



2000 CPORT Review Reports Status of Children in Custody

Once again the picture in the Children's Program Outcome Review Team evaluation of the approximately 11,289 children in state custody is mostly positive. However, the review conducted by the Tennessee Commission on Children and Youth found that systemic problems persist.

The 2000 results indicate a slight decline in the overall status of children compared to 1999 (84 percent compared to 87 percent). Yet, this overall status of the children is still higher than earlier years, despite a slight decline on all essential indicators. The emotional well-being indicator continues to be the primary factor causing the status of the child to be negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical abuse, sexual abuse, or both, or grief, separation and loss, abandonment, or combinations of these. This was especially true for children ages 13 and over and those in family placements. The 8 percent of the children in custody adjudicated unruly, who are viewed by some juvenile justice professionals as having more recalcitrant problems, were least likely to receive services to address their emotional well-being.

In 2000, the overall service system function declined by 4 percentage points to 42 percent. The system function score of 46 percent was a considerable

Conditions Contributing to the Risk of Children Being In Custody

- 65 percent of the children had little or no relationship with their fathers.
- 62 percent of the children had parents with substance abuse issues.
- 59 percent of the children had parents who were or had been incarcerated.
- 43 percent of the children were from homes below poverty level.
- 35 percent of the children had little or no relationship with their mothers.
- 32 percent of the children had experienced domestic violence in the home.
- 30 percent of the children have substance abuse issues, 74 percent of the children adjudicated delinquent, and 49 percent of the children age 13 and over.
- 1 in 4 children had been allegedly sexually (23 percent) or physically (25 percent) abused.

improvement over 1998 (33 percent), but still better than the low of 33 percent in 1998. The assessment indicator for identifying the needs of children and families was the lowest ever (68 percent), especially inadequate for children ages 6 to 12, African-

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Americans, and those in family placements. This indicator, essential and tied to other central system functions, had been a system strength from 1994 to 1997.

The weakest system function was permanency plan design (63 percent adequate), especially for African-American children (51 percent) and children adjudicated unruly (56 percent). The permanency plans were slightly better for children ages 6 to 12 (61 percent), in group placements (62 percent), and adjudicated dependent/neglect (62 percent). These deficit areas also contributed to lack of progress being achieved by families, especially for children in foster placements, and contributed to children remaining in custody too long.

Social workers are no fonder of paperwork than other professionals, and most prefer to spend work time helping children. However, high caseloads (2000 DCS caseloads averaged 25 cases, exceeding the number recommended), turnover problems, and, until recently, some fragmentation of services underscore the need for communication and documentation. Completion of assessments and permanency plans assures that planning is being done to find the children a long-term solution and that information is available in the record.

The CPORT process identifies issues that appear to place children at risk of custody. Among these are having a parent in jail or prison and substance abuse issues for the parent or child. Mountain View Youth Development Center is the only one of the state's four training centers that offers alcohol and drug treatment, and five of the other 117 residential programs that serve children in state custody provide alcohol and drug treatment.

CPORT reviews began in 1994 and are now in the eighth year of providing consistent system evaluation. Each year a random sample of the cases of children in state custody sufficient to produce results with a confidence level of 95 percent is evaluated. Additional cases are selected in each of the 12 regions to produce a confidence level of 85 percent per region. A total of 580 cases were evaluated during 2000.

CPORT Findings: Status of the Child/ Family

- Most children in custody were in a positive status (84 percent).
- Most children were safe from harm (93 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).
- Most children were placed with adequate caregivers (93 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (90 percent).
- Most children were in stable placements not likely to disrupt (90 percent).
- For most children, the system had identified an appropriate permanent goal (88 percent).
- Independent living skills were being addressed for most children ages 13 and over (87 percent).
- Eighty percent (80 percent) of the families were receiving services to remain intact or to reunify.
- Most children were making progress in education or a vocation (80 percent).
- The lowest indicator was in family satisfaction (68 percent adequate).
- The status of children/families was more likely to be positive overall if the child were age 5 and under, adjudicated dependent/neglect, and in foster placement.
- There were no major differences in the status of the child/family based on gender, or race.

Many recent TCCY publications and information about the agency can be downloaded from the agency website at www.state.tn.us/tccy. Adobe Acrobat Reader software is required in order to print and use these files. A link is provided to the source of this freely available software.

