



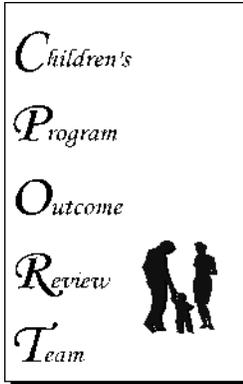
Children in State Custody Issue

The Advocate

Vol. 13 No. 1

A newsletter on children's issues

May 2004



Contents

CPORT Evaluation Report on Status of Children in State Custody page 1
CPORT Process page 9

Calendar of Upcoming Events

Events relating to helping children are available at:
www.tennessee.gov/tccy/webcalen.html

TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at www.tennessee.gov/tccy

Tennessee Commission on Children and Youth

Andrew Johnson Tower
9th Floor
710 James Robertson Pkwy.
Nashville, TN 37243-0800

CPORT Evaluation Reports on Status of Children in State Custody

Each year, the Tennessee Commission on Children and Youth's Children's Program Outcome Review Team (CPORT) Program evaluates the status of children in state custody and the system that care for them. Based on all the information collected in the 2003 CPORT process, the results demonstrate the need for the following priority recommendations for enhancements in children's services to improve both system functioning and outcomes for children and their families.

System Recommendations

- Develop a coordinated system of care network with the Department of Children's Services partnering with Departments of Education, Health, Human Services and Mental Health and Developmental Disabilities at the state level and with an array of public and private organizations, including courts, schools, child advocates and community organizations at the local/community level.
- Increase efforts toward prevention and intervention at the earliest opportunity possible to assist children and families with services to meet their needs at the first sign of problems. Create community partnerships with schools, courts, families and other child child-serving agencies to assist them in recognizing and responding to the needs of children and families.
- Ensure children have adequate initial and ongoing assessments to identify all the strengths and needs of the child/family and update assessments as needed as children move toward permanency.
- Ensure children receive subsequent well-child screenings as required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT), especially dental exams every six months, and ensure all screenings are documented in the case files and accurately reflected on TNKids.
- Develop individualized, coherent and consistent Permanency Plans,

Continued on Page 2.

CPORT

Continued from Page 1.

reflecting a current understanding of child/family circumstances by listing child/family strengths and weaknesses, with measurable outcomes in health/medical, education/vocation, social skills, mental health/behavior, independent living skills/transition services, family objectives, visitation, etc., that are useful in guiding case managers, placements, service providers and child/family in achieving realistic and desired goals in a timely manner.

- Ensure children and their families receive timely evidence-based, best practice, quality mental health services with attention to resiliency, recovery and engagement, as outlined by the President's New Freedom Commission report.
- Improve the continuity of care, coordination and accountability in the provision of services to the child and family.
- Increase family intervention and support efforts earlier and at critical junctures in the life of the child and family to assist them in building the capacities necessary to live together safely and to function independently, so the basic needs of all family members are adequately met in order to avoid custody and remain intact, or to achieve the permanency goal post custody.
- Improve advocacy for all children, including children needing termination of parental rights and adoption, and reduce the percent of children who have been in custody too long.
- Ensure children are provided the opportunity to acquire and use developmentally appropriate behavior and life skills that demonstrate increasing personal responsibility for independent living and/or transition to the adult system.
- Develop a culturally competent system of care that values diversity and recognizes the cultural dynamics that influence children and families in seeking and receiving services.
- Focus on improving system functioning for all children.

Many new and experienced case managers expressed dissatisfaction with the training they received to prepare them for their job responsibilities.

Training Recommendations

- Develop and implement a training model for new and existing case managers incorporating principles of best practice and basic social work skills needed to implement job responsibilities.
- Train case managers to identify their practice partners, and to establish a network of partners at the case level and in their communities.

