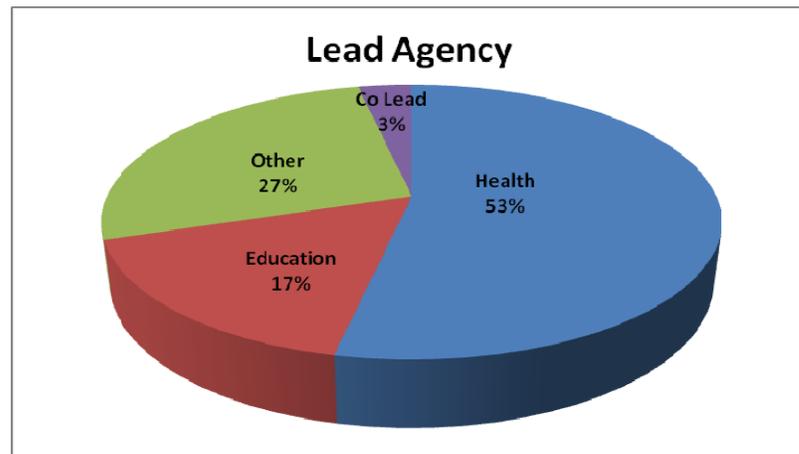


## ITCA CAPTA Survey Results

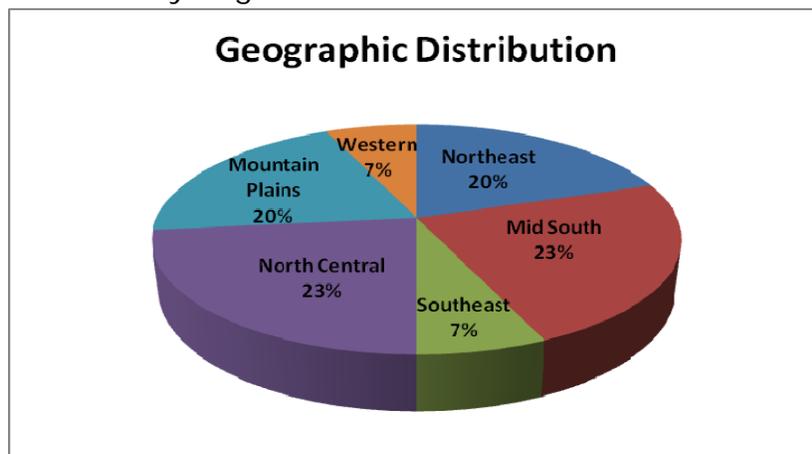
In preparation for the reauthorization of CAPTA and the future reauthorization of IDEA, the ITCA conducted a survey of issues related to the referral of children to Part C. Thirty states completed the survey. Collectively these states served 76% of the total Part C population based on the December 1, 2006 child count data. The following report provides demographic information for the responding states as well as the aggregate responses. As with all ITCA surveys, the individual names of states are not provided.

### Demographics

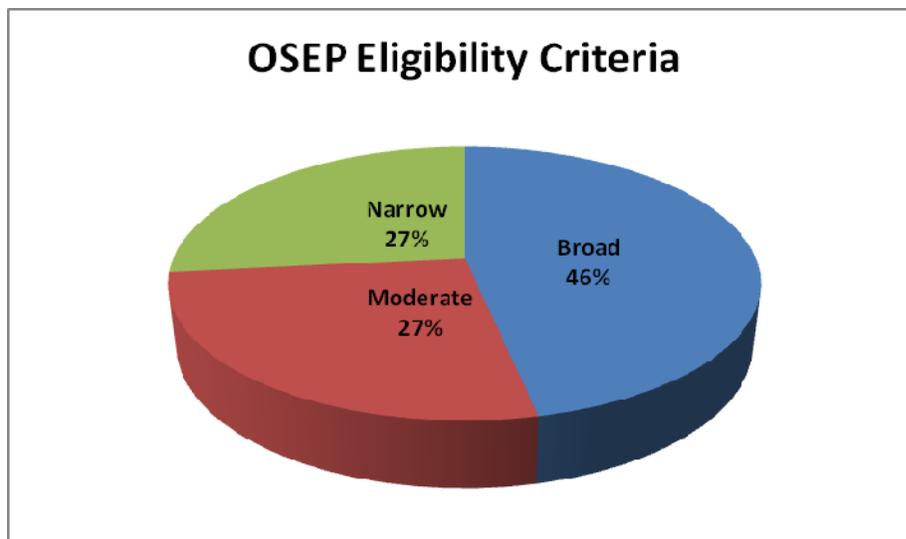
- Lead Agency Representation:



