



Legislative Issue

The Advocate

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Flag of the General Assembly

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Calendar of Events

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

TCCY

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

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Children and Youth Win Big in 2006 Legislative Session



A lot of work gets good bills up through the Capital onto the governor's desk. But it's worth it!

When the Legislature leaves town at the end of a session, children's advocates sometimes have to sum up the session in the words of Charles Dickens, "It was the best of times, it was the worst of times," as they celebrate good legislation but are wary of the impact of other changes. Other times the session ends with few changes having been made. This year, at least for Tennessee's children, the final tally came out with a lot of changes and most of them good.

The Tennessee Commission on Children and Youth asked our fellow laborers on behalf of children to report on legislation they successfully supported. This newsletter contains an overview by TCCY Executive Director Linda O'Neal and articles on pre-K changes by Katharine Mosher of the Department of Education, on Cover Tennessee by Michael Drescher of the TennCare Bureau, on other health initiatives by Tom Catron of the Governor's Office of Children's Care Coordination and on changes in Child protection by TCCY Legislative Specialist Steve Petty, and a personal report by TCCY intern James Moore. TCCY thanks all of these people for their contributions. Thanks also to the Legislature and Secretary of State's Office for additional graphics. 

It Was a Very Good Year... for Children in Tennessee

An Overview of Legislation Relating to Child Well-Being Passed in 2006

By Linda O'Neal

TCCY Executive Director



The recently concluded 2006 session of the Tennessee General Assembly produced many positive outcomes for children in Tennessee. Governor Phil Bredesen and members of the legislature collaborated on measures to improve opportunities for children to get a good start in life and receive essential services to enable them to succeed in school and the workplace.

Good public policies and investment in essential public structures to meet the needs of Tennessee children reap benefits for children and their families individually, and for the state as a whole when we develop a healthy, well-educated workforce for tomorrow.

Increased funding for pre-kindergarten through high school included a focus on expanding the highly successful pre-kindergarten programs that provide children the opportunity to develop critical language and social skills. These are especially important for low-income children who otherwise are more likely to begin kindergarten behind their classmates who are not economically disadvantaged. Pre-kindergarten programs provide these 4-year-olds with experiences they need to be successful in school and in life.

Increased educational funding for the Basic Education Program (BEP) included additional BEP funding for at-risk students and English Language Learner (ELL) students. Assisting these struggling children to succeed improves their potential for success in school and in employment.

The Tennessee Commission on Children and Youth Cindy Durham, Chair Nashville	
Blackshear	Dana L. Lesley Chattanooga
Brynum	Carlton Lewis Nashville
Clark Coggins	Christy Little Jackson
Cosley Coggins	Jerry Maness Memphis
Crowley	Diane Neighbors Nashville
Ford	Sue Pilson Cookeville
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Holden	Nancy Williams Memphis
Hughes	Joetta Yarbro Dyersburg
Hutchins Hille	JoAnn Yates Lookout Mt.
Hanson City	Linda O'Neal Executive Director

New legislation awards all unclaimed lottery prize money (up to \$18 million per year) to the Lottery Education: Afterschool Programs (LEAPs). After-school programs provide children important opportunities for enrichment activities.


Tennessee children will have increased opportunities to begin life healthy thanks to a \$1.4 million infant mortality initiative and \$3 million for women's health in underserved areas. Governor Bredesen's CoverKids program will provide health insurance coverage for uninsured children and pregnant women in Tennessee who are not eligible for TennCare.

A bill to require schools to provide at least 30 minutes of physical activity three times a week evolved into legislation expanding Coordinated School Health Programs statewide. These evidence-based programs improve a range of outcomes for children in health, education and lifestyles arenas.

Budget improvement items include \$500,000 to provide a tuition waiver at public two-year and four-year post-secondary institutions for children aging out of foster care in the Department of Children's Services, an important step in assisting them in becoming successful, contributing adults. For the first time since 1996, there is increased funding for Court Appointed Special Advocate (CASA) programs, improving the prospects for abused and neglected children to have a voice to advocate for their best interests.

