

Policy Blueprint 2.0

The urgent need for change

In the last decade, Tennessee’s education reforms have driven historic improvements, resulting in high academic standards, standards-aligned assessments of student progress, and some accelerated growth in statewide academic achievement.

But despite improvements, the majority of students in tested grades (3-12) are still far from proficient in reading and math. **Especially striking is that by third grade, Tennessee’s students are already significantly behind, with nearly two-thirds not proficient in English and math.**

If a student is not proficient by third grade, they’re four times more likely to drop out of high school and 60 percent less likely to pursue a post-secondary degree. As Tennessee data demonstrates, once students fall behind in third grade, they tend to stay behind or fall further in subsequent years. Low proficiency in third grade is an indication that the quality of children’s prior learning experiences requires significant improvements.

Children are born learning. In fact, the brain develops more in the first five years than at any other time during a person’s life. Deficits in early literacy and math skills have been documented beginning at 9 months and widening from there along family income lines. Educational achievement and life success require a strong early learning foundation, from birth through third grade.

The quality of care and education during the early years determines whether a child’s developing brain provides a weak or strong foundation for future learning and development. That care falls into three domains which are the basis for our policy blueprint:

- **High-quality birth-through-age eight learning environments**
- **Physical and mental health and development on track beginning at birth**
- **Supported and supportive families and communities**



Creating a Cycle of Success

What children need to achieve 3rd grade level reading and math proficiency

- **High-quality birth-through-age-eight learning environments**
- **Physical health, mental health, and development on track from birth**
- **Supported, and supportive, families and communities**

High Quality Birth-through-age-Eight Learning Environments

High-quality child care, pre-kindergarten programs, and elementary school environments are crucial for preparing children for later school and life success.

For children birth through age 5 – **300,000 (65%)** of whom have all available parents in the workforce – Tennessee needs a system of early care and education that ensures their families have a diverse array of high-quality, affordable options. And these options must meet their children’s learning and development needs while maximizing parent choice and supporting their ability to earn a living. Unfortunately, in a recent **TQEE survey**, parents reported child care challenges including affordability (58%), quality (50%) and access (70%).

For children kindergarten through third grade: Tennessee’s public education system needs highly effective teachers and leaders for all early grades classrooms, positive school climates, and robust additional learning supports for children who are in many cases already behind upon kindergarten entry.

POLICY PRIORITIES:

Build a robust early care and education (ECE) workforce

Low compensation, stress and alternative labor market opportunities have driven early educators out of the industry and dampened recruitment. This has resulted in labor shortages and declining enrollment in post-secondary training and education programs for early educators. For private child care, the shortage is especially acute. Pre-K – 12 public schools **are also reporting** dire teacher shortages in all subjects and grade bands. An **indeed.com snapshot** on Nov 1, 2022, showed average child care teacher pay at \$12.73/hour, which is about equal to the **average pay for parking lot attendants**. The base salary for a public Pre-K – 12 teacher is set by the State Board of Education at \$40,000 per year, making **Tennessee 42nd nationwide** for teacher pay. **Tennessee should develop and implement a plan to grow the ECE workforce for early learning settings birth through third grade. That plan should include strategies to increase early educator compensation, as well as build on state innovations in creating new education and career pathways that couple degree and credential attainment with on-the-job training.**

Invest in child care quality

Quality of care is crucial for future learning, health and behavior of children. Yet the current reimbursement rates for providers who enroll subsidy-eligible children are not adequate to cover the cost of high-quality child care. The problem is that rates are based on the price of care – not the actual cost of running the program. This means that child care providers serving low-income customers (who must charge what customers can pay) are penalized with lower reimbursement rates. The sad result is that children who most need high-quality care often attend programs that do not have the resources they need to pay teachers decent wages or meet higher quality standards. **Tennessee should base child care reimbursement on a cost estimation model – not market prices.**

On the topic of quality, a large number of Tennessee’s children are being cared for by a home-based child care provider that serves four or fewer children. This category of care is not required to be licensed, which means that the providers do not have access to quality supports that are available to licensed providers, and they are not able to participate in the state’s quality rating system. It also means that parents have little information about the quality of care being provided in these settings. Home-based child care – especially providers who are exempt from regulation – can benefit significantly from being part of a **Staffed Family Child Care Network**, and can be supported in attaining licensure. **Offering start-up** funding for networks is a

growing national strategy to strengthen program quality and business sustainability in home-based child care. **Tennessee should invest in staffed family child care networks and other strategies that support quality in unregulated family child care homes.**

Make quality child care affordable for more working families

Quality care is labor intensive and therefore expensive to provide, especially for infants and toddlers. And while quality is crucial, most families can't afford it. The May 2022 Tennessee Department of Human Services [Market Rate Survey](#) found the average annual price of center-based care for infants, irrespective of their star quality rating, is just over \$11,000 annually. This is comparable to the price of in-state college tuition, and is only slightly lower for toddlers and preschool age children. While prices for home-based child care settings tend to be lower – around \$7,000 for infants and \$6,700 for toddlers – these settings are often excluded from quality supports (as noted earlier) and often less reliable due to high provider turnover.