The Tennessee Commission on Children and Youth Cindy Durham, Chair Nashville

Angi Agle Oak Ridge	Trudy Hughes Maryville
Betty Anderson Covington	Drew Johnson Johnson City
Joe Askins Fayetteville	Jim Kidd Fayetteville
Natasha Blackshear Nashville	Mary Lee Dickson
P. Larry Boyd Rogersville	Christy Little Jackson
Murray Butler Henderson	Jerry Maness Memphis
Beverly Cosley Chattanooga	Sharon T. Massey Clarksville
Tabitha Dean Cordova	Linda Miller Memphis
James B. Ford Franklin	Susie Mitchell Johnson City
Susan Glassman Germantown	Marie Mobley Goodlettsville
Tim Goldsmith Memphis	Joetta Yarbro Dyersburg
Johnny Horne Chattanooga	Linda O'Neal Executive Director

Continued on Page 3.

CPORT

Continued from Page 2.

- Provide supportive supervision and special expertise to all case managers serving children, especially children with special education needs, developmental disabilities, mental health needs and substance abuse issues.
- Provide ongoing computer/TNKids training.
- Provide regional/local training by experienced staff focusing more on practical application and less on theory.

Recommendations for Additional Resources

- Increase the availability of intervention and prevention services and provide them at the earliest opportunity to reduce the risk of custody.
- Expand the availability of home/community resources required to address the needs of the child/family.
- Recruit quality regular and therapeutic/treatment foster homes, especially within the child's community.
- Make every effort to utilize relative or kinship placements so children can remain with their families while receiving services.
- Provide adequate placement resources for appropriate out-of-home placements in a timely manner as close to home as possible, preferably within the child's home community/county.
- Provide additional equipment and staff resources to DCS to increase productivity.

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

The following information summarizes findings for the state sample of 343 cases reviewed by the CPORT process in 2003.

Demographic Information on Cases Reviewed

- For the 48 percent of families whose household income is known, 79 percent had incomes of less than \$25,000.
- For the 60 percent of families where parental education levels are known, over half do not have a high school education.
- Thirty-six percent of children were from single-parent, mother head of household families; 22 percent from families with both birth parents; and 22 percent from relatives (not biological parents).
- Fifty-three percent of the total petitions were filed by the Department of Children's Services (or Department of Human Services prior to consolidation).
- The majority of children were adjudicated Dependent/Neglect (73 percent).
- Children exhibiting behavior problems (30 percent) and neglect by caretaker (27 percent) were the main reasons for children to enter custody.
- A substantial number of children were in family or family-type placements, including regular and therapeutic DCS foster homes, and regular and therapeutic contract foster homes: 43 percent foster; 18 percent with birth/adoptive parents; and 14 percent in kinship care.
- The majority of children in care were ages 13 and older (59 percent).
- The majority of children were Caucasian (60 percent).
- The majority of children in custody were male (61 percent).
- The majority of children in custody (51 percent) had a formal mental health diagnosis.

Continued on Page 4.

CPORT

Continued from Page 3.

- Of the 96 percent for whom custody appeared appropriate, 22 percent had remained in custody too long due to delays in the adoption process, termination of parental rights and release from custody. In some cases, the window of opportunity to go home or be adopted had passed and current circumstances and/or behaviors now prohibited release.
- The average length of stay for all cases reviewed was a little over two years (784 days).

CPORT Findings: Status of the Child and 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).
- Most children were placed with adequate caregivers (96 percent).
- Most children were in stable placements not likely to disrupt (90 percent).
- In most cases the system had identified an appropriate permanent goal (92 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (90 percent).
- Most children were making progress in education or a vocation (86 percent).
- The lowest indicator was in family satisfaction (69 percent).
- Seventy-nine percent of children ages 13 and over were receiving appropriate independent living services, but in some cases services were only minimally adequate.
- In general, the status of a child and family was more likely to be positive overall when the children were ages 12 and under.
- There were no major differences overall based on race, gender or residence.

