*in*Forum

Brief Policy Analysis

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Implications of the CAPTA Requirement for Referrals from Child Welfare to Part C

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Introduction

In June 2003, Congress passed the Keeping Children and Families Safe Act, which reauthorized the Child Abuse Prevention and Treatment Act (CAPTA), which provides federal funding for state child welfare agencies. A new provision in the reauthorized CAPTA requires that states receiving CAPTA funds develop and implement "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act" [§106(b)(2)(A)(xxi)]. Per the Child Welfare Policy Manual,[1] states have discretion to refer these children directly to early intervention agencies or use a screening process to determine if a referral is warranted.

Similarly, the 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA) requires that state applications for federal funds include "a description of the State policies and procedures that require the referral for early intervention services under this part of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect" [§637(a)(6)(A)].

The new requirements raise several implementation issues for states. This document builds on a previous Project Forum document on foster care children in special education, including Parts B and C (Jackson & Müller, 2005). It also addresses the need for collaboration and joint training between state child welfare and Part C systems in developing and implementing a referral system.

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[1] Available from The Administration for Children and Families website at http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/index.jsp.

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Research Overview

There is limited existing research or analyses addressing the implications for collaboration and training for effective implementation of child welfare referrals to Part C early intervention programs. Existing literature consistently recommends that state child welfare and Part C lead agencies develop formal collaborative relationships and training opportunities for child welfare workers and Part C providers (Dicker & Gordon, 2006; Leslie et al., 2005; Robinson & Rosenberg, 2004; Sutton et al., forthcoming; Zero to Three, 2006). In a recent study of experiences of Part C lead agencies, 84% of responding states indicated that they attempt to collaborate with the child welfare system (Sutton et al., forthcoming). However, respondents noted that collaboration can be "sporadic, informal, [and] limited by large caseloads" (Sutton et al., forthcoming). Calls for formalized mechanisms of communication, written guidelines and standardized referral forms, interagency agreements or memoranda of understanding (MOUs) and the use of state Interagency Coordinating Councils (ICCs) as a forum for policy development appear frequently in the literature (Dicker & Gordon, 2006; Robinson & Rosenberg, 2004; Rosenberg & Robinson, 2003; Sutton et al., forthcoming).

Researchers have also recognized the need for both child welfare workers and Part C providers to gain new knowledge and skills (Jackson & Müller, 2005; van Wingerden et al., 2002). Employees in both the child welfare and early intervention systems will need training on the decision-making procedures, timelines and confidentiality requirements as well as the research-based underpinnings driving the requirement for child welfare to Part C referrals and the differences in the two systems' service delivery models. Part C providers will need training and skills in order to work effectively with parents, or foster parents, of children referred from the child welfare system, a population that could be markedly different than typical families seeking early intervention services. In particular, early intervention providers might need training in strategies to "engage reluctant caregivers, parents [who may have] limited cognitive capacity, and families struggling with poverty, substance abuse, domestic violence, and/or mental illness" (Dicker & Gordon, 2006, p. 174). Due to higher rates of social, emotional and behavioral conditions among children in the child welfare system, Part C providers might also need additional training to use social and emotional assessment tools, implement mental health related interventions (Rosenberg & Robinson, 2003) and better understand trauma interventions and attachment.

The need for formal interagency collaboration and training opportunities for both child welfare and Part C state agencies poses several challenges to states. A number of state Part C

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representatives participated in a conference call organized by the National Early Childhood Technical Assistance Center (NECTAC) in January of 2006 to share their experiences implementing the CAPTA requirements. Project Forum staff followed up with five states to elaborate on their experiences with collaboration and training.

State Experiences

Several states have begun planning and implementing provisions for screening and referring abused and neglected children to early intervention services. Project Forum staff spoke with representatives from *Florida*, *Idaho*, *Michigan*, *New Mexico* and *Ohio* during the months of October and November 2006. These states vary with respect to their efforts to date with interagency collaboration and training. For example, *Florida* is still in the planning stages, whereas *New Mexico* and *Idaho* have joint policies drafted or in place and have already conducted initial cross-agency trainings. *New Mexico* includes at-risk infants and toddlers in its early intervention eligibility criteria. This section summarizes initiatives in the five states interviewed.

