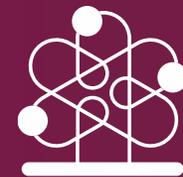


How to Restore Well-Being for Young Children and their Families in the Hidden Early Childhood System

February 5, 2020

NCIT Capacity-Building Hub



National
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for Infants
& Toddlers™

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Key Takeaways

- ✓ Know about the population of young children who experience maltreatment and then become involved in the child welfare system or are at risk of system involvement.
- ✓ Understand the Family First Prevention Services Act (FFPSA) and how it can be leveraged.
- ✓ Learn how Washington, DC is implementing.
- ✓ Gain ideas for cross-system responses to children in the child welfare system.



Marlo Nash, National Director,
Partnerships & Policy, Saint Francis
Ministries



Rachel Joseph, Chief of Staff,
District of Columbia Child and
Family Services Agency



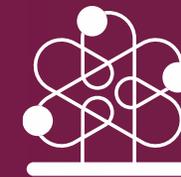
Dr. Jessica Pryce, Executive
Director, Florida Institute for Child
Welfare and Faculty at Florida State
University



Grace Kelley, Senior Researcher,
Center for Learning and
Development, SRI International

Featured Webinar Presenters

NCIT Capacity-Building Hub



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Brief Overview of the Family First Prevention Services Act & Research Findings on Maltreatment in Early Childhood Development

NCIT Capacity-Building Hub



How to Restore Well-Being for Young Children and their Families in the Hidden Early Childhood System

BUILD INITIATIVE

National Collaborative for Infants and Toddlers (NCIT), Capacity-Building Hub

February 5, 2019

Presenter

Marlo Nash, National Director of Partnerships and Policy



Saint Francis
MINISTRIES

PERFORMANCE MOMENT

A snapshot in time that indicates that much has effectively been at work to achieve the intended result.



PERFORMANCE MOMENT



PERFORMANCE MOMENT



PERFORMANCE MOMENT

БЕБЛОБВАНІСЕ WOWEИЛ

A snapshot in time that indicates that there was a breakdown or gap.

72

of Children who

DIE FROM

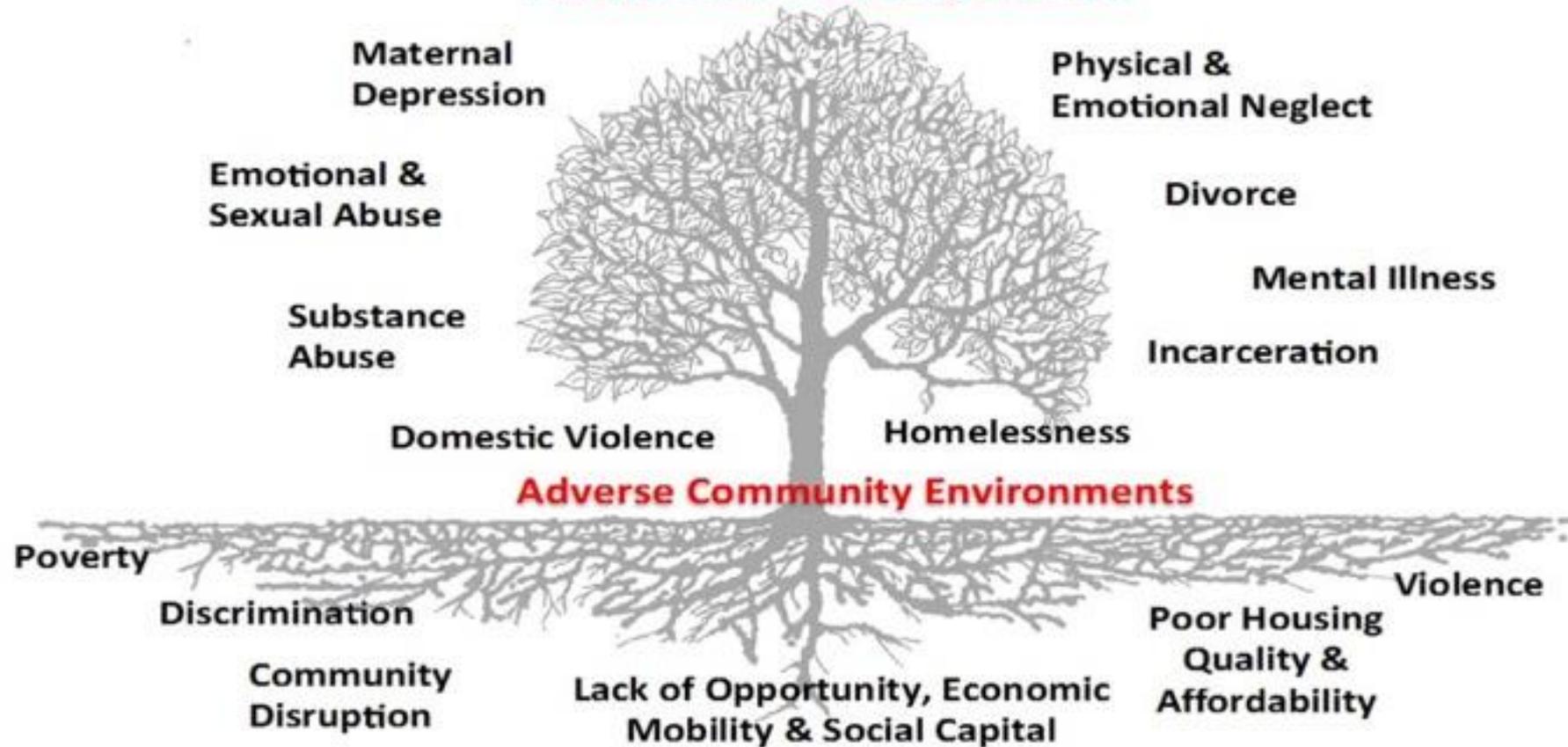
MA **underage** MALTREATMENT

are 3



The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Presentation Overview

Hidden Early Childhood System

Profile of Young Children
in Child Welfare

Overview of the Family First Prevention Services Act

Landmark Federal
Child Welfare Legislation

Crosswalk and Opportunities

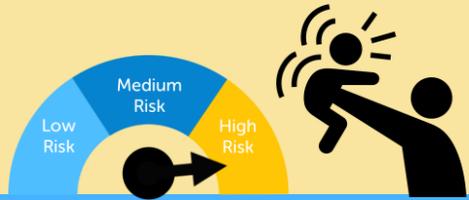
Focusing on the Intersection of
Early Childhood and Child
Welfare

A young child with blonde hair and a white headband is being held up by their parents. The child is wearing a white patterned long-sleeve shirt and blue jeans. The parents are wearing a white shirt and blue jeans (father) and a pink top and pants (mother). They are standing in a grassy field with trees in the background under a warm, golden light.

**Hidden Early
Childhood System – Child Welfare**
**Profile of Young Children
in Child Welfare**

The Hidden Early Childhood System – Child Welfare

National Stats | 2017



Higher Risk

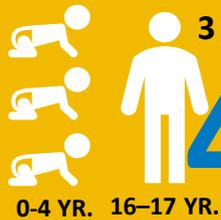
41

Nation's Foster Care Population



Removal From The Family

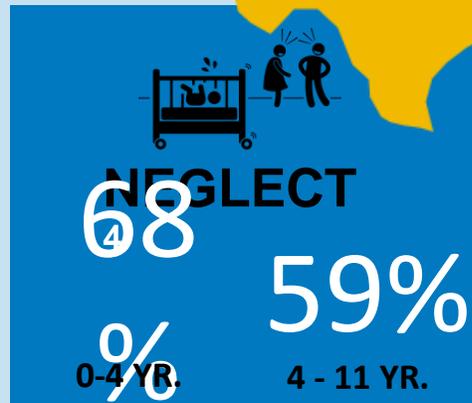
YOUNG CHILDREN



41%

MALTREATMENT²

FATALITIES¹
ABUSE & NEGLECT



Infants and toddlers are removed from their homes at a rate more than double that of children ages 4-17.



**Overview of the Family
First Prevention Services Act**

**Landmark Federal
Child Welfare Legislation**

The Family First Prevention Services Act

The **Family First Prevention Services Act (FFPSA)**
became federal law in February 2018.

The FFPSA expands the use of federal funds to provide a discrete array of services to keep children safely with their families and out of foster care.

1

When foster care is needed, the FFPSA limits federal reimbursement for care and treatment to family-based settings and specified residential settings.

2

Overview of the
FFPSA | TITLE IV-E PREVENTION

PROGRAM

Family First: Eligible Children and Families



A child or youth can receive services if they are a **“candidate for foster care”** who is at **“imminent risk of entering care”** but could safely remain at home with parents or with kinship caregivers with FFPSA supports.

Kinship caregivers or **parents** of children or youth who are candidates can receive services.

Pregnant or parenting foster youth can receive services.