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As a result of a joint resolution, the Select Committee on Children and Youth will be studying children's mental health with instructions to develop a blueprint for improving services to children. A number of bills before the House Education Committee were deferred for study, with several related to the interface of children's mental health and educational issues.

Great strides were made in laws, funding and programs for children and families in Tennessee in 2006, and many opportunities remain. The Tennessee Commission on Children and Youth expresses its gratitude to the governor, legislators, service providers and the many citizens who became involved in the processes that resulted in better public policies for Tennessee. 

Tennessee's 'Pre-K for All' Program Celebrates Anniversary with New Funding

By Katharine Mosher
Department of Education

Tennessee's 'Pre-K for All' program is ringing in its first anniversary with a \$20 million boost in funding that will allow approximately 200-250 additional classrooms for 4-year olds to attend a state-funded pre-kindergarten program. The total state pre-kindergarten budget will be \$55 million. 'Pre-K for All' is the state's voluntary pre-kindergarten program, launched under Governor Bredesen in 2005, which meets or exceeds national standards for quality and is delivered by licensed teachers in a small learning environment. With the recent passage of the state budget, local school systems again will have the opportunity to apply for state grants to open new classrooms. The State Office of Early Learning anticipates awarding the grants by early July to allow districts more time than last year to prepare for the opening of school.



Baxter Pre-K in Putnam County celebrates its graduation.

"We have been working with school systems for months in anticipation of this moment when we can say new funding is available," Office of Early Learning Executive Director Bobbi Lussier said. "It's exciting that moment has arrived, and I know many school systems across the state are ready to serve these additional children."

Tennessee has operated a pilot pre-kindergarten program since 1998; however, Governor Bredesen's investment of \$25 million in 2005-06 was the first major increase in funding to expand the program since its inception. His vision for the program is to eventually offer pre-kindergarten to all 4-year-olds. However, until enough funding is available to meet that goal, children deemed to be at-risk receive priority. Three hundred classrooms opened under the 'Pre-K for All' program in its first year, increasing the number of state-funded pre-kindergarten classrooms to 446. Approximately 8,900 children attended one of the programs across the state.

"This infusion of money has turned the tide for Tennessee in terms of access to pre-K," Education Commissioner Lana Seivers said. "Tennessee has always ranked at the top in terms of the quality of its pre-kindergarten education. Now we can look forward to reaching new heights in terms of serving more children across the state."

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Pre-K

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The past year has been a whirlwind of supporting start-up classrooms from the first round of grant recipients and providing outreach to increase participation in second round of the grant process.

More than 500 educators and administrators from across the state attended Tennessee's first annual Pre-kindergarten Summit in early May, sponsored by Pre-K Now and the Tennessee Alliance

for Early Education. Pre-K Now Executive Director Dr. Libby Doggett was among the presenters training local educators and community providers in how to collaborate in operating a successful pre-kindergarten program. The summit provided a venue for sharing models that have been successful and exploring new avenues for opportunity.

Pre-kindergarten teachers will have their own specialized training during the Tennessee Pre-K Summer Institute for teachers in Nashville June 19-23. Teachers will spend five days at Vanderbilt University's Peabody College engaged in research discussions, reading groups and interactive sessions.

Additionally, Lussier and her team have been in constant direct contact with local educators, providing guidance so that any interested system will be able to apply for funds. Applications have been distributed via email and posted online at www.tennessee.gov/education. An astonishing 93 of 95 counties in the state have indicated the intent to apply. 🏠