CPORT Findings: Adequacy of Service System Functions

- For the cases reviewed, the service system functioned adequately to meet the needs of the child/family 53 percent of the time.
- In most cases the system adequately identified the long-term view for services (87 percent).
- The system was engaging most children, if age appropriate, and their families in the planning and implementation of services (93 percent each).
- There was an adequate assessment of needs in 76 percent of cases reviewed.
- Efforts were made to provide home and community based services for most children and families (97 percent).
- In most cases the system was able to respond to problems of an urgent nature (96 percent).
- Most children were achieving progress (90 percent), especially younger children and children in family or foster placements.
- Advocacy for children was 79 percent adequate.
- The majority of families were achieving progress (55 percent).
- Supportive intervention was provided to achieve the permanent goal in most cases (79 percent).
- Areas of deficiency in system performance included Assessment of Needs (76 percent), Permanency Plan Design (67 percent), Service Coordination (79 percent) and Progress Achieved-Family (55 percent).
- There were no major differences based on gender or adjudication.

Continued on Page 5.

Critical Issues

Critical issues are defined as conditions children and families have experienced in their environment that contribute to the risk of children entering or remaining in custody. The top eleven high-risk critical issues are listed below.

- In 93 percent of all cases the child **and/or** a parent had either a mental health diagnosis **and/or** substance abuse issues.
- 88 percent of the children adjudicated delinquent have mental health diagnoses/issues.
- 67 percent of the children reviewed had parents who were or had been incarcerated.
- 66 percent of the children had parents with substance abuse issues.
- 63 percent of the children had little or no relationship with their fathers.
- 61 percent of the children were from large sibling groups of three or more.
- 44 percent of the children had parents who had never married.
- 44 percent of the children had been allegedly physically or sexually abused (31 percent physically abused, 25 percent sexually abused, 12 percent both sexually and physically abused).
- 40 percent of children were from families living below poverty level.
- 35 percent of children had little or no relationship with their mothers.
- 30 percent of the children adjudicated delinquent have a diagnosed learning disability.

CPORT System Observations

Content analysis of strengths and performance issues across 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.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- Substantial services had been provided in an effort to prevent custody.
- In almost all cases, when appropriate, siblings were placed together in compliance with Brian A./Best Practices.
- Most children with a goal of reunification were visiting with families in appropriate settings.
- 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.
- Many children were in high quality foster homes with foster parents very committed to the children, and many were willing to adopt.
- Excluding runaways, most children were receiving Early and Periodic Screening, Diagnosis and Treatment services.
- Most children needing special education services were receiving them.
- Most social services caseloads were at the level needed to meet Brian A./Best Practice requirements with an average of 15; adoption caseloads averaged 10. Juvenile Justice caseloads averaged 24.

Continued on Page 6.

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 the child and family, and lacking strategies to achieve the permanent goal.
- Service coordination and communication between various system components were often inadequate.
- Many children in the Brian A. class experienced more than two out-of-home placements, ranging from 3 to 20 with an average of five and a median of four. The average total number of placements for all children in custody was five.
- 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.
- A number of children did not receive timely subsequent dental screenings as required by EPSDT, and hearing and vision screenings were not always adequately documented.
- TennCare sometimes delayed service implementation or provided inadequate services due to insufficient provider network, especially for mental health services, refusal to pay for specialized services, extended waiting periods and difficulty scheduling appointments.

Summary of CAFAS/CBCL/CALOCUS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child’s psychosocial functioning and has been adopted by several other states for evaluating state-served children.

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 school, home or community) and moods and emotions (the extent to which the child’s behavior exhibits age-appropriate skills, control, and expressions of feelings, and the absence of self-harmful behavior). Seventy-six percent of the children were rated as impaired in at least one of the eight areas, with 60 percent receiving impaired ratings in two or more areas. Seventy-three percent of the children rated a moderate or severe impairment in at least one area. Forty-six percent of the

Treatment Needs Identified by the CAFAS		
Percent of Sample	CALOCUS Category	Description
26%	Supportive Intervention	Can likely be treated on an outpatient basis, provided that risk behaviors are not present
25%	Short-term treatment (up to 6 months)	May need additional services beyond outpatient care
9%	Periodic treatment (over a 6 to 24 month period)	Needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
3%	Long-term treatment (one to five years)	Needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community

Continued on Page 7.

