



The Advocate

DCS State Custody System Achieves Highest Rating Yet

In 2002 the state's system for caring for children in state custody achieved its highest level of system adequacy in the nine years of evaluation by the TCCY's Children's Program Outcome Review Team (CPORT) program. The system adequacy rate (54 percent) was significantly higher than the 38 percent achieved in 2001. In addition, the percentage of children whose status was positive returned to a high of 87 percent.

Reviews were conducted in each of the state's 12 regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide and the 85 percent level regionally. Cuts in the state budget may reduce the regional validity level in 2004, but the state validity level will remain at its current high level.

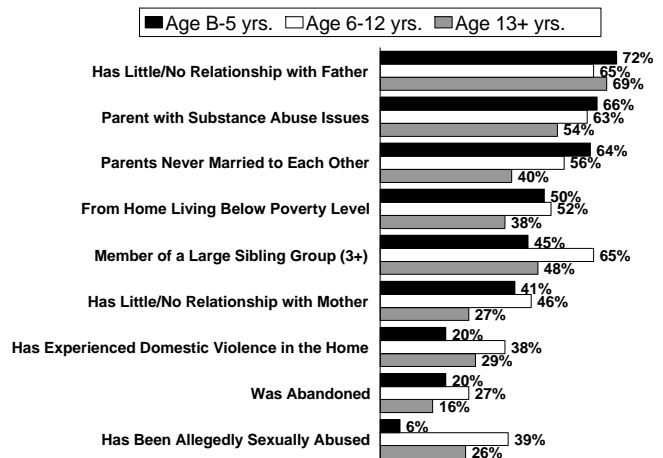
CPORT Findings: Status of the Child/Family

- ✓ Most children in custody were in a positive status (87 percent).
- ✓ Most children were safe from harm (94 percent).
- ✓ The emotional well-being of most children in custody was adequately addressed (88 percent).
- ✓ The physical well-being of the great majority of children was adequately addressed at the time of the review (97 percent).

The 2002 results indicate the overall status of children improved over 2001 (84 to 87 percent).

Critical Issues

By Age of the Child



Overall most children were in a positive status and were safe, received services and supports to address their physical well-being, and were with caregivers who are able to provide necessary supports and supervision.

The emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment. Children adjudicated delinquent were least likely to receive the appropriate level of services to address their emotional well-being.

Continued on Page 2.

State Custody

Continued from Page 1.

Demographic Information on Cases Reviewed

- ✓ For the 51 percent of families whose household income is known, 75 percent had incomes of less than \$25,000.
- ✓ For the 63 percent of families where parental educational levels are known, almost half did not have a high school education.
- ✓ The greatest number of petitions were filed by the Department of Children's Services (55 percent).
- ✓ The majority of children were adjudicated Dependent/Neglect (68 percent).
- ✓ Children exhibiting behavior problems and neglect by caretaker were the main reasons for children to enter custody.
- ✓ A substantial number of children were in foster placements, including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (41 percent).
- ✓ The majority of children in care were age 13 and over (58 percent).
- ✓ The majority of children in custody were Caucasian (57 percent).
- ✓ The majority of children in custody were male (65 percent).
- ✓ Half of the children in custody (49 percent) had a formal mental health diagnosis.
- ✓ Twenty-three percent of the children remained in custody too long.

CPORT System Observations

Content analysis of strengths and performance issues across the 12 Department of Children's Services regions revealed common strengths and weaknesses.

Strengths Identified Statewide

- ✓ Most children were appropriate for custody at the time of custody.
- ✓ Efforts were made to place siblings together when appropriate.
- ✓ Most children were in the least restrictive, most appropriate placement to meet their needs.
- ✓ The majority of children were in placements close to home or in the DCS region.
- ✓ In most cases the TNKIDS extract/screens contained accurate information.
- ✓ The majority of foster homes were high quality and

- very committed to children; many were willing to adopt.
- ✓ Excluding runaways, children were receiving Early and Periodic Screening, Diagnosis and Treatment services.
- ✓ Substantial services had been provided in an effort to prevent custody.
- ✓ Most children needing special education services were receiving them.
- ✓ The system was making efforts to reduce social services caseloads to meet Brian A. requirements (from 25 in 2001 to 17 in 2002).