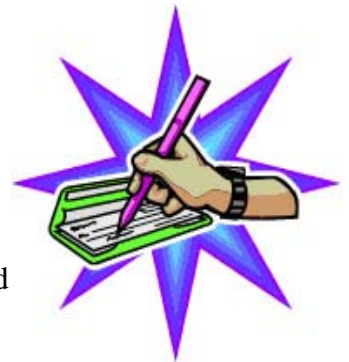
Tennessee's Pre-K Timeline

Year	Funding	Classrooms	Students
1998-99	\$3 million (state)	30 classes	600 children
2000-01 & 2001-02	\$6 million (state) \$9 million (federal-added in January)	60 classes 90 classes added mid-year	1,200 children 1,800 children added mid-year
2003-04	\$10 million (state) TANF funded ended	147 classes	2,500 children
2005-06	\$10 million (state) \$25 million (lottery)	146 pilot classes 300 Pre-K for All classes	8,900 children
2006-07	\$10 million (state pilot) \$25 million (lottery) \$20 million (new state funding)	600 total classes	14,000 children

State Budget

With an explosion of new revenue, children did well in the FY 2006-07 Tennessee budget.

- ★ \$20 million in additional funding for Pre-K to create 250 new classrooms, added to \$25 million from lottery proceeds for a total of \$45 million;
- ★ \$35 million in additional funding for at risk students in the BEP;
- ★ \$7 million in initial 2006-07 funding for CoverKids, Tennessee's new SCHIP program;
- ★ \$5 million for Women's Health for Underserved Areas (\$3 million in recurring and \$2 million in non-recurring fund) and \$1.4 million for an Infant Mortality Initiative by the Governor's Office of Children's Care Coordination;
- ★ \$14.9 million for the effort toward statewide implementation of the Coordinated School Health Program;
- ★ \$195,000 in new grants for existing CASA programs. Marriage license fee portion already earmarked for CASA will be directed for expansion in unserved areas;
- ★ \$300,000 for new grants for new Children's Advocacy Centers in previously unserved areas;
- ★ \$5.5 million for a 6.2 percent increase in Foster Care and Adoption assistance rates;
- ★ \$1.6 million for a 2 percent increase in Residential Provider Rates;
- ★ \$500,000 for tuition assistance for children aging out of foster care;
- ★ \$2.5 million to maintain the standard of need for Families First program. 🏠



Improving Birth Outcomes in Tennessee

By Tom Catron, Ph.D., Director, and
Veronica Gunn, M.D., Medical Director
Governor's Office of Children's Care Coordination

On April 21, 2006, Governor Bredesen and Shelby County Mayor A.C. Wharton co-sponsored an Infant Mortality Summit in Memphis. At the kick off of this Summit, implemented by Department of Health Commissioner Kenneth Robinson and DOH staff, the governor announced that the state is determined to combat the problem of infant mortality.

In 2004, nine out of every 1,000 babies born in Tennessee died before a first birthday, a statistic that gives Tennessee the third highest infant mortality rate in the nation. There are significant geographic and racial differences when it comes to birth outcomes in Tennessee. Infant mortality is more prevalent in the west health region; an infant dies in Shelby County every 43 hours. In addition, the infant mortality rate is over two times greater for babies born to African-American mothers than born to White mothers—a pattern seen consistently across the state.



Infant mortality is a complex problem. According to the comptroller's report (No. R-04-06) the primary causes of infant mortality are 1) disorders related to pre-term birth and low birth weight, 2) birth defects and 3) Sudden Infant Death Syndrome (SIDS). In some cases important medical services are available but under-utilized and in other cases services may be under-represented, making utilization difficult. Some women lack prenatal care or have their own health risk factors that affect the outcome of their child's birth. Environmental and behavioral risks as well as geographic and racial disparities contribute to birth outcomes.

Although the factors contributing to infant mortality in Tennessee are complex and daunting, most are remedial.

The General Assembly approved the governor's request for additional funds starting in July 2006 to help coordinate the state's response to the infant mortality problem and to address the shortage of obstetric services in underserved areas of the state. The Governor's Office of Children's Care Coordination will oversee these new initiatives.

Infant Mortality Initiative. There are many excellent activities directed by the Department of Health, TennCare Bureau and other departments to promote healthy birth outcomes. The additional appropriations made by the governor to support the coordination of the State's response to infant mortality include funding to 1) identify and bring together key stakeholders across the State to determine more proximate causes of infant mortality, 2) support and evaluate new pilot programs to improve birth outcomes, 3) develop Fetal Infant Mortality Review (FIMR) teams and 4) conduct a public awareness campaign to improve community awareness and promote action.

