



The Advocate

Vol. 21 No. 1

A newsletter on children's issues

April 2011



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Calendar of Events

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.tn.gov/tccy.

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Advocates Play an Important Role

The state's citizens are also employers. Every four years they hire a governor, state senators and representatives, as they did last year.

However, as employers, citizens' jobs do not end there. Employers need to convey the job expectations on which to base promotion and retention decisions. Employers also determine what new employees need in order to do their jobs and endeavor to assure they have access to it. Good employers monitor job performance and give feedback.

So, as it did in 2002, when the last governor was hired, TCCY gathered advocates in a Children's Caucus as experts to set priorities for serving the state's children .

The advocates, representatives of the full range of services to children, created a shared agenda (see page 8) that considered all children and families and the help they need.

Earlier, TCCY, League of Women Voters and AARP had scheduled several "Creating Solutions" forums to explore the problems facing Tennessee's children and families and ways to address them.

An overview of the legislative issues facing Tennessee children and a list of recommendations from the Children's Caucus follow.



Linda O'Neal speaks to the September 15, 2010, Creating Solutions forum.

Priorities for Tennessee's Children

By Linda O'Neal
TCCY Executive Director



Advocates are engaged in presentations at the October Creating Solutions event at Legislative Plaza.

Over the past two decades Tennessee has created public-private and state-local partnerships to implement essential public structures, “infrastructure” services, for children and families – basic public supports developed in our child welfare, education, health, human services, juvenile justice, mental health and disability services systems. These services and supports are interwoven, so weakening public structure resources in one system erodes the strength of the foundation in all systems.

The collective work of diligent child advocates has paid substantial dividends. Last July, Tennessee achieved its best ranking ever –41st –in the Annie E. Casey Foundation’s 21 years of scoring states on child well-being in its *KIDS COUNT Data Book*. Good public policies contribute to better outcomes, and improvements in rankings demonstrate the value of both good public policies and the way investments in essential services and supports produce results.

Since 2000, Tennessee has experienced improvements in infant mortality, child death rates and teen death rates, reflecting the positive impact of good public policies for child and adolescent safety. These include requiring vehicle child restraint devices and seat belts, life preservers in boats and bicycle helmets. Compliance with Tennessee’s graduated driver licensing requirements, consistent use of seatbelts and avoiding distractions like texting and cell phone use all help young drivers focus on driving and safety, critical because motor vehicle accidents are the leading cause of adolescent deaths. Evidence-informed training for school system employees and a broad range of youth service workers has helped reduce the number of young Tennesseans who die by suicide.

A myriad of strategies have helped improve other outcomes for Tennessee children. Reducing **infant mortality** in Tennessee requires a **broad collaborative effort of state-local and public-private partnerships**. The Department of Health and the TennCare program play important roles in these efforts and in recent years, the Governor’s Office of Children’s Care Coordination has supported important evidence-informed community initiatives to reduce infant mortality. Aggressive efforts are needed to improve maternal health and reduce premature and low-birth-weight babies and infant mortality. Programs that provide early and adequate prenatal care and implement evidence based strategies to improve birth outcomes, and home visiting for pregnant women and new parents all help mothers have healthier babies and reduce infant mortality.

Yet even with improvements in recent years, Tennessee continues to rank in the bottom 10 in the nation on both low-birthweight babies and infant mortality.

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Priorities

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Tennessee also has had improvements in the proportion of children staying in and graduating from high school, where state laws requiring children to stay in school until their 18th birthday and linking eligibility for a driver's license to school attendance help keep more students in school. Pre-K programs, Race to the Top and other school improvement efforts are longer term strategies to improve high school graduation rates.

Sound policies have been instrumental in improving outcomes for Tennessee children, and adequate services and supports are also essential for children to be healthy and educated for success in the workforce of tomorrow. Federal stimulus funds and state reserves are currently helping to maintain many services implemented in recent years. Projections indicate it will take several years for the revenue situation improves sufficiently to eliminate the current challenges faced in making budget decisions, so we all must be diligent in identifying ways to maintain these services.

Elected leaders in Tennessee wisely established substantial Rainy Day and TennCare Reserve Funds, which are now helping maintain basic services and supports, providing children with opportunities to thrive and become productive citizens.

These services and supports enable children to remain with their families, be healthy and supported in their homes and communities, succeed in school and become part of Tennessee's economic engine of the future. They do this by improving health and education opportunities, providing early intervention when needed, and helping to reduce child abuse and involvement with child welfare and juvenile justice systems.



