

The logo for ECTA, featuring the word "ecta" in a lowercase, sans-serif font. The letters "e" and "c" are green, while "t" and "a" are blue.The logo for DaSy, featuring the word "DaSy" in a lowercase, sans-serif font. The letters "Da" are blue, "S" is green, and "y" is blue. A red flower with a white center and green leaves is positioned above the "y".

# DEC Child Maltreatment Paper Four Years Later: Where are We Now?

Evelyn Foard Shaw: ECTA, Haidee Bernstein and Sharon Walsh: ECTA and DaSy

Lori Wittemann: Technical Assistance Lead-WI Birth to Three and Special Education Coordinator-DHS School District, Bureau of Children's Services, Dept. of Health, Wisconsin

Anita Leis: Birth to 3 Teacher/Coordinator, Infant Family Specialist, Jackson County DHHS, Wisconsin

Ann Freiburg: Part C Coordinator Bureau of Early Intervention, Illinois Department of Human Services

## Let's See Who Is Here

*Tell Us in the Chat and Add Your State/Country*

- State agency
- Local agency/provider
- Federal agency
- Parent or family member
- Higher education
- Professional development/TA provider
- Student

## Session Objectives

- **Increase knowledge** of CAPTA, IDEA regulations and available resources including DEC Child Maltreatment Position Statement.
- **Gain greater understanding of strategies** used by states and local communities for referral under CAPTA, assisting program leaders to develop and implement strategies for referrals and data sharing, and promoting recommended practices to support young children and their families.
- **Explore challenges and successes** that address coordination between early intervention and child welfare systems given different perspectives, requirements and overlapping populations.

## Agenda

- **Overview:** Sharon Walsh, Evelyn Shaw, Haidee Bernstein
  - DEC Recommended Practices
  - DEC Position Statement
  - Current Requirements
  - National Picture of Child Maltreatment Data
  - Prenatal Substance Abuse Data
- **View from Wisconsin** with Discussion: Lori Wittemann and Anita Leis
- **View from Illinois** with Discussion: Ann Freiburg

## DEC Recommended Practices include...

- **L6 Leaders establish partnerships** across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.
- **L10 Leaders ensure practitioners know and follow professional standards** and all applicable laws and regulations governing service provision.

## DEC's Position Statement on Child Maltreatment (2016)

DEC has taken a stand because:

- ❖ Young children are disproportionately affected by child maltreatment.
- ❖ Children who have a disability are at a higher risk for maltreatment.
- ❖ Children who have experienced maltreatment are at a higher risk of developing a disability.
- ❖ Young children who have been maltreated are participants in early childhood programs.

<https://www.decdocs.org/position-statement-child-maltreatme>

## DEC's Position Statement on Child Maltreatment (continued)

- Individual Responsibilities:
  - Be vigilant in our role as mandated reporters and aware of personal biases.
  - Work toward prevention and intervention.
  - Use strength-based and family-centered approaches.
- Organizational Responsibilities:
  - Meaningfully collaborate across service systems (e.g. child welfare).
  - Incorporate content related to this topic into existing coursework in pre-service programs and into professional development opportunities.

# Federal Legislation Supporting Children Who Have Substantiated Abuse and Neglect

- **Child Abuse Prevention and Treatment Act (CAPTA) 2003:**
  - Provisions/procedures including 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
  - Policies/procedures including appropriate referrals to child protection service systems and for other appropriate services to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder
- **Part C of Individuals with Disabilities Education Act (IDEA) 2004:**
  - 2004 reauthorization contained corresponding language
  - Requires policies and procedures for the referral of a child under the age of 3 who is:
    - Involved in substantiated case of child abuse or neglect; or
    - Identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure

## In the Chat . . .

- In what capacity are you serving children and their families?
- In the 2-3 years prior to COVID were the number of children referred/served who experienced child abuse/neglect: holding steady, rising, or going down?
- From your lens, have you seen a rise in the number of children referred/served who are experiencing child abuse or neglect since COVID began?