CPORT

Continued from Page 6.

children met criteria for serious emotional disturbance (SED). Overall, the CAFAS total scores indicated the treatment needs for the sample population of children in state care.

The Child Behavior Checklist (CBCL) is an assessment tool designed to record, in a standardized format, children's competencies and problems as reported by their parents or caregivers for children ages 18 months to 18 years. Pre-school, elementary and secondary teachers complete the Teacher Report Form (TRF) for to determine the service needs of children and adolescents ages 6 through 18 years with the full range of presenting problems, including mental illness, substance use disorders and developmental disorders. The focus is on the level of resource intensity, and the intensity is defined by a combination of service variables: physical facilities (care environment), clinical services, support services, crisis stabilization and prevention services.

There are seven levels of care ranging on a scale from Level 0 (zero) to Level 6. They can be compared with the differences between the services available in a single pediatrician's office (the lower levels of care) to a major medical center or secure, 24 hour, inpatient or residential treatment facility (higher levels of care). Overall, 70 percent of the children required a range of basic services from

Problems Identified by the Child Behavior Checklist

Percent of Sample	Age	Category	Classification
16%	18 months to 5 years	Internalizing	Borderline to Clinical
21%	18 months to 5 years	Externalizing	Borderline to Clinical
31%	6 years to 18 years	Internalizing	Borderline to Clinical
30%	6 years to 18 years	Externalizing	Borderline to Clinical

prevention and health maintenance to recovery maintenance and health management to limited outpatient services. Thirty percent needed more complex services from intensive outpatient to secure, 24 hour, psychiatric management.

Conclusions

The Department of Children's Services continues to make changes and improvements in the delivery of services to children and families. Some changes have been precipitated by consent decrees, administrative turnover and the Federal Child and Family Service Review results. The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2003 results indicate the overall status of children remained the same as 2002 at 87 percent positive. Most children are in a positive status and are safe, receiving services and supports to address their physical well-being, and with caregivers who are able to provide necessary supports and supervision. The emotional well-being indicator continues to be the primary factor defaulting the overall status of the child to negative. Children rated inadequate in emotional well-being needed services to

Continued on Page 8.

TCCY

Regional Coordinators

Northeast Tennessee Council

Diane Wise
1233 Southwest Ave., Extension
Johnson City, TN 37604
(423) 979-3200 ext 105
Diane.Wise@state.tn.us

East Tennessee Council

Robert Smith
531 Henley St., 7th Floor
Knoxville, TN 37902
(423) 594-6658
Robert.E.Smith@state.tn.us

Southeast Tennessee Council

Marilyn Davis
540 McCallie Ave., Suite 643
Chattanooga, TN 37402
(423) 634-6210
Marilyn.Davis@state.tn.us

Upper Cumberland Council

Kathy Daniels
1000 Neal Street
Cookeville, TN 38501
(931) 520-4445
Kathy.Daniels@state.tn.us

Mid-Cumberland Council

Jo Stanley
710 James Robertson Parkway,
9th Floor
Nashville, TN 37243-0800
(615) 532-1579
Jo.Stanley@state.tn.us

South Central Tennessee Council

Elaine Williams
Post Office Box 397
Columbia, TN 38402-0397
(931) 388-1053
Elaine.Williams@state.tn.us

Northwest Tennessee Council

Dana Cobb
P. O. Box 586
Huntingdon, TN 38344
(731) 986-4243
Dana.Cobb@state.tn.us

