while reducing the likelihood of re-offense. Rather than focusing on the punishment meted out, restorative justice measures results by how successfully the harm is repaired.

Restorative Justice Principals

1. **Crime is a violation of people and relationships.** Crime hurts individual victims, communities, and offenders and creates obligations to put things right. Restoration means repairing the harm done and rebuilding relationships in the community.
2. **Victims and the community are central to the justice process.** All parties should be a part of the response to a crime — victim (if he or she chooses to be involved), community, and the offender.
3. **A primary focus of a justice process is to assist victims and address needs.** The victim's perspective is key to determining how to repair the harm resulting from the crime.
4. **The secondary focus is restoring the community to the degree possible.** The offender has a personal responsibility to victims and to the community for wrongs committed. Parties involved in the restorative justice process share responsibility for repairing harm through partnerships for action. The community has a responsibility for the well-being of all its members, including both victims and offenders.
5. **All human beings have dignity and worth.** Victim and offender are both able to move forward with respect, and dignity, and are re-integrated into the broader community as much as possible."¹⁰

Invest state dollars in programs working to reduce the number of children entering state custody and the trauma associated when custody is necessary.

Recommendations

- Increase available placements at all levels to ensure that children are placed in an environment appropriate to their needs.
- Use federal Title IV-E funds to increase programs aimed at preventing children from entering custody.
- Reduce trauma associated with removal by increasing the number of Relative Caregiver placements and Court Appointed Special Advocates.
- Support effective treatment and rehabilitation of youth by increasing level four mental health placement availability.

Children need **safe, stable and nurturing environments** to support their development.



1 in 3 Tennessee children in custody had **3 or more placements in their first year.**²

Placement instability can have negative academic, social, health and behavioral outcomes for children in custody. Studies have shown that **the risk for these negative outcomes increases with multiple placement disruptions, regardless of previous behavioral history or maltreatment.**³

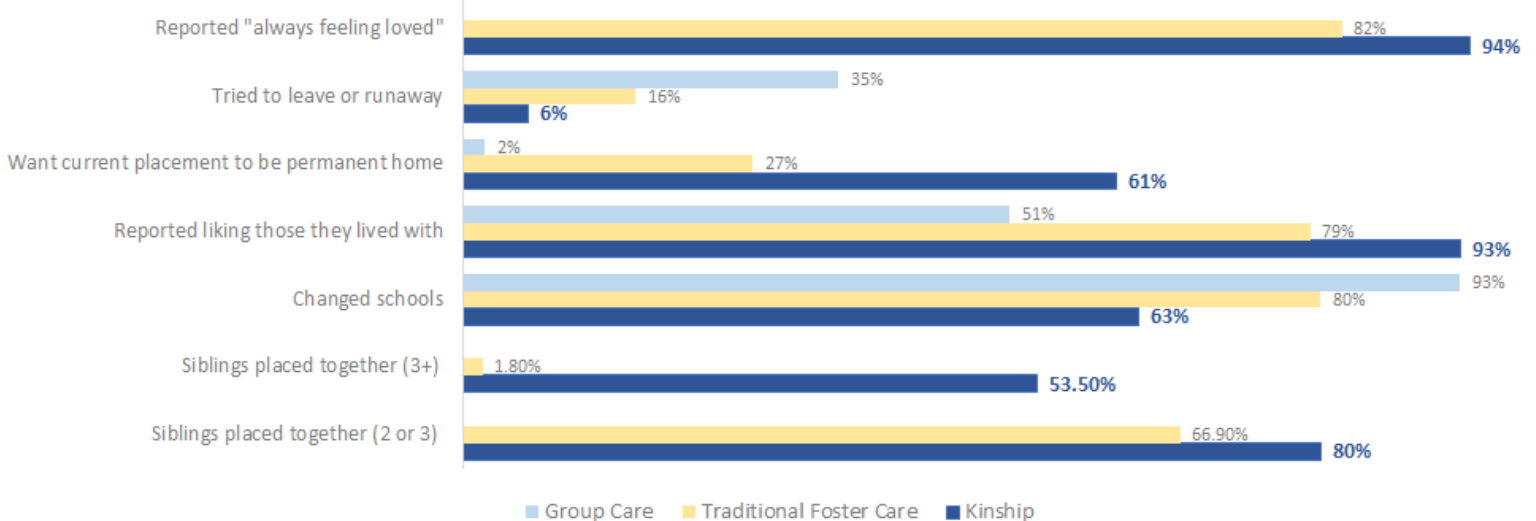
Increasing available placements will ensure that children are initially matched with the best environment to meet their individual needs, reducing instances of placement disruption.