It is important for the state to develop and maintain key partnerships in the provider, academic, service, advocacy and faith communities and private industry. This will allow the state to tap into the excellent resources that are available to organize and support needed action steps, promote evidence-based services, evaluate the success of new policies, and sustain effort in each locale.

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Improving

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Memphis has been a great example of how a community can organize to approach a complex problem such as infant mortality, and we are privileged to have the opportunity to work closely with them and learn from their activities. Our office will be working to organize the major urban areas and rural regions to identify the key stakeholders in those communities who can provide the local leadership to promote public awareness and identify local action steps.

Infant Mortality Rate Deaths per 1,000 live births

	2000	2003
State	9.1	9.3
US	6.9	6.9

Tennessee ranks 47th nationally

Source Kids Count National Data Book, 2006

FIMR teams will be established at the local level and allow for an in-depth examination for the cause of infant deaths. We currently anticipate that new legislation will be required to allow the teams to conduct necessary interviews; however, we will immediately begin to establish the standardized interview format and data reporting so we can make the most use of the data collected. Governor Bredesen is particularly interested in the information that can be derived from the FIMRs to help identify key reasons behind infant deaths and help inform the state's actions.

Women's Health Initiative. Pre-conception health care is essential to improving birth outcomes. Assessment of Tennessee's Perinatal Periods of Risk—a paradigm for approaching infant mortality data analysis—reveals that the mother's health prior to and between pregnancies is the leading contributor to infant death in many of our large metropolitan areas. Tennessee is recognized as a medically underserved State. This is compounded by the national problems experienced by obstetric providers (e.g., rising malpractice premiums and frequent litigation) and has made it even more challenging to improve access to obstetric services in some areas of the state. To this end, Representative Kim McMillan approached Governor Bredesen with the idea to help re-establish obstetric services in underserved areas for the purpose of improving pre-conception and perinatal health care and birth outcomes. The Women's Health initiative will make it possible to produce market-place initiatives to providers and hospitals to restore OB/GYN services in underserved areas. Furthermore, our office will establish close connections with the State's five Perinatal Centers and children's hospitals to provide additional resources and support to practitioners in the field.



National KIDS COUNT Data Book Released



The Annie E. Casey Foundation's annual KIDS COUNT National Data Book released June 27 found that, in spite of improvements in important indicators, Tennessee has slipped to 46th in overall child well-being in 2006 compared to 43rd last year.

The teen death rate in Tennessee has improved more than the national average, giving the state one of its best rankings at 32nd. Tennessee's child death rate also improved. The state's infant mortality rate was tied with Louisiana at 47th, leaving only Delaware and Mississippi with worse rates than Tennessee. The high school dropout rate in Tennessee remained the same at 11 percent, but the rest of the nation made dramatic strides in reducing high school dropouts. Consequently, Tennessee slipped from a ranking of 30th to 45th on this measure.

The essay in the KIDS COUNT National Data Book focuses on children in family-based care. Tennessee has a high percentage of children in family-based care and among the highest rates in the nation of children living with their grandparents.

The Data Book is available on the Internet at www.kidscount.org or through TCCY's website at www.tennessee.gov/tccy. TCCY is the Annie E. Casey Foundation's KIDS COUNT affiliate in Tennessee.