- Geographic Distribution by Regional Resource Center

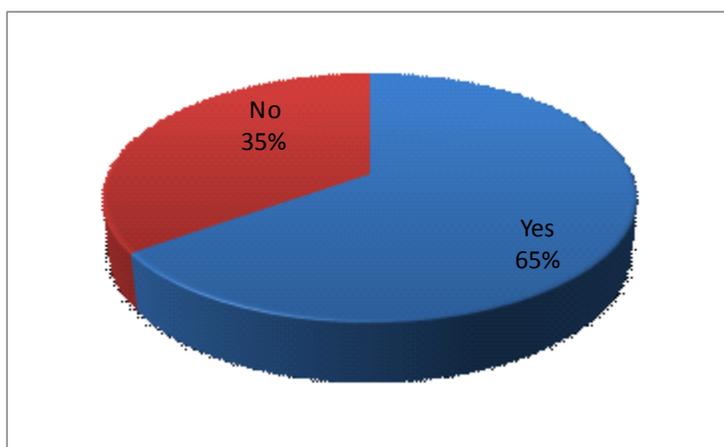


- Eligibility criteria



**Questions and Responses:**

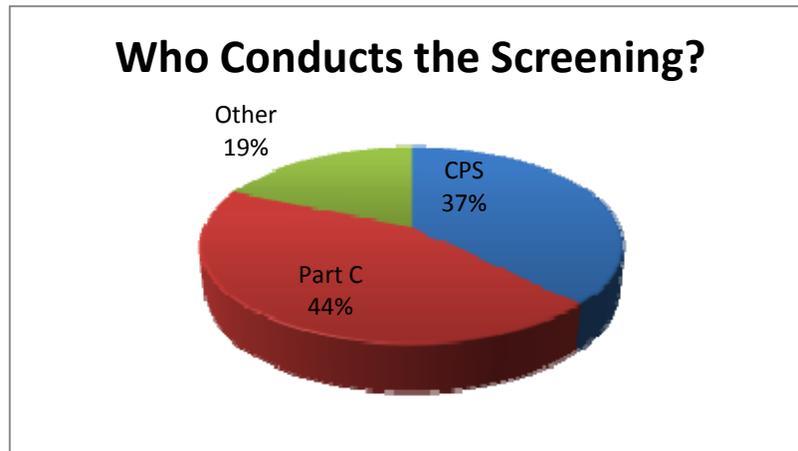
**1. In your state are children under three who are involved in substantiated abuse or neglect routinely receiving developmental screenings?**



**Comments:**

- Most 'screenings' are conducted by Part C programs
- We tried requiring ASQ completion prior to sending referral, but completion was so spotty, that it became easier to eliminate the requirement.
- They receive either a screen or an evaluation.
- They receive a screening or evaluation at clinician's discretion
- This is a qualified yes; our regulations and policies require that these children receive developmental screening; we don't have data to validate.
- The Department responsible for CPS is working toward major reforms including the inclusion of developmental screening for at least out of home placements for children who are suspected of being involved in abuse or neglect.