1 in 3

children in foster care were placed with a relative.*¹

"Our state now has fewer appropriate treatment beds than what is needed to address the serious and varied problems experienced by our children. We feel this reduction in treatment facilities has reached crisis stage and that such reduction has a direct impact upon public safety and child welfare." - Tennessee Council of Juvenile and Family Court Judges, Resolution January 2020⁴

Children placed with kin have reduced trauma, increased community and familial connections and greater placement stability.*⁵



*Although Tennessee differentiates between Relative Caregivers and Kinship Care, the majority of national data does not and may reflect both.

Invest state dollars in programs working to reduce the number of children entering state custody and the trauma associated when custody is necessary.

Frequently, potential relative caregivers face financial challenges to becoming a placement and without financial support simply cannot afford to care for a child, despite their willingness.

Poverty rates among grandparent caregivers are twice that of general population.

A study of these formal and informal "grandfamilies" found:⁶

- 20% lived in poverty;
- 25% of caregivers had a disability; and
- 40% of caregivers were over 60.

When GAP payments were **equal to regular foster care payments the number of kinship placements doubled or tripled** without any additional intervention.⁷

In FY2020-21, **Tennessee Department of Children's Services served 1661 Relative Caregiver Program caretakers and 2426 children.**⁸

The FY2023 budget expands the resources allocated to Relative Caregiver Program caretakers by **providing 50% of the daily foster care rate.**

This expanded support is critical to supporting family connections and fostering hope during a traumatic time for children.

To fully understand the impact of this historic investment and ensure cost-efficient use of funds, evaluations of the program should include:

- Rates at which children in the custody of relative caregivers who receive payment enter state custody as compared to the rates of other at-risk children;
- The number of children that remained out of state custody as a result of the Relative Caregiver Program; and
- The annual cost savings associated with children remaining out of state custody.

Expanding Level Four Mental Health Placements

"Many young people with mental illnesses are unable to respond to the traditional juvenile justice model, either because their mental illnesses make it difficult to make appropriate decisions or to conform their behavior to required norms, or because traditional punishments may be counterproductive to their needs or treatment goals." - American Bar Association⁹

50% - 70%

of youth in juvenile detention and correctional facilities have diagnosable mental disorders.¹⁰

Adolescents in correctional facilities are

10x more likely

to suffer from psychosis than the general population¹¹

Youth in jails are

19x more likely to die by suicide

than the general population¹²

and those in adult jails are

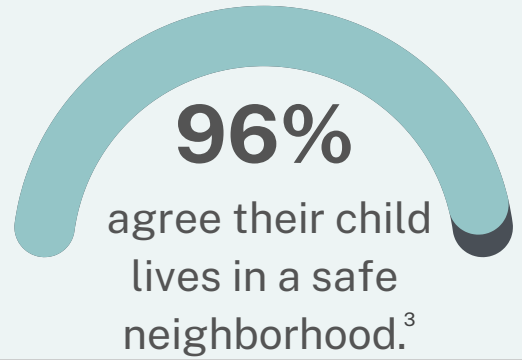
36x more likely to die by suicide

than those in juvenile detention¹²

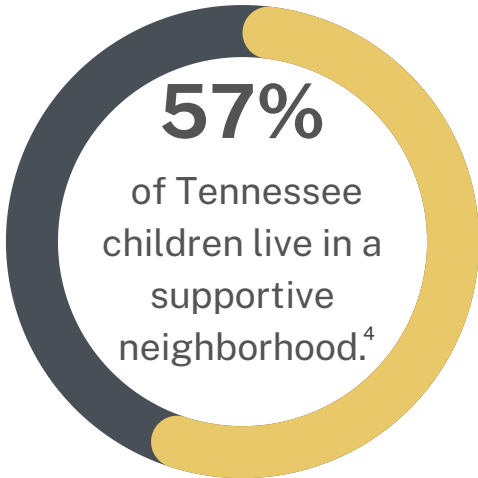
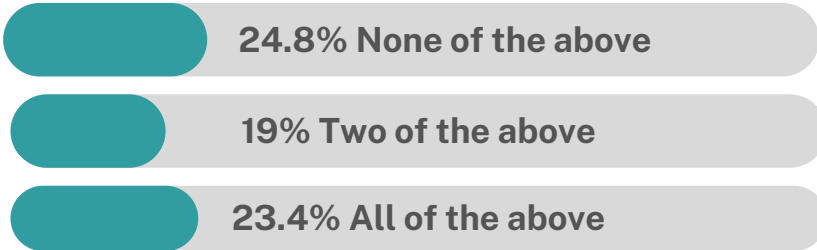
Continue to create, support and sustain resilient children, youth, families and communities.