Florida

Florida has set up a formal interagency work group separate from the state ICC that meets about every two months to work on the CAPTA and IDEA provisions for Part C referrals. Mid-level state staff members from the Departments of Health; Children and Families; Education; Workforce Innovation; the Sheriff's Office; and researchers from the Prevention and Early Intervention Center at Florida State University are represented on the work group. The goals and work of this group include the following:

- develop a formal interagency agreement or MOU;
- finalize state policy, including guidelines and procedures for referrals pertaining to referrals from child welfare to Part C by July 1, 2007; and
- come to agreement on the following: whether to screen children first or refer them immediately for full evaluations; use a common referral form or allow regional forms; use currently existing comprehensive assessments as pre-screening tools; and develop an overall process for referrals.

The work group has discussed creating cross or joint training materials, but has not developed them yet. Case workers from community-based care organizations, protective investigators, early intervention providers and sheriff's deputies are the target audience for such training. Early intervention providers already receive training on infant and toddler mental health, but the state recognizes that more training in this area would be necessary if child welfare referrals substantially increase caseloads.

Reported Successes

- Part C and child welfare agencies meet regularly and involve others in the planning process. This has enhanced state-level workers' awareness about the issues.
- The process has increased the awareness of leaders and staff members at the highest state levels who need to approve and finalize state policies.

Reported Challenges

- The change in governor and possibly other high-level state department officials due to the November 2006 election might impact the ability of the work group to move forward.
- Delays in finalizing agreements and signing off on official documents can be lengthy.

Idaho

The interagency collaboration in *Idaho* differs from the other state examples because child welfare and Part C share the same lead agency, the Department of Health and Welfare. *Idaho* does not have an existing interagency or interdepartmental work group or agreement dedicated to CAPTA implementation of referrals from child welfare to Part C. Rather, representatives from the Infant Toddler Program (ITP) and Children and Families Services (CFS) meet routinely to address a wide range of cross-departmental issues, including the implementation of a referral process and cross training.

As of July 2006, the two departments have finalized a joint program policy that outlines detailed procedures for referral. The policy explicitly describes the responsibilities of CFS workers and ITP providers under various circumstances and includes a flow chart depicting the process.

In addition to the joint policy, the ITP and CFS departments conducted seven half-day joint regional trainings in the spring of 2006. The audience included both CFS and ITP workers and local managers of each program. The training included reviews of the referral protocol, educating local workers about each others' programs and role playing. The departments are currently developing additional training materials.

Reported Successes

- An increase in referrals from CFS has resulted in more children receiving needed early intervention services.
- There is improved communication between the two programs.
- A coincidental organizational change in August 2006 merged CFS and ITP under the same program manager at the regional level, resulting in a reduction of misunderstandings of intents and needs of each program.
- Procedures to garner consent for evaluations and applications for services have been streamlined.

Reported Challenges

- Assessment tools traditionally used by the early intervention program have not had a strong focus on social and emotional issues, which are seen as the primary issues that children from CFS are experiencing. Recruiting and retaining early intervention providers highly skilled in this area is challenging.
- Attempting to make voluntary and mandatory programs with different priorities and timelines work in concert has been a challenge.
- There is an ongoing need to educate judges about the CAPTA requirement, early intervention services and potential benefits of the new policy.

Michigan

Michigan's state ICC has set up an ad hoc committee that meets regularly every couple of months with the purpose of establishing a joint policy document for the Departments of Education (Part C lead agency) and Human Services (child welfare lead agency). State staff members from Mental Health for Children and Families, the Departments of Education, Public Health, and Human Services, as well as early intervention providers and parents are represented on the ad hoc committee. The work of this ad hoc committee includes:

- updating the existing interagency agreement among all state human services agencies to reflect new legislation; and
- developing joint policy for referrals from child welfare to Part C.

The Part C agency currently utilizes existing conferences as opportunities to provide cross training on topics and policies concerning child welfare and Part C, but the training is not specific to the new CAPTA requirements. Future training will address developing policies.

Reported Successes

- The ad hoc committee has been successful in bringing stakeholders together to share ideas and provide input from various perspectives.
- A pilot program is currently underway in four counties that generate an automatic referral to Part C for every child under the age of three where there is substantiated abuse and neglect. The early intervention coordinator and child welfare worker have a mechanized feedback communication loop. The results of the pilot program will inform the ad hoc committee's decisions concerning policy and procedures.
- Agencies are now more aware of the need to implement this legislation to achieve common outcomes.

Reported Challenges

- Training on early childhood mental health is needed due to the increase in referrals of infants and toddlers with mental health and social and emotional needs. Most early intervention providers do not currently have expertise in this area.
- Some view the new provisions as an unfunded mandate, which has resulted in difficulties agreeing on how the provisions should be funded.
- The delay in issuing federal IDEA 2004 regulations has contributed to delays at the state level.