Carol Westlake, a foremost advocate for those with disabilities, is a frequent partner of TCCY and child advocates.

If these services are abolished, more children will fail in school, have mental health and substance abuse problems and come into state custody and fewer children will be prepared to be active citizens and contributing adults. Preserving the foundation of partnerships supporting children and families helps maintain essential services and supports and also allows hundreds if not thousands of people employed to provide these necessary services to contribute to the recovering economy of our state.

The period of early childhood is the cornerstone for positive brain development and the development of social and emotional well-being in children, including impulse control. Early experiences affect the architecture of the developing brain. The quality of the architecture establishes either a sturdy or fragile foundation for all the development and behavior that follows, and getting it right the first time is easier than trying to fix it later. Without sound "hard wiring" in brain architecture in the early years, children will continue to fail in school, school dropout, and juvenile and adult crime

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Priorities

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problems in Tennessee communities. Brain development research makes it clear the most significant time for investing in children is during the early years, and research shows quality early childhood programs and experiences promote healthy physical, cognitive and socio-emotional development of children.

As part of a comprehensive and coordinated early childhood system of care, **home visitation** programs can provide families with much needed support, including education, health and mental health services. These voluntary programs provide services appropriate to the needs of individual families, offering guidance and support in the home environment. The different program models have varying goals and services, in general they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families.

Quality home visitation programs are one of the most important things the state can do to improve long-term outcomes for vulnerable young children, high-risk infants and high-risk families. These programs could be instrumental in reducing premature and low-birth-weight babies, reducing infant mortality and child abuse, improving immunization rates, and increasing parental understanding of the developmental needs of their children. Quality home visitation programs are a sound long-term investment in the future of Tennessee.

Preservation of **quality Pre-K early childhood education programs** in Tennessee is essential. Existing Pre-K classes serving almost 18,400 children have been protected in recent tight budget years in Tennessee. However, the state still only provides Pre-K classes for fewer than 40 percent of the at risk young children in Tennessee, so more classes are needed when the economy improves.

Studies indicate every dollar spent on quality early childhood education for low income children saves up to \$17 in cost avoidance for undesirable outcomes like unnecessary special education, repeating grades in school, school dropout, teen pregnancy, substance abuse, juvenile delinquency and crime, and long term welfare dependency. Adequate early childhood education programs increase the likelihood children will enter school with the social, emotional and cognitive skills they need to learn, and advances in brain development research reinforce the critical need to provide quality early childhood education programs, especially for disadvantaged children.

There is a convergence of the best interests of children and the state's long-term economic best interest in identifying a way to fund Pre-K and home visiting programs for all at-risk children. It would be a sound investment for a stronger, healthier, better educated workforce and safer more prosperous families and communities.



Advocates at work!

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Priorities

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Tennessee has made great progress in recent years in expanding the number of **children's mental health system of care** sites through federal funds awarded to the Department of Mental Health. The Department of Children's Services has made great strides in reducing the number of children in state custody through a variety of strategies, including the multiple response system to child protective services, increased adoption and many other interventions.

While Tennessee achieved tremendous success in receiving Race to the Top education funding, important resources that help children succeed in school, like **Family Resource Centers, bullying prevention provided through Safe Schools and Coordinated School Health Programs** that address the physical and mental health needs of children, help reduce childhood obesity and contribute to improved academic progress are also at risk.

Adolescent brain development research tells us this is a critical time to provide the services and supports that enable children to overcome prior negative experiences and develop the good judgment required to become good employees and good parents for the next generation. Potential budget reductions would seriously erode the foundation of these partnerships and reduce the opportunity for Tennessee children to receive the services and supports necessary to succeed in school and in life.

So, while the state of children in Tennessee has been improving, much work needs to be done. The current foundation supporting the successful development of Tennessee children is in danger of serious erosion. Governor Haslam, members of his cabinet and state legislators must work together with all Tennesseans to provide the resources necessary to continue basic partnerships supporting children and families. Maintaining these partnerships, services and supports is essential for maintaining Tennessee's overall quality of life. Good stewardship demands we find a way to continue vital services until the economy recovers.

Our legacy cannot be one of dismantling the public-private and state-local partnerships, the infrastructure of services for children and families in Tennessee. We can and we must ensure they survive to provide a foundation for a brighter, more prosperous future for the state.

This article was excerpted from a presentation given by TCCY Executive Director Linda O'Neal at the Children's Caucus in January 2011. 



Commission member Diane Neighbors attends Creating Solutions event on October 12, 2011.