Family First: Eligible Children and Families

Children who are “candidates for foster care” must have a written foster care prevention plan that identifies them as being at imminent risk of entering care and that they can safely remain at home with parents or in a temporary or permanent kinship placement if provided trauma-informed, evidence-based services.



What are Family First “Candidates” entitled to?

FEDERAL TITLE IV-E PREVENTION PROGRAM

TYPES OF SERVICES

- ✓ Mental Health Treatment
- ✓ Substance Abuse Prevention and Treatment
- ✓ In-Home Parent Skill-Based Programs; Individual & Family Counseling

DURATION

- ✓ 12 Months beginning on date of formal *prevention plan*; renewable.

INCOME ELIGIBILITY

- ✓ Not required for prevention services.

CLEARINGHOUSE

- ✓ Eligible programs are approved by the *Title IV-E Prevention Services Clearinghouse*.

What drives “candidacy” for foster care?

Most children come into foster care **due to neglect**, not abuse.

74.9%



Most child maltreatment is due to neglect ¹

Many children entering foster care come from families impacted by substance use



42.9%

FFPSA INTERVENTION PROGRAMS

Address behaviors and situations that lead to neglect

Keep children **safely at home** while issues are addressed

Provide services for **entire family**



Family First is not...



**Primary or
(most)
Secondary
prevention**



**Evaluated on
achieving
meaningful
life
outcomes**



**A public
health
approach**



Perfect

Family First is...



**A federal
financing
reform law**



**Three-
generation
, family-
centered &
trauma-
informed**



**Intended to
“prevent”
foster care
entries**



**Universally
available to
the eligible
population**

Considering the Continuum | A Discussion Tool

A "**System of Child and Family Well-Being**" builds, preserves, restores, and rebuilds the foundational building blocks that all families need and want. Intervention may be required to ensure a child's safety, but should not be the only tool used.

Primary Prevention
"Building & Preserving Well-being"

Foundational building blocks are in place or mostly in place

Secondary Prevention
"Restoring Safety & Well-being"

Building blocks are beginning to crumble

Tertiary Prevention
"Rebuilding Safety & Well-being"

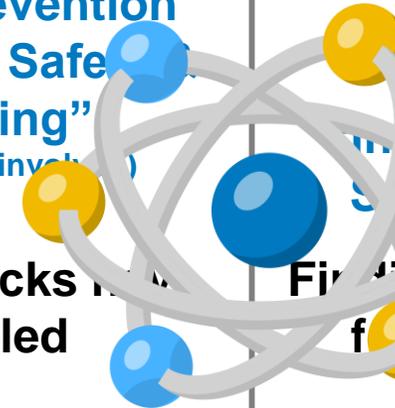
(child welfare involvement)

Building blocks have crumbled

Stabilization & Permanency
Intervening to Ensure Safety & Well-being"

(foster care and after)

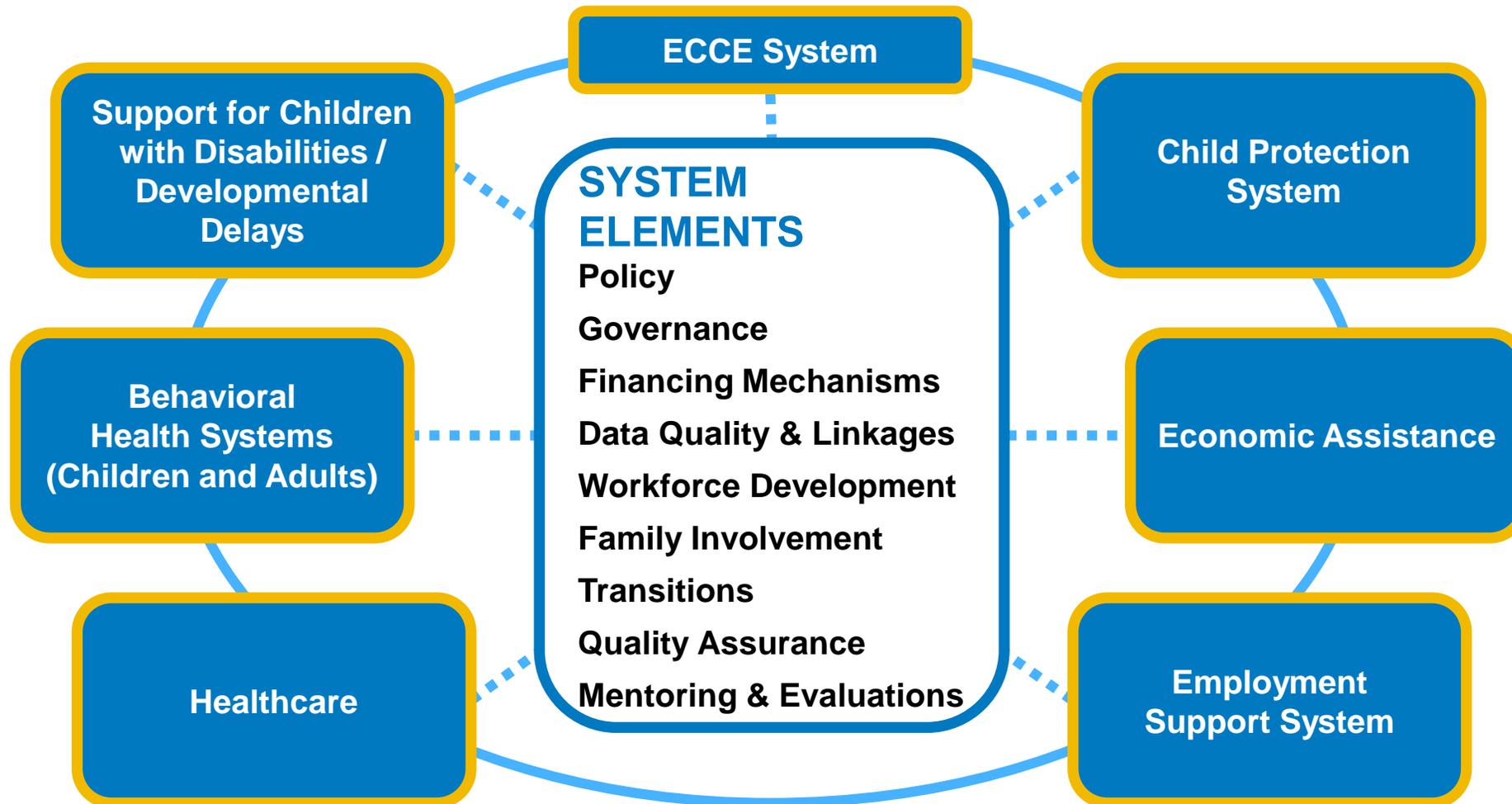
Fixing building blocks of the foundation





Crosswalk and Opportunities
Focusing on the Intersection of
Early Childhood and Child Welfare

Birth to Five System



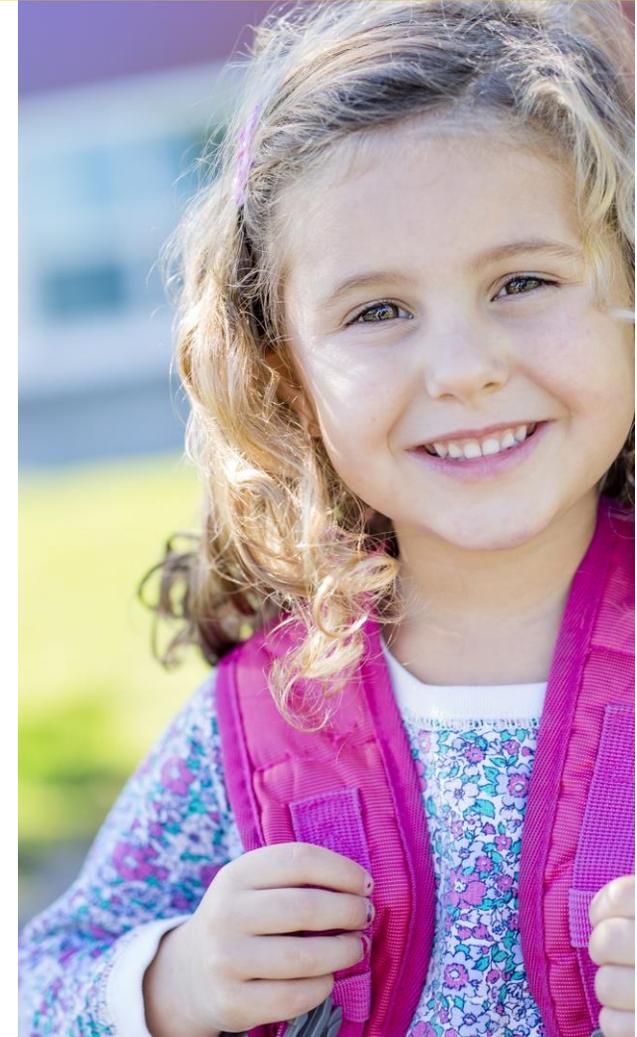
Data Highlights



Research links **availability of early care and education services with reduced rates** of child maltreatment and involvement with the child protective services system, in addition to demonstrating positive impact on early childhood development.