Please contact us at fdelk@mail.state.tn.us to let us know what you think of the website and to recommend additional features.

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Custody

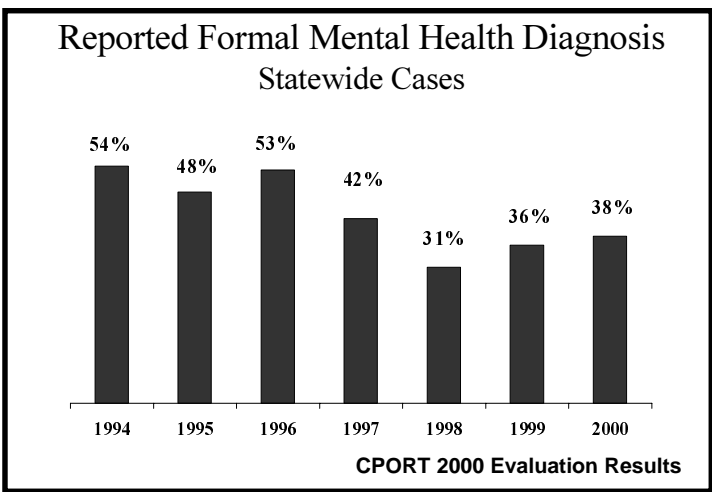
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CPORT conducted a validity and reliability study of the process in 1998 that revealed a very high level of inter-rater reliability (coefficient of 95 percent). CPORT's value and validity have been recognized and used by the Child Welfare League of America in its study for the Department of Children's Services and by the Tennessee Comptroller's Office in various performance audits.

The CPORT process was set up by an interagency committee in 1993-94, and 2000 was the seventh year of reporting. Information is collected through reviews of records and interviews with everyone involved in the child's case. Records gathered include the petition that led to custody, the court order for custody, the social history, any psychological and other evaluations, the DCS permanency plan, and individual education or program plan.

However, the primary sources of information are personal interviews. Standardized sets of questions are established and updated each year to guide interviews with the child, if age appropriate; parents; foster parents or facility direct-care staff; DCS case managers; school representative; court representative; other relevant service providers or individuals (includes therapists, coaches, friends, guardians ad litem, etc.).

Based on the results of a review of the information collected about each case, the status of the child or family, and the adequacy of system functioning to meet the child's needs are evaluated based on a set of criteria established when the program began. Certain criteria or indicators were considered so central to child and system functioning that the failure of the child or system to be adequate on any one of them causes an automatic default /evaluation that the status of the case is negative.



Thirteen indicators were established for evaluating the Status of Child, Family, or Both. Those that must be positive for the case to be viewed as being positive are:

1. Safety;
2. Emotional Well-being;
3. Physical Well-being;
4. Caregiver Functioning.

The original planning process also determined 17 indicators for Service System Functioning. Those required for positive system status are:

1. Assessment;
2. Long-term View;
3. Child Participation;
4. Family Participation;
5. Service Plan Design;
6. Service Plan Implementation;
7. Service Coordination;
8. Monitoring/Change.

Caregivers and educators are also asked to complete a child-behavior checklist, and CPORT reviewers complete a Child and Adolescent Functional Assessment Scale (CAFAS). Information from the scale is used to evaluate the child on issues such as the role performance, harm to self or others, and alcohol and drug use.

Adjudication	1996	1999	2000
Dependent/Neglect	67%	72%	68%
Unruly	12%	5%	8%
Delinquent	21%	22%	24%
Reason for Custody	1996	1999	2000
Behavior Problems	38%	32%	29%
Neglect by Caretaker	28%	28%	32%
Sexual Abuse Alleged	34%	26%	23%

Who are the Children in State Custody

- Reported annual household income for 45 percent of the families of children in custody ranged from less than \$5,000 to \$14,999; 30 percent reported incomes between \$15,000 to 24,999.

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- 39 percent of the parents of children in custody had some 9-12th grade education reported, but had not graduated from high school.
- 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).
- One in four children were allegedly physically abused in 2000, the same as in 1996 and 1999. In 2000, 23 percent were allegedly sexually abused, down from 34% in 1996 and 26 percent in 1999.
- A substantial number of children were in foster placements, including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (40 percent).
- The majority of children in care were ages 13 and older (60 percent).
- The majority of children in custody were White (59 percent).
- The majority of children in custody were male (60 percent).
- A little more than one in three children (38 percent) had a formal mental health diagnosis, an increase from last year (36 percent).
- Children ages 6 to 12 were remaining in custody an average of 1,188 days (more than three years), longer than other age groups.

