



| STATE | Maltreatment Victimization Rates by Age, 2002 (from www.acf.hhs.gov) | Child Count 12/1/2002 |
|----------------------|--|-----------------------|
| ALABAMA | 2,346 | 2,157 |
| ALASKA | 2,171 | 646 |
| ARIZONA | 1,612 | 3,487 |
| ARKANSAS | 1,602 | 2,874 |
| CALIFORNIA | 35,177 | 26,876 |
| COLORADO | 2,290 | 2,854 |
| CONNECTICUT | 3,522 | 4,033 |
| DELAWARE | 372 | 1,036 |
| DISTRICT OF COLUMBIA | 745 | 283 |
| FLORIDA | 35,449 | 16,894 |

ITCA Survey of State CAPTA Initiatives

| | | |
|----------|--------|--------|
| | | |
| GEORGIA | 12,247 | 4,061 |
| HAWAII | 1,180 | 4,999 |
| | | |
| IDAHO | 626 | 1,340 |
| ILLINOIS | 9,780 | 10,906 |
| INDIANA | 5,652 | 9,439 |
| | | |
| IOWA | 3,950 | 1,931 |
| | | |
| KANSAS | 1,729 | 2,828 |
| KENTUCKY | 5,125 | 4,123 |

ITCA Survey of State CAPTA Initiatives

| | | |
|---------------|-------|--------|
| LOUISIANA | 3,109 | 2,483 |
| MAINE | 1,229 | 1,078 |
| MARYLAND | 3,440 | 5,518 |
| | | |
| MASSACHUSETTS | 8,786 | 13,826 |
| MICHIGAN | 8,434 | 7,570 |
| MINNESOTA | 2,869 | 3,267 |
| MISSISSIPPI | 1,062 | 1,862 |
| | | |
| MISSOURI | 2,386 | 2,942 |
| MONTANA | 612 | 574 |
| | | |
| NEBRASKA | 1,253 | 1,161 |
| NEVADA | 1,847 | 885 |
| | | |
| NEW HAMPSHIRE | 220 | 1,221 |
| | | |
| NEW JERSEY | 2,481 | 7,254 |

ITCA Survey of State CAPTA Initiatives

| | | |
|----------------|--------|--------|
| | | |
| NEW MEXICO | 1,564 | 2,039 |
| NEW YORK | 19,724 | 35,997 |
| NORTH CAROLINA | 10,874 | 5,854 |
| | | |
| NORTH DAKOTA | 372 | 411 |
| | | |
| OHIO | 13,200 | 6,579 |
| OKLAHOMA | 4,662 | 2,935 |
| OREGON | 3,425 | 1,933 |
| PENNSYLVANIA | 848 | 11,274 |
| PUERTO RICO | | 2,778 |
| RHODE ISLAND | 961 | 1,250 |
| | | |
| SOUTH CAROLINA | 2,923 | 1,695 |
| | | |
| SOUTH DAKOTA | 845 | 704 |

ITCA Survey of State CAPTA Initiatives

| | | |
|---------------|--------|--------|
| TENNESSEE | 2,435 | 5,426 |
| TEXAS | 16,292 | 20,296 |
| | | |
| UTAH | 2,788 | 2,527 |
| VERMONT | 297 | 576 |
| VIRGINIA | 2,332 | 4,163 |
| WASHINGTON | 1,635 | 3,518 |
| WEST VIRGINIA | 1,679 | 1,619 |
| | | |
| WISCONSIN | 2,180 | 5,323 |
| WYOMING | 225 | 618 |

ITCA Survey of State CAPTA Initiatives

| Comments |
|--|
| <p>We have begun discussions of how to implement the new CAPTA regulation with the statewide management team for Child Protective Services. In particular, the issue of collaboration on referrals for developmental screenings and evals for these children came up as a priority we will work on as part of the strategic plan for the new Office of Children Services which includes both EI and CPS programs.</p> |
| <p>California has existing referral procedures in place. Currently, we serve over 2000 infants in our early intervention program who have been referred from Child Protective Services and who have a delay or who are ar high risk for developmental disability.</p> |
| <p>Despite working with DCF to propose a reasonable way to screen children prior to referral to Part C, DCF issued a policy 7/1/04 directing its workers to refer all children. With the support of the state budget offrice, we are hopefully going to be able to have them reverse that policy and agree to screen the children prior to referral. In the meantime, as child protective service workers refer children for whom neither they nor the parent or foster parent have any developmental concerns, they receive written prior notice that Part C is declining to perform an evaluation, a notice of parent rights, and a copy of the most appropriate ASQ for the child explaining that if they screen the child and find any developmental concerns, they should re-refer.</p> |
| <p>Delaware has had policies and agreements in place on children referred for substantiated abuse and neglect, and I have sent copies of these to Evelyn F. Shaw, Technical Assistance Specialist, National Early Childhood Technical Assistance Center. Delaware has a system in place where the CPS workers initially screen all children birth to three through a developmental checklist, and referrals are made on those children that CPS determines may have suspected developmental delays.</p> |
| |

ITCA Survey of State CAPTA Initiatives

1) The number of victims is a duplicated number, since a child may have been the victim of more than one incident of maltreatment. (2) These do include three year olds, but we don't have it broken down any other way. The categories are under the age of 1 or 1-3. Both Part C and CAPTA staff are working to develop necessary policy statements to support this work. Planning is underway to address necessary cross-training and/or joint training that will need to occur throughout the state. Initial training of regional technical assistance specialists within the Division of Family and Children Services (DFCS) occurred on 08/25/04. Ongoing training and planning with Part C local staff since Fall, 2003. Joint meeting of EPSDT, Public Health System Point of Entry (Children 1st) and Part C local program coordinators scheduled for 09/20/04. Future plans include training for 1000+ local field staff in CAPTA and Part C requirements, the use of some developmental screening tools that the caseworkers may complete with children, as an initial screen, and typical/atypical child development. This training will occur in 36 one-day sessions across the state, beginning in early 2005. We are a

The Department of Health and Welfare, the Part C lead agency is also the agency responsible for CAPTA. We have analyzed the number of children under 3 with substantiated cases of neglect or abuse from last year and the figure is lower than reported here. We have worked with our partners in Children and Family Services to develop a standard/protocol requiring referral to the Idaho Infant Toddler Program all children under 3 who are involved in substantiated cases. We have agreed that each of these children need multidisciplinary evaluation and referrals have been coming in. We remain concerned about our early intervention's system capacity and resources to handle the increased number of children who need evaluations and services. We will track referral source data and program growth very closely over the coming months..