Enrollment of children in foster care in **early care and education services** remains low, despite their categorical eligibility for EHS & HS programs.



Data Highlights⁶

An Oklahoma study showed a **persistent gap** for young children and their families between being involved in the child welfare system and being effectively connected to programs and supports for early childhood development services.



BARRIERS

CONNECTING Children to Services

- Lack of Knowledge
- Programs at Capacity
- Limited Caregiver Time

ENROLLING Children in Services

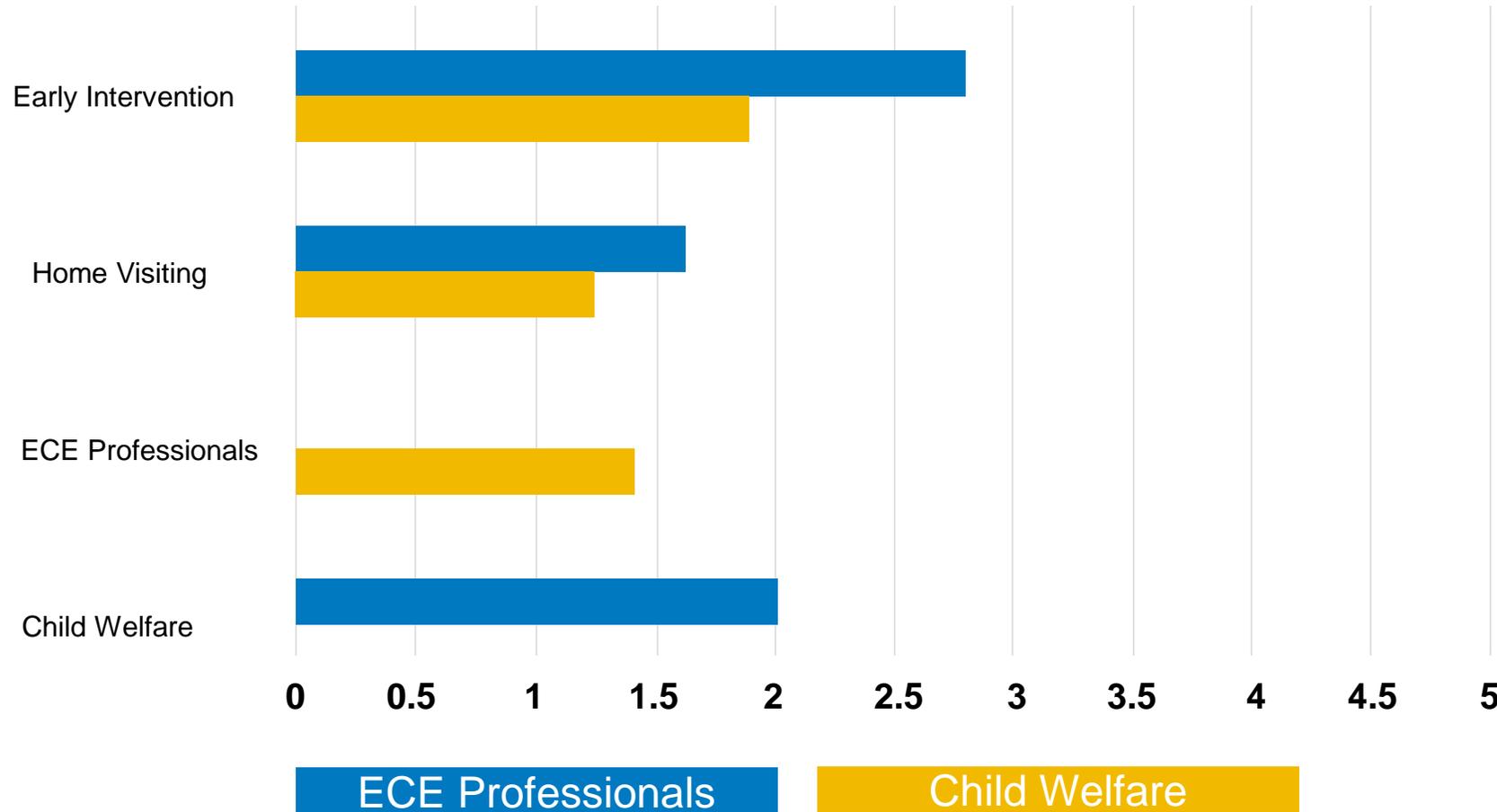
- Lack of Knowledge
- Programs at Capacity
- Transportation

KEEPING Children in Services

- Change in Placement
- Distance to Services
- Transportation

Data Highlights ⁶

COLLABORATION BETWEEN ECE AND CHILD WELFARE PROFESSIONALS IN OKLAHOMA



ECE and Child Welfare Professionals were given a survey rating their perception of collaboration with stakeholders.

Both groups of respondents reported very low levels of collaboration.

Response Scale Anchors
0 = No Interaction
5 = Collaboration

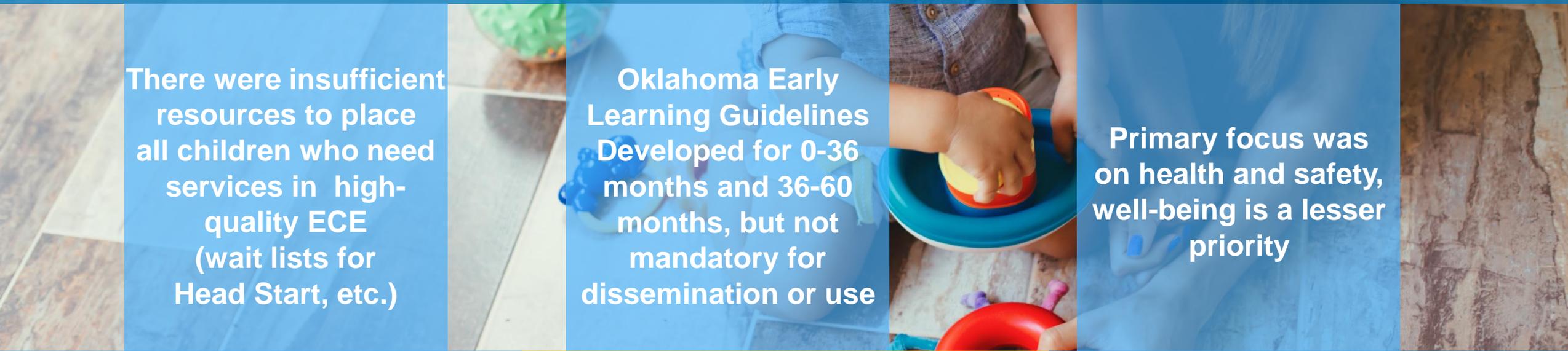


At the time of the Oklahoma study, no consistent mention or promotion of ECE services specific to foster children and/or at-risk children in policy

Non-compulsory educational enrollment not specifically mentioned

No training specific to addressing these issues

Policy Review | Findings ⁶



There were insufficient resources to place all children who need services in high-quality ECE (wait lists for Head Start, etc.)

Oklahoma Early Learning Guidelines Developed for 0-36 months and 36-60 months, but not mandatory for dissemination or use

Primary focus was on health and safety, well-being is a lesser priority

Opportunities

- ✓ Address the distinct needs of **FFPSA program population and children in foster care** in any plan for a comprehensive early childhood system.
- ✓ Include young children and **families living with substance abuse** as a focus population in early childhood plans.
- ✓ Ensure **child well-being** is operationalized as having equal importance to child safety, especially for infants and toddlers.



Opportunities



- ✓ Consider the distinct needs of children and families who have **experienced trauma and adversity**.
- ✓ Be concrete about strategies to **address racial disproportionality**.
- ✓ Engage the state's kinship navigator service to help **kin caregivers play an influential role** in the development and education of young children in their families.

Opportunities

- ✓ Reach new stakeholders with knowledge about the distinct needs of infants and toddlers, such as the **judicial branch, foster parents, law enforcement.**
- ✓ Offer leadership to family-centered strategies that **respond to mental health needs.**
- ✓ Consider your state's definition of "**candidate for FFP**" through the lens of the early childhood population.



Opportunities



- ✓ Identify and enact **program, practice and policy recommendations** that bridge children and families involved in the child welfare system to early childhood development programs and supports.
- ✓ Involve **local child welfare philanthropists** to champion research, facilitate collaborations, support leadership development and front-line capacity development.

Opportunities

- ✓ Ensure **providers are trauma-informed and trauma-responsive** (and contribute to developing a common definition in your state).
- ✓ Develop a focus on **critical transition moments** within the system continuum.
- ✓ Be the **voice for the distinct needs of young children** involved in the child welfare system or at-risk of involvement.