Recommendations

- Modeling the Governor's success with identifying and investing in distressed communities, identify and invest in communities lacking resilience infrastructure (parks, recreational centers, sidewalks, libraries).
- Expand on existing investments in community infrastructure and the next generation by ensuring every Tennessee child has a safe and accessible place to play, learn and engage in constructive activities.



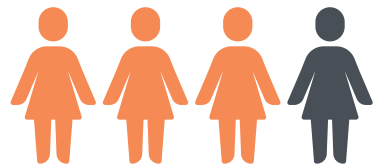
Percent of Tennessee children living in a neighborhood that contains parks, recreation centers, sidewalks or libraries?¹



Supportive neighborhoods contained the following characteristics:

- People in this neighborhood **help each other out**;
- **We watch out for each other's children** in this neighborhood; and
- When we encounter difficulties, **we know where to go for help** in our community

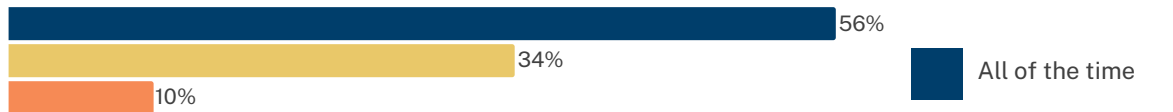
Three out of four Tennessee children participated in organized afterschool or weekend activities/lessons.⁵



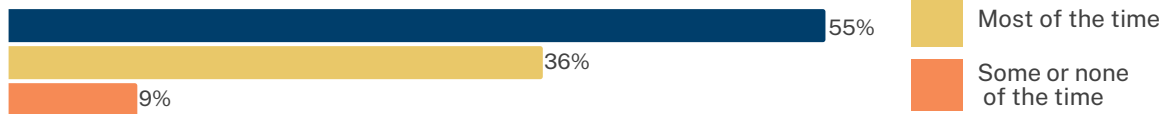
When your family faces problems,

Indicators of Resilience Among Tennessee Families

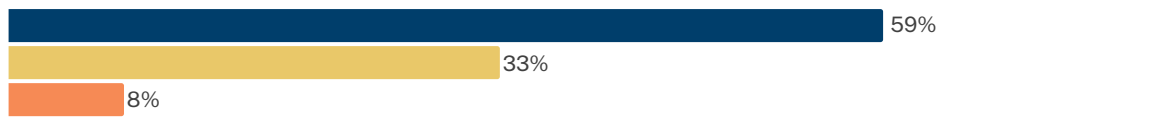
How often are you likely to talk together about what to do?⁶



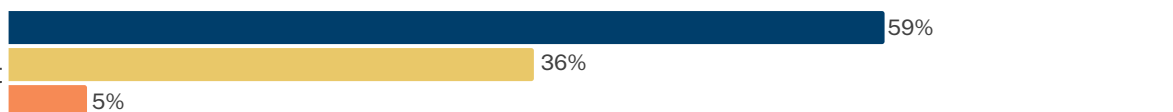
How often are you likely to work together to solve the problems?⁷