The Department of Human Services (DHS) is the agency responsible for implementing CAPTA in Iowa. An administrator from DHS is on the ICC. The administrator is arranging for key ICC representatives and state staff to meet with the Child Protective Unit at DHS in order to assist in the formulation of CAPTA policies.

Kansas Infant Toddler Services staff is in discussion with Children and Family Services from the Kansas Department of Social and Rehabilitation Services concerning the provision of referral to Part C under CAPTA. Initial discussions have centered around the referral procedures. We have discussed the need for cross training concerning many issues as well as the need to collaborate throughout the process to avoid duplication of services. Update 7/2: all children under 3 years of age living in a household in which abuse or neglect is substantiated will be referred to early intervention. No screenings will be completed by the child protective services system. All the children will receive a full evaluation through the EI system.

ITCA Survey of State CAPTA Initiatives

Massachusetts had approximately 10,000 investigations for children under five. So, I think for our birth to three age cohort that would mean 6,000 investigations of which 50-60% are substantiated. At present we are actively in a discussion phase with our child welfare agency as to the implications and rollout dates of referral for all positive investigations.

Missouri is working with the Children's Division regarding referral procedures to First Steps, our Part C program.

In 2002 a statewide video conference was conducted between the Early development Network (Part C in Nebraska) and the Protection and Safety workers. The video conference was mandatory for all Protection and Safety workers. Nebraska is in the very initial stages in working with child welfare about CAPTA

May 2004 Part C was given an opportunity to participate in drafting rules to implement CAPTA July 1st. The child protective agency is interpreting CAPTA literally and will not be screening children prior to referring them to early intervention. Activities at this time are focused on facilitating referrals. All referrals will receive a full developmental evaluation. The estimated # of children expected to be referred statewide is 159; this represents the number of children identified under the age of 3 years or 17% of all child victims (918 in 2002).

NJ is meeting with the Division of Youth and Family Services (DYFS) on a regular basis to develop mutually agreeable policy and procedures. DYFS has provided a county breakdown of substantiated cases for children under three from 2002. The 2002 Abuse/Neglect Report documented 1,994 cases with 969 victims categorized with prenatal substance exposure. Challenges include appropriate referral, confidentiality issues, determination of parental rights/consent and tracking.

ITCA Survey of State CAPTA Initiatives

NM is meeting with our CPS Division on a monthly basis. We are currently working on protocols and procedures that will include; referrals, screenings/evaluation , Foster families responsibilities, surrogate parents, authorization of services, reporting forms, co-staffing, and follow-up, tribal issues etc. In NM the majority of children referred under CAPTA are likely to be eligible under NM's Environmental Risk category. A committee has been working on strengthening our system of services to families eligible under the Environmental Risk category and is addressing best practices, assessment tools, revising the definition and criteria under environmental Risk that will result in a Technical Assistance document for EI Providers. Under this initiative a sub-committee representing CPS directors and EI Providers will be meeting to look at successful referral procedures and forms at the local community level between EI and CPS that might be replicated statewide. We have statistical information from CPS that has given us a % of children currently being referred to EI through CPS with a projected overall increase of about 35% additional referrals.

In North Dakota, all children under 3 years of age living in a household in which abuse or neglect is substantiated will be referred to early intervention. No screenings will be completed by the child protective services system. All the children will receive a full evaluation through the EI system.

Ohio is working on an Interagency Agreement with our state department of job and family services. The state rule went into effect on June 25, 2004 requiring a "referral of any child under the age of three who is involved in a substantiated case of abuse or neglect to early intervention."

We have a few local children's services agencies interpreting "involved" to include siblings of any child with a substantiated case of abuse or neglect.

We haven't had any discussions with our OCYF yet on this.

South Carolina DSS has agreed to conduct a PEDS screening on all
> children with substantiated abuse/neglect. We are working on a joint
> brochure between our agencies that will be shared with the families to
> clarify roles and expectations. BabyNet is purchasing the screening
> instruments. A referral will be made on all children with
> substantiated abuse/neglect; however, we will have the screening and
> parent interview information to determine whether or not to proceed
> with further evaluations. We will still be processing a lot of paperwork.

In South Dakota, all children under 3 years of age living in a household in which abuse or neglect has been substantiated will, with parent consent, be referred to early intervention. The EI system will screen and then evaluate as appropriate.

ITCA Survey of State CAPTA Initiatives

| |
|--|
| |
| |
| We have had two meetings with the child welfare agency. They understand the burden that it would place on our system to refer all children for an evaluation. They currently pay other agencies for a "mental health" evaluation but not a comprehensive developmental evaluation. We are gong on the assumption that they will screen the children before they refer to us. We will work out an interagency agreement to that effect. |
| |
| |
| |
| Met with DCFS staff and will be jointly issuing a state memo to counties explaining the details. It is our hope to provide training to county child welfare staff in the late spring at their regional meetings |
| |