State to Use SCHIP Program to CoverKids Other Health Care Initiatives Approved

By Michael Drescher
TennCare Bureau

Cover Tennessee Comparison Chart

	COVERKIDS	ACCESSTN	COVERTN	COVERRX
Household Income	Below 250% fpl	No restriction	Below 250% fpl	Below 250% fpl
Income exceptions	Buy-in available over 250% fpl	NA	Small Employer exception for businesses of fewer than 25 employees	NA
Age	17 and under; pregnant women	NA	18 and over	18 and over
TN Residency	Yes	Yes	Yes	Yes
"Go Bare" (time uninsured prior to enrollment in this product)	None	6 months	6 months	No current pharmacy coverage
Employment	NA	NA	Required at time of enrollment	NA
Pre-existing condition clauses	None	May include temporary exclusion for pre-existing conditions; exclusion may be waived for TennCare disenrollees	May include temporary exclusion for pre-existing conditions	NA
Pricing information	Reduced co-pays	Premiums capped at 150% - 200% standard market rates; premium subsidies for low income uninsured	Target price: \$150 to be shared among the participant, state and employer; varies by age, tobacco and weight	Affordable co-pay for actual medication received from base formulary; discount price for all other medications
Benefits	Comprehensive coverage modeled on State Employee Health Plan	Comprehensive coverage modeled on State Employee Health Plan with HSA option	Targeted coverage of most needed services, (i.e. physician, hospital, pharmacy, etc.)	Affordable access to base formulary of generics and selected brand name pharmaceuticals; discount for all other medications

During his State of the State speech in February, Governor Phil Bredesen outlined the development of an SCHIP (State Children’s Health Insurance Program) program to make sure every child in Tennessee has access to health insurance. In March, Governor Bredesen detailed the Cover Tennessee initiative, which will create affordable and portable health insurance options for uninsured children and adults in Tennessee. The CoverKids initiative is a key component of the Cover Tennessee plan to extend health coverage to uninsured children in Tennessee. CoverKids is one of the health coverage initiatives within the Cover Tennessee program passed by the Tennessee General Assembly in May.


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: (615) 741-5956. E-mail: fay.delk@state.tn.us.

CoverKids will offer health insurance to children and pregnant women who do not qualify for TennCare. It will operate independently of TennCare and be run through the Division of Insurance Administration in the Department of Finance and Administration, which operates the state employee health plan. Eligibility for the program is capped at 250 percent of the federal poverty level (annual income of \$50,000 for a family of four), but individuals making more than the income threshold can “buy in” to the program, ensuring the opportunity for insurance coverage of every child in Tennessee.

CoverKids will include a comprehensive benefits package that resembles the insurance plan available to state employees. The co-payments required in CoverKids, however, will be substantially lower than the cost-sharing requirements of the state employee plan, making CoverKids more affordable for lower-income families.

Early planning is underway, and CoverKids is expected to begin covering uninsured children in early 2007. In the meantime, individuals can monitor the progress of CoverKids and the other Cover Tennessee initiatives by signing up for an update email list. To subscribe, call 1-(888) 486-9355 or visit <http://www.ja.state.tn.us/app/CoverTennessee/HealthInfo.jsp>

Other Components of the Cover Tennessee Package

- ★ AccessTN: Provides a comprehensive health insurance plan for seriously ill adults. A new premium assistance proposal will help low income uninsurables also take part.
- ★ CoverTN: Creates a partnership between the state and private employers to offer guaranteed, affordable, basic health coverage for working Tennesseans who are uninsured. Also includes an option for small businesses to participate.
- ★ CoverRx: Expands the state's successful Safety Net program for affordable medication to low income, uninsured Tennesseans.
- ★ ProjectDiabetes and Coordinated School Health: Expands an educational pilot project to K-8 schools across the state to teach healthy lifestyles and eating habits. Also launches a grant program to expand treatment options focusing on reducing Type II Diabetes and obesity. 

AccessTN RELATIVE PRICING INFORMATION			
	Market Avg.	ACCESSTN (Capped at 150%-200%)	HIPAA Policy (capped at 300%)
Single policy	\$238/month	\$358 - \$477/month	\$715/month
Policy for a family of four	\$428/month	\$641 - \$855/month	\$1,283/month
<small>* Based on the current market averages as presented in America's Health Insurance Plans, Individual Health Insurance, August 2005.</small>			

Look for enrollment information on Cover Tennessee Health Coverage Options in fall 2006. Benefits should begin in early 2007.