How often are you likely to know we have strengths to draw on?⁸



How often are you likely to stay hopeful even in difficult times?⁹

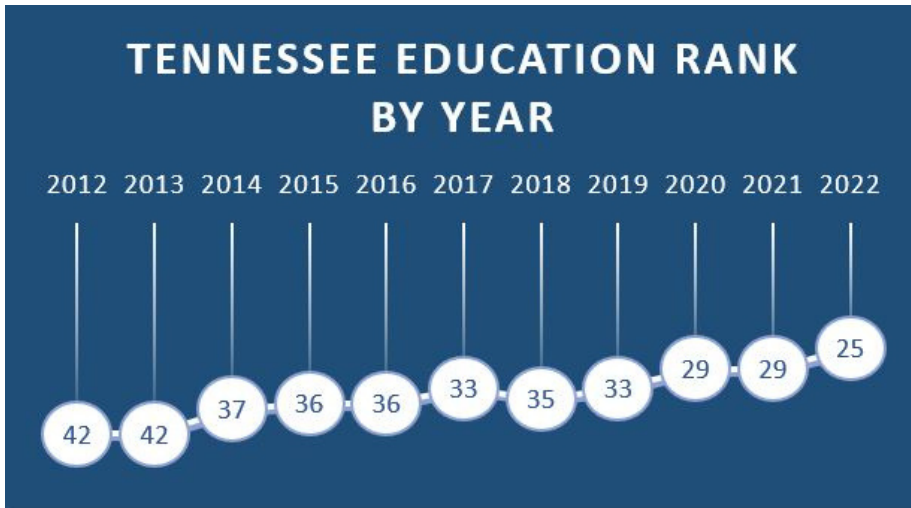


Ensure Tennessee's historic investment in education is not diluted over time.

Recommendation

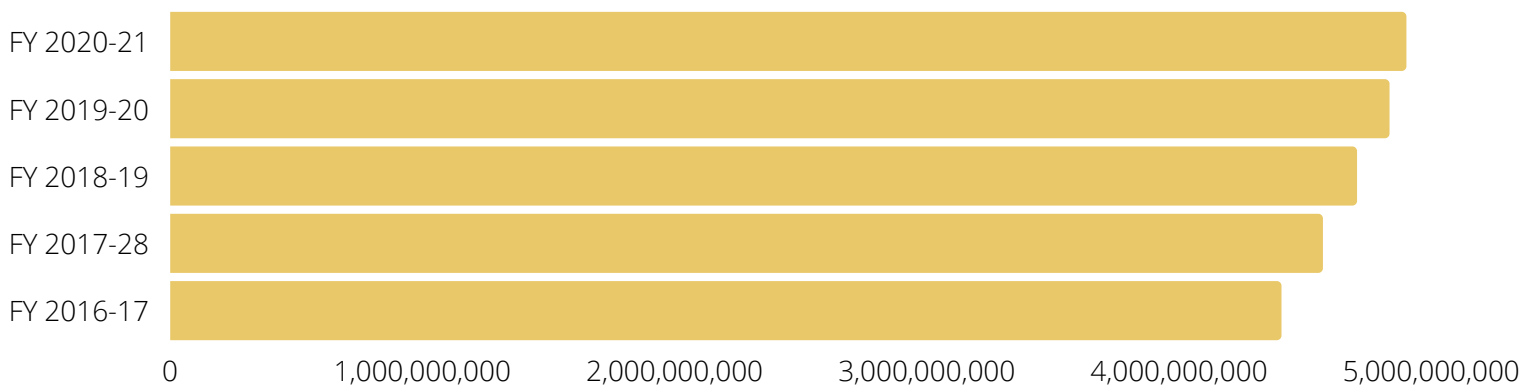
Include an automatic inflation adjuster in the new education funding formula.

Tennessee added an additional recurring state investment of **\$1 billion starting in the 2023-24 school year.**¹



Among all of the domains of child well-being: Economics, Education, Health and Family and Community, Education has been the domain Tennessee has consistently seen improve over the last decade. Resulting in **Education being Tennessee's strongest domain in the 2022 KIDS COUNT rankings.**²

Tennessee's investment in education has continually increased, even during economic downturns.³