New Mexico

In efforts to create definitions, procedures and strategies for infants and toddlers qualifying under environmental risk, *New Mexico's* ICC worked with NECTAC to develop a state plan for addressing environmental risk, including a protocol and assessment tool. The ICC surveyed early intervention providers to learn what information they would need in order to work with child protective services, reviewed what other states had done in this area and developed a flow chart of the referral process. This interagency group provided a foundation for addressing the specific CAPTA provisions and continues to meet on a quarterly basis.

A smaller work group consisting of state Part C and child welfare staff work specifically on the implementation of CAPTA referrals. The members include the leadership of the state Part C, child welfare and foster care programs as well as representatives from each program with expertise in training and professional development. This work group developed training materials and conducted five regional interagency trainings in June of 2006. The training was mandatory for local early intervention providers and child welfare case workers.

The purpose of this initial training was to clear up any misconceptions regarding authority and process. The content included information about the referral process and forms and general information about both agencies. The training also included a focus on brain development to inform child welfare case workers how maltreatment and other risk factors affect children's development. Based on feedback from training participants, the work group is revising and finalizing the forms, protocols, technical assistance and guidance documents. Future plans include quarterly trainings on various topics. The two lead agencies have developed a draft MOU.

Reported Successes

- The use of case studies as a training exercise for local child welfare case workers and early intervention providers helped foster a realization that collaboration is paramount in order to move cases forward.
- The training offered opportunities for communication and mutual understanding between local child welfare case workers and early intervention providers.

Reported Challenges

- Prior to agency representatives coming together, there was perceived animosity between the departments.
- Legal issues have been a challenge, including the development of a MOU and policy documents and addressing concerns regarding the sharing of sensitive information and the Health Insurance Portability and Accountability Act (HIPAA).

Ohio

Representatives from *Ohio's* Departments of Health (Part C lead agency) and Job and Family Services (child welfare lead agency) have met to discuss the changes in CAPTA and the impact on their programs including concerns about increased referrals. These agencies have not set up a work group assigned to address the implementation of child welfare referrals to Part C; however, they have developed formal interagency agreements for fiscal years 2005 and 2006 and are currently negotiating a new agreement for 2007.

Last year's interagency agreement detailed the responsibilities of each agency including information sharing, data collection and payments for screenings and evaluations. The Department of Job and Family Services has modified its rules to include CAPTA's referral requirement based on language recommendations from the Part C lead agency.

The child welfare lead agency provided training on CAPTA language changes and the impact for leadership of local child welfare offices. The Department of Health provided its own training to Part C providers. Details of how local case workers are to work with Part C providers to enact a referral protocol were detailed in these trainings.

Reported Successes

- The new CAPTA requirements have opened up a greater dialogue between the Part C and child welfare lead agencies.
- The state child welfare agency has committed to provide funding for screenings and evaluations.

Reported Challenges

- The referrals have increased dramatically, which taxes the resources of the early intervention system.
- The state is currently conducting full evaluations on all children referred, which is costly, but is planning to switch to a system of screening.
- Local agencies have been challenged with disseminating information to front-line case workers. Many, particularly in large urban counties, are still not aware of the new requirements.

Concluding Remarks

States' Part C and child welfare lead agencies can learn from each other's experiences with implementation of the new CAPTA and IDEA 2004 requirements. Interagency collaboration and cross training are crucial components to the development of new policies for the referral of abused and neglected infants and toddlers to early intervention services. Information learned from the states raises the following considerations concerning successful integration of the new requirement into the ongoing work of the state child welfare and Part C agencies:

- Establishing interagency collaboration with formalized structures such as work groups can foster increased understanding of program missions and move the work of designing referral procedures and professional development opportunities forward. The increased communication is reported as a success and benefit in and of itself.
- States' approaches to interagency collaboration and training vary greatly and are moving along different timelines. States that do not yet have a work group, formal interagency agreement or MOU or draft provisions or training materials in place can learn from states that are further ahead in the process.
- Training has occurred in these states that include educating providers about the mission and work of each agency and detailing the new provisions. Future professional development will need to focus on ensuring that providers have the appropriate knowledge and skills in order to serve this population of children effectively (e.g., social and emotional assessments, skills in working with families of abused children and understanding interventions for children who have experienced trauma).
- States with established interagency structures appear to have greater flexibility to adapt to the challenges posed by the new requirement.

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Web Resources

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