The price of care must be viewed in the context of family income. Given that nearly 20% of our state's children under age 6 live in poverty, and nearly 50% in households with incomes below \$60,000, spending \$11,000 per child for care is simply not possible. Even the 13% of Tennessee families with household earnings between \$60,000–\$80,000 cannot afford these prices. Do the math for families with two to three young children, and the financial burden can be over \$30,000 a year!

While subsidies are available for families earning up to 85% of state median income, they are reaching only a fraction of eligible families. And for low-income families, even with subsidies there are remaining co-pays that are unaffordable. **Tennessee should invest in strategies to offset the cost of quality care for more low- and middle-income working families.**

Establish incentives for employers to co-invest in child care for their employees

Businesses across the US are struggling to attract and retain a qualified workforce. Employers that hire young adults are increasingly aware of the impact affordable child care has on recruitment, attendance and productivity. They also recognize child care as a potential employee benefit, and indicate willingness to make some investment. However, they need information and strategic support focused on helping them find the right solution. The right financial incentives, coupled with technical assistance, would motivate employers and lead to increased co-investment in employee child care supports. **Tennessee should provide incentives such as a tax credit or grant funds, and offer technical assistance, to support and encourage Tennessee employers to co-invest in child care for their employees.**

Strengthen the child care business model through shared services

The child care business model is notoriously broken. Far too many child care owners find that they simply cannot generate enough revenue to break even and earn a decent living or work reasonable hours. It is not uncommon for child care centers and homes to go out of business and for child care center owners and operators to just burn out. Some programs remain open but limp along financially for years, offering sub-par care because it is the best they can do under the circumstances.

Innovative child care leaders – in Tennessee and across the nation – are deploying new business models that capitalize on economies of scale to offset expenses. Networks of providers, including staffed family child care networks (mentioned above), Shared Services Alliances or Micro-Center Networks are led by a back-office hub agency that taps modern technology and shared staffing to scale and support administrative functions. Shared services makes it possible for small programs to be sustainable, shifting maximum dollars from administration to classroom teacher wages. **Tennessee should promote the development and expansion of Shared Service Networks via support for hub models that better leverage economies of scale, and support both business sustainability and quality improvement.**

Make high-quality Pre-K an option for more Tennessee families, and develop a mixed delivery system to optimize parent choice

Voluntary Pre-K (VPK) expansion is long overdue in Tennessee. It's a proven tool for academic success that hasn't been meaningfully expanded in the number of classrooms funded or amount of funding per classroom in nearly 15 years. A barrier to growth is the notion that Pre-K can only be provided in public school settings. However, states across the US are taking a different path by embracing a diverse, mixed delivery approach that enables parents to choose the Pre-K setting most appropriate for their family and child.

Mixed delivery systems are structured to allow Pre-K slots to be offered in both public school and private child care settings. A key benefit is that it offers families access to Pre-K classrooms that operate full-day (sometimes extended day) and full year. There are many different models and variations, all of which creatively streamline and blend various funding streams (such as state Pre-K or child care subsidy dollars, federal Head Start/ Early Head Start funding, and parent tuition) to create a seamless, more affordable, choice-driven experience for families. **Tennessee should increase state funding for Pre-K and develop a mixed delivery system committed to high-quality early learning. This will allow more parents to have the option for their children to attend high-quality early learning programs that also meet the child care needs of working parents.**

Strengthen academic supports for children in the early grades

In 2021 Governor Bill Lee and the Tennessee General Assembly made significant, though temporary, investments in boosting early grades literacy rates – such as a new phonics-based reading program, high-dosage tutoring and afterschool and summer programs. Additionally, in 2022 they enacted the Tennessee Investment in Student Achievement Act, which significantly increased investments to support early literacy in grades K-3. **Tennessee should protect and expand on these investments and continue to promote policies that ensure more Tennessee children are on grade level for reading and math by the critical third grade benchmark.**

Leverage modern technology and real-time data for better consumer experience and informed decision-making for parents, providers and policymakers

What if parents who need child care had a way to search online for programs that have openings for their child(ren), discover funding for which they may be eligible, access virtual/in-person site visits, and enroll their children electronically? What if early childhood program leaders had the tools they need to effectively manage their programs while simultaneously sharing data to meet myriad regulatory compliance and reporting requirements? What if state administrators had reliable, comprehensive, secure real-time data from the Early Care and Education sector to make informed policy and funding decisions?