Recommendations For Additional Resources

Also identified during the process were additional resources needed to eliminate long-term stays in placements designed to be short-term, to provide placements nearer the children's homes, to assure therapeutic placements to those who need them and provide permanency through foster homes that have the capability to become adoptive families. Needed are:

- Regular and therapeutic foster homes;
- Level II and Level III residential treatment, including sex offender treatment;
- Substance abuse services for adolescent children and for parents.

More information about foster care issues is included in the September 2000 issue of *The Advocate*, TCCY's newsletter, available on the web at <http://www.state.tn.us/tccy/adv0009.pdf>. The newly released report is at www.state.tn.us/tccy/cport00.html.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together.
- 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 CSA region.
- In most cases the TNKIDS extract contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many were willing to adopt.
- Most children were receiving current Early and Periodic Screening, Diagnosis and Treatment.
- Substantial services had been provided in an effort to prevent custody.
- There was an overall reduction in TennCare issues.

Weaknesses Identified Statewide

- Many children experienced multiple placements (four or more).
- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues.
- A number of children experienced excessive stays in temporary placements – detentions, emergency shelters and/or diagnostic shelters.
- Majority of caseworkers possessed 12 months or less experience.
- Many children stayed in custody too long.
- Service coordination and communication between various system components were often inadequate.

The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax No.: (615) 741-5956 (fdelk@mail.state.tn.us).

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No person shall on the grounds of race, color, national origin, sex, age, disability, or ability to pay, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity operated, funded, or overseen by the Tennessee Commission on Children and Youth (TCCY). It is the intent of TCCY to bind all agencies, organizations, or governmental units operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

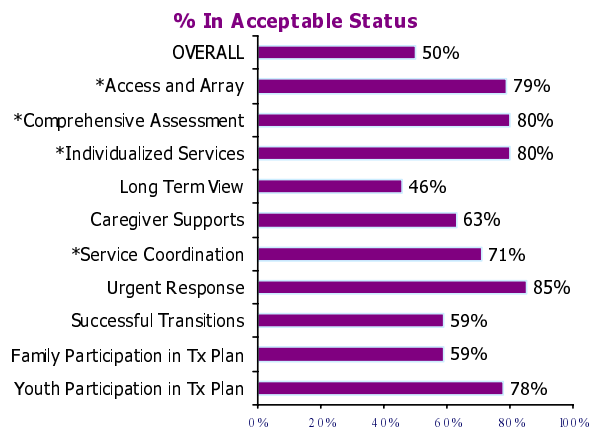
The Quality of Care for TennCare Adolescents with Substance Abuse Problems

Youth with substance abuse issues are struggling with serious challenges and many types of problems, and need a wide variety of well-coordinated services. Those with co-occurring disorders need even more specialized attention. Findings from the IMPACT Study, a joint effort of TCCY, Tennessee Voices for Children, and Vanderbilt University, indicate that the behavioral health system for TennCare youth is not fully meeting their needs.

Recent reports focus on Tennessee’s publicly-funded treatment system for adolescents with substance abuse problems. The IMPACT Study found that 24 percent of all youth with TennCare were in need of an assessment or treatment for alcohol or drug abuse. Of all TennCare youth, 12 percent potentially had co-occurring disorders (drug or alcohol abuse problems and an emotional or behavioral disorder), indicating that more than 12,000 youth are in need of assessment, treatment, or both that addresses both mental health and substance abuse issues. However, last year TennCare provided services to approximately 1,500 children and adolescents with co-occurring disorders.

The IMPACT Study rated the performance of the behavioral health system for TennCare adolescents in publicly-funded substance abuse treatment using information from case reviews of 105 adolescents. TCCY collected much of this information under a subcontract with Vanderbilt. Quality of care was assessed using intensive case reviews similar to the CPORT program. Figure 1 shows the percentage of cases reviewed in which the youth’s care was found to be in the “acceptable” range, indicating that the minimum standard of care was met. Findings demonstrated that the behavioral health system emphasizes emergency care and generally lacks the long-term view needed for treating chronic substance abuse or mental health problems. In addition, the system performed poorly in the areas of family participation and successful transitioning of youth from residential to outpatient care. Lack of support for youth moving from residential facilities back to the community may lead to treatment failure and subsequent readmission. Comprehensive assessment

Figure 1. Performance Ratings For Substance Abuse Treatment Delivered Through The Tennessee Publicly-Funded Behavioral Health System.



