

Interagency Coordinating Committee on Early Intervention

Early Intervention – Child Welfare Work Group

May 2013 Recommendations

Overview

In October 2011, the Rhode Island Department of Children, Youth and Families (DCYF) sent a group of stakeholders to Nashua, NH to participate in the *New England Early Development, Science and Child Welfare Summit*. At the *Summit*, participants learned about how early childhood trauma and neglect affect brain development in children from birth to age five. Representatives also learned about effective intervention, prevention and systemic responses.

Discussions about how to better meet the needs of young children who are victims of child maltreatment were also happening at Rhode Island Early Learning Council meetings – particularly as the state learned it had received a Race to the Top – Early Learning Challenge grant in December 2011. Young children who have been victims of child maltreatment are a priority population for the Rhode Island Early Learning Council.

In February 2012, the Director of DCYF asked a small group to meet over six months to review and make recommendations to improve the connections between Child Welfare and Early Intervention. This group was convened as a Work Group of the Interagency Coordinating Committee on Early Intervention.

The goals of the Work Group were to:

- Review the federal statutes (CAPTA and IDEA) regarding coordination and referrals from DCYF to the Early Intervention program.
- Review and make recommendations to DCYF and Early Intervention re: policies and staff training to ensure all children under age 3 with a substantiated case of child maltreatment are referred to Early Intervention. Review and make recommendations regarding consent and eligibility determination processes.
- Review relevant data currently collected by DCYF and by Early Intervention. Make recommendations to improve data collection and use regarding children under age 3 with a substantiated case of child maltreatment, and referrals, screenings, eligibility determinations, and participation in Early Intervention.
- Review and make recommendations to address the needs and improve the practices of Early Intervention providers serving children in foster care and children with a substantiated case of child maltreatment.

Background

Federal legislation (both the Child Abuse and Prevention Treatment Act (CAPTA) and the Individuals with Disabilities Education Act (IDEA)) require states to refer all children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by parental substance abuse to Early Intervention for an eligibility assessment.

Infants and toddlers who have been maltreated are six times more likely to have a developmental delay than the general population.

In Rhode Island, approximately 800-900 children under age 3 are identified as victims of substantiated maltreatment each year. In 2012, DCYF reported 843 children under age 3 who had been victims of child abuse or neglect.

Rhode Island Early Intervention (Part C of IDEA) serves approximately 3,900 children under age 3 per year. Fifteen percent are eligible due to a “single established condition,” such as Down Syndrome or blindness, 77% are eligible due to a “significant developmental delay,” and 8% are eligible due to “multiple established conditions,” which include children with a history of medical issues that are highly likely to negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development. Early Intervention is managed by the RI Executive Office of Health and Human Services, Medicaid Office.

First Connections is a short-term home visiting service (usually 1-3 home visits) designed to provide early assessment and identification of family and child needs and help link families with services (including Early Intervention) that promote positive outcomes. DCYF uses First Connections as a rapid response system to provide immediate support to families with young children under age 3. First Connections is managed by the Rhode Island Department of Health (HEALTH) and serves over 4,000 families per year. HEALTH also manages three intensive, long-term, evidence-based home visiting programs designed to improve outcomes for vulnerable families – Nurse-Family Partnership, Healthy Families America, and Parents at Teachers.

In 2012, 401 of the 843 infants and toddlers under age three with an indicated investigation of child abuse and neglect were referred to EI for an eligibility assessment (48%), seven had families that declined the referral and eight were in process at year end. Referral information was not available on 51% of the children.

Of the 401 referrals received by EI, 52% were found eligible, 17% were found not eligible, 19% were in process at year end, and 12% had families that declined an assessment. Data on children already enrolled in Early Intervention at the time of the documentation of abuse/neglect was not available.

Source: Early Intervention – DCYF data as reported to Rhode Island KIDS COUNT.

Findings & Recommendations

The Work Group has an overarching recommendation that DCYF establish an early childhood staff leadership position. DCYF should establish a high-level manager with expertise in both child welfare and early childhood development, reporting to the director, to coordinate and improve access to services for young children and their families. In addition to other duties, this manager would develop policy and formulate strategies at DCYF for including Early Intervention in the permanency planning process whether the goal is reunification, placement with a kinship resource, or an adoptive family for those children receiving this service. Moreover, this manager would consult with Regional Directors and Supervisors and monitor utilization of EI and other early childhood resources (i.e. First Connections, Health Families America, Head Start, Early Head Start, Nurse Family Partnership, Youth Success, etc.) as a strategy for mitigating trauma and reducing re-maltreatment in a proactive manner.

The table below uses the Early Intervention format for identifying and analyzing problems and developing solutions. These tables present problems identified by the committee as well as recommendations to address the problems.

Referral, Assessment & Eligibility Determination	
What do we want to see happen?	All children < 3yrs old with a substantiated case of abuse or neglect will be referred by DCYF to EI for an eligibility evaluation and/or to First Connections for screening and/or immediate intervention.
What is happening now?	PROBLEM: Not all children < 3yrs old with a substantiated case of abuse or neglect are being referred by DCYF to EI for an eligibility evaluation. There is no automated system to trigger referrals for all children who are victims of child abuse and neglect. Data is unreliable.
What will happen? (What will progress look like?)	DCYF will systematically identify and refer children that are in need of a referral to Early Intervention – all children who are < age 3 who are a substantiated victim of child abuse or neglect. DCYF will work with Early Intervention to develop systems to verify whether children are already enrolled in Early Intervention instead of relying parent report. DCYF may also refer other children under age 3 to EI/First Connections (including children who have been involved in an unsubstantiated investigation and other children in a household where there has been a victim of child maltreatment identified).
Recommended Strategies and Supports	<ul style="list-style-type: none"> DCYF will review and clarify policies, procedures and data collection and referral forms to ensure that all investigators, intake workers, and Family Support Unit workers understand and have the tools and resources necessary to ensure that all young children < 3 who are

victims of child maltreatment are referred to EI or First Connections.