## Child Maltreatment in Infants and Toddlers **2019**

- Of the 656,000 children nationally reported, 28.1% of victims are birth through 2 years old - the largest group across all maltreatment types, including physical abuse, medical neglect, and neglect.
- Children younger than one year have the highest victimization rate. This is more than 14.9 percent of all victims.
- The youngest children are the most vulnerable to maltreatment and, also, fatalities: 45.4 percent of child fatalities are younger than 1 year
- Children age 2 have victimization rates of 10.7 per 1,000 children and children 3 years old have victimization rates of 10.0 victims per 1,000 children.

From: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). *Child Maltreatment 2019*. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

## Number of Infants with Prenatal Substance Exposure (IPSE) (Child Maltreatment Report 2019)

- FFY 2019 data show 38,625 infants in 47 states being referred to CPS agencies as infants with prenatal substance exposure. Of the total IPSE:
  - 83.1% were screened in for an investigation or alternative response.
  - 0.7% had the alcohol abuse child risk factor.
  - 70.9% had the drug abuse child risk factor.
  - 11.4% had both the alcohol and drug abuse child factors.

## **Child Maltreatment Report (2019) Infants/Toddlers with Substantiated Abuse/Neglect and Referral to Part C**

- 37 states reported 100,535 infants/toddlers who were eligible for referral to Part C
- Of those 37 states, 28 states reported 45,937 infants and toddlers who were eligible for referral and 33,036 infants and toddlers who were referred to Part C (71.9%).

# Birth to 3 Program: Working with Child Welfare

Bureau of Children's Services  
Division of Medicaid Services



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

Bureau of Children's Services  
Division of Medicaid Services

# Agenda

Today we will discuss:

- Work with Child Abuse Prevention and Treatment Act (CAPTA) agency to ensure children are referred as required
- Agreements between the programs
- Part C (Birth to 3 Program) work: individualized family service plan (IFSP) process
- Summary and next steps

# How Child Protective Services and Part C are Organized in Wisconsin

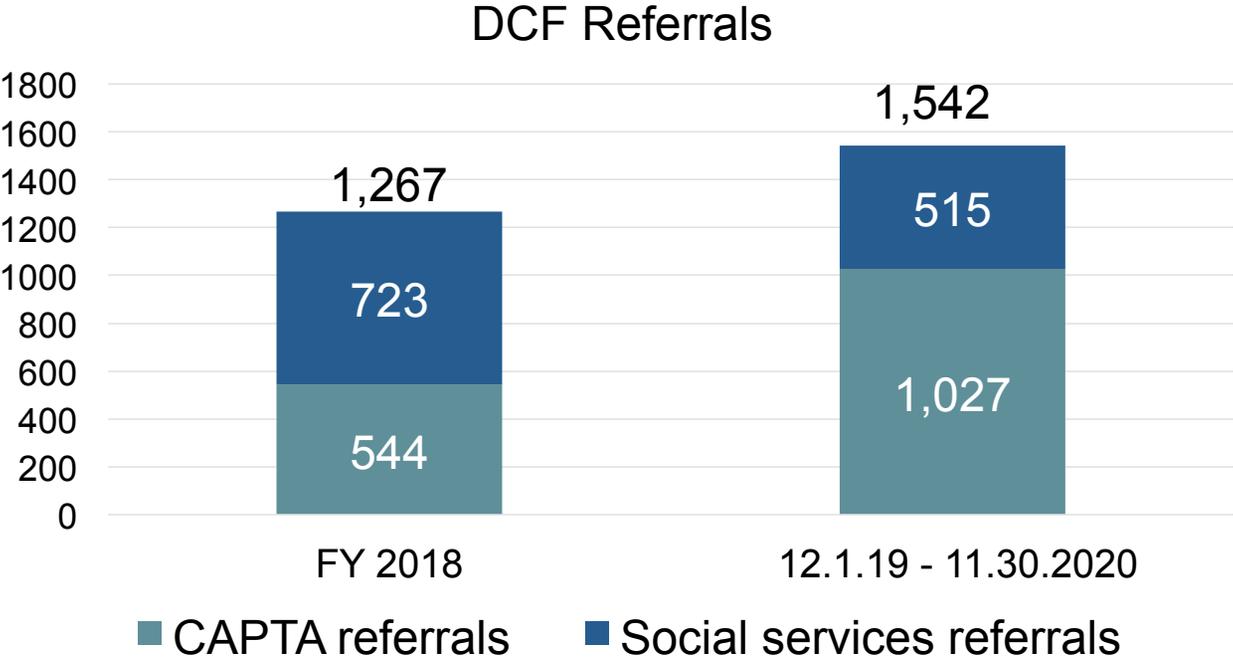
- Department of Children and Families (DCF)
  - ◆ Includes child protective services (CPS)
  - ◆ Contracts with each county in Wisconsin to serve its residents
  