Marlo Nash | National Director of Partnerships and Policy

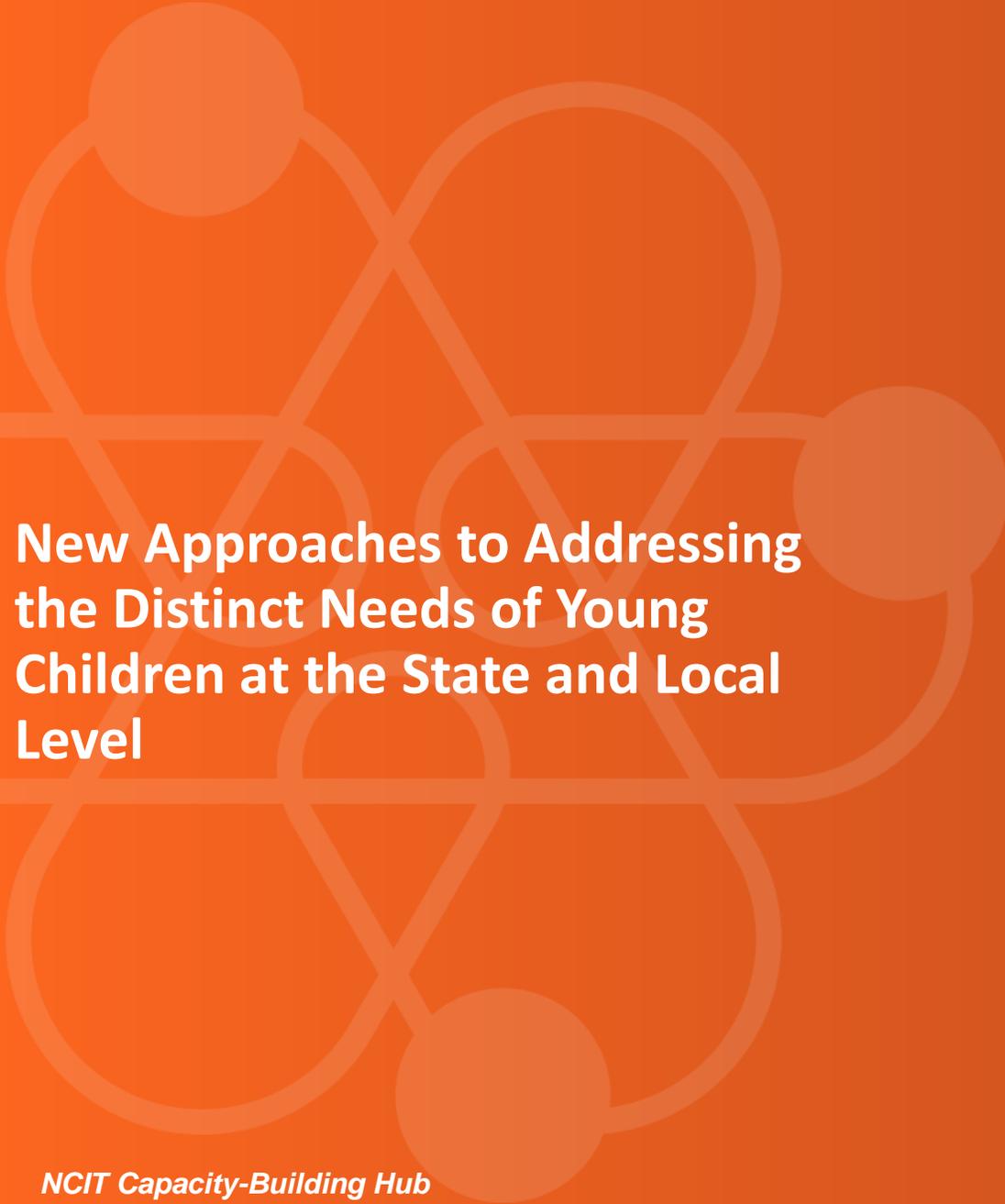
marlo.nash@saintfrancisministries.org | main/cell 202.431.3532

Saint Francis' Public Policy Team works with a national network of stakeholders and clients to improve policy and advance changes for children, families and society. We work on: policy development, advocacy strategies, systems culture change, strategic communications, Family First Act implementation, and more. Please feel free to contact us if we can be of assistance.



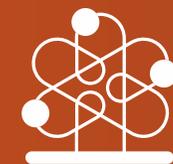
Sources

1. <https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf>
2. The National KIDS COUNT Data Center | <https://datacenter.kidscount.org/data/tables/9904-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-age-group?loc=1&loct=1#detailed/1/any/false/870,573/62,2594,2595,113,36/19235,19236>
3. <https://www.childtrends.org/indicators/child-maltreatment>
4. <https://www.childtrends.org/infants-and-toddlers-are-more-likely-than-older-children-to-enter-foster-care-because-of-neglect-and-parental-drug-abuse>
5. <https://www.childtrends.org/infants-and-toddlers-are-more-likely-than-older-children-to-enter-foster-care-because-of-neglect-and-parental-drug-abuse>
6. <https://www.okschoolreadiness.org/uploads/documents/Building%20Partnerships%20Between%20Child%20Welfare%20and%20Early%20Care%20and%20Education%20.pdf>



New Approaches to Addressing the Distinct Needs of Young Children at the State and Local Level

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PUTTING FAMILIES FIRST IN DC

Child and Family Services Agency
PUTTING **FAMILIES** FIRST IN DC



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www.fosterdckids.org • [Facebook/CFSADC](https://www.facebook.com/CFSADC) • [Twitter/DCCFSA](https://twitter.com/DCCFSA)

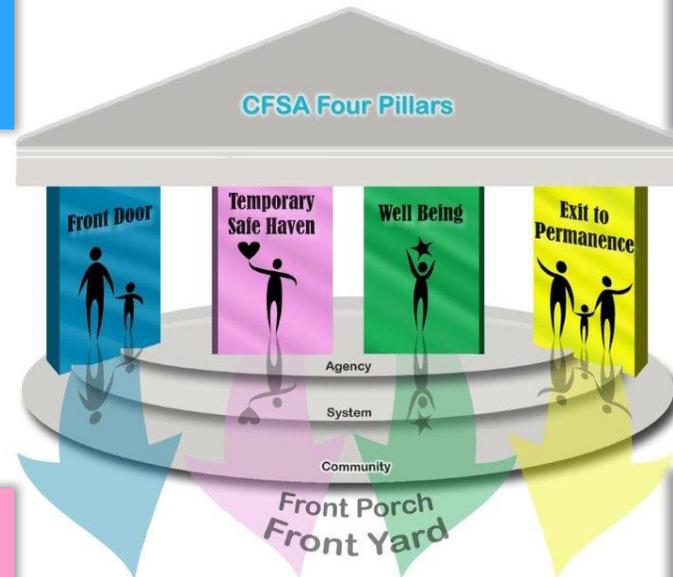
February 5, 2020



Four Pillars Agenda: Values-Based

Children grow up best with their families. We remove children only when necessary to keep them safe.

Every child exits care as quickly as possible for a safe, supportive family or life-long connection. Older youth have skills for successful adulthood.



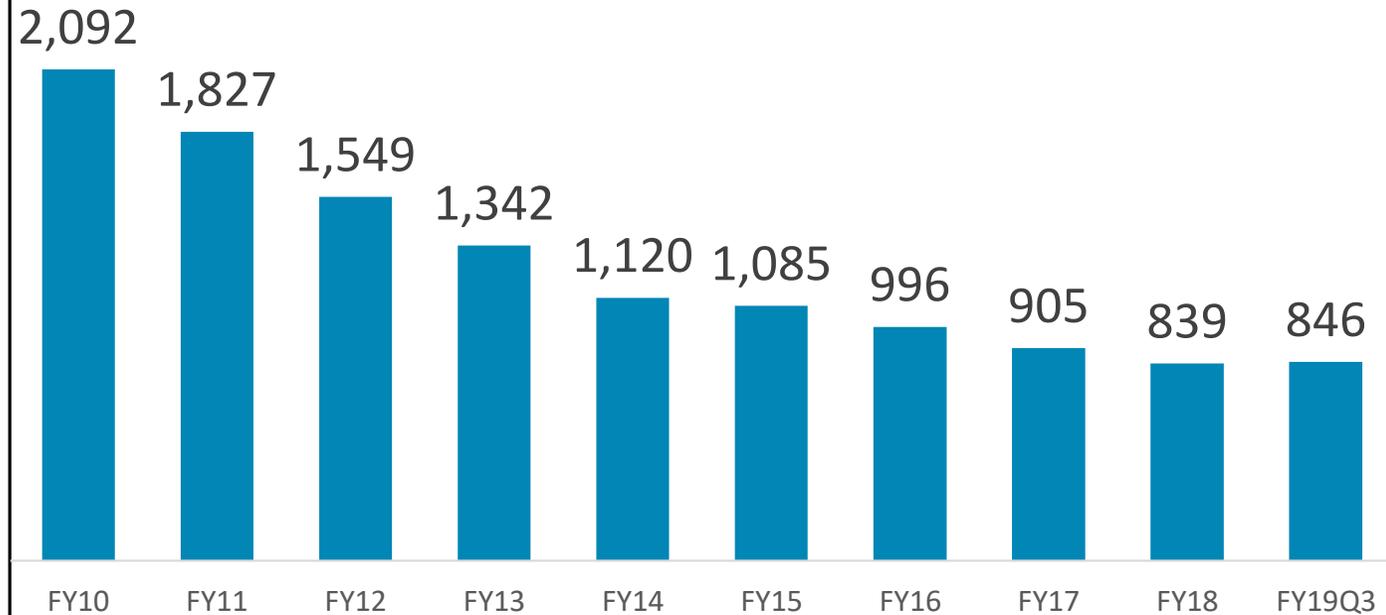
Foster care is temporary. We start planning for permanence the day a child enters care.

Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.

CFSA's Focus on Prevention



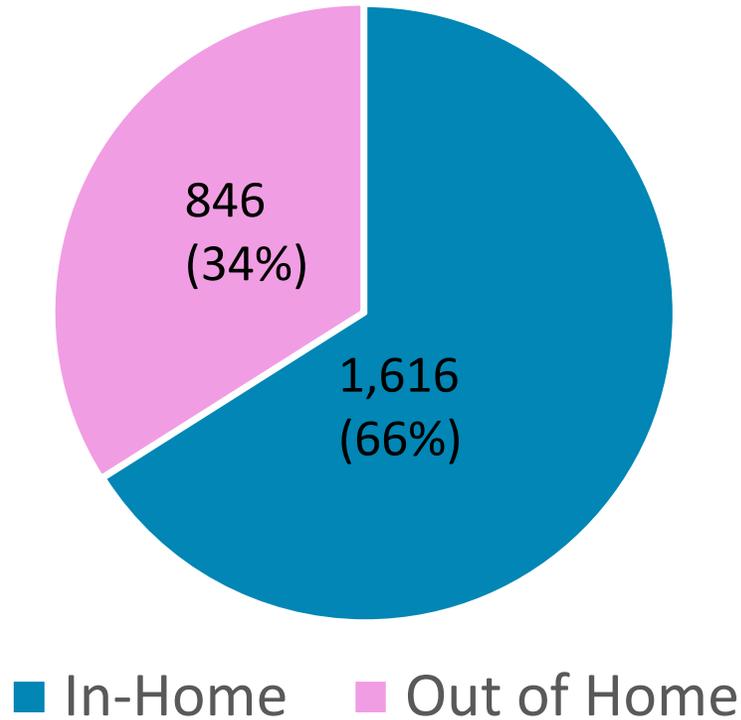
Children in District Out-of-Home Care
Point in time: Last day of Fiscal Year



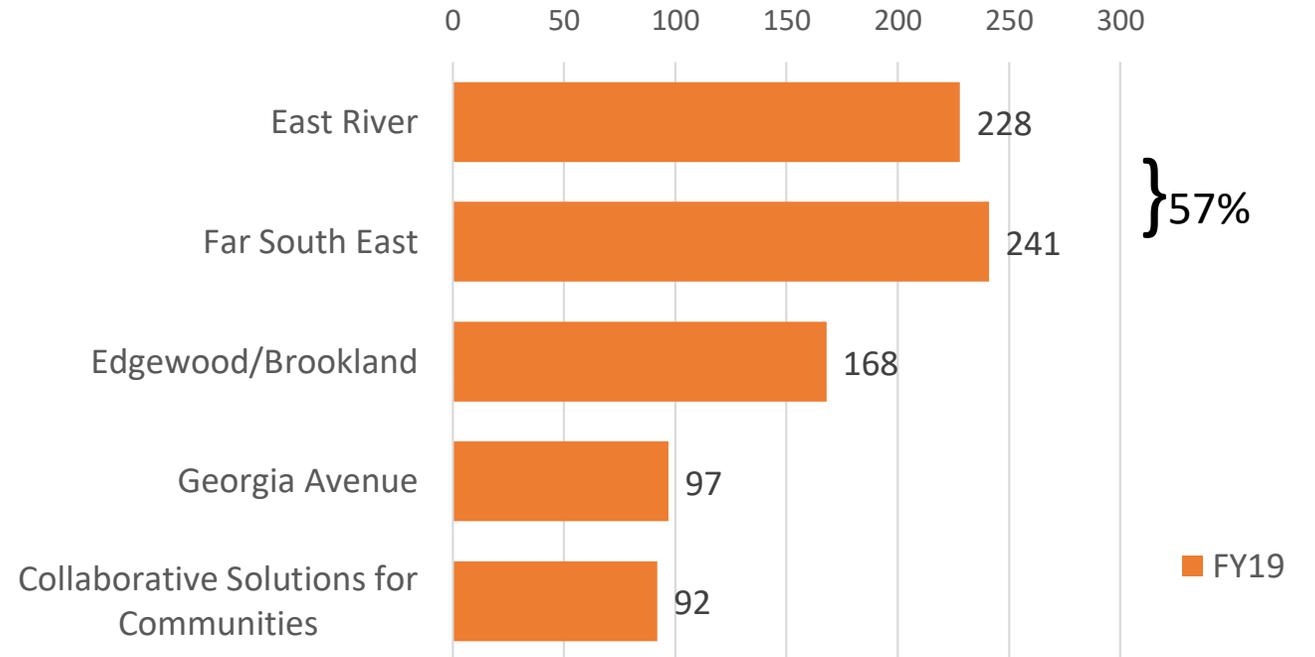
SNAPSHOT: WHO WE SERVE

As of June 30, 2019

2462 children and youth served by CFSA



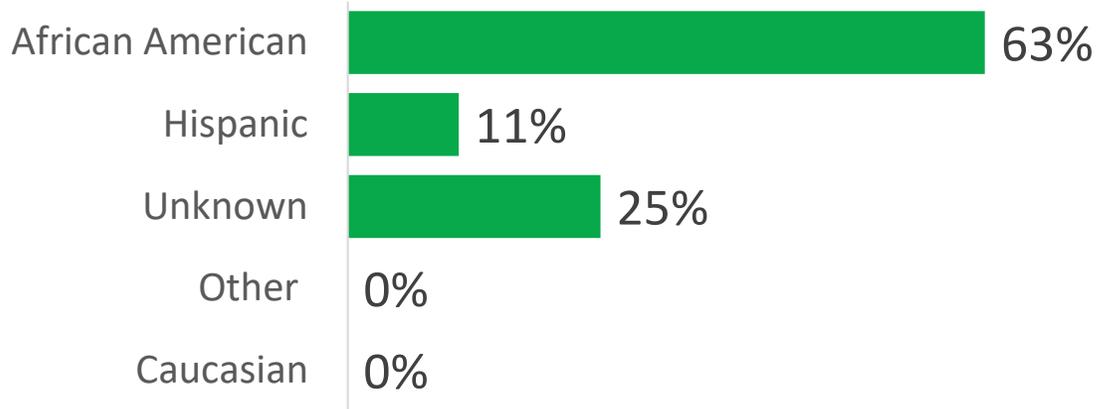
826 Families served by the Collaboratives



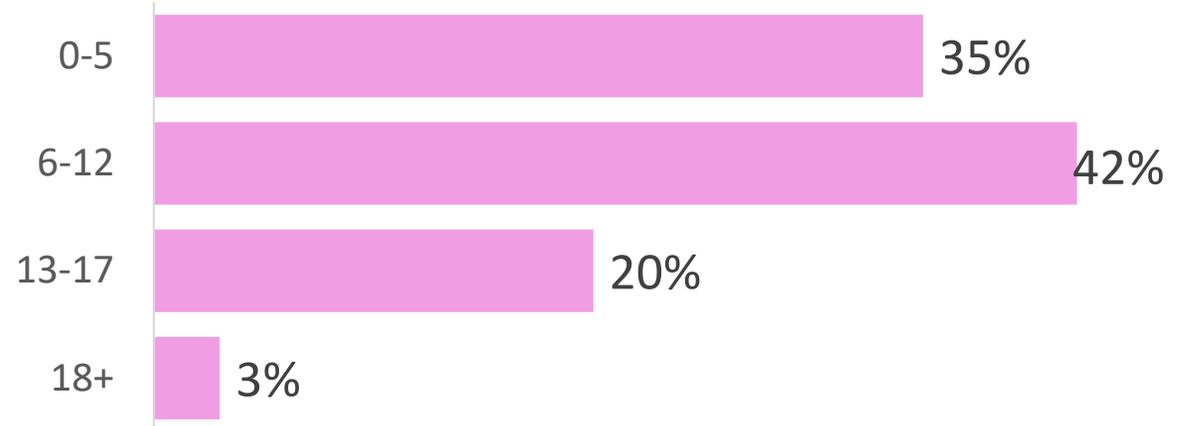
Children served In-Home

(as of 6/30/2019)

