

Center for *Children's* Advocacy

University of Connecticut School of Law, 65 Elizabeth Street, Hartford, CT 06105

Testimony by the Center for Children's Advocacy In Support of Senate Bill 652: An Act Concerning Referrals from the Department of Children and Families to the Birth to Three Program

Select Committee on Children

February 14, 2013

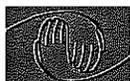
Submitted by Sarah Eagan, J.D., Alexandra Dufresne, J.D.

We submit this testimony on behalf of the Center for Children's Advocacy, a non-profit organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy. We have represented many abused and neglected infants and toddlers in child protection proceedings. We also represent many children in special education matters.

A. Senate Bill 652 Will Ensure that More Abused and Neglected Babies and Toddlers are Evaluated for Early Intervention Support Services.

Extensive research shows that abuse or neglect in early childhood is one of the most significant risk factors for developmental delays:¹

- The National Survey of Child and Adolescent Well-Being reported that over **40% of three year olds** involved with the child welfare system were in need of special education services due to developmental delay or an established medical condition.²
- **Fifty-five percent** of children under the age of three with substantiated cases of maltreatment are subject to at least five risk factors associated with poorer developmental outcomes.³
- When children are removed from their homes due to abuse or neglect, **50% of these children may have significant communication and cognitive delays.**⁴



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¹ See, e.g., Janice L. Cooper and Jessica Vic, National Center for Children in Poverty, "Promoting Socio-Emotional Well-Being in Early Intervention Services," (September 2009), p. 8 (citing multiple studies).

² National Survey of Child and Adolescent Wellbeing Issue Brief, No. 8: Need for Early Intervention Services Among Infants and Toddlers in Child Welfare, Available at: National Data Archive on Child Abuse and Neglect (NDACAN) Cornell University, ndacan@cornell.edu Administration for Children and Families (ACF, OPRE) http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/.

³ Institute of Social and Economic Development, "Developmental Status and Early Intervention Service Needs of Neglected and Maltreated Children," p. vi (April 2008), (Final Report Submitted to U.S. Department of Health and Human Services).

It is precisely due to this overwhelming data about the developmental needs of abused and neglected children that the federal **Child Abuse Prevention and Treatment Act (CAPTA)** (P.L. 108-36) **requires** that states refer abused and neglected children under age three to early intervention services.

B. Too Many of Connecticut's Abused and Neglected Children Are Falling Through the Cracks

Yet recent data from DCF and DDS indicates that abused and neglected babies and toddlers in Connecticut are significantly under-referred to Birth to Three:

Despite research studies reporting that upwards of 40% of maltreated infants and toddlers have developmental delays and impairments, in CT, between 5 and 8 percent of abused and neglected children who come into the child welfare system each year are receiving early intervention services.⁵

As of December 1, 2012, DCF was working with over 3,000 children, age birth to three, who were substantiated for abuse or neglect, with approximately 2,000 substantiated within the last year.⁶ In 2012, DCF referred or assisted with the referral of 297 children, and 155 were deemed eligible for services.⁷ These rates are fairly consistent with those of previous years; in short, Connecticut's Birth to Three program has never served all – or even a significant portion of – Connecticut's abused or neglected children with developmental delays.

Abused and neglected infants and toddlers fall through the cracks in the referral process for several reasons.

⁴ Addressing the Needs of Young Children in Child Welfare: Part C -- Early Intervention Services. Series: Bulletins for Professionals, https://www.childwelfare.gov/pubs/partc/partc_a.cfm.

⁵ See January 28, 2013 email from Linda Goodman, Director of Connecticut Birth to Three to Alexandra Dufresne, Staff Attorney at Center for Children's Advocacy (reporting that there were 280 children referred by DCF and 53 children referred by foster parents – for a total of 333 children – but that only 297 of these "became referrals" and only 155 were found eligible). Over a three year time period, data suggests that 30% of children may be referred to an early intervention evaluation.

⁶ See June 2012 First 1000 Days Briefing Paper #1: Who Are CT's Most Vulnerable Children? pg. 8 stating "DCF received 3,215 alleged cases of abuse in 2011 for children under the age of one year old. In addition over a 15 month period, 26% of alleged cases reported to DCF were for children ages birth to age three as were 33% of cases opened by DCF and 32% of substantiated cases.