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Continuing Budget Concerns

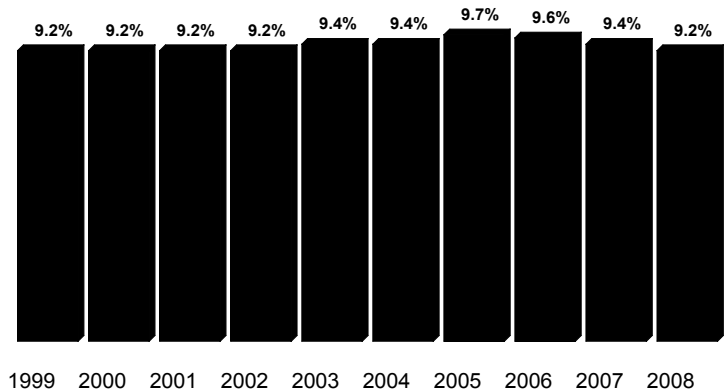
Governor's Budget Preserves Many Programs, But Some Important Programs Left Behind

By Linda O'Neal
TCCY Executive Director

The development of the proposed budget for FY 2011-12, in general, reflects a remarkable effort to preserve most of these basic public supports. This budget contains funding for a number of programs advocates whose funding had been slated for elimination. However, TCCY has a few areas of concern in the proposed budget for FY 2011-12. Providing coverage for these additional programs from revenue growth or reserve funds would be in the best interests of Tennessee children and families. Those areas of concern are detailed below.

Percent of Low Birthweight Babies

1999 to 2008



Source: Tennessee Department of Health

Reductions in TennCare provider

reimbursement rates for community mental health providers. The community mental health system in Tennessee is already relatively fragile and its ability to meet the needs of children with mental health treatment needs is strained. TennCare provider reimbursements account for 65 percent of revenue for these organizations, for some agencies it represents 85 percent. Many vulnerable Tennessee families with children benefit from mental health and substance abuse treatment, including medication management, counseling and case management provided by Community Mental Health organizations. Weakening these organizations threatens the provision of services not only to children and families on TennCare, but all vulnerable children and families.

Prevention and early intervention benefit all Tennesseans. When children receive services in their community, they are more likely to remain in their home, succeed in school and become productive citizens. Many organizations may have to reduce services or close programs or offices, especially in rural areas where the number of encounters does not cover the costs of providing the service.

The 7 percent reduction in rates covered with non-recurring dollars in the FY 2010-11 budget would be in addition to the 1.5 percent reduction in the FY 2012 proposed budget, resulting in an 8.5 percent reduction. An \$8 million reduction in state funds results in a total reduction in funding to Community Mental Health and Substance Abuse providers of more than \$25 million.

Elimination of Regional Perinatal Center Grants. The budget proposes to eliminate the Perinatal Grants through a TennCare reduction of \$2,272,800. National and local data suggest elimination of the coordinated system of regionalized perinatal care could have a devastating impact on infant mortality and morbidity and long-term disabling conditions in high risk infants in Tennessee. The Perinatal Regionalization Program strives to improve outcomes of pregnancy and care of high risk newborns. The Regional Perinatal Centers are a critical link in efforts to reduce low-birthweight babies and infant mortality in Tennessee. They provide essential training for staff in rural areas in proper techniques for resuscitating and caring for premature and struggling infants. Without this specialized treatment, infants are less likely to receive life saving care in a manner that reduces the likelihood of disabilities.

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Budget

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The budget document indicates all medically necessary services to women and babies will be provided through the TennCare MCOs. Unfortunately, that will not include the important life saving training and other auxiliary services the Regional Perinatal Centers provide that improve the quality of life and prospect for positive outcomes for high risk infants. With such poor rankings in infant mortality and low-birthweight babies, programs like those provided through the Regional Perinatal Centers are critical for improving these rankings for Tennessee.



Governor Haslam

Family Resource Center Funding Reductions. The budget proposes a 12 percent reduction in funding for Family Resource Centers (FRC, \$413,200). FRCs were developed to help the many Tennessee children come to school unprepared to learn as a result of complex problems over which they have no control. Currently FRC grants are \$33,300 with a required local match of \$16,700 per center. The proposed budget includes a 12 percent reduction in funding for these important services and supports. Each FRC tailors its service approach for each family situation in order to address the multitude of problems that combine to overwhelm parents and put children at-risk of school failure.