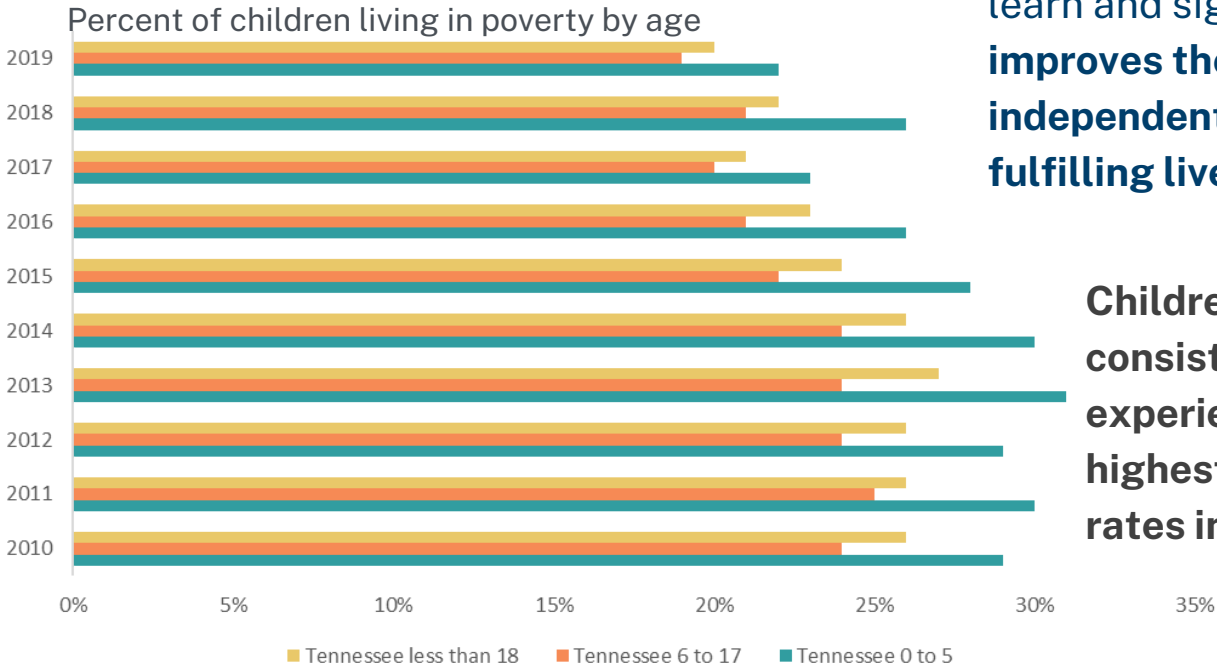
One observation made in Resource Mapping every year is the continued increase in education funding. Tennessee's per-student expenditures have historically been low compared to the rest of the country, but fully funding the BEP required increases every year to keep up with the cost of inputs the formula measures. Because it measures the cost of these inputs each year, the BEP formula offered an automatic inflation adjustment of a sort. This was especially noticeable during recessions, when other states often cut education spending. This strength of the BEP formula should not be lost in the new TISA funding structure. Tennessee's significant new investment in education will quickly lose its value if inflationary adjustments are not made every year. Making such adjustments automatic prevents the threat of these losses and makes for a more stable funding formula.

Expand early investment to support Tennessee's youngest children.

Recommendation

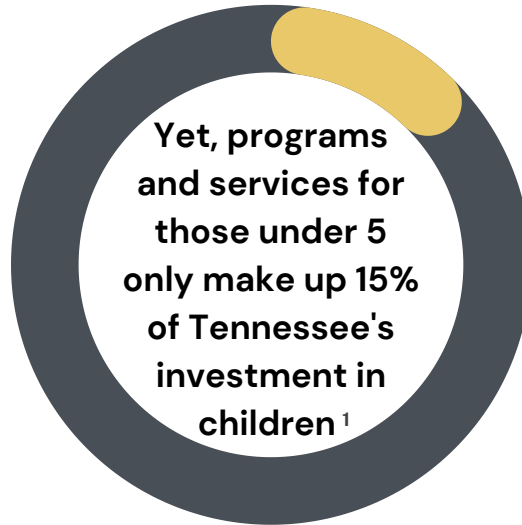
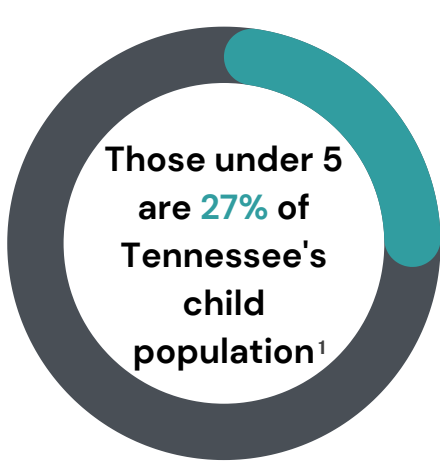
Increase investment in young children to an amount equal to or greater than their share of the child population

"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.**"¹



Children under 5 consistently experience the highest poverty rates in Tennessee²

Early investment offers the greatest return, while preventing future challenges and supporting healthy brain development.