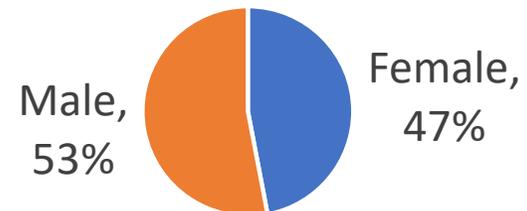
Race



Age



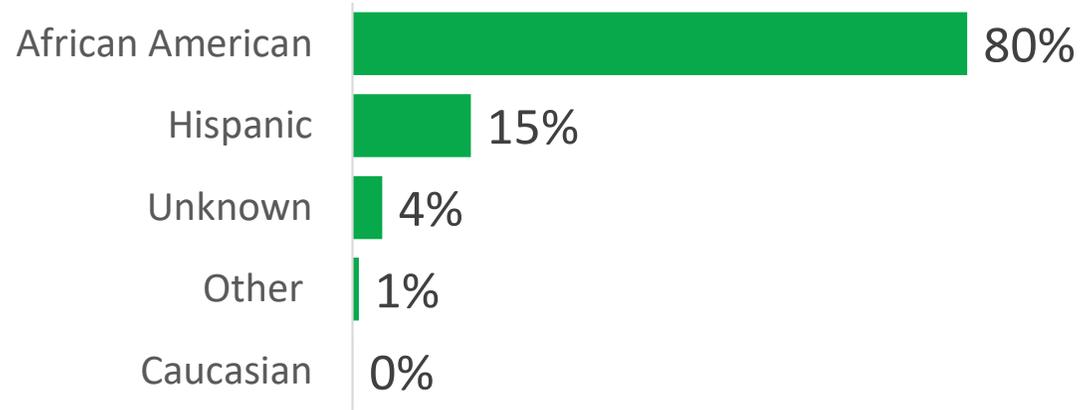
Gender



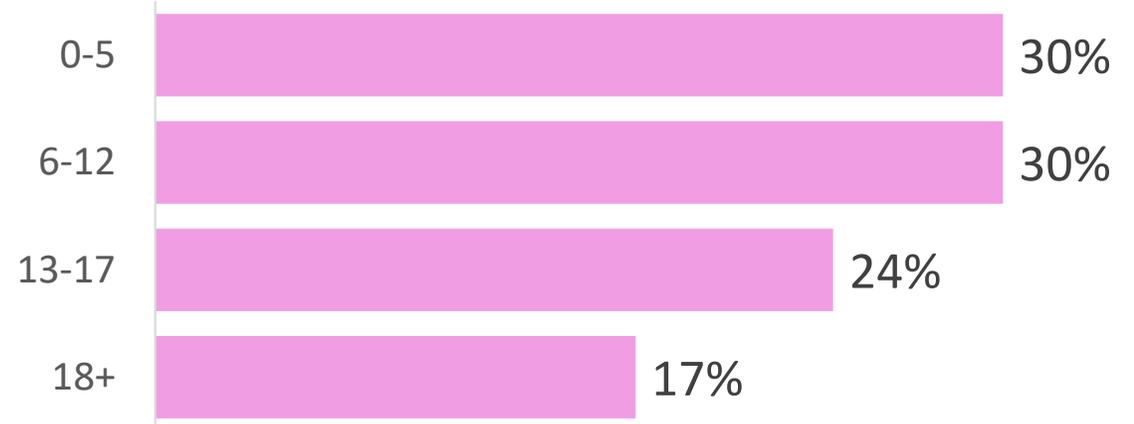
Children served by Out-of-Home

(as of 6/30/2019)

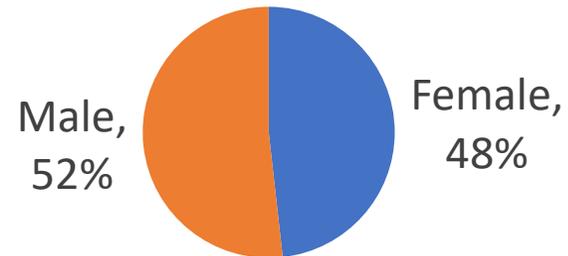
Race



Age



Gender



What is Family First?

- Family First Prevention Services Act (Family First) was enacted by the federal government to increase the availability of evidence-based services prevent foster care entry by serving families in their communities.
- Family First officially [launched on October 1, 2019](#), allowing CFSA staff to document evidence-based prevention services for children to support family preservation and reunification.
- **Services include:**
 - Parenting and Home Visiting Programs
 - Mental Health treatment services
 - Substance Abuse treatment
- Family First is an enhancement to our current practice: the next evolution of the prevention work CFSA is already doing.

Drivers of Success in DC

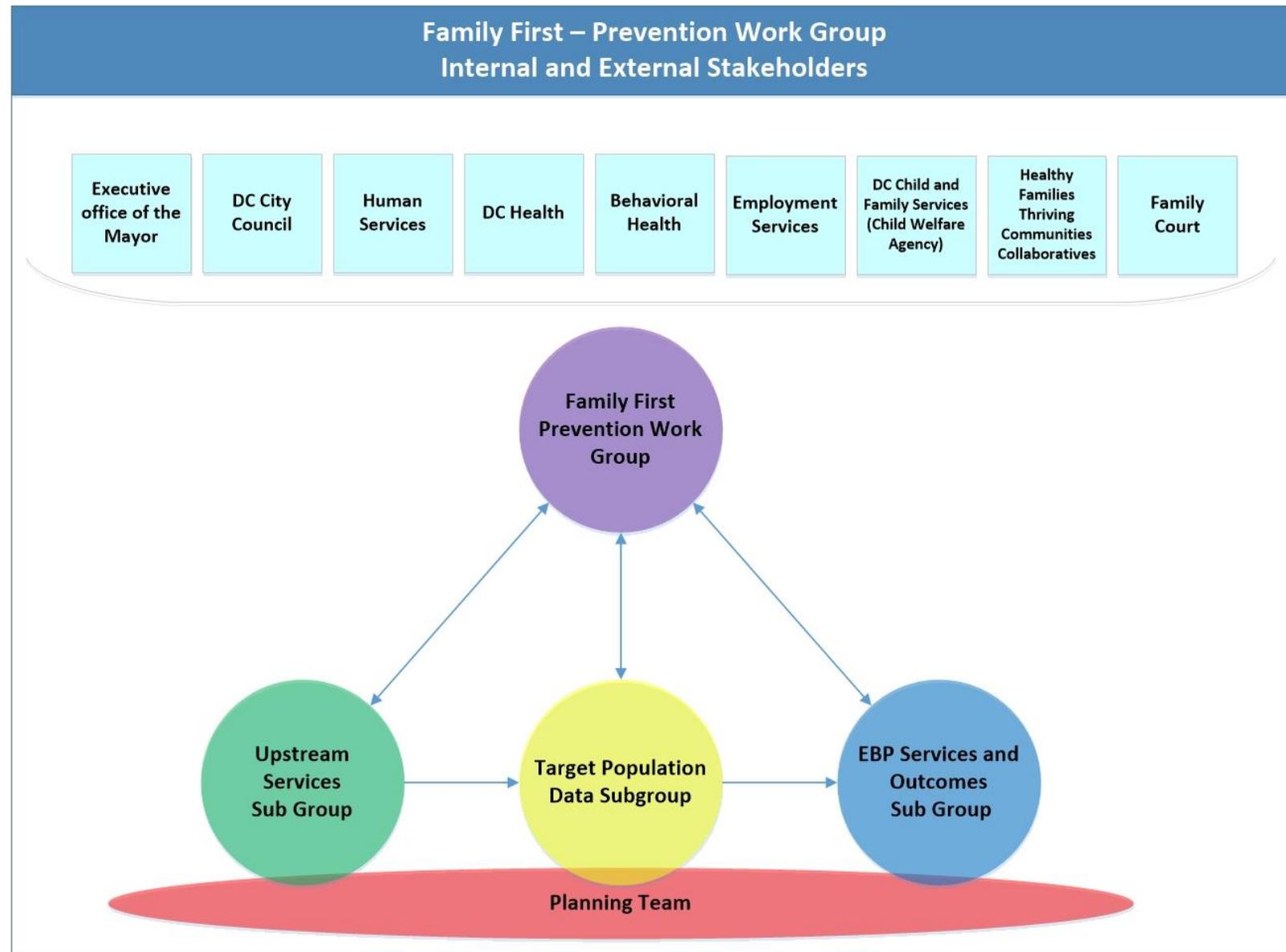
- Shift from IV-E Waiver to Family First
- Leadership commitment
- Consistent and targeted meetings
 - Workgroups & subgroups
 - Focus groups (stakeholder buy-in): Family and Provider voice
- Commitment to staffing (team)
- Asking forgiveness not permission – Vision First

Sister Agencies and Partners

- What populations are reflected in sister agency data? How do the populations relate to:
 - Potential candidates
 - Potential upstream populations
- What insights can be gained about client service needs?
- What insights can be gained about DC's existing service array?
- How do these insights influence our thinking about how to best serve families at risk of child maltreatment?