Family Resource Centers share a unified mission: to assist families through information and training, and to help families learn to resolve problems through the collaborative efforts of many disciplines within the community (educational, mental and physical health, business and social services). Each family resource center advisory council adopts goals specific to the needs of the community to meet its mission focused on positive outcomes for students and families:

- Children are succeeding in school;
- Young children are ready to enter school;
- Parents are working;
- Children and families are safe;
- Children and families are healthy.

As Tennessee implements “First to the Top,” it seems counter-productive to reduce funding for essential public structures like Family Resource Centers and jeopardize their sustainability and consequently their ability to help children succeed in school.

Elimination of the Tennessee Chapter of American Academy of Pediatrics (TNAAP) Provider Education Grant: This \$468,200 (\$234,100 state and \$234,100 federal) grant provides resources to support TNAAP provision of training for pediatricians, family physicians and nurses. Training includes continuing education credits with an emphasis on developmental and behavioral screening, including the effectiveness of early screening, instruction on use of screening tools, and information about the Tennessee Early Intervention Services (TEIS) and other referral sources. Effective developmental and behavior screening is critical to ensure problems are identified at the earliest opportunity, and in turn, children are referred to appropriate service providers to address underlying problems. Provision of early intervention increases the child’s prospects for overcoming developmental and behavioral problems. Training also includes proper documentation coding, and the grant supports development and maintenance of educational materials, especially those needed for effective implementation of Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Quality EPSDT services help children who are covered by TennCare receive the medical, developmental and behavioral health services that enable them to be healthy and, therefore, more likely to succeed in school and become healthy, productive adults.

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Budget

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Transfer of GOCCC Programs: The budget eliminates the Governor's Office of Children's Care Coordination (GOCCC) and transfers its grant programs to the Department of Health. While this is the most appropriate department to administer a number of the GOCCC grant programs, other grant programs would be more appropriate in other departments or agencies. The budget should provide sufficient flexibility to transfer these programs to the department or agency that can most effectively and appropriately administer them.

This listing comprises the primary pillars of the interrelated services to children whose continuation is needed to assure a secure foundation for Tennessee's future. 

Children's Caucus Discussion Groups

Summary of Recommendations

The following information presents summaries of the dialogue and reports of the four January 20, 2011, Children's Caucus Discussion Groups. Please note that these summaries present the issues identified by individual participants and does not necessarily reflect consensus of even a majority of participants.

Please note that these are the ideas of Children's Caucus participants and NOT the ideas or positions of the Tennessee Commission on Children and Youth.

Overarching Themes

System of Care principles should be applied across systems. This should include braided funding; **Assessing and maximizing federal funds;** Continue and increase use of evidence based programming.

Discussion Group 1: Early Childhood Programs

Research shows that quality early childhood education develops skills children need to be successful in life and provide significant return on investment. Important elements of quality include:

- Credentialed teachers;
- Developmentally appropriate curriculum;
- Family education and involvement;
- Tennessee Star Quality Program.

Thoughts to develop:

- Integrated early childhood programs are a wise investment (for every dollar spent there is a \$17 dollar savings).
- Tennessee is viewed as a leader in early childhood programs due to Pre-K efforts, home visitation programs and child care star quality program. We must maintain quality programs and infrastructure.
- Focus on innovation, collaboration and sustainability;
- Need to include families and caregivers and be strengths based;
- Maintain Coordinated School Health Programs;
- **Any urban/rural specific comment?;**

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Children's Caucus

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- **Strengthening families 5 protective factors?**
- **Parental resilience:** The ability to cope and bounce back from all types of challenges
- **Social connections.** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents
- **Knowledge of parenting and child development.** Accurate information about raising young children and appropriate expectations for their behavior
- **Concrete support in times of need.** Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks
- **Children's social and emotional development.** A child's ability to interact positively with others and communicate his or her emotions effectively.



Discussion Group 2: Health and Mental Health

Specific Issues:

- Suicide Prevention;
- Infant Mortality;
- Prenatal Care;
- Childhood Obesity;
- Women's Health;
- Maternal Health;
- Coordinated School Health;
- Lack of billing codes for mental health services for very young children;
- Resource Inventory.

Discussion Group 3: Children In or At Risk of Custody

Specific Issues:

- Transitioning Youth;
- A increased focus on prevention;
- Increase information sharing;
- Expansion of DMC work/concepts across systems;
- MRS should be strengthened;
- Resource parents – Quality vs. Quantity? Need for more resource parents and better qualified resource parents;
- Lack of legal representation – specifically dependent and neglected children;
- DCS needs to “return to center” – focus on more than Brian A. and COA;
- Data needs – what happens to young people when they exit care?
- Expand Relative Caregiver programming/funding;
- Need for increased residential treatment options for children with the most severe mental health issues;
- Need for more outpatient programs in rural areas;

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Children's Caucus


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- AWA – private register only;
- DCS Community Advisory Boards.