- Department of Health Services (DHS)
  - ◆ Includes services for people with disabilities
  - ◆ Bureau of Children's Services includes the IDEA Part C program (Birth to 3 Program)
  - ◆ Contracts with each county in Wisconsin to serve its residents

# Birth to 3 Program: Automated CAPTA Referrals

## [DMS Numbered Memo 2019-07, Birth to 3 Program: Automated CAPTA Referrals](#)

- ◆ Assures all children substantiated as abused or neglected (CAPTA) under age 3 are referred from child welfare programs to the Birth to 3 Program
- ◆ Increases access for children and families to early intervention through the Birth to 3 Program
- ◆ Supports positive developmental outcomes for this population given the research and documented impact of being abused or neglected

# DCF to DHS Automated Referrals



# CPS and Children's Long-Term Support (CLTS) Waiver Program Collaboration

## [DMS Information Memo 2019-03, Child Protective Services and Children's Long-Term Support Waiver Program Collaboration](#)

- Shared responsibility in serving and protecting children with disabilities and their families
  - ◆ More than one-third of children in child welfare have a disability
- Authority to share information
- Improve effectiveness of prevention and intervention efforts, reduce re-referrals to CPS, and increase access to resources for children who have a disability

## Part C Work: IFSP Process

### Upon receiving referral:

- ◆ Connect with CPS to gather additional information
- ◆ Contact the family
- ◆ Share information on the program
- ◆ Receive consent for screening or evaluation
- ◆ If determined eligible for the program, complete the IFSP and provide services

## Birth to 3 Program: Innovation in Social-Emotional Development Grants

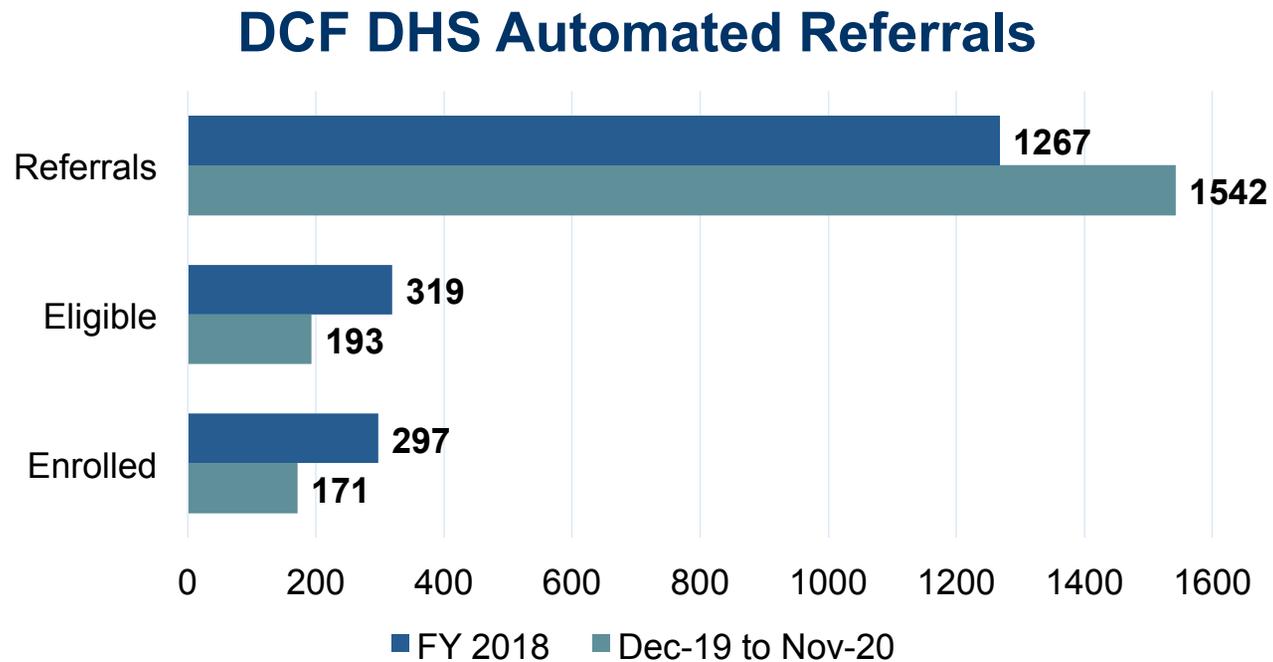
### [DMS Numbered Memo 2019-08, Birth to 3 Program: Innovation in Social-Emotional Development Grants](#)