To sign up for updates call 1-888-486-9355 or visit www.tennessee.gov


The Child Abuse Fund

By Steve Petty

TCCY Legislative Specialist

Having sex offenders foot the bill for some of the tragic outcomes they create will hopefully be the result of one law passed by the 104th Tennessee General Assembly. Legislation sponsored by Sen. Tim Burchett and Rep. Randy Rinks allows for seizure of property of sex offenders used in commission of crimes. Automobiles, as well as computers, cell phones, pagers, and other items of personal property, could be seized and sold with the proceeds going to a newly created fund, the Child Abuse Fund. That fund will be divided three ways with 50 percent going to Children's Advocacy Centers and 25 percent each to Court Appointed Special Advocates and Prevent Child Abuse Tennessee.

The three groups receiving the funds would be required to report their expenditures to the Senate General Welfare Committee, the House Children and Family Affairs Committee, the Select Committee on Children and Youth and the Fiscal Review Committee. The Fiscal Note on the bill, an estimate of the expenditure or revenue created should the bill become law, was \$4 million.

All recipients of funding from the Child Abuse Fund and its subsidiary funds (Child Advocacy Centers Fund, Court Appointed Special Advocates Fund and Child Abuse Prevention Fund) would be required to collaborate with each other and also with the Department of Children's Services, the Department of Children's Services' Child Abuse Prevention Advisory Committee, the Child Sexual Abuse Task Force, the Commission on Children and Youth, the Governor's Office of Children's Care Coordination and other appropriate state and local service providers in the planning and implementation of multi-disciplinary, multi-agency approaches to address child abuse, including primary, secondary and tertiary child abuse prevention; investigation and intervention in child abuse cases; and needed treatment and timely permanency for victims of child abuse. 

The Child Protection Act of 2006

By Steve Petty

TCCY Legislative Specialist


The Child Protection Act of 2006 creates several new offenses and makes changes to registry requirements for sex offenders. Changes in the statutory rape definition created several classes of statutory rape.

- ★ Mitigated statutory rape is defined as the sexual penetration of or by the victim when the victim is at least 15 but less than 18 and the defendant is four years but not more than five years older than the victim. Statutory rape is defined as when the victim is at least 13 but less than 15 and the perpetrator is four or more years older than the victim, or the victim is at least 15 but less than 18 and the defendant is five or more years older than the victim.
- ★ Aggravated statutory rape is when the victim is less than 18 and the perpetrator is 10 or more years older than the victim.
- ★ Mitigated statutory rape and statutory rape are both Class E felonies, and aggravated statutory rape is a Class D felony.


Those convicted of mitigated statutory rape or statutory rape would not be required to register as a sex offender unless they had prior sex offense convictions. Those previously convicted of statutory rape under the previous definition could apply to have their name removed from the registry if they meet the new definitions of mitigated statutory rape or statutory rape.

The statute also creates the offense of aggravated rape of a child where the victim is 3 years of age or younger. This offense would carry a Range II sentence, 25 to 40 years, and the offender would be required to serve 100 percent of the sentence.

The Child Protection Act also establishes standards for photographing sex offenders to ensure they are more easily identifiable, and increases emphasis on oversight of the quality of the data on the sex offender registry.

The measure also calls for the Department of Children's Services in conjunction with the Child Sexual Abuse Task Force, the Child Advocacy Centers, the Tennessee Council of Juvenile and Family Court Judges, the Tennessee Commission on Children and Youth, the Tennessee Supreme Court Administrative Office of the Court, the District Attorneys General Conference and the juvenile and criminal court clerks, to develop a plan for collecting detailed data and information on reports of child maltreatment and the legal disposition of all allegations by type of maltreatment and type of disposition including data on the victim and perpetrator. 