Prevention Work Group

- Reviewed **CFSA and partner data** and obtained input on potential target populations and services
- Conducted client and provider **focus groups**
- Identified **target populations for services**, including upstream (primary prevention) target populations and candidates for foster care
- Recommended the best-fit **evidence-based interventions** to meet DC families' specific service needs.
- Articulated a **broad vision** for prevention in DC.



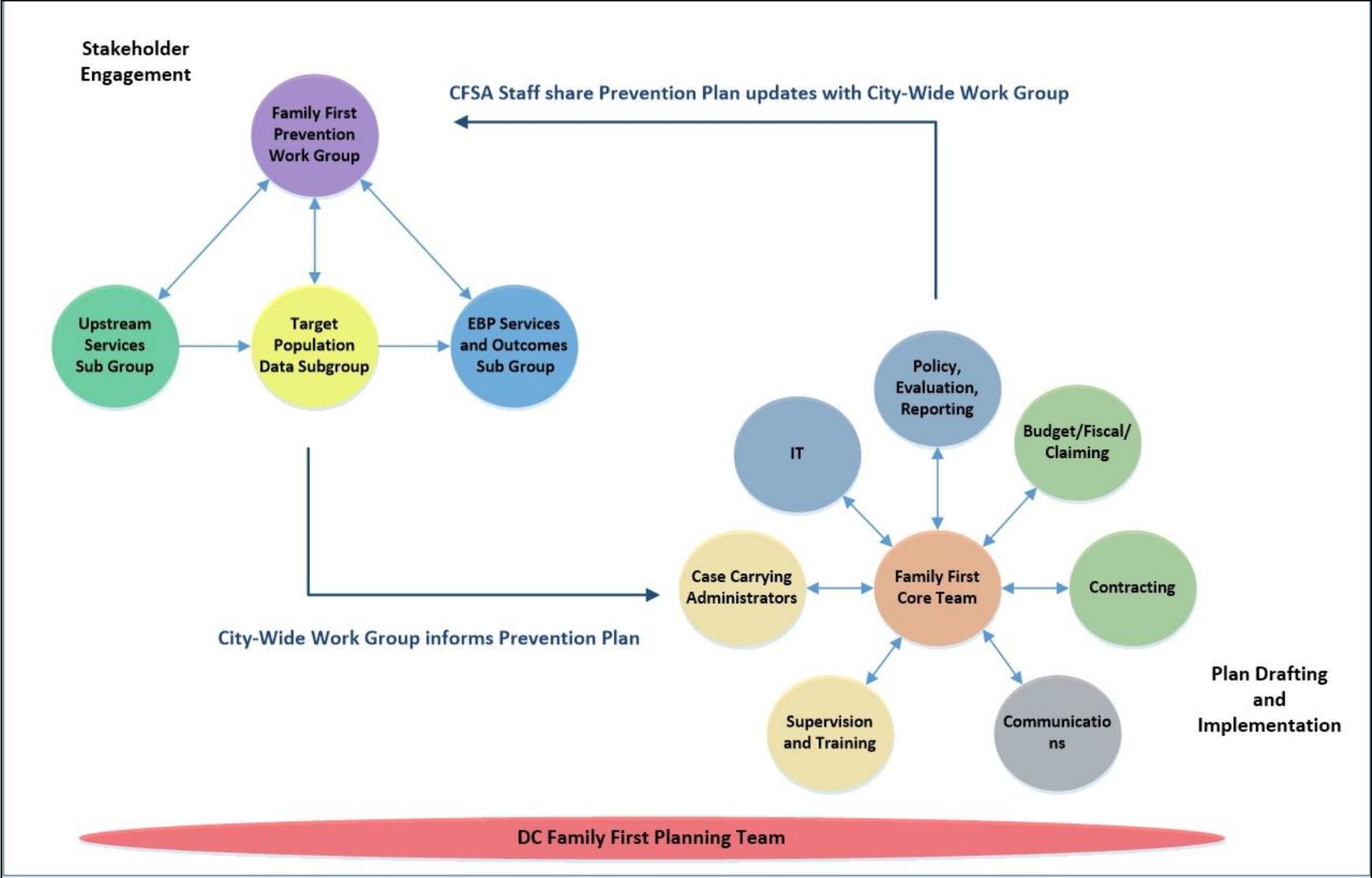
Family Work Prevention Internal Implementation Team

- Key internal **stakeholder meetings** to answer plan development and implementation questions.
- Used Chapin Hall's **Readiness Assessment, Planning, and Implementation tool** as a framework for meeting with CFSA subject matter experts (SMEs).
- Initial meetings to inform plan development served as a **kick-off for CFSA's implementation team** to answer critical questions to craft our prevention plan.
- **Shifted from plan development to implementation** efforts following the submission of our Plan to the Children's Bureau.



Family Work Prevention Work Group: Feedback Loop

- Prevention Plan **feedback loop ensured voices represented** from internal and external stakeholders.
- **Recommendations** from stakeholders **informed the Prevention Plan** content.
- **Core team and SMEs transitioned from planning to implementation.**



Family First Target Population



Target Sub-Populations

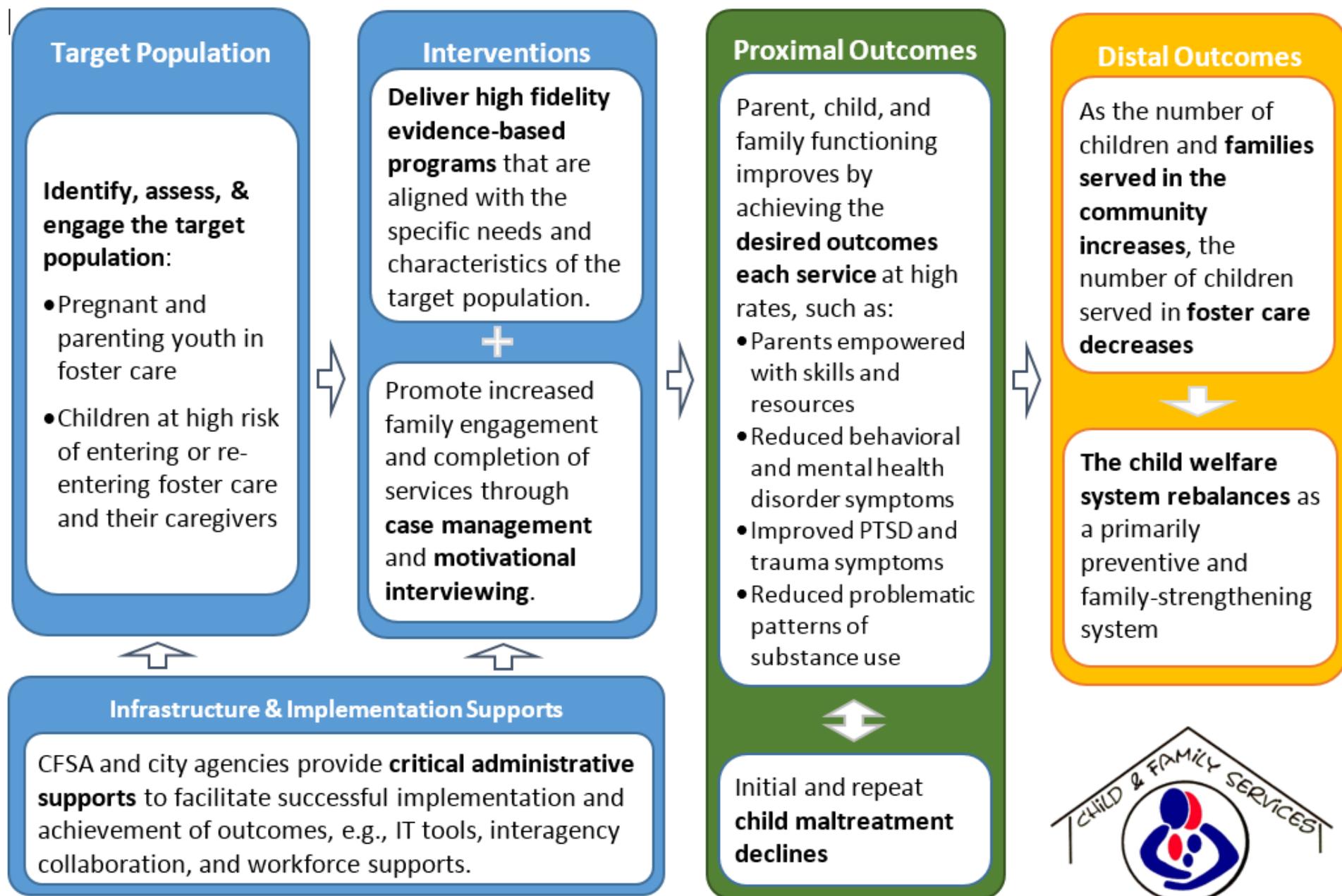
Front Porch

- (1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
- (2) Children who have exited foster care through reunification, guardianship, or adoptions.
- (3) Children born to mothers with a positive toxicology screening.