Weaknesses Identified Statewide

- ✓ The assessment of needs identified for children/families was often inadequate.
- ✓ Many Permanency Plans were inadequate, not addressing current issues/service needs of child and family.
- ✓ Service coordination and communication between various system components were often inadequate.
- ✓ Many children experienced multiple placements (four or more).
- ✓ Many children had experienced a change in case managers within the past 12 months because many case managers possessed 12 or fewer months experience and other case managers were reassigned.
- ✓ Many children stayed in custody too long.
- ✓ Truancy or other school problems were major factors contributing to custody for a number of school-age children.
- ✓ A number of children experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement.
- ✓ A number of children experienced multiple custodies, in some cases three or more times.
- ✓ A number of children received in-home services/crisis intervention but still entered custody.

On the Child and Adolescent Functional Assessment Scale (CAFAS), used to assess the child's psychosocial functioning, 66 percent of the children were rated as impaired in at least one of the five areas, with 44 percent receiving impaired ratings in two or more areas. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior toward self or others.

Investing in Children Pays Off

More Tennessee children have health insurance and are immunized as 2-year-olds compared to the nation as a whole, according to information in a national report of child well-being released June 11.

“Investing in TennCare has paid positive dividends in providing children with access to health care and improving immunization rates, so we must find ways to ensure TennCare investments in children continue,” said Linda O’Neal, executive director of the Tennessee Commission on Children and Youth, the Tennessee KIDS COUNT partner.

The news is not all good in the report. Tennessee fell back one position from last year, ranking 43rd worst of the 50 states, in the KIDS COUNT National Data Book ranking of states on child well-being. A sizeable jump in infant mortality was the major factor in the worse ranking in the report, which is produced annually by the Annie E. Casey Foundation.

Tennessee ranks 47th, its worst ranking, on the infant mortality rate. Infant mortality in Tennessee improved steadily from 1990 through 1999. It worsened substantially in 2000. If these babies had lived, they would have filled 34 Tennessee kindergarten classrooms in 2005.

Tennessee earned its best ranking, 30th, for children living in families with employed parents. In 1990, Tennessee ranked 42nd on this indicator. “Families First investments made major contributions to Tennessee’s improvements on this indicator by providing parents the education, training and assistance necessary for successful employment,” O’Neal said.

Children living in single parent families continued to increase in Tennessee and the nation. With so many children in single parent and working parent families,

the report also highlights the importance of investing in quality early childhood education and child care.


More Tennessee children are in paid child care while parents work and fewer are enrolled in nursery school, preschool or kindergarten than the national rates. “With almost one in three children under 6 in paid child care,” O’Neal said, “we must maintain licensing standards that focus on safety and quality and enhance early learning opportunities.”

O’Neal added, “Tennessee must invest lottery proceeds in early childhood education as the best long term investment for the future of Tennessee.”

Tennessee experienced improvements in three indicators focused on teens, with rankings all in the 30s: teen birth rate, 39th; high school dropout rate, 35th; and teens not attending school or working, also 35th. “Communities all across Tennessee have worked to keep teens in school and to reduce teen sexual activity and teen

pregnancy, demonstrating that good public policy coupled with family and community efforts can make a positive difference,” O’Neal added

Although the teen death rate improved in Tennessee, the state’s rank in this category is worse because other states have made substantially more progress reducing teen deaths. Future improvements are expected in Tennessee as a result of the graduated youth driver’s license, which went into effect July 2001.

The KIDS COUNT National Data Book is available on the Internet at www.aecf.org/kidscount or through TCCY’s website (www.state.tn.us/tccy). The KIDS COUNT program is funded by the Annie E. Casey Foundation (www.aecf.org), the nation’s largest philanthropy devoted exclusively to disadvantaged children. For more information contact (615) 741-2633 or the TCCY regional coordinator. 