Want to Know More

- ★ **TCCY Website.** The Tennessee Commission on Children and Youth maintains a website with information on legislation related to children's advocates (www.tennessee.gov/tccy/legislat.html). During the legislative session it is updated weekly.
- ★ **TCCY Listserv.** If this newsletter was forwarded to you or accessed from the TCCY website, you may wish to sign up for our Listserv and receive information and updates about legislation and notification of new issues of *The Advocate* and other information related to child advocacy. To sign up, go to www.tennessee.gov/tccy/listserv.html.
- ★ **Laws on Children, Youth and Families.** TCCY publishes the *Compilation of Laws on Children Youth and Families* and makes it available at www.tennessee.gov/tccy/tchild/tncnil/tncnil.htm.
- ★ **Legislature's Website.** The General Assembly website lists members of the Legislature, legislative committees and their members, and legislation filed each session. During the session, activity on bills is updated hourly. The website is available at www.legislature.state.tn.us. 

School Safety and Children's Mental Health Studies

Or, How the Select Committee on Children and Youth Spends Its Summer Vacation



Sen. Roy Herron
Committee Chair

By Cindy Perry

Select Committee on Children and Youth Executive Director


The work of the 104th General Assembly may have ended on May 27th, but a number of legislators will continue working very hard on some crucial children's issues during the "off-session" months. Summer and fall are the typical times when special legislative study groups and oversight committees are most active, doing the extra information gathering and research needed in order to be well prepared to undertake important legislative initiatives in the upcoming session.

Assessing the status of school safety and violence prevention laws is one legislative initiative launched this past session and slated for further examination. By agreement of the sponsors and the chairs of the House and Senate Education Committees, the Legislature's Select Committee on Children and Youth and its Education Oversight Committee are joining together to study the provisions of Senate Bill 3537/House Bill 3586 (Schools Against Violence in Education Act). The broad-based changes this bill proposed aimed squarely at two targets: 1) Increasing the ability of schools to safely avert violence by instituting threat assessment procedures and intervention plans for students who threaten or act in potentially violent ways and 2) Assuring that all schools have comprehensive emergency management plans involving law enforcement and emergency medical services in place that can be quickly and effectively executed if and when crisis situations erupt. It is expected that the study process will place significant emphasis on defining duties of school resource officers and identifying best practice in the area of school-based policing.

With its unanimous passage in both the Senate and the House of Representatives, Senate Joint Resolution 799 sets the stage for another important and timely study to get underway. The mental health needs of Tennessee's children and youth are to be examined by the Select Committee on Children and Youth over the next two years.

Senate Joint Resolution 799 describes in compelling fashion the need for focused attention on systemic improvements and reform, citing multiple measures that our children's mental and emotional well-being is faltering across the entire age span from early childhood through adolescence and the teen years. By April 1, 2007, the Select Committee is to report to the General Assembly the extent and nature of the problems and outline a blueprint design for a comprehensive, coordinated system of children's mental and behavioral health care. By April of the following year a subsequent report laying out a master plan of implementation and resource recommendations is to be completed. SJR 799 can be read in its entirety on the internet at <http://www.legislature.state.tn.us/Joint/Committees/children/c&y.htm>.

Drawing upon the expertise from the Office of the Comptroller and various state departments as well as youth and family members who have individual experience and knowledge about children's mental health issues, the committee will do research and conduct hearings in an all out effort to locate, analyze and adapt proven models of behavioral health care and service delivery to create a system in Tennessee that will reverse the serious negative mental health indicators that currently exist.

The committee especially wants to meet with and hear from families who have children with mental health problems as well as young adults who experienced mental health problems as children. You can learn more about SJR 799 and the children's mental health study by contacting the office of the executive director of the Select Committee on Children and Youth at (615) 741-6239 or (800) 449-8366, ext. 16239 or email debbie.gazzaway@legislature.state.tn.us. 

Coordinated School Health Sprints Across State

By Fay L. Delk

TCCY Publications Editor

As was reported last year in *The Advocate*, coordinated school health programs have a far-reaching ability to improve students' academic performances, as well as their health. This year the legislature has increased the amount of money to fund coordinated school health programs in the local education authorities. The state had operated 10 pilot programs at a cost of \$10 million. The new budget added \$14.9 million to expand the program statewide, requiring all local education agencies to implement a coordinated school health program by the 2007-08 school year.