- The CPS in our state screens all children at time of investigation. Some of those children end up being substantiated cases.
- This is an option for parents under Part C.
- With parents permission, they move directly to assessment for eligibility

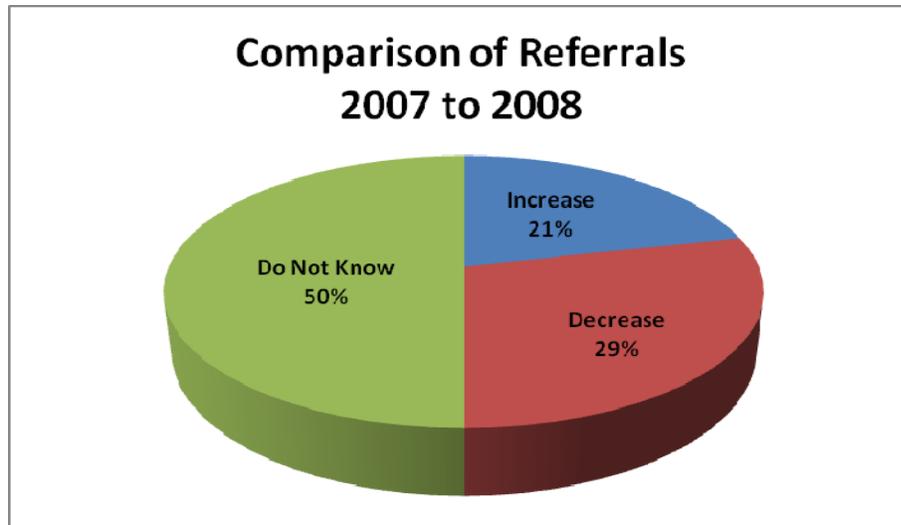


Other:

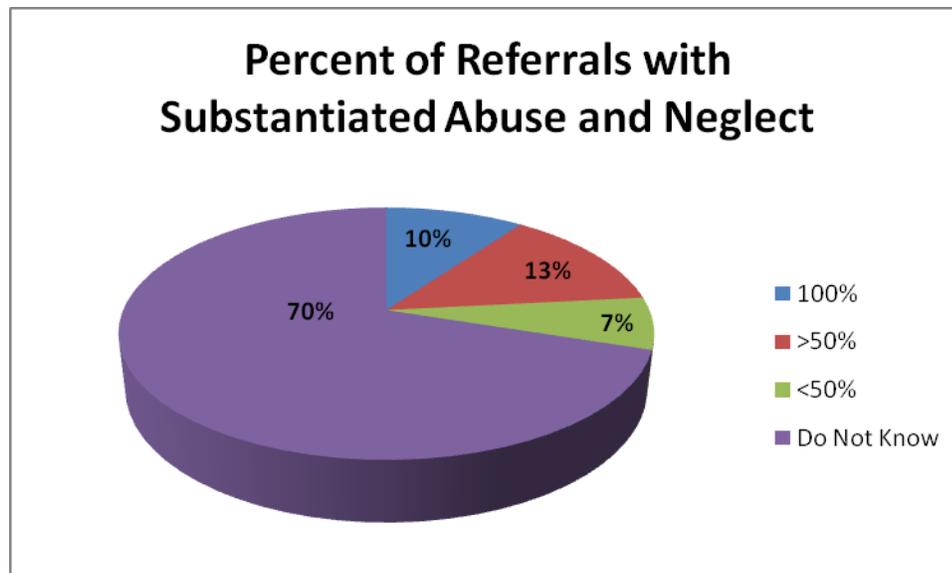
- We have an at-risk component of the our program (not-part C) and the providers in that program could be doing the screenings as well
- Medical hubs in some counties; pediatricians for foster families.
- Health care provider who fills out form for every investigation.
- Healthy Start, Child Protection Teams, Children's Medical Services
- Part C also funds a Follow Along Program where high risk children are enrolled and parents receive the ASQ and ASQ/SE on a regular basis. Results are kept at local public health agency and appropriate follow up is made with families, Physicians office - well child care child and teen check ups.
- As a part of a Child Protective Services Assessment, the DSS worker conducts a Strengths/Needs Assessment related to Well-Being issues. As part of that assessment, questions are asked about the child's status related to developmental screenings. If a child has not received routine medical care or developmental screenings, the DSS worker would make a referral.
- Family outreach program
- Children in foster care are in a managed health care plan and receive screenings from health care providers in the plan.
- Department of Family Service contacts Part C/referral