A growing number of states are starting to build Early Care and Education Technology Ecosystems that maximize the capacity of software as a service functionality. **Tennessee should invest in a best-in-class system that harnesses leading-edge technology to support state data collection, better tools for parents and efficiencies for providers.**

Physical & Mental Health and Development on Track from Birth

Children’s health and development impacts their ability to learn beginning at birth, and benefits can extend well into adulthood. Children who are often sick, have tooth pain, are dealing with chronic unmanaged or undiagnosed physical, mental or behavioral health conditions, or who struggle with developmental delays and lack the services and supports they need, are less likely than their peers to be on track in reading and math by the end of third grade.

In Tennessee, **more than one-third** of children are overweight and obese, and an increasing number suffer from chronic health conditions like asthma. Tennessee has a child mental health crisis. A **Vanderbilt University Medical Center child health survey** conducted in Fall 2021 found that 1 in 7 parents report their child was diagnosed with anxiety in 2021, compared to 1 in 10 in 2019. Concerns about undiagnosed anxiety rose from 14% to 17%, and concerns about undiagnosed stress rose from 10% to 16% during the same period. And a year ago, The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association **jointly declared a national emergency** in children’s mental health. Additionally, Tennessee children’s hospitals were reporting a record number of mental health cases and hospitalizations among children.

Especially important to note is that in the earliest years of life, children, infants and young children experience a period of rapid brain development marked by great possibility and vulnerability. During this time, healthy development depends on positive, attuned, and nurturing relationships and interactions with parents and caregivers. Yet many infants and young children suffer from diagnosable and treatable mental and behavioral health problems. **10-16% experience mental health conditions** including PTSD and anxiety, and that number **jumps to 22% for young children in poverty**. Prolonged stress brought on by trauma – parental substance abuse, poverty, and other family, social, and/or environmental factors – places healthy development at great risk. Nurturing relationships with parents and caregivers can mitigate these risks, especially with early identification and support for young children’s mental health needs along with those of their parents. ([Source](#))

POLICY PRIORITIES:

Build up the mental and behavioral health workforce

Tennessee is facing a critical shortage of mental and behavioral health professionals (mental health counselors, social workers, nurse practitioners, registered nurses, marriage and family therapists, psychiatrists, etc.). Compensation rates in Tennessee are lower than the US average, and TennCare reimbursement rates to providers don’t cover the costs, leaving many mental health organizations challenged to cover even the below-average salaries. A [2021 report by TDMHSAS and TennCare](#) documents the findings of a recent Public Behavioral Health Workforce Task Force about the workforce shortage and potential solutions. Not emphasized in the report, but crucial to both highlight and address, is the need for mental and behavioral health professionals with expertise working with children through age 5 and their families. In fact, Tennessee has a nationally recognized training program in the Tennessee First Five Training Institute, which trains clinicians from community mental health agencies across the state.

It’s clear that mitigating Tennessee’s mental health crisis is dependent on shoring up the behavioral health workforce serving both young children and adults. **Tennessee should build on and implement the recommendations of the Public Behavioral Health Workforce Task Force, and add strategies for developing workforce capacity to address infant and early childhood mental health.**

Invest in infant and early childhood mental health and early relational health

As noted above, infant and early childhood mental health and early relational health are crucial to brain growth, future learning and health. Yet too many children are in distress because of adverse childhood experiences and other factors. Fortunately, there are numerous evidence-based programs that can equip parents and caregivers to build positive, nurturing relationships and support young children's mental health.

Tennessee should invest in voluntary evidence-based home visiting and parenting programs (e.g. [Nurse Family Partnership](#), [Healthy Families America](#), and [Triple P](#)); team-based pediatric care models like [Healthy Steps](#); and training for the ECE workforce so they are equipped to understand and support young children with behavioral and mental health needs.