Discussion Group 4: Policy and Budget

There is a need to encourage the Governor and the General Assembly to show they value children in Tennessee as the resource they are.

Specific Issues:

- Children's Cabinet – Continue? Structure? Function?
- Stress inter-relatedness in messaging;
- Long range strategic plan needed;
- Legislative Impact Statements;
- Increased use of resource mapping data when making decisions. 

Children's Advocacy Days 2011 The Art of Children's Advocacy

More than 600 child advocates from across the state joined forces at the Tennessee Commission on Children and Youth's 23rd Annual Children's Advocacy Days on March 15-16, 2011, at War Memorial Auditorium in Nashville. Participation by both First Lady Crissy Haslam and Governor Bill Haslam highlighted the event. The theme of this year's event was *The Art of Children's Advocacy*. During her opening remarks, Cindy Durham, TCCY chair quoted John Ruskin, the English artist, poet, art critic and social thinker, by saying "Fine art is that in which the hand, the head, and the heart of man go together," which, she said, also describes the work of child advocates.



First Lady Crissy Haslam

The goal of Children's Advocacy Days was to provide a forum for those working with and on behalf of children and families across the state in order to gain new information and facilitate their efforts to improve the lives of children and families in their communities.

Youth art was incorporated into the entire event, ranging from visual to performing arts. Young people involved with YouthSpeaks Nashville were a hit with their spoken word poetry presentations. Artists from the Oasis Center in Nashville and Carroll Academy in Huntingdon provided amazing visual art pieces. The Nashville Ballet school was highlighted through short performances and Very Special Arts Tennessee provided a youth dulcimer choir. The youth performances are always very well received at Children's Advocacy Days. They are not only entertaining, but serve as a visual reminder of why advocates do the work they do.

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Tennessee Commission on Children and Youth

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Nashville

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Sevierville

Joy Strickland
Johnson City

Nancy Williams
Memphis

Linda O'Neal
Executive Director

Children's Advocacy Days

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The Reverend Dr. Jerome Del Pino kicked off the event. Linda O'Neal, executive director of TCCY, presented an overview of the state and federal issues impacting children, youth and families. State Senator Jamie Woodson read her proclamation designating March 2011 as "Youth Art Month."

TCCY council members and other advocates also heard the new commissioners of child serving departments or their representatives, many of whom had previously been involved with TCCY. Davidson County Juvenile Court Judge Betty Adams Green, a former TCCY staff member, rounded out the first day.

As is tradition at Children's Advocacy Days, TCCY presented numerous awards. Dr. Timothy Perry, LPC-MHSP of Frontier Health was the 2011 Jim Pryor Child Advocacy Award winner.

Making KIDS COUNT Media Awards were presented to:

- Nashville Public Television and its CEO Beth Curley for its documentary, series NPT Reports: Children's Health Crisis; Bruce Moore and WREG News Channel 3 Memphis were honored for its support of the Memphis Child Advocacy Center;
- Joel Washburn, editor of the family-owned McKenzie Banner and Shirley Nanney, editor of the Carroll County News Leader, for community journalism.

Numerous participants stayed and participated with the Networking Reception, which included participation by over 60 members of the General Assembly.

On Wednesday morning, Governor Bill Haslam introduced his wife who used Children's Advocacy Days to announce her initiative as first lady. The first lady wants to get parents more involved in their child's education, something she knows about firsthand from raising her own children. She believes improving early childhood reading is a key component to improving education across the board.



Sebastian Jones of Youth Speaks Nashville speaks at 2011 Children's Advocacy Days.

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Reading

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Other presentations made consisted of “an Overview of the Strategies for Social and Emotional Development” and of the early results from Tennessee Pre-K Study by Dr. Dale Farran of Vanderbilt University. Sam Davidson, co-founder of Cool People Care concluded the two-day event by delivering a powerful presentation, “How to Save the World in 24 Hours.”

The TCCY staff is already working and planning to ensure Children’s Advocacy Days 2012 will be even bigger and better. CAD 2012 will be March 13-14, 2012. 



Young artist from the Oasis Center crisis and residential programs as she finishes her painting at the 2011 Children’s Advocacy Days.



Participants learn from the Children’s Advocacy Days presentations.