Early Efforts Are Key for Tennessee Children

Quality early childhood education and child care increase the opportunity for children to succeed in school and in life. They have a positive impact on several indicators of child well-being included in *KIDS COUNT: The State of the Child in Tennessee 2002*. The report provides a detailed, county-by-county look at the well-being of Tennessee's children.

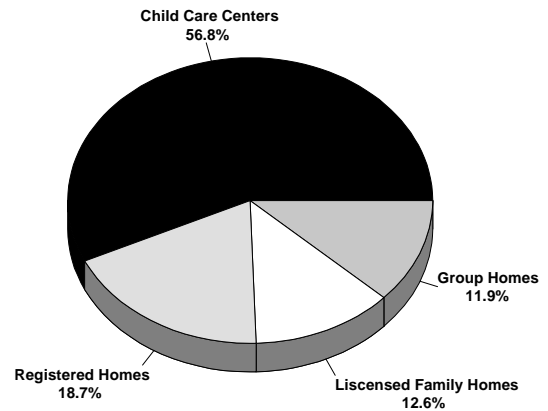
"We know at-risk children who experience quality early childhood education are more likely to have better long-term outcomes, including lower special education placements, school dropout, teen pregnancy and juvenile delinquency," said Linda O'Neal, executive director of TCCY.

The report identifies improvements in adolescent health indicators. The teen pregnancy rate in Tennessee declined from 1991 to a 10-year low in 2000. The teen birth rate and the rate of sexually transmitted diseases among teens also went down. However, the teen death rate was higher.

KIDS COUNT also reports other successes. In 2001, Tennessee reached its highest rate of immunization completion, yet nearly one in eight 2-year-olds were not fully protected. The immunization disparity between children with health insurance and those with TennCare is substantially less than it was with Medicaid.

Types of Registered Child Care Agencies

Tennessee's 5,820 Child Care Agencies
Fiscal Year 2001



Source: Department of Human Services.

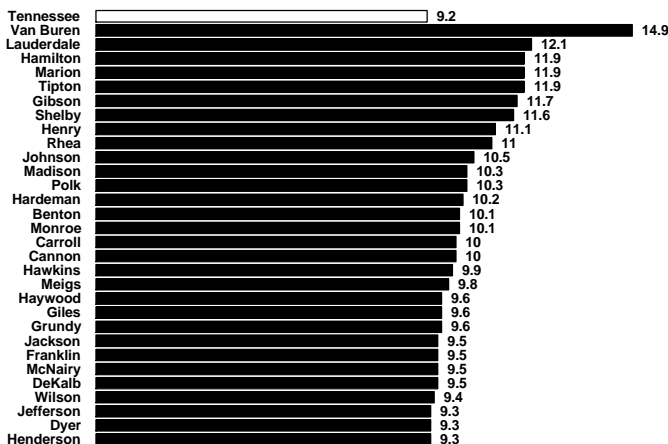
The number of substantiated child abuse and neglect cases decreased by almost 10 percent between 1999 and 2001, but more than 9,500 Tennessee children were abused or neglected in 2001.

Twelve percent of Tennessee students received special education services, and 14 percent of all high school students dropped out before graduating. School suspensions increased more than 40 percent from school year 2000 to 2001, with more than one in three suspensions due to drugs.

"Good public policy and investments in children pay big dividends in improving the quality of life for Tennessee children and families," O'Neal concluded.


Counties with Low-Birthweight Rates Above the Statewide Percentage, 2000

Less Than 5 lbs., 8 ounces
(Rate per 100)



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Rate is based on live births.

KIDS COUNT: The State of the Child 2002 contains 33 indicators of child and community well-being on individual county pages and statewide tables. These include information on health, education, and economic security, as well as demographic data on children.

KIDS COUNT: The State of the Child in Tennessee 2002 is published by the Tennessee Commission on Children and Youth and is available on the Internet at www.state.tn.us/tccy/kc-soc02.htm. It is partially funded by the Annie E. Casey Foundation. For more information contact (615) 741-2633 or a TCCY regional coordinator. 