- **Evidence-Based Home Visiting (EBHV) and other parenting programs.** Parents are their child's first teachers, and that's why Tennessee should invest further in programs that support their parenting knowledge and skills. EBHV programs such as Nurse Family Partnership, Healthy Families America and Parents as Teachers have proven positive results in improved birth outcomes and child health, reduced abuse and neglect, and better kindergarten readiness. Other evidence-based parenting programs such as Triple P (Positive Parenting Program) give parents simple and practical strategies and tools to help them build strong, healthy relationships with their children, confidently manage their children's behavior, and prevent problems from developing. **Tennessee should significantly expand access to these programs, which can offer a range of support from "light touch" to more intensive intervention depending on family need.**
- **Team-based pediatric care models.** Team-based pediatric care models, such as Healthy Steps, provide developmental and behavioral screenings for children, screenings for maternal depression and for family needs, and positive parenting guidance and information during well-child visits. They also help to coordinate access to health and community resources, including mental health supports. These models employ child developmental specialists as part of the well-child visits to more holistically support families and to reach out between visits to ensure they get the services they need. **Tennessee should offer incentives and spread these team-based pediatric models throughout underserved communities.**
- **Early care and education workforce training and supports.** Early educators and other personnel in child care, preschool, and school-based settings can have a significant impact on young child mental and behavioral health. With training and support, these adults can play a key role in ensuring children with emotional and behavioral disturbances are understood, supported and referred to appropriate interventions. Infant and early childhood mental health consultation is a strategy that can be deployed in early care settings to support administrators and staff to promote mental health awareness, supportive practices, early identification, and referrals for treatment. **Tennessee should invest in training the ECE workforce on positive learning approaches and practices supportive of young child mental health.**

Ensure early identification and intervention for developmental delays or disabilities

As many as one in four children through the age of 5 are at risk for a developmental delay or disability. Early identification allows families and communities to intervene earlier, leading to more effective and less expensive treatment during the preschool years, rather than expensive special education services in later childhood.

[Parent survey data](#) show that fewer than half of Tennessee children under age 3 receive doctor-recommended developmental screenings to identify delays that may require additional assessment or interventions, such as Part C early intervention services. (Tennessee is also among the 20 states that do not currently report developmental screening rates for children in Medicaid or TennCare, though reporting will be federally required beginning in 2024.)

Tennessee should proactively report the rate of developmental screenings to understand the baseline. It should also develop and implement a plan to effectively ensure all young children receive doctor-recommended developmental screenings, referrals for positive screens, and appropriate follow-up care.

Grow school-based physical, mental and behavioral health services

Many children and their families, particularly those who are economically disadvantaged or live in rural areas, have challenges accessing the health care they need. School-based health services provide medical and behavioral health professionals at the school site (and where appropriate, via telehealth), creating unique access for Pre-K – 12 students as well as their families and other community members. They also include other valuable services, including developmental screenings, dental health and vision services, immunizations, sports physicals and classroom health education. School-based services can be provided by school staff, contracted services and partnerships with providers. There is a large body of evidence about the efficacy and return on investment resulting from improved health, reduced absenteeism and improved school outcomes. **Tennessee should invest in and promote the expansion of school-based health services in underserved communities. Note: Leverage TennCare so federal funds are tapped to pay the lion's share of the cost of these services.**

Invest in strategies that address social determinants of health

Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, social support networks and access to health care. There are a growing number of initiatives to address social determinants of health both within and outside of the health care system. Quality early care and education, including many of the policies incorporated in this TQEE Policy Blueprint, will help address social determinants. But addressing the other factors noted above are important to improving health and reducing disparities in health and health care. **Tennessee should expand and build on successful pilots across the state that leverage TennCare to pay for supports that address the social determinants of health.**

For further exploration:

Explore opportunities to ensure TennCare-eligible children don't experience gaps in health coverage, and to ensure low-income working parents are insured so that they get the physical and mental health care they need to bring their best selves to the job of parenting.

Supported and Supportive Families and Communities

Parents are children’s first and most influential teachers, playing a central role in the development of children’s brains, social-emotional skills and academic achievement. Beginning at birth, parents support their child’s learning by having nurturing conversations with their child, asking and answering questions, reading with their child, singing songs, and participating in shared experiences like meals together. Research from the fields of neuroscience, molecular biology, education, economics, and human development point to the critical importance of these early child-adult interactions as a primary vehicle for children’s brain development.

Conversely, frequent and reoccurring negative stress diminishes young children’s brain development. This is especially true of prolonged periods of stress caused by adverse childhood experiences, or ACEs. Examples of ACEs include domestic violence, loss of a parent, abuse, neglect, parental mental illness or substance abuse, and poverty.

For parents and families in acute distress, or having difficulty getting basic needs met, community supports can play a key role in helping parents bring their best selves to nurturing their children.

Furthermore, it’s well documented that when parents are supported to be proactively engaged with their children’s caregivers and teachers in their children’s learning, children tend to do better academically and socially.