- DCYF will develop a written policy to clarify how staff determines **whether an initial referral to EI or to First Connections** is appropriate.
- DCYF will **improve parental consent processes** to streamline referrals for EI evaluation and services. When DCYF has custody of the child, consent for evaluation and treatment is automatic.
- DCYF will **provide ongoing training and support for staff** to review updated policies and procedures.
- When DCYF makes a referral to EI or First Connections, **information is clearly shared with agencies that the child has been a victim of child maltreatment** (and circumstances when other children are referred).
- When First Connections makes a referral to EI, information is clearly shared with EI **whether the child has been a victim of child maltreatment.**
- DCYF, EI, and HEALTH/Home visiting will **develop a data sharing system** to ensure that all children < age 3 who have been victims of child maltreatment are clearly identified and tracked through referral process to include information on consent issues, assessments completed, eligibility determination, and services delivered.
- EI will **collect reliable data on DCYF/First Connections referrals** of children who are victims of child maltreatment (and other referrals) **and the outcome of the eligibility evaluations.**
- **Data will be matched and reported annually by EI and DCYF in coordination with HEALTH/home visiting** to monitor progress, including:
 - # of children < age 3 who were victims of child maltreatment,
 - # of referrals of victims < age 3 to EI and First Connections,
 - # already enrolled in EI,
 - # of victims with parents who refused referral for assessment,
 - # of victims with assessments completed,
 - # of victims who were determined eligible or ineligible for EI (including # pending)),
 - # of victims enrolled in EI,
 - # of victims with parents who refused EI services.
- DCYF, EI providers, and home visiting staff will develop **pre-service and ongoing training** for their respective staffs that will address practice as well as subject matter considerations such as risk and safety, child welfare legal considerations, permanency planning, developmental delay, brain development and trauma, early childhood mental health etc.

Communication, Collaboration & Coordination	
What do we want to see happen?	DCYF, EI and HEALTH/home visiting staff will work collaboratively to meet the needs of infants and toddlers and their caregivers.
What is happening now?	PROBLEM: Effective communication is not consistent amongst teams often resulting in mixed messages and fragmented care/support.
What will happen? (What will progress look like?)	Roles of each team member will be clear. Plans of care/intervention will be shared and will align. Teams will communicate consistently and timely. Children will remain enrolled in EI as long as eligible. Child and family outcomes will improve.
Recommended Strategies and Supports	<ul style="list-style-type: none"> • DCYF, EI, and HEALTH/home visiting managers will work together to develop and/or update written documentation outlining the roles and responsibilities of each agency/program and policies/procedures. • Quarterly meetings among DCYF, EI and HEALTH/home visiting managers will take place to review data and systems issues and solve problems. • EI will gather and share data and information from EI providers about successes and challenges serving young children who have been victims of child maltreatment. • The Department of Health will gather and share data and information from First Connections and other home visiting providers about successes and challenges serving young children who have been victims of child maltreatment. • DCYF will gather and share data and information from caseworkers on successes and challenges working with EI and HEALTH/Home visiting programs.

Services for Maltreated Infants/Toddlers and Their Families	
What do we want to see happen	Early Intervention and HEALTH/Home Visiting professionals will be skilled in meeting the unique needs of infants/toddlers and their families involved in abuse and/or neglect.
What is happening now	QUESTIONS: Are EI eligibility decisions appropriate? Are EI services and supports improving the outcomes for young children who have been victims of child maltreatment and their caregivers? Do EI providers have

	the knowledge and skills to assess and provide effective interventions to improve the outcomes for DCYF involved children and their caregivers. Are Early Intervention services appropriately and effectively layered onto other programs (e.g. Early Head Start, FCCP, home visiting)?
What will happen? (What will progress look like?)	Eligible children will be identified and enrolled in EI. Child and family outcomes will improve.
Recommended Strategies and Supports	<ul style="list-style-type: none"> • EI will review and update policies and procedures for conducting assessments and making eligibility determinations for infants/toddlers (including newborns) who have been victims of child maltreatment. • EI providers will be trained in updated policies and procedures. Specialized providers may be identified who are particularly skilled at working with families involved with child welfare. • Simple materials will be developed to share with families about the benefits of participating in Early Intervention. • Early Intervention will explore feasibility of implementing research-based professional development (e.g. Circle of Security training) or adopting evidence-based service models (e.g. Child FIRST home visiting model highlighted in NH) to improve outcomes for children and families involved with child welfare or experience relationship difficulties. • Strengthen linkages between DCYF, Early Intervention, Evidence-Based Home Visiting programs in Rhode Island (Nurse-Family Partnership, Healthy Families America, and Parents as Teachers) and other key early childhood programs serving infants/toddlers such as First Connections, Early Head Start, and Youth Success.

Work Group Members

- Ben Lessing, Family Resources Community Action (co-chair)
- Leanne Barrett, Rhode Island KIDS COUNT & RI Early Learning Council (co-chair)
- Brenda Almeida, RI Department of Children, Youth and Families
- Kristine Campagna, Home Visiting Manager, RI Department of Health
- Regina Costa, RI Child Advocate
- Brenda Duhamel, Early Intervention/Part C Coordinator, EOHHS
- Pam High, MD, Hasbro Children’s Hospital
- Darlene Magaw, Family Resources Community Action

Dana Mullen, Children's Friend

Sara Remington, RI Department of Health

Fran Rittner, RI Department of Children, Youth and Families

Maureen Whelan, Sherlock Center on Disabilities