How to Continue Receiving Notification of *The Advocate* after June 30, 2003

If you have Internet access at work or at home, all editions of *The Advocate* since February 1998 are available at the TCCY website <http://www.state.tn.us/tccy/advocate.html>.

To receive notification as new newsletters and other publications are added to the website:


Type listserv@tsslan.state.tn.us in the "To:" area of your e-mail message.

Leave the subject line blank.

In the message area type `Subscribe TCCY First Name Last Name`. (Use your own first and last name instead of the typed words "First Name Last Name.")

This should connect you directly to the Listserv account.

You will receive a confirmation message verifying that you are enrolled.

When the next *Advocate* is published, you will receive an e-mail message with a link to the new newsletter on the TCCY website. If you have questions or need assistance, call Fay Delk at (615) 532-1584 or 1 (800) 264-0904 or e-mail to Fay.Delk@state.tn.us. 



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Meetings and Events

Council Activities

For updated information on Regional Council activities, contact the regional coordinators listed on page 7.

Memphis-Shelby

Aug. tba, Prevention Committee workshop on Conscience Discipline and Bullying (date/location tba).

Mid-Cumberland

Monthly meetings are held in counties in the region.

Northwest

July 25, Protecting Your Identity and Yourself, 8:15 a.m.-12 noon, UT Martin.

Sept. 16, Understanding Adolescents Conference, UT Ag Center, Jackson.

Commission Meeting

July 31-Aug. 1, Legislative Plaza. For more information, call (615) 741-2633.

CPORT Schedule

July 14-18, Northwest Region. Exit



**The Tennessee Commission
on Children and Youth**
Betty Cannon, Chair
Nashville

Angi Agle
Oak Ridge

Christy Little
Jackson

Betty Anderson
Covington

Alisa Malone
Franklin

Joe Askins
Fayetteville

Jerry Maness
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Johnny Horne
Chattanooga

John Rambo
Johnson City

Drew Johnson
Johnson City

Semeka Randall
Knoxville

Jim Kidd
Fayetteville

Mary Kate Ridgeway
Paris

Kate Rose Krull
Covington

James Stewart
Jackson

Mary Lee
Dickson

Linda O'Neal,
Executive Director

Conference: July 29.
Aug. 11-15, Shelby County. Exit
Conference: tba.
Sept. 8-12, Southeast. Exit Conference:
tba.
Oct. 6-10, Knox County. Exit Conference:
tba

DMC Task Force Meeting

July 9, Andrew Johnson Tower, (615)
532-1581, 10 a.m.-4 p.m.

Special Events

July 7-9, Tennessee Association for Child
Care Supervision and Leadership
Institute, Scarritt-Bennett Center,
Nashville, (615) 385-4433 or
jmccaskill@tnchildren.org, non-
members \$25.

July 8-9, TACC, "Skills for Successful
Family Engagement, Ridgeway Inn,
Memphis, (615) 385-4433.

Aug. 27-29, 8th Annual Minority Health
Summit, Sheraton Music City Hotel,
Nashville, (615) 741-9443, (615) 741-
0155.

Sept. 21-23, 5th Annual Tennessee
Conference, Celebrating Healthy
Choices for Youth, Cool Springs
Convention Center, Franklin, (888)
357-8277, www.ncyi.org.

TCSW Fall Regional Conferences

Middle West: Oct. 9, tba, Jackson, (731)
660-5390,
pattersh@methodisthealth.org.

Middle East: Oct. 13, UT Student Center,
Knoxville, (865) 637-1753,
pamelajad@aol.com.

North East: Oct. 24, Holiday Inn in
Johnson City, (423) 547-5814,
diane.sells@state.tn.us.

Middle Region: Oct. 28, tba, Nashville,
(615) 741-2633,
richard.kennedy@state.tn.us.

West: Nov. 5, Miracle Temple Ministries,
Inc. Memphis (901) 577-2500 ext. 150,
SSmith@porter-leath.org.

For more updated information on
TCCY and child advocacy events, see
the TCCY Web Events Calendar at
www.state.tn.us/tccy/events.html.

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