*These items were required for Overall BH System Acceptable Performance. Tx = treatment.

information was often available, but that information was seldom used for long-term planning.

Substance abuse issues were often not acknowledged early on, according to a variety of stakeholders, only becoming a focus when the youth began acting out. It was also reported that TennCare funding was not available for many types of services needed by these youth. The Substance Abuse Prevention and Treatment Block Grant administered by the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services was one steady source of funding for treatment. In addition, Tennessee Department of Children’s Services contracts paid for most services for youth in state custody.

The IMPACT Study is part of a national effort to assess the effects of Medicaid managed care on service use, cost of care, clinical outcomes, and consumer satisfaction. This study can be reviewed at www.vanderbilt.edu/VIPPS/CMHPpublications.html#Impact.

For more information on the IMPACT Study, please contact:

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Tennessee Rises in Child Well-Being Ranking: Now Rated 43th Out of 50 States

Tennessee is doing a better job of caring for its children, according to a rating issued in May.

“The economic boom of the late 1990s coupled with TennCare eligibility for children helped Tennessee rise to 43rd from 45th in the annual KIDS COUNT state-by-state ranking of child well-being,” said Linda O’Neal, executive director of the TCCY, the Tennessee KIDS COUNT partner agency.

In the 12 years of rankings Tennessee has never risen out of the bottom 20 percent on the composite score. The KIDS COUNT National Data Book, published annually, once again ranked the states on health care, education, economics and other indicators of child well-being.

While state median family incomes lag national family incomes by more than \$8,000, the state ranked 18th in the category of children living in families with full-time, year-round employment, and 32nd on the category of children in poverty.

These are the only two measures where Tennessee was better than the nation as a whole, but they are countered by the fact that even though more families are working, often their incomes are not sufficient to raise them out of poverty. More Tennessee children (29 percent) lived in working-poor families than in the nation as a whole (23 percent).

“The strong economy was a major reason more families were working and fewer children lived in poverty. And good public policy in the Families First program helped put welfare mothers to work by providing needed services like transportation and child care for their children,” said O’Neal. “Unfortunately,” she added, “as the economy has declined, the Families First rolls have increased, indicating how fragile success and progress are for low-income families.”

Nearly 400,000 children under the age of 18, or 29 percent, live in working poor families. However, in Tennessee only 8 percent of these children lack health insurance, compared with 23 percent nationally. Only

10 percent of Tennessee’s children go without health insurance, compared to 15 percent nationally.

“Tennessee children have significantly better access to health care than children in other states because of good public policy that enables TennCare to cover most children who do not have private health insurance,” according to O’Neal.

The picture on the state’s ability to keep its children alive is mixed. Infant mortality and child death rates have improved in the state, nearing the national average. However, the teen death rate has worsened in Tennessee, despite improvement nationally. The effect of the state’s graduated driver license law will not be seen in the data for several years because it is not effective until July 1, 2001.

KIDS COUNT data also highlight the need for good educational policy. More Tennessee fourth and eighth grade students scored below basic reading levels in 1998 than the national average. “Expanding early childhood education and implementing a reading initiative should ensure children learn to read, and efforts to target high school students who are at risk of failing Gateway exams required for a high school diploma are critical for improving prospects for success in school and in life,” said O’Neal. “Good public policy does have tangible results in improved outcomes for children,” she concluded.

In the period compared, 1990 to 1998, the state worsened on only three of 10 indicators, teen death, low-birth weight babies, and percent of families headed by a single parent, mirroring national trends in the later two.