- One-time grant opportunity
- Must specifically aim to impact the social-emotional needs and development of children in the Birth to 3 Program
- May direct efforts at all Birth to 3 Program participants, but at a minimum must address participants that are enrolled through substantiated allegations of abuse or neglect

## Birth to 3 Program: Innovation in Social-Emotional Development Grants, continued

- Must address the health of the whole family and build the capacity of the family to care for the child
- Must aim to reduce the likelihood of a subsequent substantiation of child abuse or neglect or continued or future involvement in the child protective services system, such as removal or continued placement outside of the family home

# DCF DHS Automated Referrals Results of Referrals to Part C



## Next Steps

- Continued monitoring of data issues with the automated referral process
- Continued education and technical assistance to staff in both programs
- Technical assistance to Birth to 3 Programs in engaging with families involved with CPS

## Next Steps, continued

- Continue implementation of the social-emotional innovation mini grants
- Continue to gather data on results of collaboration to inform improvements
- Use results from the social and emotional (S/E) innovation grants strategies to promote S/E development statewide

## WI Birth to Three Resources

- [DMS Numbered Memo 2019-07, Birth to 3 Program: Automated CAPT A Referrals](#)
- [DMS Information Memo 2019-03, Child Protective Services and Children's Long-Term Support Waiver Program Collaboration](#)
- [DMS Numbered Memo 2019-08, Birth to 3 Program: Innovation in Social-Emotional Development Grants](#)

## Contact Information

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Illinois :  
Child Abuse Prevention & Treatment Act  
with Part C-Early Intervention

Ann Freiburg,  
Bureau Chief/Part C  
Coordinator

## Governance of Illinois Child Welfare

- Child welfare is under the Department of Children & Family Services (DCFS)
- Part C –EI is under the Illinois Department of Human Services (IDHS)
- 2016 DEC Position Statement on Child Maltreatment had contribution from member of the Illinois Early Intervention Training Program



## Illinois Actions for CAPTA with EI:



- Prevent Child Abuse Conference – 2018 presentation
  - What is EI
- Birth to Three (B-3) Initiative in 2018 to bring together:
  - DCFS – state and contracted partners serving Intact and Children in Care
  - IDHS – EI, WIC, Child Care, TANF, SNAP, Medical, Home Visiting
- CAPTA State Plan updated 2018 included
  - Enhanced referral for supportive services
  - Enhanced reporting
  - Child Care for Intact Families

## Problem!

2018 DCFS Data Review of historical data:

- The infant mortality rate in Illinois was 0.66% according to data from the Illinois Department of Public Health
- Factors contributing to infant death in the first year of life included multiple events with our focus on accidents, unsafe sleep practices and homicide
- DCFS recorded about 13% of the child welfare deaths were 0-3, with 10% of those having prior contact with DCFS
  - Most deaths were unsafe sleep/co-sleeping
- EI participation shows about .2% deaths annually from all causes
- It was estimated that while over half of Intact families were known to EI, only about a third were currently actively engaged in EI