2. How many referrals (for any reason) has Part C received from your state's Child Protective Services (CPS) agency?

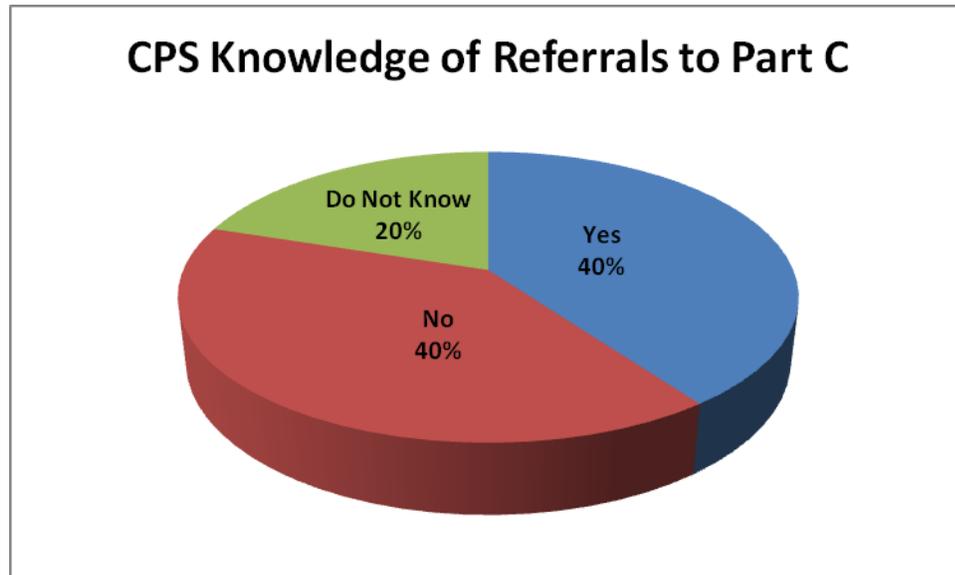
*Because the responses to this question did not allow for meaningful comparisons, the analysis focused on whether referrals had increased or decreased between 2007 and 2008.*



3. Of those CPS referrals listed in #4, how many were children actually involved in substantiated abuse/neglect?



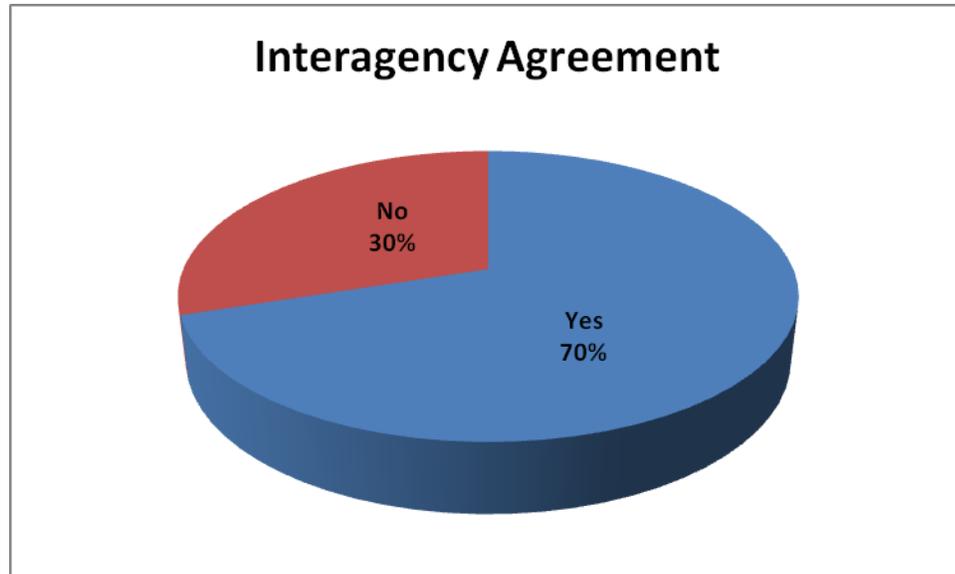
4. Does your state's CPS agency know how many children have been referred to Part C due to involvement in substantiated abuse/neglect in each of the past two fiscal years?



