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Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services

Enactment of the Part C referral provisions in the 2003 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) opened the door to a powerful partnership with great potential benefits for children under age 3 involved in substantiated cases of abuse or neglect and their families. For child welfare administrators, these provisions offer tools to enhance policy and practice and ensure compliance with Federal child welfare requirements that focus on child well-being. The provisions also connect child welfare staff to

What's Inside:

- Child welfare and early intervention
- Promising strategies
- Funding strategies
- Resources



early intervention service providers, which can help child welfare staff in assessment, service delivery, and permanency planning. This partnership can expand the array of supports and resources for children and their caregivers to promote safety, permanency, and well-being.

This bulletin describes the intersection of child welfare and early intervention, provides an overview of Part C, highlights the benefits of Part C for child welfare, and outlines how child welfare professionals can support Part C efforts. It also describes implementation challenges and provides promising strategies for implementing Part C provisions, including examples from the field.

Child Welfare and Early Intervention

There is significant overlap in the population of young children with substantiated abuse or neglect and those who experience developmental delays. Federal legislation has recognized this through provisions for early intervention and requirements for child welfare professionals to refer potentially eligible children to early intervention programs for identification.

Special Needs of Children in Child Welfare

Research shows that children who are abused or neglected often experience physical, cognitive, emotional, behavioral, and social problems, including attachment disorders, cognitive delays, and altered brain development (Child Welfare Information Gateway, 2009). This risk is greatest for

the very young. In 2011, 27.1 percent of maltreatment victims were ages birth to 3, with children younger than 1 year having the highest victimization rate (21.2 per 1,000 children of the same age group) (U.S. Department of Health and Human Services, 2012b). One-fifth (20 percent) of children in foster care are under the age of 3 (U.S. Department of Health and Human Services, 2012a). A national study found that more than two-fifths (42.3 percent) of children ages 1 to 5 who were part of a maltreatment investigation had some developmental need that may have qualified them for services under Part C (Casanueva et al., 2012).

Providing early services and intervention to support the healthy development of young children can have positive effects that last throughout childhood and into adulthood (Center on the Developing Child at Harvard University, 2010). These services can impact children in a variety of domains, including physical and mental health, language and communication, cognitive development, and social and emotional development (National Early Childhood Technical Assistance Center, 2011).

Early Intervention Legislation

In recognition of these risks and the benefits of early intervention, the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), which reauthorized CAPTA, required States to develop “provisions and procedures for referral of a child under age 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 Improvement Act” (§ 106(b)(2)

(A)(xxi)). The 2004 reauthorization of IDEA contains language parallel to this.¹

IDEA 2004 also details specific requirements for State early intervention programs (EIPs), which are administered by lead agencies in each State (including departments of health, developmental disability, social services, children and families, or education). The lead agencies apply annually for their Part C grant awards and must meet certain requirements to participate. The following are examples of State Part C requirements:

- Ensure that appropriate early intervention (EI) services will be available to all eligible infants and toddlers in the State, including those who are in foster care, in the custody of a public child welfare agency, or otherwise considered a ward of the State.
- Implement a comprehensive Child Find system to identify, locate, and evaluate children needing early intervention services and to raise public awareness about what EI services are available. The lead agency must coordinate Child Find activities with other programs, including child protection and foster care. (For more information about Child Find, visit <http://www.ectacenter.org/topics/earlyid/idoverview.asp>.)

¹ IDEA requires States seeking grants to include in their applications "a description of the State policies and procedures that require the referral for early intervention services ... of a child under the age of 3 who -- (A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." (20 U.S.C. § 637(a)(6)). CAPTA section 106 [42 U.S.C. 5106a], subsection (b)(2)(A)(xxi) discusses specific elements that must be included in a State's plan, including "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." Subsection (b)(2)(A)(iii) requires "the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms."

- Establish a State Interagency Coordinating Council (ICC) to advise and assist the lead agency in implementing the Part C program. The ICCs include representatives from various State agencies, including the State child welfare agency responsible for foster care, and at least 20 percent of the members must be parents of children with disabilities. (For additional information about the ICCs, including State websites, visit the Early Childhood Technical Assistance Center website at <http://ectacenter.org/topics/intercoord/icc.asp>.)

To view the full version of IDEA and the final regulations, which were released in 2011, visit <http://idea.ed.gov/part-c/downloads/IDEA-Statute.pdf> (statute) and <http://idea.ed.gov/part-c/downloads/IDEA-Regulations.pdf> (final regulations). To view nonregulatory guidance from the Department of Education about changes to Part C made in the final regulations, view http://osep-part-c.tadnet.org/uploads/file_assets/attachments/12/original_Final_Regulations-_Part_C-DOC-ALL.pdf.