Currently DCF serves 7,400 children ages birth to age six, of which 4,300 are ages birth to three; See also State of Connecticut Department of Children and Families Town Pages State Fiscal Year: 2011 Number of Accepted Reports and Allegations to DCF found on the web at

http://www.ct.gov/dcf/lib/dcf/agency/pdf/tp_2011.pdf indicating substantiations for 2011 were 9,511 statewide.

⁷ Id.

- Connecticut has not had an effective system for complying with federal CAPTA legislation to ensure that abused and neglected children are evaluated for developmental delays and social/emotional impairments.
- Biological parents --- against whom findings of abuse or neglect have been substantiated – are often overwhelmed, and either do not recognize possible developmental delays in their children or do not know that Birth to Three services exist.
- Substitute caregivers often do not have unfettered access to the medical and family histories of the children in their care, or may not recognize developmental delays and are therefore not able to say when a child needs services.
- DCF workers are not currently trained to assess and identify developmental delays in young children.
- Medical professionals often do not have immediate access to a parent or caregiver who can provide accurate, detailed and *historical* information about the infant or toddler’s development. And most health care professionals do not routinely administer developmental and mental health assessments to all young children in their practice.⁸

C. Automatic Referral for Abused and Neglected Children is Recommended By Experts Nationwide

The National Research Council and Institute of Medicine, along with experts nationwide, recommend that *all* children who have been the victims of substantiated abuse or neglect be evaluated for developmental delays and impairments by states’ early intervention agencies.⁹

Experts recommend that it should be a **routine** part of child protective services to provide formal developmental and social-emotional screening.¹⁰

D. Several States Have Implemented “Automatic” Referrals to Early Intervention for Abused and Neglected Children

Nine states – including Massachusetts – have adopted “automatic” referral mechanisms state wide.¹¹ These mechanisms are designed to improve outcomes

⁸ See generally Sheryl Dicker and Elysa Gordon, “Critical Connections for Children Who Are Abused or Neglected: Harnessing the New Federal Reform Provisions for Early Intervention,” *Infants and Young Children*, Vol. 19, Issue 3, p.170-178 (July/September 2006).

⁹ See Shonkoff, J., & Phillips, D. (Eds.), From Neurons to Neighborhoods: The Science of Early Childhood Development (2000); Child Welfare Information Gateway, “Addressing the Need of Young Children in Child Welfare: Part C: Early Intervention Services,” (May 2007), p.7 available at <https://www.childwelfare.gov/pubs/partc.pdf> (citing the automatic referral systems in several states as “promising strategies”).

¹⁰ Gilliam, Walter S., Meisels, Samuel J., Mayes, Linda C., “Chapter 4 : Screening and Surveillance in Early Intervention Systems,” in *The Developmental Systems Approach to Early Intervention*, ed. Michael J. Guralnick (Baltimore, MD: Paul H. Brookes Publishing, 2005), p.92.

for children and families and significantly reduce future special education and other related service costs. Studies of the Massachusetts “MECLI” program indicate that over 50 % of referred children were deemed to have developmental delays rendering them eligible for services.¹² As a result of the efficacy of the pilot and the high rate of eligibility, Massachusetts changed its child welfare-early intervention referral procedures statewide.

Bill 652 proposes a Phase One¹³ to automate referrals to Birth to Three for children who are substantiated victims of abuse or neglect. Then, depending on the results of the demonstration program, Connecticut can move towards automatic referral state wide as efforts to improve our early childhood programming statewide are strengthened and increasingly well-coordinated.