Comments:

- They'd like us to tell them that.
- All children, birth to three, in Child Welfare with a risk as indicated on the developmental screening are referred.
- We publish monthly data reports that are available on our web site for their review.
- CPS would know, but Part C may not know because families are encouraged to self-refer and may not indicate CPS agency involvement.
- I do not believe they are capturing the children referred to Part C. We are still in the process of analyzing our data for SF2008.
- We can capture this data from our data system and it periodically reported to DSS.
- We both should know, but we have not run our Part C data yet.
- We do share with CPS, the number of children referred to Part C. However some of these may or may not be due to substantiated abuse.

**5. Does Part C have an MOU or other written agreement with your CPS agency regarding CAPTA referrals?**

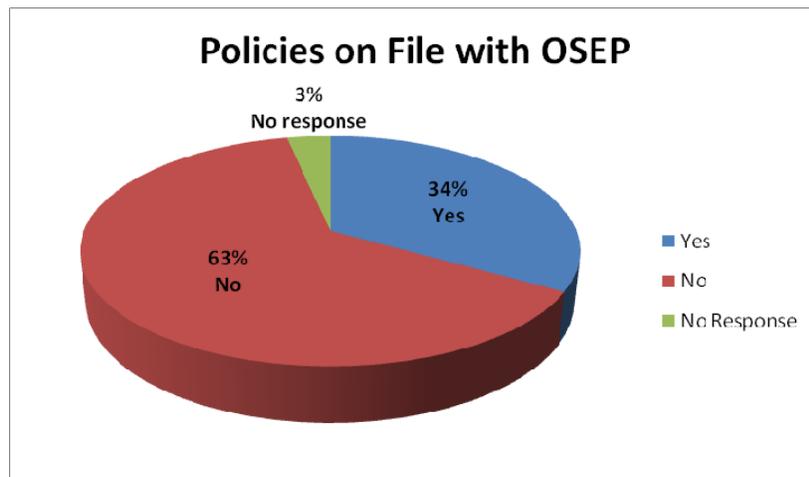


**Describe Agreement:**

- Form that goes to the health care provider for every child investigated includes a question about whether the child needs a developmental evaluation
- Again this MOU is broader and includes all Child Welfare referrals for children birth to three with a risk as indicated on the developmental screening are referred according to the MOU.
- Our state level agreement (broad) is in place with a framework for local areas to develop operational agreements (specific) to meet the needs of their unique service delivery systems.
- The Department of Human Services commits to provide outreach and referral for children in foster care and abused or neglected children referred as required by CAPTA for effective coordination with the Part C systems
- We are in the same division with CPS and we jointly developed a standard that outlines referral protocol, responsibilities, etc.
- State Interagency MOU and CAPTA is address with that document along with other issues.
- It's almost official but has taken a very long time to process through the collective bargain process regarding additional task that child welfare staff may be asked to take on beyond other duties.
- We have policies in place that require the Children's Division to make a referral to the First Steps Program (Part C).
- Part C and CPS worked together to develop the CPS written policy. This policy involvement stakeholder input from the State ICC and the DSS State Advisory group
- Policies and procedures have been developed and shared across programs. Joint training is under development.
- Joint memo - but not formal MOU