In general, children ages 3 to 21 with disabilities can receive special education as outlined in Part B of IDEA. For more information about Part B, visit the U.S. Department of Education at <http://idea.ed.gov/> or the National Dissemination Center for Children with Disabilities at <http://nichcy.org/laws/idea/partb>.

BY THE NUMBERS: PART C ELIGIBILITY AND SERVICE RECEIPT

In 2011, 336,519 children under age 3 in the United States (including Washington, DC, and Puerto Rico) received early intervention services under Part C (Technical Assistance and Dissemination Network, n.d.). This accounts for 2.8 percent of all children in the United States under age 3. The CAPTA Reauthorization Act of 2010 (P.L. 111-320) specified that States must annually report the number of children under 3 who are involved in a substantiated case of child maltreatment who were eligible to be referred to EIPs under Part C and the number of those children actually referred to early intervention services. Beginning in 2014, States will provide these data as part of their National Child Abuse and Neglect Data System (NCANDS) submissions.

Steps in the Early Intervention Process

Although the exact process in each jurisdiction may vary depending on State policies, the following are the basic steps in the early intervention process, as outlined in Federal law (Küpper, 2012):

- 1. Referral:** A child under the age of 3 is referred to Part C because of a possible developmental delay or disability. When a child is identified as being potentially eligible for Part C, a formal referral must be made as soon as possible but in no case more than 7 days after the child has been identified as potentially eligible. All children under age 3 who (a) are the subject of a substantiated case of abuse or neglect or (b) are identified as being directly affected by illegal substance

abuse or withdrawal symptoms resulting from prenatal drug exposure must be referred to the EI program.

- 2. Eligibility determination:** The activities in this step help determine whether a child should receive EI services. The lead agency has 45 days to make eligibility determinations and hold the initial Individualized Family Service Plan (IFSP) meeting (see next step for additional details on the IFSP).
 - Prior to each screening, evaluation, or assessment, the lead agency must provide the child's parents with written notification about the proposed activity, and the parents must provide written consent.
 - States have the option to screen a child to determine whether the child is suspected of having a developmental delay before conducting the evaluation. The screening is considered part of the 45-day timeline for referral to the initial IFSP meeting.
 - The EI program conducts a timely, comprehensive, multidisciplinary evaluation and assessment of the child to determine eligibility for Part C services. If the child is eligible for services due to having a specified diagnosed physical or mental condition that will likely result in a developmental delay, an evaluation to determine eligibility is not necessary. However, an assessment of a child's strengths and challenges in each developmental area and an assessment of a family's resources, priorities, and concerns are still conducted. Each State has its own

- definition of developmental delay. (See State Eligibility Definitions later in this section for additional information.)
- d. If the evaluation determines that the child is eligible, the EI program conducts two assessments: (1) a multidisciplinary assessment to determine the child's unique strengths and needs and which services may be appropriate and (2) a family-directed assessment that focuses on supports and services the family may require to meet the developmental needs of the child.
- 3. Initial IFSP:** The IFSP is a written plan that sets functional outcomes for the child and family and describes the services that will be provided to the child and family. It is developed by the IFSP Team, which includes the parents, the service coordinator, individuals who conducted the evaluation and assessment, and persons who will be providing EI services, as well as other family members and a family advocate if requested by the parent.
- 4. Services:** EI services are provided that meet the identified functional child outcomes and the family's identified concerns and priorities. Examples of EI services include special instruction, family training, occupational or physical therapy, psychological services, and speech language pathology services. For a complete list and description of early intervention services, see the Part C regulations at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-13.xml>.
- 5. IFSP review and renewal:** At least every 6 months, the IFSP team reviews the plan to determine the degree of progress that has been made and whether any revisions are necessary. Additionally, the IFSP team must conduct an annual review to evaluate progress on the IFSP, discuss the results of any current evaluations and assessments, and revise the plans, as needed. (Not all States require an annual re-determination of eligibility.)
- 6. Transition plan:** A transition plan must be included in the child's IFSP not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the child's 3rd birthday. The transition plan outlines what services the child may receive after he or she turns 3.
- 7. Exit:** The child exits EI services.

State practice varies in cases in which a child is deemed to be at risk for developmental delays but is not eligible for Part C services. Only 38 percent of States indicated they have written policies about referrals to other community resources (Cooper & Vick, 2009). Of those States with written policies, more than three-quarters (76 percent) refer ineligible children to Early Care and Education Programs. Other possible referrals include primary pediatric care providers, local health departments, help lines, parent groups, or some combination of resources.