Southwest Tennessee Council

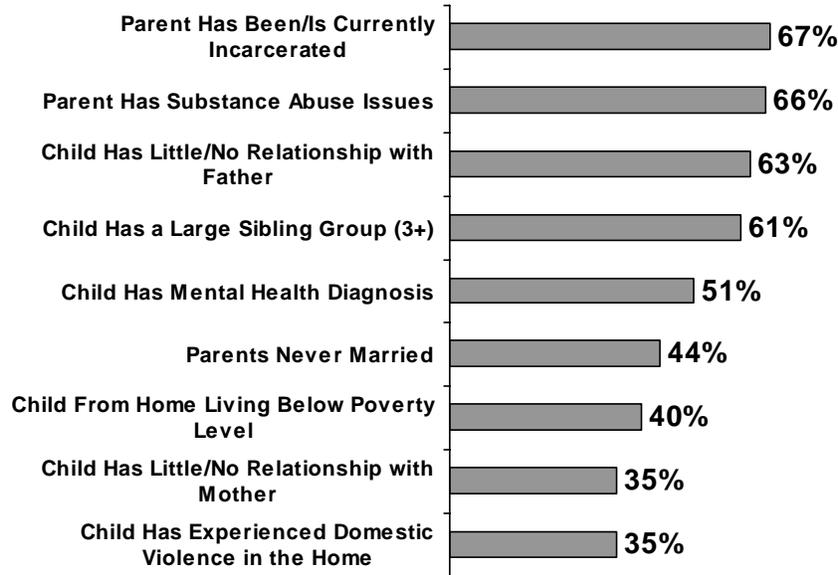
Rodger Jowers
225 Dr. Martin Luther King Drive
Jackson, TN 38301
(731) 423-6545
Rodger.Jowers@state.tn.us

Memphis/Shelby County Council

Gwendolyn Glenn
170 N. Main St., 9th Floor
Memphis, TN 38103
(901) 543-7657
Gwendolyn.Glenn@state.tn.us

High-Risk Critical Issues

All Cases



CPORT

Continued from Page 7.

address issues of physical/sexual abuse, grief/separation/loss and/or abandonment. Children ages 13 and older were least likely to receive the appropriate level of services to address their emotional well-being.

The overall system performance in 2003 functioned adequately 53 percent of the time. Child and family participation were major strengths indicating the system was engaging most children and families in the planning and implementation of services. However, only 55 percent of the families were making progress or improvement as measured in outcomes/benefits. Families of children adjudicated delinquent were least likely to receive services to remain intact or reunify, and families of children in foster homes were least likely to achieve progress.

Assessment of needs, service plan design and service coordination need the most attention. Service plan design was especially inadequate for children ages 13 and older or for children who are African American.

Advocacy was rated as overall adequate in 79 percent of cases, but was only minimally adequate in approximately 35 percent of the cases, and was weaker for children who are African American.

The CPORT process has systematically documented the status of children in state custody and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

The complete CPORT report is available on the TCCY website at www.tennessee/tccy/cport03.html. 

CPORT Process Provides Thorough Examination of the Cases of Children in State Custody

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that “tests” service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children’s Program Outcome Review Team (CPORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