- We had a written agreement for SFY 2006 and 2007 but not one for SFY 2008 or 2009
- We have an interagency agreement with DCYF
- Jointly developed policy manual content related to these services
- DARS Early Childhood Intervention Services (ECI) and Texas Department of Family and Protective Services (DFPS) agree to work together to design a referral and ongoing collaborative system that meets the needs of these vulnerable children and their caregivers. The purpose of the MOU is to align our two programs to develop streamlined referral and reporting protocols, to ensure an effective referral and communication system for these children, enhances interagency collaboration and relationships and coordinate an effective system of activities, policies and procedures between ECI and DFPS.
- All children being investigated will be screened. Early Intervention services and contact numbers are explained to parents of children who fail the screen. Parents voluntarily refer their child to early intervention. CPS offers to assist in the referral. CPS has the option to refer in some cases.
- DSS and the State Lead Agency for Part C jointly developed procedures for CAPTA referrals. These procedures were disseminated to local DSS agencies and Part C systems with cover memo signed by Commissioners of both state agencies.
- We have jointly developed policies.

6. **Section IIA of the Federal Part C application states: "As required in 20 U.S.C. 1437(a)(6), the State has provided its policies and procedures that require the referral for early intervention services under this part of a child under the age of 3 who - (A) is involved in a substantiated case of abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure."**



Of the states that responded "No" all but one plan on submitting the policies to OSEP by June 30, 2009.

**Q7. What recommendations would you make in the upcoming CAPTA reauthorization regarding the referral of children to Part C?**

Children who have had developmental screenings are determined to have possible developmental delays should be referred to Part C. In other words, Part C should not be responsible for screening all children with substantiated abuse/neglect. Serving children eligible for Part C services, of course, just not the initial screener.

Require CPS to report numbers of children referred and made eligible for Part C (this would make them pay attention more!) Require the CPS worker to be involved in the IFSP process and not just make a referral and think that's it! Require the CPS case worker to identify who will sign consent (Biological parent / foster parent / or need for a surrogate parent

CPS must provide a pro-rated dollar amount to the Part C program for each child who is eligible for the program.

Require an MOU or agreement between the Part C lead and the state child welfare agency. Funding for screening or evaluations would be nice.

I would mandate better collaboration and responsibility for follow-up after referral is completed. All children will be screened and partners educated on children's needs, especially in the social emotional domain, even if there is no substantiation but a screen to identify further referral, especially children that enter foster care but all children can be included in this law if they enter the CAPTA system. Screen for delays in areas for all children who enter the investigation stage. and more money!

Provide resources? Promote/require CPS to conduct screening during their risk assessment or to provide resources for this component out of CAPTA funding

Require all abused or neglected children receive a developmental screen and provide allocations in CAPTA to fund the screening and support the system cost.

How to meet this application requirement if it is inferred by state statute.

We have not formulated a position or recommendations on this yet; we have not seen a significant impact of CAPTA on our Part C system at the State level. We have always had a requirement that children involved in a substantiated abuse/neglect, or identified as affected by illegal substance abuse, be referred for screening and tracking as at-risk children.

Developmental screening by CPS with appropriate referral to early intervention for children needing comprehensive evaluation to determine eligibility. NJ has experienced extremely high ineligibility rates (60% and higher) on children referred by CPS.

Suggest that Child Protective Services be required to identify whether or not a referral to Part C is a CAPTA referral, and report the number of CAPTA referrals made to the Part C system. Also, clarify as has been addressed in policy letters, that only those children for whom abuse/neglect has been substantiated are required to be referred - this does not include siblings who have not been determined to be involved in the substantiated abuse/neglect.

Allow screening to be an option. Provide additional funding to CAPTA agencies

There is an inconsistency in the IDEA language and the CAPTA language. CAPTA requires that a state have policies and procedures in place for referral, whereas IDEA mandates referral. Retain the CAPTA language for both acts.