State Eligibility Definitions

Aside from eligible children needing to be under the age of 3, IDEA stipulates that children must have either a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. (For a list of conditions, view the IDEA regulations at

<http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-21.xml>.) States are able to develop their own criteria for determining the presence of developmental delays and what physical or mental conditions qualify a child for eligibility. States also have the option to serve children under 3 years who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided. This could include children who are at risk of experiencing developmental delays because of biological or environmental factors that can be identified, including a history of maltreatment. (For a more extensive list of factors, refer to the IDEA regulations at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-5.xml>.)

To view a summary of State definitions, including links to State websites, visit http://nectac.org/~pdfs/topics/earlyid/partc_elig_table.pdf.

Benefits of Part C for Child Welfare

Referrals to the EIP support a State's capacity to enhance the safety, permanency, and well-being of children and their families in the following ways:

- Referral to the EIP enhances service availability and accessibility, enabling children to receive appropriate IFSP services to meet their identified needs and to support their families' capacity to help their children grow and develop.
- EI programs can assist States in providing family-centered services that safely maintain children in their own homes, prevent removals, promote reunification, and stabilize placements.

- CAPTA's referral provisions help State child welfare administrators comply with Federal child welfare regulations to ensure that "families have enhanced capacity to provide for their children's needs ... children receive appropriate services to meet their educational needs, and children receive adequate services to meet their physical and mental health needs" [45 CFR 1355.34(b)(1)(iii)].

How Child Welfare Can Support Part C Efforts

Child welfare workers can help ensure that the developmental needs of children who are abused and neglected are addressed by attending training on child development, referring children to the EIP, and working closely with EIP staff. An EIP service coordinator can then help families (and child welfare professionals) navigate the eligibility process, design an IFSP, and ensure needed services are provided.

The EIP also permits caregivers to consent to and participate in services that can help them enhance their child's development.² The stress of caring for a child with a disability or delay can strain family resources and threaten family stability. Child welfare professionals can refer caregivers to an EI Program and, if eligible, identified services may help them manage the stress of parenting their children, encourage the recruitment and retention of foster and adoptive families, stabilize placements, and support reunification.

² Foster parents can be considered parents or serve as surrogate parents under the EIP, and many States include foster parents under the parent definition of the 2004 IDEA 20 U.S.C. 1401(23).

Implementation Challenges

Despite their documented need and eligibility for EIP services, there is concern that children involved with the child welfare system and who may have developmental delays are underidentified and underenrolled in EI services (Rosenberg, Smith, & Levinson, 2007; Scarborough & McCrae, 2008). Challenges to serving this population include the following:

- Children eligible for EI services may not have a consistent caregiver in their lives who can observe their development over time.
- It is difficult to understand the complexity of the early intervention system, Federal laws, and State policies and effectively navigate the system on a child's behalf.
- Child welfare professionals, foster parents, and court personnel who are responsible for the well-being of these children are not always trained to identify developmental needs of children in foster care and may have limited knowledge about Part C services. One study found that child welfare caseworkers were able to recognize less than one-fourth (23 percent) of children with developmental problems (Rosenberg et al., 2007).
- At every stage of the EIP beyond referral, Federal legislation under IDEA requires parental consent and participation. Yet, the parents of children who have substantiated reports of abuse and neglect are sometimes unavailable to provide consent for services.
- Nearly all (98 percent of) States responding to a Part C workforce survey reported shortages in personnel who provide Part C services, particularly in rural areas (Moherek Sopko, 2010).

- EIP professionals may be unfamiliar with child welfare policies and procedures, with strategies for engaging families who are involuntarily involved in a referral to child welfare services, or both (Barth et al., 2008).

Promising Strategies

Many States have developed policies and procedures to implement the Part C referral provisions of CAPTA and IDEA more effectively. Additionally, many localities and individual provider agencies have developed initiatives to ensure that children who are abused and neglected are linked to the EIP. All of these strategies address existing barriers to identifying, evaluating, engaging, and serving maltreated children and their families. This section will describe many of these strategies and provide specific State and local examples.

Collaboration

Successful Part C implementation requires extensive interagency collaboration, not just between child welfare and EIP staff but among all relevant agencies and stakeholders (Keller-Allen, 2007; Lucas, Hurth, & Kasprzak, 2010). This includes Medicaid, mental health, public health, maternal and child health, developmental disabilities, Early Head Start/Head Start, education, and the courts.