	Tennessee	Nation
Children without health insurance	10%	15%
Children in working-poor families who lack health insurance	8%	23%
Percent of children <18 in working-poor families	29%	23%

Background Information

Tennessee

2000 Census Data

Number of Children: 2000

All children under age 18 [1,398,521]

Race and Hispanic Origin of Children: 2000

	NUMBER	PERCENT
White*	1,021,195	73%

Black*	294,817	21%
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Asian/Pacific Islander*	14,632	1%
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American Indian/ Alaskan Native*	3,213	less than 0.5%
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Some other race*	2,802	less than 0.5%
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More than one race*	22,963	2%
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Hispanic	38,899	3%
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*Non-Hispanic

Education and Economics

	STATE	NATIONAL
4th grade students who scored below basic reading level: 1998	42%	39%

8th grade students who scored below basic reading level: 1998	29%	28%
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8th grade students who scored below basic writing level: 1998	16%	17%
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Median income of families with children: 1998	\$37,500	\$45,600
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Female-headed families receiving child support or alimony: 1998	34%	34%
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Children in working-poor families without a telephone at home: 1999	6%	9%
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Children in extreme poverty (income below 50% of poverty level): 1998	7%	8%
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Child Health

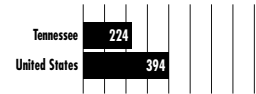
Children without health insurance: 1998	10%	15%
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Children in working-poor families who lack health insurance: 1998	8%	23%
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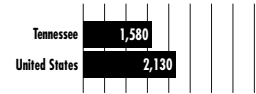
2-year-olds who were immunized: 1999	80%	80%
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Juvenile Justice

Juvenile violent crime arrest rate (arrests per 100,000 youths ages 10-17): 1998



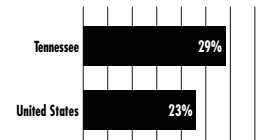
Juvenile property crime arrest rate (arrests per 100,000 youths ages 10-17): 1998



Children in Working-Poor Families

Number of children under age 18 in working-poor families: 1998 [399,000]

Percent of children under age 18 in working-poor families: 1998



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Meetings and Events

Council Activities

Southeast

Sept. 12, Quaterly Meeting, 300 E. 8th St., Chattanooga, TN, School Safety, 11:30 EST.

Oct. 3, Hiwassee Council Meeting, Cleveland, 1 EST.

Mid-Cumberland

Sept. 11, Quarterly Meeting, Madison Church of Christ, tba.

South Central

September, Positive Parenting workshop, tba.

Upper Cumberland

Sept. 14, Juvenile Justice Training, tba.

Oct. 23, Networking Conference, tba.

C-PORT Review Schedule

July 16-20, East Tennessee. Exit conference, Aug 3, 10:30 a.m.

Aug. 13-17, Northwest. Exit Conference, Aug. 29, 10:30 a.m.

Sept. 10-14, Mid-Cumberland. Exit conference, Sept. 28, 10 a.m.

Contact (615) 741-2633 for more information.

Commission Meeting

July 26-27, Nashville.

Oct. 18-19, Fall Creek Falls. Contact (615) 741-2633.

DMC Task Force

August 14, Disproportionate Minority Confinement, Andrew Johnson Tower, 9th Floor Conference Room, 10 a.m.-2 p.m. (tentative). Contact Ron King, at 615-532-1581 or 741-2633.

Special Events

July 15-18, 64th Annual Conference of the National Council of Juvenile and Family Court Judges, University of Nevada, Reno, (775) 784-6012.

July 16-20, 7th Annual Samuel DeWitt Proctor Institute for Child Advocacy Ministry, the former Alex Haley Farm – Clinton, TN), 865-457-6466 or jking@childrensdefense.org.

August 5 – 8, TN Council of Juvenile & Family Court Judges 18th Joint Conference, Memphis, (800) 952-3048.

Sept. 5, Middle Tennessee Tennessee

Conference on Social Welfare (TCSW) Fall Conference, Nashville. Contact Pat Wade, (615) 741-2633.

Sept. 10 - 11, 5th Annual "Beyond Access" Conference, Fogelman Center, (901) 678-5773.

Oct. 7-10, Child Welfare League of American Southern Region Training Conference, Renaissance Hotel, Nashville, register@cwla.org or (202) 942-0289 or check www.cwla.org.

Oct. 24, NE TCSW Fall Conference, Johnson City. Contact Bob Larkins, blarkins@preferred.com. For information about other regional TCSW conferences, contact (615) 353-8000.

Oct. 31-Nov. 2, Joint Annual Meeting of the TN Public Health Assn/TN Dept. of Health; Marriott Cool Springs Conference Center, Franklin, (615) 741-0235, www.TPHA.bigstep.com.

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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