The new law adds positions for a health specialist and a physical education specialist within the Department of Education (DOE). The health specialist is to coordinate and oversee the local education agency's implementation of the programs and to provide continuing support for them. The physical education specialist will be a resource on physical education activity programming and provide professional development for instructors.

According to the DOE, coordinated school health is a systematic approach to promoting student health that emphasizes needs assessment; planning based on data, sound science, an analysis of gaps and redundancies in school health programming; and evaluation. Eight components of the coordinated school health program promote positive education for healthier outcomes through collaboration. The eight components are:

- ★ Health education;
- ★ Physical education;
- ★ Health services;
- ★ Nutrition services;
- ★ Healthy school environment;
- ★ Health promotion for staff;
- ★ Family and community involvement; and
- ★ Counseling, psychological and social services.

Pilot sites are located in Loudon, Warren, Tipton, Gibson, Henry, Macon, Stewart, Putnam, Monroe and Washington counties. These sites began training and development in 2001 and have documented health improvements as a result of their efforts.

The legislation also requires schools to provide elementary and secondary students at least 90 minutes of physical activity a week. This addresses concerns about school systems replacing activity programs with class time despite overwhelming evidence that physical activity stimulates the brain and increases performance and the necessity of increased physical activity to address the increase in childhood obesity and obesity-related diseases. The law goes into effect on July 1, 2006.

Other Changes. The *Child Nutrition and Wellness Act of 2006*, backed by the Tennessee Dietetic Association, calls for a major comprehensive plan to address childhood obesity and related diseases in Tennessee. The bill calls for the commissioner of health to appoint an advisory council to develop, with the assistance of the Tennessee Healthy Weight Network, long-term strategies for preventing obesity and related diseases in children.

Although not a part of new 2006 legislation, schools will be required to begin implementing the School Health Index to evaluate total school contribution to health education and to begin following minimum nutritional standards for all foods sold by elementary and secondary schools by July 1.

Nan Allison, executive director of the Tennessee Dietetic Association, contributed information to this story.

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A Broader Perspective: My Internship at TCCY

By James Moore
TCCY Intern



Growing up in Tennessee I was always aware of our state government, but I never really knew very much about it. As I got older, I became interested in government and ended up going to the University of Chicago in pursuit of a public policy degree. After two years, I felt a need to take a break from the classroom and get into an environment where I could see public policy being made.

This January, the Tennessee Commission on Children and Youth gave me the opportunity to experience Tennessee state government. Because several committees often were discussing bills with which TCCY was concerned, it was my responsibility, under Steve Petty's direction, to keep track of what was happening to bills in certain committees. Though there are services that track bills, they do not capture some of the more important details, such as what legislators have to say about bills during discussion.

As my internship proceeded I was able to watch bills as they were introduced, amended, and then passed in to law or defeated. As I saw all this progress, I realized what an important part TCCY plays in children's welfare by taking a close look at the myriad of bills that come through the legislature each year. Sometimes legislators unintentionally introduced bills that might harm child welfare in Tennessee. It was great to see how TCCY worked with the sponsors of those bills to make sure that the interest of children was protected.

Though my time in the Legislature was valuable, it was my opportunity to shadow the Quality Service Review team that helped me see another side of public policy. After spending three days with the QSR process I was able to see how policy was being put into practice. I heard caseworkers and reviewers discussing issues that were being addressed in the legislature and noticed the difference in perspective between the two environments. I also saw how a law is only as good as its implementers. A good caseworker and staff make the crucial difference in the success of a law and in the success of children in state custody.

At the end of my internship, I believe so strongly that TCCY plays a critical role in the lives of Tennessee's children. I am glad to have been a part of this organization during this semester. When I return to University of Chicago for my senior year this September, I will have TCCY to thank for opportunities that have given me a much better perspective on the realities of public policy. 🏠