Collaborative efforts can help child welfare and EIP administrators do the following:

- Clarify and share information about each system's procedures
- Identify and convene leaders to facilitate implementation of the referral provisions and ensure compliance with all Federal

and State laws and regulations (e.g., ASFA, CAPTA, IDEA)

- Identify and tap available funding streams
- Develop written interagency agreements that establish workable referral and information-sharing procedures and ongoing communication mechanisms
- Promote clearer understanding of staff roles in each agency
- Develop consistent guidelines for processes such as obtaining consent, conducting evaluations, and appointing surrogate parents
- Create opportunities for cross-disciplinary training

At the practice level, collaboration between child welfare and the EIP staff can help:

- Spotlight the safety and well-being needs of individual children and families
- Integrate child welfare and early intervention service goals and services
- Ease child welfare workload burdens by engaging the EIP service coordinator as a partner
- Identify new resources for consultation and technical assistance
- Enhance training programs for child welfare, court, and EIP professionals

As demonstrated by the examples on the next several pages, comprehensive and creative collaborations between State child welfare and the EIP systems have overcome many of the barriers to identifying, referring, and serving abused and neglected young children under the EIP.

CONNECTICUT: MEMORANDUM OF UNDERSTANDING

In January 2013, the Connecticut Department of Developmental Services (DDS), the State's Part C lead agency, and the Connecticut Department of Children and Families (DCF) signed a memorandum of understanding (MOU) describing each department's roles and responsibilities in referring children who were victims of substantiated abuse or neglect to the early intervention program for developmental evaluations. The two departments had developed another MOU in 2005 in response to the 2003 CAPTA reauthorization. The 2005 MOU, however, was limited in scope, and DCF wanted to revamp how it served this population. The 2013 MOU increases DCF's role in bringing children to the attention of DDS for evaluations to determine early intervention eligibility. Although CAPTA requires child welfare agencies to refer children with substantiated cases of maltreatment to Part C, this MOU also assigns DCF the responsibility of screening all children with whom it has contact. Soon after the MOU was signed, the State legislature passed a law requiring that DCF screen children twice per year, which exceeds the requirements of the MOU. DCF is still working on how to best implement the MOU in conjunction with that legislation.

The MOU is available at <http://www.birth23.org/files/iamous/mou-dcf.pdf>.

Identification and Referral

The 2004 reauthorization of IDEA requires States to develop a comprehensive Child Find system that ensures eligible children, including infants and toddlers in foster care

or those with substantiated abuse or neglect, are identified, located, and referred to the EIP. Child Find efforts usually include outreach to child protection and preventive services agencies, as well as to hospitals and clinics that are likely to see infants and toddlers who have been abused or neglected. In one national survey, 69 percent of States recommend using a screening tool, and of those States, the top two recommendations for screening tools are the Ages and Stages Questionnaire (ASQ) and the ASQ: Social-Emotional (ASQ:SE) (Cooper & Vick, 2009). The same survey also reported, however, that most States (56 percent) do not require a professional with social-emotional expertise to sit on the multidisciplinary team during the evaluation stage, which may affect the adequacy of the evaluation (Woods, Smith, & Cooper, 2010).

Any EI service, including State-initiated screening, must be performed by a qualified professional as defined under IDEA. Some States provide training for child welfare staff in screening for developmental issues. Other States have child welfare staff rely on EI staff, who have had extensive training to conduct these screens.

MICHIGAN: ENHANCING IDENTIFICATION

Staff from Michigan's early intervention system noticed that many infants and toddlers referred to Part C from the child welfare system were not being identified as having developmental delays, which is contrary to the research. So, Michigan's ICC established a committee in 2006 to review tools that could help identify delays. The committee recommended the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T), which can be completed by parents or caregivers. During the pilot, staff discovered that it helped identify social and emotional delays that were not otherwise being identified through the Infant-Toddler Developmental Assessment (IDA), which was the State's primary identification tool. Of the 331 children found eligible during the pilot (out of 445 evaluated), 137 were found eligible based on IDA scores alone, 135 were found eligible based on the combined IDA and DECA-I/T scores, and 39 were found eligible based on the DECA-I/T alone (Michigan State Interagency Coordinating Council Ad Hoc Committee, 2008). This indicated that the DECA-I/T helped to identify children who otherwise would not have been found eligible for early intervention services. The DECA-I/T is now regularly used in conjunction with the IDA.

To help train early intervention staff on the identification of children with developmental delays, the Michigan Department of Education, which is the State's Part C lead agency, and the Michigan Department of Community Health funded a position to provide professional development for early childhood mental health and early intervention specialists. The joint training helps facilitate and enhance the working relationship between the two fields, align policies, and reduce duplication of services and assessments.