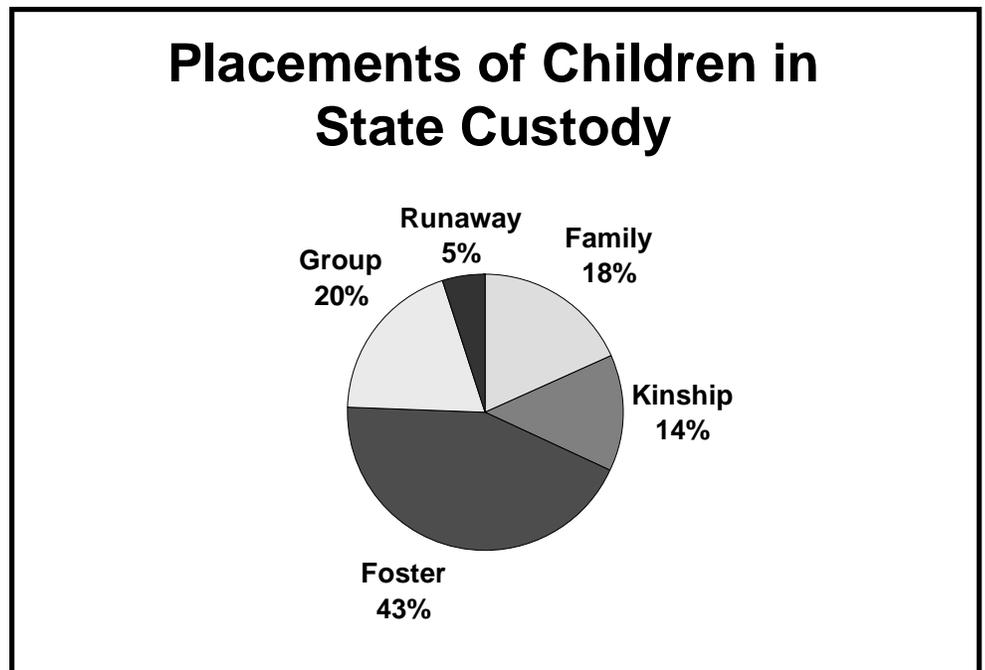
CPORT reviews are conducted in each of the state’s 12 Department of Children’s Services (DCS) regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide and the 85 percent level regionally.

The CPORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody;
- Court order for custody;
- Social history;
- Psychological evaluation;
- Other specialized evaluations;
- Permanency Plan;
- Individual Education Plan;
- Individual Program Plan.

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child, if age appropriate;
- Parent(s);
- Caregiver (foster parent or direct care staff in a facility);
- Case manager;
- Teacher or other school representative;
- Representative of the court ordering custody;
- Any other relevant service provider (Guardian ad Litem, therapist, etc.);
- Other significant/relevant person (relative, friend, coach, etc.).



The majority of information is collected through the interview process. Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are asked to complete an Achenbach Child Behavior Checklist (CBCL) and a Teacher Report Form (TRF). The children ages 11-18 are asked to complete the Youth Self-Report (YSR). The CPORT reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS). The reviewers also completed a new instrument added in 2003 called the Child and Adolescent Level of Care Utilization System (CALOCUS).

Continued on Page 10.

Process

Continued from Page 9.

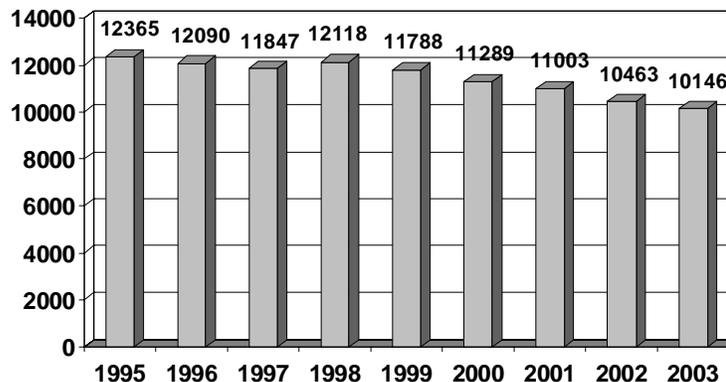
Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains."

The "Summative" process has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators (listed below).

Additionally, the reviewer completes a "Case Profile" that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol.

Consequently, all asterisked items have to be positive for an overall positive or adequate rating.

Population of Children in State Custody Comparison By Year



Source: Department of Children's Services

Status of the Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stability
6. Permanent Goal
7. Appropriateness of Placement
8. Educational/Vocational Progress
9. Family Unity Support
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment of Needs*
2. Long-term View*
3. Child Participation (ages 12+)*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Obviously, it would be desirable if all children were in a positive status on all indicators and all system functions were performed adequately, but this would be an unrealistic expectation. There are no established standards of realistic expectations. The overall goal is to improve or maintain an acceptable model of best practice that provides the most desirable and appropriate services to children in care and their families. 



TCCY Authorization No. 316049. August 2003.