Increasing investment in young children to an amount equal to or greater than their share of the child population would produce significant cost savings for Tennessee.

Early intervention is much less expensive than the moderate or intensive intervention often required when physical, mental or emotional health needs are left unaddressed

↑ Tennessee's investment in our youngest citizens increased by 5% between FY2019-20 and FY 2020-21¹
High-quality birth-to-five programs for disadvantaged children can deliver a 13% return on investment.³

Invest in Tennessee's workforce and promote strong family bonds.

Recommendations

Implement 12 weeks of Paid Family Leave for Tennessee state employees upon qualifying events consistent with those under FMLA.

Expand Resource Centers across the state, particularly in rural areas, to support those entering the workforce while participating in Extension of Foster Care.



Access to paid family leave

Only two out of 10 employees in Alabama, Kentucky, Mississippi and Tennessee have Paid Family Leave.¹

The three largest private employers in the state of Tennessee offer paid family leave.

Promoting **strong family bonds** promotes **stronger communities**.

Paid family leave improves the physical, mental, emotional and behavioral development of children.

Increase in regular well-child visits

When caregivers have access to paid family leave, their children are more likely to complete their well-baby visits throughout their first year.² The American Academy of Pediatrics recommends seven well-baby visits within the first year. Well-baby visits support short and long-term child health. By increasing well-baby visits, **paid family leave policies showed a reduction in childhood ADHD and obesity when the children reached elementary age.**^{2,3}

Greater likelihood and duration of breastfeeding

Breastfeeding is linked with numerous immediate and long-term health benefits such as providing antibodies to protect from illness, significant nutritional value, a reduction in sudden infant death syndrome (SIDS), type 1 diabetes, obesity and asthma.⁴ Breastfed babies have fewer ear infections, lower rates of infant mortality and fewer hospitalizations.⁴ A study on the impact of paid leave found **the median duration of breastfeeding doubled for all mothers who took leave.**⁵

Decrease in babies born at a low birthweight or preterm

In 2020, one in seven Tennessee infants were preterm and one in 11 were born at a low birth weight.^{7,8} **Paid maternity leave decreased the likelihood of preterm birth by 6.6 percent and the percentage of babies born at a low birth weight by 3.2 percent.**⁸

Increase in on time vaccinations

When evaluating the impact paid family leave has on-time childhood vaccinations researchers found the likelihood of an infant receiving their second HepB vaccine late decreased by five percentage points. Delayed second doses of other infant vaccinations (DTP or HIB) decreased by 1.4 percentage points.⁹ **The most significant reduction was among infants living in low-income families whose probability of late vaccination dropped 5 to 7 percentage points.**⁹

Decrease in hospitalization

The implementation of 8 weeks of paid family leave **reduced hospitalization rates for RSV bronchiolitis and any acute respiratory tract infection by 30 percent.**¹⁰ Another study found parents covered by a paid family leave policy saw an **8.1 percent reduction in avoidable infant hospitalizations across all categories.**^{2,11}

Reduction in infant mortality

A study of OEDC countries found a **5.3 percent decrease in neonatal mortality and a 2.4 percent decrease in infant mortality** two years after adopting paid maternity leave.¹² According to 2017-2018 data, Tennessee had an infant mortality rate of 7 per 1,000 live births-the 6th highest rate in the United States.¹³

Reduction in infant head trauma

Abusive head trauma (AHT) is the leading cause of death related to child maltreatment.¹⁴ Instances of AHT peak when infants are 9 - 20 weeks old.¹⁴ Evaluating associations between state-wide paid family leave policies and AHT hospital admissions, **a significant decrease was found in the state with PFL policies compared to those without.**¹⁵

Increased parental engagement

When caregivers have more time at home with their children, they are able to form critical bonds that **lay the foundation for a strong and healthy attachment and healthy brain development.**¹⁶

Invest in Tennessee's workforce and promote strong family bonds.

Supporting mothers in their caregiving, careers and communities

Paid family leave allows time for new mothers to physically recover from the birthing process, if necessary, and adjust to the needs of a new infant or family member.