For more information about the DECA-I/T, visit <http://www.centerforresilientchildren.org/infants/>.

Parental Consent

Once referred to the EIP, children involved in substantiated cases of abuse and neglect often face barriers to obtaining an assessment for needed services. Parents of children who have substantiated reports of abuse and neglect may be unavailable to consent to EIP assessment and services. Parents also may be unwilling to participate, fearing intrusion by another State agency. EIP professionals may be unfamiliar with child welfare procedures or strategies for engaging parents who are involuntarily referred to the child welfare system.

Potential strategies to address these challenges include:

- **Involve court personnel.** A parent's approval to have a child evaluated for EI services may demonstrate to the court that the parent is willing and able to act in the child's best interest. A discussion along these lines may be more effective if initiated by the parent's lawyer or the child's attorney or court-appointed special advocate (CASA).
- **Involve public health nurses.** Some States and localities have successfully used public health nurses to work with families in certain circumstances, such as when a family is reluctant to consent to a formal EIP multidisciplinary assessment.
- **Appoint surrogate parents.** IDEA defines "parent" broadly to include biological and adoptive parents, a relative with whom the child is living, a legal guardian, and in some instances, a foster parent. It specifically precludes any State official from acting as a parent. IDEA also provides for the appointment of a surrogate parent if the

child has no parent as defined under the Early Intervention law. Under IDEA, courts are authorized to order a surrogate parent to represent the child (§ 614(D)(iii)(II)(cc); § 615 (b)(209A)(i)). The role of the surrogate parent is limited to representing the child in all matters related to the EIP. Nothing in the Federal law prohibits a foster parent from serving as the surrogate parent; however, States may have laws that limit foster parents serving as surrogates or otherwise acting as parents.

Both the child welfare and EIP agencies have found that formal written agreements and easy-to-use forms that describe interagency policy and operations for seeking parental consent and appointing surrogate parents are helpful.

SOUTH CAROLINA: STUDYING ENHANCED STRATEGIES

The Family Networks Project in South Carolina, which is led by South Carolina First Steps to School Readiness and funded by the Quality Improvement Center on Early Childhood (QIC-EC), is conducting two studies on strategies to improve outcomes for children with developmental disabilities. The first study is examining whether families experience improved outcomes when they receive Part C services in conjunction with the Stepping Stones Triple P-Positive Parenting Program (SSTP) rather than Part C services as usual. SSTP is delivered in family homes by trained and accredited parent educators and typically includes 10 in-home sessions. The program helps parents set goals and apply strategies to affect issues and behaviors that are important to them. Forty-nine families were enrolled in this study.

The second study is assessing the training of Part C service coordinators using the Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care curriculum (PCAN). PCAN is intended to help these staff better understand the impact of child maltreatment and enhance relationships with parents. The project is studying whether family outcomes are improved when families receive SSTP services and IDEA Part C services enhanced by PCAN training as opposed to when they receive only SSTP services enhanced by PCAN training. Seventy-three service coordinators received the training, and 41 families were enrolled to receive services. Final analyses of the data from both studies are underway as of August 2013.

For more information about this project, visit the QIC-EC website at <http://www.qic-ec.org/projects/columbia>.

Workforce Improvement

To implement an effective EIP, States must ensure they have an adequate number of personnel and that those personnel are qualified to work effectively with young children and their families. Personnel should have an understanding of child development, Part C requirements, and best practices. States can use a multitude of approaches to develop and retain Part C personnel (Moherek Sopko, 2010):

- Partner with school districts to share personnel
- Offer adequate compensation
- Fund loan forgiveness and stipend programs
- Collaborate with institutions of higher education to develop professional development programs
- Establish certificate programs focused on services for young children
- Develop online training modules
- Mentor

Cross-system training among State agencies, such as early education, child welfare, and the courts, can support workforce development by highlighting Federal, State, and agency requirements; the operation of other systems; and how the agencies can best work together. This can help ensure that all stakeholders share the same knowledge and understand one another's language and also assist in identifying and addressing systemic barriers to accessing EIP services.