This is not a recommendation but a comment - although the referrals occur, parents still have the right to refuse Part C evaluation/services and these tend to be the people who could most benefit.
Require that CPS and TANF funds be released to implement these provisions
Additional dollars to support the provision of services for eligible children. Consider allowing a formal Part C screen to take place and only move to a formal evaluation if eligibility seemed probable.
That Part C should be only one source that states use to ensure that these children are screened and served. If a state dropped out of Part C, this CAPTA provision would be meaningless. Each state CPS should have to provide a policy/procedure with their application on how the state will ensure that the children are screened, evaluated, and provided services. Then each state can tailor the plan to make sense for their state.
We have no specific recommendations for CAPTA reauthorization.
CAPTA to require standardized developmental screening as part of its intake for children birth to three. Referral to Part C only when indicated by developmental screening. Funds to support Child Welfare family crisis worker to support early intervention programs for training and onsite consultation. Require MOU for high risk referrals for identification of babies as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." This must include hospitals, Public Health, Child Welfare, and Early intervention at a minimum.
Financial resources to support capacity for CAPTA and clarification that it is the "subject" child to be referred.
Clearly define difference between screening and evaluation. Would like language saying CPS does screenings for developmental delay, if screening shows possibility of DD then refer to Part C for evaluation.
As we are required to spend Part C dollars last, the reauthorization language should include screened and referred. Consider requiring the CPS to share evaluation results and service plans (if applicable) with Part C when the referral is made. Our CPS receives dollars from Medicaid to evaluate children. Referring all to Part C (very hard to get a copy of their evaluation), in order to meet our timelines we are spending additional dollars and duplicate evaluations and service planning is taking place.
I would like to see it say that children will be screened by CPS to determine if they are potentially eligible for EI services before they are referred.
Our issues are primarily related to our narrow eligibility criteria (50% delay) and the fact that most referrals in this category are not eligible for services in our state.

**Q8. What recommendations would you make for the next reauthorization of IDEA regarding the referral of children involved in substantiated abuse/neglect to Part C?**

If CAPTA continues to refer children to Part C, the IDEA needs to increase Part C funding and authorize the use of Part C funding in developing screening programs.

Need funds for Part C - especially states that serve at-risk as this really increased the number of kids we serve!!

Provide funding increases to cover the increased caseload and workload demands. Provisions for the 45 day count to be extended for CAPTA referrals
Referral as a term for CAPTA cannot be identical for IDEA. Issues have included difficulties in compliance with IDEA timelines, identification of parent and consent to evaluate.
Continue option that Part C can screen children referred through CAPTA prior to evaluation. We do not use this option; however it is good to have as an option.
Allow screening to be an option. Provide additional funding to Part C agencies.
There is an inconsistency in the IDEA language and the CAPTA language. CAPTA requires that a state have policies and procedures in place for referral, whereas IDEA mandates referral. Retain the CAPTA language for both acts. This benefits both the families and the programs by minimizing the number of inappropriate referrals to Part C, which postpones getting the family to a the proper community agency. Many of the toddlers referred to CPS for supervision issues are at no risk for delay.
Require that CPS and TANF funds be released to implement these provisions
Similar to above, permanent reauthorization of Part C and additional funding for services to this group of children and their families
Change to language to indicate that Part C may be only one recipient of such referrals.
The proposed Part C regulations based on the 2004 reauthorization clarified the issues about which we had questions. We have no specific CAPTA-related recommendations related to the next reauthorization of IDEA.
1. CAPTA required to refer to Part C for an MDA based on results from standardized developmental screening. Additional resources to in IDEA to provide MDA and ongoing tracking for children referred by CAPTA. Something in IDEA for follow up assessments for those childrne referred under CAPTA but not determined Part C eligible.
Financial resources to support capacity for CAPTA and clarification that it is the "subject" child to be referred.
Allow for the "time clock" to start when CPS has supplied information and has completed their evaluations and assessments.