## DCFS Solution!

### DCFS Intact Practice change:

- DCFS staff conduct investigations to determine safety levels of children/families
  - **Placement-** DCFS has found the home is too unsafe for children and they are placed in the care of a foster family
  - **Intact-** DCFS is concerned, but the home environment has enough positive attributes that separation of the family unit is not required
- In the first 1-2 months of the case the Intact Caseworker will be in the home weekly
- Most cases are closed within 6 months

## IDHS Solution!

### B-3 Shift in practice for DCFS/IDHS:

- Upon enrollment into the Intact Family Program, DCFS staff will ask parents to consent to communication between DHS and its grantees.
  - This consent form will be shared by DCFS as a referral to IDHS and providers working with the family can have a copy for their files.
  - Children under 3 were screened, with a focus on trauma-informed and development and referred as appropriate to EI as well as other IDHS services
  - Illinois felt increasing the number of programs and staff that “have eyes on” these children would decrease the number of deaths and serious injuries

## EI Shift to Work with Intact Families:

- Tools, resources and actions developed to share/work with families:
  - Safe Sleep information
  - Encourage attendance at Intact activities, classes
  - Ask families if they need additional supports
  - View the home for obvious issues of safe sleep or other potential issues
  - Treat families with respect and support to keep the family together
  - Additional training on working with families under stressful situations



## Collaboration and Engagement



- Local capacity was built up to support families
- Supports and referrals were increased
- “Touches” were increased to support families
- Children with Disabilities had more focus
- Practices were established and maintained to continue developmental screenings and referrals across the state

Questions?

Contact Information:

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## Discussion Questions

- What data resonates with you? What challenges do you face?
- What successes can you share in work between Child Protective Services and Part C?
- Share your “go to” resources to support children and families at risk for/or experiencing abuse/neglect?

## **Recommendations: “*Chance Elevator Encounters and Tenacious Champions: Collaborative Referrals between Child Welfare and Early Intervention*”**

- Use data to support change: accurate data (EI and Child Welfare) is critical for collaboration and implementing change at state and local levels
- Relationships are key: Working together takes intentionality and commitment
- Joint leadership and joint planning
- Ongoing communication and training
- Collect and analyze data and use it for continuous improvement

## Resources

- Bernstein, H., Hartman, L., Hebbeler, K., Kaufman, J., Magaw, D., Shaw, E., Schmidt, L., Spiker, D., (2020). *Chance Elevator Encounters and Tenacious Champions: Collaborative Referrals between Child Welfare and Early Intervention*. *Zero to Three* 40(6), 21-31
- DEC (2016). *Child Maltreatment: A position statement of the Division for Early Childhood* (DEC). Washington D.C.
- Fischer, Megan, Rosinsky, Kristina, Jordan, Elizabeth, Haas, Margaret, & Seok, Deborah (February 2020) *States can improve supports for infants and toddlers who are in or at risk of entering foster care*. *Child Trends*:  
[https://www.childtrends.org/wp-content/uploads/2020/02/ZTT-State-Report\\_ChildTrends\\_Feb2020.pdf](https://www.childtrends.org/wp-content/uploads/2020/02/ZTT-State-Report_ChildTrends_Feb2020.pdf)

## Resources (Continued)

- 2020 ITCA Tipping Points Survey: Demographics and Challenges (2020). IDEA Infant & Toddler Coordinators Association:  
<https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
- Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). *Supporting Social- Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey*. National Center for Children in Poverty, Bank Street Graduate School of Education Webinar and link to survey available at ECTA Center Events: <https://ectacenter.org/events/webinars.asp>
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child Maltreatment 2019*. Available from  
[https://www.acf.hhs.gov/cb/report/child-maltreatment-2019?  
utm\\_medium=email&utm\\_source=janelert21](https://www.acf.hhs.gov/cb/report/child-maltreatment-2019?utm_medium=email&utm_source=janelert21)

# Thank you



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