LOS ANGELES: COLLABORATIVE TRAINING

In 2010, the County of Los Angeles Department of Mental Health received a 6-year grant from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for Project ABC. The project also involves the County of Los Angeles Department of Children and Family Services, the Children's Institute, Inc., For The Child, and Pacific Asian Counseling Services. One component of Project ABC is training mental health practitioners and other related professionals on evidence-based approaches. As the project tried to increase training attendance and promote the value of the training to other disciplines, staff recognized that the local Part C and child welfare agencies had excellent training facilities. They saw an opportunity to reduce training costs and forge additional partnerships. The project established an agreement with these agencies that allowed the project to use the training facilities in exchange for a certain number of training slots for agency staff. Project ABC staff also reached out to partner organizations to determine which topics would be of interest and, in one case, collaboratively developed the training with them. The four trainings conducted thus far have covered observing children's behavior, cultural issues, early childhood assessments, and infant mental health, and 323 professionals from the early intervention, child welfare, medical, and juvenile justice fields have attended.

For more information about Project ABC, visit <http://www.projectabc-la.org/>.

both individual children and aggregate case data. These data can inform programmatic and policy decisions and help monitor programs and ensure the accountability crucial to high-performing EIPs (Lucas et al., 2010).

Some States use the courts to help ensure referral to and enrollment in the EIP (Dicker & Gordon, 2006). Under Federal child welfare laws, every child in foster care has court hearings to review case status and assess permanency goals. These hearings present opportunities to inquire into the well-being of young children.

States also can develop formal mechanisms or policies to share information with decision-makers responsible for advocating on behalf of abused and neglected children, including judges, attorneys for children and parents, guardians ad litem, and CASAs. Courts have the opportunity to inquire as to whether infants and toddlers are referred to and enrolled in the EIP and ensure relevant information is shared.

Tracking and Oversight

Referral alone will not necessarily ensure enrollment and services. Several States have developed policies and programs to track

ARKANSAS: EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Project PLAY (Positive Learning for Arkansas' Youngest) is an early childhood mental health consultation program that seeks to promote positive social and emotional development and decrease problematic social and emotional behaviors in early child care settings. It is administered by the University of Arkansas for Medical Sciences and funded by the Arkansas Department of Human Services Division of Child Care and Early Childhood Education. Project PLAY does not conduct the initial screenings or assessments for children with possible developmental delays, but its mental health consultants help child care providers learn to access the information from those assessments and suggest strategies to support the developmental needs of these children. The mental health consultants also help teachers learn to identify children who were not initially deemed Part C-eligible but who may be eligible due to emerging or undetected delays. Additionally, the project teaches child care providers how to become part of the child welfare team, which may include attending meetings or sharing information about the needs of children in foster care who are in early child care settings.

For more information about Project PLAY, visit <http://familymedicine.uams.edu/research-and-scholarly-activity-continuing-medical-education-cme/community-research-family-and-preventive-medicine/projects/projectplay/>.

Funding Strategies

EI funds typically cover the costs of administration, evaluation, and service coordination. However, lead agencies in each State determine how services for eligible children will be funded. States use a wide variety of Federal, State, and local funding sources to fund their EIPs, with States using an average of eight different sources to fund their programs (IDEA Infant and Toddler Coordinators Association, 2012a). Medicaid and Part C are the primary Federal funding sources, with States also using their own general funds, State Medicaid, State Part C, and private insurance. Even with the multitude of funding sources, however, 39 percent of States responding to a finance survey reported they were facing a deficit for the program in fiscal year 2012. As a result of State fiscal issues, six States reported narrowing eligibility for EIIs during the past year, and 11 States made eligibility criteria more restrictive during the past 3 years (IDEA Infant and Toddler Coordinators Association, 2012b).

Medicaid

Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) reimbursement can be used to maximize State resources for early intervention services. The EPSDT program is a health-care program for Medicaid-eligible children ages birth to 21. It is designed to detect and treat health problems early through regular medical, dental, vision, and developmental screenings. Many children who have experienced maltreatment and nearly all children in out-

of-home care will meet income eligibility guidelines for Medicaid.³

EPSDT permits States to use Medicaid to finance an array of services that might otherwise be ineligible for Medicaid reimbursement, including early intervention services and developmental screening (see 42 U.S.C. 1396d(a)). These services must be listed in the Medicaid State plan. States should consult with the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services to determine the extent to which EIP services, such as the ones listed below, may be billable to Medicaid:

- Assessment of the child and the child's home life
- Physical, occupational, and speech therapy
- Vision and hearing testing, diagnosis, and treatment, such as eyeglasses and hearing aids
- Nutritional assessment and intervention
- Basic living and social skills development
- Parent skills training
- Case management
- Home visiting programs, including visits by public health nurses to provide screening and referral of children to the EIP
- Transportation costs for the child to receive services, as well as the cost of an attendant to accompany the child where the attendant is not a family member

³ Children eligible for title IV-E are categorically eligible for Medicaid (i.e., they are automatically eligible). States have the option of providing Medicaid coverage for children who receive State-funded foster care (McCartney, 2010).