E. Additional Existing Challenges and Proposed Solutions

1. Our child welfare system must conduct routine developmental screens and service assessments for young children and their families, and ensure that such assessments are provided on an ongoing basis by well-trained social workers or contracted providers.
2. Every case plan for a young child in DCF care should start with the assessment of the child’s emotional and developmental needs and the evidence-based services that will address those needs.
3. Connecticut must further develop its spectrum of evidence-based mental health supports for very young children and their parents. Medicaid reimbursable programs, such as parent-child psychotherapy, are still not available at the level our families and agencies need. We must maximize federal dollars to strengthen and expand the scope of early intervention services so that we can implement our state’s vision for comprehensive and necessary health care for young children.
4. We should revise rules governing the state’s Birth to Three program that may be operating to exclude children with serious social/emotional or other

¹¹ According to the Child Welfare Information Gateway, supra, “Massachusetts, Ohio, Nebraska, Vermont, and West Virginia now require automatic referral of child abuse and neglect cases by child welfare workers to the EIP. In Idaho, New Hampshire, New Mexico, and North Dakota, all children under age 3 with substantiated cases of abuse and neglect are automatically referred to the EIP and receive a multidisciplinary evaluation conducted and funded under the State EIP.”

¹² John A. Lippitt, “Building Linkages for Early Childhood Mental Health,” Presentation at the Annual Research Conference on Children’s Mental Health (March 2005)

¹³ January 31, 2013 Email from Priscilla Irvine, Education Specialist, U.S. Department of Education, Office of Special Education Programs, to Sarah Eagan, Director, Child Abuse Project, Center for Children’s Advocacy (“**I would like reiterate there is no federal CAPTA/IDEA regulation that restricts States from piloting a specific referral system in one area of the State. This type of decision is made at the State level and may be outlined in the CAPTA Interagency Agreement between the Part C Lead Agency and Connecticut’s Department of Social Services.**”)

infant mental health impairments due to language that establishes eligibility for services if a child scores “below the mean” in the tested area of development. Certain evidence-based mental health screens favored by developmental pediatricians (e.g., BITSEA) for children do not score in a manner consistent with that prescribed eligibility criteria.

To address the challenges and proposed solutions outlined above, we respectfully submit the following proposals for Bill 652. **See attachment to this testimony.**

Thank you very much for your time and attention to these important treatment and prevention strategies.

Respectfully submitted by:

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ADDENDUM

Proposed suggestions for Bill 652: Creating a robust plan to meet the developmental needs of abused and neglected infants and toddlers

- A. There shall be an effective data tracking mechanism to evaluate what percentages of children in the 652 pilot demonstrate developmental delays qualifying them for Birth to 3 services; what categories of delays are exhibited by the children and what services they receive from Birth to Three.
- B. All abused and neglected children referred by DCF and evaluated by Birth to Three shall receive an evidence-based screen for social-emotional and behavioral problems such as the BITSEA or its equivalent. Nothing in the DDS regulations shall be used to prevent an eligibility determination for a child who scores two standard deviations away from the mean on the screen.
- C. DCF and DDS shall report to the legislature regarding efficacy of statewide efforts to identify all children, birth to three, who have substantiations of abuse or neglect or are being served through DCF's Differential Response System, and ensure appropriate evaluation and early intervention service delivery. Efforts to identify and meet the developmental needs of these children shall include meeting their social and emotional needs through administration of validated assessments and provision of evidence-based treatment services by accredited providers and mental health agencies. The report would help ensure Connecticut's compliance with the Child Abuse Prevention and Treatment Act.¹⁴
- D. DCF shall ensure provision of ongoing developmental assessment for children birth to five in its care and/or custody through at least quarterly administration of evidence-based screens for developmental and social/emotional delays and impairments. DCF shall maintain data on these efforts and report annually to the legislature regarding how the service needs for such children are being identified and met. The report should outline what evidence-based screens and services are employed by the agency and the agency's plan to maximize federal revenue streams, including federal grant and Medicaid dollars, for such services. The report should identify agency concerns and recommendations regarding training and/or service capacity to meet the needs of abused and neglected children for early intervention services. DCF shall also document what services are

¹⁴ DDS is already required by state statute (§ 17a-248b and d) to collect data regarding the number and origin of referrals generally, eligibility determinations and services provided. The current statute does not require that the report address referrals and services involving DCF-involved children.

being provided to children that are deemed at-risk of developmental delay and impairment but who are deemed not eligible for Part C Birth to Three services.

- E. DCF shall be included in the list of agencies and providers in § 17a-248d that have an obligation to expeditiously refer children to the state Birth to Three program.

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