Paid leave after giving birth resulted in a 51 percent decrease in the likelihood of maternal rehospitalization when compared to those taking unpaid leave or no leave. Additionally, mothers with paid leave reported 1.8 times the odds of doing well with stress management.¹⁷

In 2019, 1 in 7 new mothers in Tennessee reported experiencing postpartum depression.¹⁸ Paid maternity leave has been shown to reduce the risk of postpartum depression. When mother's maternity leaves were 12 weeks or less, **each additional week of leave was associated with a lower odds of experiencing postpartum depression.**¹⁹

In addition to reducing risk of postpartum depression, paid leave reduces maternal stress and improves overall mental health allowing new mothers to engage in caregiving. Healthy attachment between a caregiver and child is crucial for child development - paid leave allows time to build that attachment.

When women do not have access to paid leave, nearly 30 percent drop out of the workforce within a year of giving birth.²⁰ States that have implemented paid leave have reduced this number by 20 percent.²⁰

Paid leave provides economic stability to families while increasing workforce attachment. **Women who took at least a month of paid leave were 54% more likely to report an increase in their wage a year after the birth of their child than those who did not take leave.**²¹

Supporting fathers as caregivers and professionals

Although access to Paid Family Leave is sparse to begin with in the United States, male caregivers face particular challenges when wanting time off to care for themselves or their family.²²

Fathers are becoming increasingly more engaged in their families. **The time fathers spent caring for their children has nearly tripled since 1965.**²² Additionally, working fathers are as likely as working mothers to report having difficulty managing work and family responsibilities.²²

Despite these positive shifts, many companies do not provide paternal leave, or provide it at a shorter duration. A study of men in professional roles found **3 out of 4 took a week or less of leave after the birth or adoption of a child.**²² Among lower income men, 60 percent took no time off.²²

When fathers are able to take leave, they have more time to bond with their children. They are able to be engaged in caregiving from the start. When fathers took paternal leave **they were more actively involved in their caregiving 9 months later.**²³

Fathers who took paternal leave reported a higher satisfaction with parenting. In another study, 100 percent of respondents were glad they took paternal leave and would do it again.²⁴ **Additionally, paternity leave results in greater relationship stability.**²⁴ Of those surveyed, 90 percent noticed an improvement in their relationship with their partner.²⁴

Women who take paid leave are **35%** less likely to report receiving public assistance one year after birth.²⁵

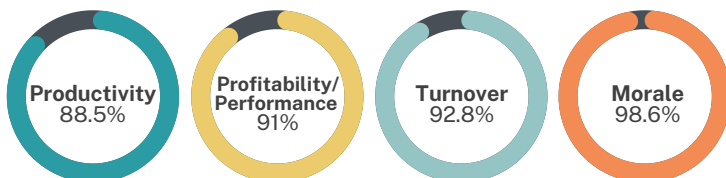
Paid family leave **reduced childhood food insecurity by 1.41 percentage points and very low food insecurity rates by 2.29.**²⁵

Family and Medical Leave

Although, the majority of this document focuses on paid leave after birth or adoption, Paid Family and Medical leave can provide the opportunity for other caregiving. Other instances might include caring for elderly parents, a loved one's illness, or an employee's own medical needs. Many Tennessee employees fall into "The Sandwich Generation", those who are often taking care of their own children as well as the needs of aging parents.

Business Benefits

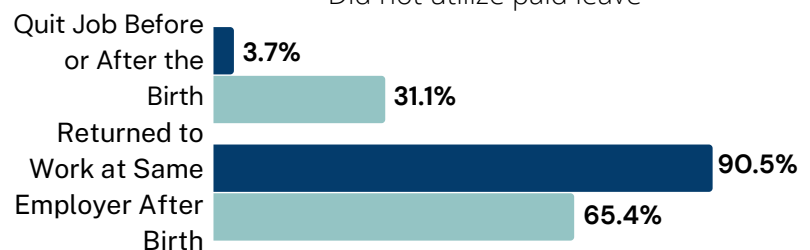
Employers reporting implementation of Paid Family and Medical Leave had "No noticeable effect" or "Positive effect" on:⁵



The cost of replacing an individual employee can range from **1.5 to 2x the employee's annual salary.**²⁷

Paid Leave Use and Employment Outcomes of First-Time Mothers²⁶

- Utilized paid Leave
- Did not utilize paid leave



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Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

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