Other Federal Funds

Some State agencies use other Federal funds and programs to support EIP referral, evaluation, and services for abused and neglected children, as well as child development training for professionals. States have found it helpful to seek additional guidance from the funding source regarding allowable activities.

- **Maternal and Child Health Program (MCH)** (title V of the Social Security Act). MCH provides a health-services safety net for women and children to ensure basic health care; it can be used for screening, assessments, and follow-up medical care. States also can use these funds for special projects of regional and national significance, including training for professional staff.
- **Head Start/Early Head Start.** Head Start requires grantees to perform or obtain developmental screenings and arrange or obtain further diagnostic testing, examination, and treatment for children with a suspected disability or developmental delay. It also requires grantees to establish partnerships with Part C and child protective services.
- **CAPTA.** The Basic State Grant program under CAPTA requires States to develop a process to ensure the referral of eligible children for early intervention services. This grant funding may be used to fulfill this requirement.
- **Temporary Assistance for Needy Families (TANF).** Many States have used TANF to fund preventive programs that reduce out-of-home placement, including assessment, case management, and family instruction (Dicker, Gordon, & Knitzer, 2001).

Additional funding streams include title IV-B child welfare services program and IV-B Subpart 2 funds under the Promoting Safe and Stable Families program, Abandoned Infant Assistance Act funds, and funding streams that support substance abuse treatment and jail diversion programs. Additionally, multiple funding streams may be used to support a particular program, such as home visiting. For example, in some communities, home visiting, which can be an effective means to identify eligible children and provide services, is funded through Maternal, Infant, and Early Childhood Home Visiting grants, TANF, and the Child Care and Development Block Grant, as well as Part C (Johnson-Staub & Schmit, 2012).

Conclusion

The Part C referral provisions of IDEA support access to early intervention services for children who have experienced abuse or neglect. The strategies discussed in this bulletin may help States consider options for fully implementing the CAPTA and IDEA directives. By providing access to early intervention services, child welfare administrators can better promote the healthy development of vulnerable children and their families.

Additional Resources

Child Welfare 360° (Spring 2013). Explores issues related to children with disabilities in child welfare. http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360_2013-05.pdf

Child Welfare Information Gateway. Provides information on a wide range of child welfare issues, including Part C of IDEA. https://www.childwelfare.gov/systemwide/service_array/earlychildhood/childwelfare.cfm

IDEA Infant & Toddler Coordinators Association.

Promotes mutual assistance, cooperation, and the exchange of information and ideas in the administration of Part C and to provide support to State and territory Part C coordinators. <http://www.ideainfanttoddler.org/>

Learn the Signs. Act Early. Provides information about an initiative of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention to improve early identification of children with developmental disabilities. <http://www.cdc.gov/ncbdd/actearly/index.html>

National Dissemination Center for Children with Disabilities. Provides information on disabilities in children and youth, programs and services, IDEA, and research-based effective practices, including *Building the Legacy for Our Youngest Children with Disabilities: A Training Curriculum on Part C of IDEA 2004* (<http://nichcy.org/laws/idea/legacy/partc>). <http://nichcy.org/>

National Early Childhood Technical Assistance Center (NECTAC). Supports the implementation of the early childhood provisions of the Individuals with Disabilities Education Improvement Act (IDEA). <http://ectacenter.org/>

Project Forum. Includes more than 100 documents on various special education policy issues. <http://www.nasdse.org/Projects/ProjectForum/tabid/415/Default.aspx>

State Part C Coordinators. Lists contact information for the State Part C coordinators and the website for State early intervention or Part C websites. <http://ectacenter.org/contact/ptccoord.asp>

Tracking, Referral and Assessment Center for Excellence (TRACE). Helps identify and promote the use of evidence-based practices and models for improving child find, referral, early identification, and eligibility determination for young children with developmental delays or disabilities. <http://www.tracecenter.info/>

U.S. Department of Education, Office of Special Education Programs. Provides resources related to IDEA and its implementing regulations. <http://idea.ed.gov/explore/home>

Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from http://developingchild.harvard.edu/resources/reports_and_working_papers/foundations-of-lifelong-health/

Child Welfare Information Gateway. (2009). *Understanding the effects of maltreatment on brain development*. Retrieved from https://www.childwelfare.gov/pubs/issue_briefs/brain_development/effects.cfm

Cooper, J. L., & Vick, J. (2009). *Promoting social-emotional wellbeing in early intervention services: A fifty-state view*. Retrieved from http://www.nccp.org/publications/pdf/text_885.pdf

Dicker, S., & Gordon, E. (2006). Critical connections for children who are abused and neglected: Harnessing the new Federal referral provisions for early intervention. *Infants & Young Children*, 19, 170–178. Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/Critical_Connections.pdf

Dicker, S., Gordon, E., & Knitzer, J. (2001). *Improving the odds for the healthy development of young children in foster care*. New York: National Center for Children in Poverty.