POLICY PRIORITIES:

Most of the policy priorities mentioned in the previous two sections are in some way applicable to supporting parents to be present, positive and nurturing – from physical and mental health care for their children and themselves, to having access to affordable, quality early learning settings that meet their families’ needs as they work to earn a living. Here we highlight a couple of priorities again for emphasis and add two additional priorities.

Invest in full-service community schools

The Full-Service Community School model is an evidence-based strategy where schools serve as a hub of comprehensive academic, social, and health services for students, students’ family members, and community members. These services may include: high-quality early learning programs and services; academic supports and other enrichment activities; family engagement, including parental involvement, parent leadership, family literacy and parent education programs; programs that provide assistance to students who have been chronically absent, truant, suspended or expelled; job training and career counseling services; meals and nutrition services; primary health and dental care; mental and behavioral health services; activities that improve access to and use of social service programs and programs that promote family financial stability; and adult education, including instruction of adults in English as a second language. Community Schools serve as one-stop-shop family resource center, all in a location and with hours that make the services easily accessible to students, their families and other members of the local community. **Tennessee should invest in Community Schools at elementary schools in underserved and low-income communities to boost early learning and to empower parents.**

Expand evidence-based initiatives that support family-educator engagement

It’s well documented that when when parents are more involved and engaged in their children’s learning, the children tend to do better academically and socially. From birth through early childhood, parent engagement is most effective when parents and early educators actively shape and participate in a partnership to support children’s learning,

growth and development. Programs such as [Families And Schools Together \(FAST\)](#), [LENA Start](#), [ParentCorps](#), [The Incredible Years](#) and [Companion Curriculum](#) all have an evidence base documenting their efficacy in empowering and engaging parents in their children's learning. **Tennessee should invest in parent engagement programs to support parents to be their children's first and most important teacher.**

Invest in voluntary Evidence-Based Home Visiting (EVHB) and other parenting support programs

Tennessee should invest further in programs that support parenting knowledge and skills. EVHB programs such as Nurse Family Partnership, Healthy Families America and Parents as Teachers have proven positive results in improved birth outcomes and child health, reduced abuse and neglect, and better kindergarten readiness. Other evidence-based parenting programs such as Triple P (Positive Parenting Program) give parents simple and practical strategies and tools to help them build strong, healthy relationships with their children, confidently manage their children's behavior, and prevent problems from developing. **Tennessee should significantly expand access to these programs, which can offer a range of support from "light touch" to more intensive intervention depending on family need.**

Promote team-based pediatric care models

Team-based pediatric care models, such as Healthy Steps, provide developmental and behavioral screenings for children, screenings for maternal depression and for family needs, and positive parenting guidance and information during well-child visits. They also help to coordinate access to health and community resources, including mental health supports. These models employ child developmental specialists as part of the well-child visits to more holistically support families and to reach out between visits to ensure they get the services and supports they need. **Tennessee should offer incentives and spread these team-based pediatric care models throughout underserved communities.**

Early Care and Education Systems Governance

Primary responsibility for Tennessee’s early care and education landscape is shared across Tennessee Department of Education (TDOE) and Tennessee Department of Human Services (TDHS), with additional oversight provided by the Tennessee Department of Intellectual and Developmental Disabilities (TDIDD) and the Tennessee Department of Health (TDOH). TDOE is primarily responsible for early care and education provided in or affiliated with public and private schools, while TDHS is primarily responsible for early care and education provided in licensed and regulated spaces, such as child care centers and family child care homes. TDOH and TDOE have separate and uncoordinated funding streams, separate quality standards and definitions, separate approaches and staff for licensing and approval, separate training and professional development for the early educator workforce, and separate administration. Further, data systems across those two departments, as well as the other departments providing services to young children and their families, are siloed and limited, preventing strategic, data-driven decision making. This fragmented administration of early care and education services prevents Tennessee leaders from addressing problems of affordability, quality, and access to early care and education for Tennessee families.

Tennessee should establish primary accountability with a single department and leader responsible for early care and education. Focused accountability would support streamlined and coordinated early care and education programming that meets the needs of Tennessee’s working parents and supports high-quality early learning for Tennessee’s young children.

Tennessee should also establish an early childhood integrated data system (ECIDS) to ensure a strategic, data-driven approach to early childhood system governance. An ECIDS would provide integrated, cross-program data to inform governance decisions about early childhood policies, services and programs. Specifically, it would provide information to families about the availability of early care and education programs and services throughout the state. It would also help identify short- and long-term outcomes to help guide continuous program/service improvement, as well as support the evaluation and alignment of early care and education services and child progress. Leveraging technology for data-driven decision-making is referenced in an earlier section and is directly related to these governance goals.