IDEA Infant and Toddler Coordinators Association. (2012a). *ITCA Finance Survey*. Retrieved from <http://www.ideainfanttoddler.org/pdf/2012-Finance-Survey-Report.pdf>

References

Barth, R. P., Scarborough, A. A., Lloyd, E. C., Losby, J. L., Casanueva, C., & Mann, T. (2008). *Developmental status and early intervention service needs of maltreated children: Final report*. Retrieved from <http://aspe.hhs.gov/hsp/08/devneeds/report.pdf>

Casanueva, C., Wilson, E., Smith, K., Dolan, M., Ringisen, H., & Horne, B. (2012). *NSCAW II wave 2 report: Child well-being*. Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/nscaaw-ii-wave-2-report-child-well-being>

- IDEA Infant and Toddler Coordinators Association. (2012b). *2012 ITCA Tipping Points Survey: Part C implementation: State challenges and responses*. Retrieved from <http://www.ideainfanttoddler.org/pdf/2012-ITCA-State-Challenges-Report.pdf>
- Johnson-Staub, C., & Schmit, S. (2012). *Home away from home: A toolkit for planning home visiting partnerships with family, friend, and neighbor caregivers*. Retrieved from <http://www.clasp.org/admin/site/publications/files/Home-Away-from-Home.pdf>
- Keller-Allen, C. (2007). *Implications of the CAPTA requirement for referrals from child welfare to Part C*. Retrieved from http://www.nasdse.org/DesktopModules/DNNspot-Store/ProductFiles/150_16cd156e-3e62-4264-a3b2-6d06815e78a2.pdf
- Küpper, L. (Ed.). (2012). *The basics of early intervention (Module 1): Section 1 – The 8 basic steps of early intervention*. Retrieved from <http://nichcy.org/laws/idea/legacy/partc/module1>
- Lucas, A., Hurth, J., & Kasprzak, C. (2010). Essential elements of high performing, high quality Part C systems. *NECTAC Notes*, 25. Retrieved from <http://www.nectac.org/~pdfs/pubs/nnotes25.pdf>
- McCartney, S. (2010). *Making Medicaid happen: Providing title XIX to title IV-E populations*. PowerPoint. Retrieved from http://aaicama.org/cms/resources-docs/MA_Eligibility_2010.pdf
- Michigan State Interagency Coordinating Council Ad Hoc Committee. (2008). *Early On social emotional tools pilot final report*. Retrieved from <http://eotta.ccresa.org/Files/PDF/EarlyOnSocialEmotionalToolsPilotFinalReport08.pdf>
- Moherek Sopko, K. (2010). *Workforce preparation to serve children who receive Part C services*. Retrieved from http://nasdse.org/DesktopModules/DNNspot-Store/ProductFiles/86_7b9701c9-c1d3-4c85-a6b7-e5756646664d.pdf
- National Early Childhood Technical Assistance Center. (2011). *The importance of early intervention for infants and toddlers with disabilities and their families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>
- Rosenberg, S. A., Smith, E. G., & Levinson, A. (2007). Identifying young maltreated children with developmental delays. In R. Haskins, F. Wulczyn, & M. Bruce Webb (Eds.), *Child protection: Using research to improve policy and practice* (pp. 34–43). Washington, DC: Brookings Institution Press.
- Scarborough, A. A., & McCrae, J. S. (2008). *Maltreated infants: Reported eligibility for Part C and later school-age special education services*. Topics in Early Childhood Special Education, 28(2), 75–89.
- Technical Assistance and Dissemination Network. (n.d.). *Part C Child Count: 2011*. Retrieved from <http://uploads.tadnet.org/centers/97/assets/2414/download>

U.S. Department of Health and Human Services, Children's Bureau. (2012a). *The AFCARS report: Preliminary FY 2011 estimates as of July 2012.* Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>

U.S. Department of Health and Human Services, Children's Bureau. (2012b). *Child Maltreatment 2011.* Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>

Woods, T. A., Smith, S., & Cooper, J. L. (2010). *Promoting the social-emotional wellbeing of infants and toddlers in early intervention programs: Promising practices in four communities.* Retrieved from http://nccp.org/publications/pdf/text_946.pdf

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