Front Door

- (4) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families.
- (5) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending five years after exiting foster care.
- (6) Non-ward children of pregnant or parenting youth in or recently exited foster care with eligibility for services ending five years after exiting.
- (7) Siblings of children in foster care who reside at home and have assessed safety concerns.

Theory of Change



EBP Services: In-Home Parenting

| | EBP Interventions | Target Population (in years) | Average Length of Service | On Title IV-E Clearinghouse | Estimated Title IV-E Clearinghouse Rating | CEBC Rating |
|-------------------|---|-----------------------------------|---------------------------|-----------------------------|---|----------------|
| In-home Parenting | Parents as Teachers (PAT) | Parents of children 0-5 | 60 months | ✓ | Promising | Promising |
| | Nurturing Parent Program (NPP) | Parents of children 5-12 | 4.5 months | X | Promising | Promising |
| | Healthy Families America (HFA) | Parents of children 0-5 | 60 months | ✓ | Well Supported | Well Supported |
| | Chicago Parenting Program (CPP) | Parents of children 2-5 | 4 months | X | Well-supported | Supported |
| | Effective Black Parenting Program (EBPP) | Parents of children 0-17 | 15 weeks | X | Promising | Promising |
| | YVLifeset | Pregnant or Parenting Youth 17-22 | 7-9 months | X | Promising | Not Rated |
| | Transition to Independence (TIP) | Pregnant or Parenting Youth 14-29 | 18 months | X | Promising | Promising |

EBP Services: Substance Abuse

| | EBP Interventions | Target Population (in years) | Average Length of Service | On Title IV-E Clearing-house | Estimated Title IV-E Clearinghouse Rating | CEBC Rating |
|-----------------|---|------------------------------|---------------------------|------------------------------|---|-------------|
| Substance Abuse | Project Connect | Parents of children 0-17 | 16 months | X | Promising | Promising |
| | Recovery Coaches - Connecticut Center for Addiction and Recovery (CCAR) certification | Caregivers (all ages) | Specific to program | X | Promising | Not Rated |
| | Adolescent Community Reinforcement Approach (A-CRA) | Children 12-25 | 3-6 months | X | Well Supported | Supported |

EBP Services: Mental Health & Cross-Cutting

| | EBP Interventions | Target Population (in years) | Average Length of Service | On Title IV-E Clearinghouse | Estimated Title IV-E Clearinghouse Rating | CEBC Rating |
|---------------|---|------------------------------------|---------------------------|-----------------------------|---|----------------|
| Mental Health | Multi-Systemic Therapy (MST) | Children 11-17 | 4-6 months | ✓ | Well Supported | Well Supported |
| | Trauma-Focused Cognitive Behavioral Therapy | Children 3-18 and their caregivers | 3-6 months | ✓ | Well Supported | Well Supported |
| | Functional Family Therapy | Children 11-18 | 7 months | ✓ | Well Supported | Supported |
| | Parent Child Interaction Therapy (PCIT) | Children 2-6 | 6 months | ✓ | Well Supported | Well Supported |
| | Parents Anonymous | All families | 12 – 18 months | X | Promising | Promising |
| Cross-cutting | Motivational Interviewing (MI) | Parents (all ages) | 2-3 sessions, as needed | ✓ | Well Supported | Well Supported |

Changes to the way CFSA staff work



Prevention Planning



Referrals to EBPs

- **New way to document services** needed to support children and their families (Prevention Plan) and refer to EBP services.
- **Mandatory IT and Motivational Interviewing trainings** for all case-carrying staff and supervisors to prepare for case **practice and documentation changes**.
- **Improved internal communication to emphasize available prevention services** – leverage agency publications, trainings, and IT systems to make services easy to find!

Technology to Support Family First – Prevention Plan and Service Tracking

The screenshot displays the CFSA Community web application interface. At the top, a blue header bar contains the text "CFSA Community" on the left and "Help Desk 202-434-0009" on the right. A vertical navigation menu on the left side includes icons and labels for "Bill Cargo", "Home", "My CFSA Cases", "Prevention Services", "My Alerts", "Help", and "Log Out".

The main content area features three primary widgets: "My CFSA Cases" (with a folder icon and a description: "Shows all your cases that have been transferred from CFSA and Private Agencies"), "Prevention Services" (with a green checkmark icon), and "My Alerts" (with a red exclamation mark icon). A "View Quick Video" link is positioned below the "My CFSA Cases" widget.

The central focus is the "Service Tracking" dashboard, which has a status of "Referral In-progress". It consists of five numbered steps, each with a title, completion date, and an "UPDATE" button:

- 1 Confirm Capacity**: Completed on Sep 30, 2019
- 2 Gather Information**: Completed on Oct 01, 2019
- 3 Enroll in Prevention Service**: Completed on Oct 02, 2019
- 4 Start Service**: Started on Oct 03, 2019
- 5 End Service**: Ended on Oct 04, 2019

Below the steps are two action buttons: "DENY REFERRAL" and "PLACE ON WAITING LIST". At the bottom of the dashboard is a section titled "Notes by Service Provider" with a dropdown arrow.

Intuitive and easy to use

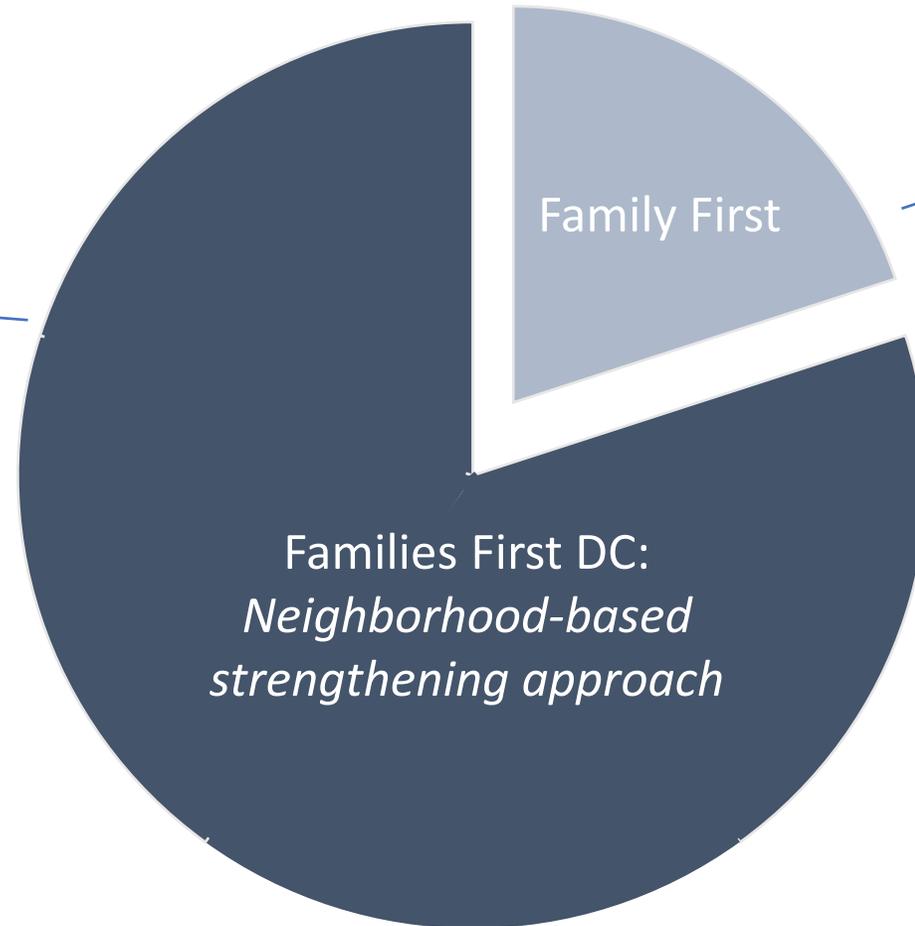
DC's Prevention Services Evaluation and CQI Strategy

- DC will **evaluate the effectiveness of prevention programs** across the child welfare system (secondary, and tertiary prevention), with a **specific focus on families considered at risk** of becoming involved with the Child Welfare agency (Family First)
- **Examine prevention programs' outcomes and impacts** on key child welfare and well-being outcomes, ranging from family-level to community-level outcomes.
- **Monitor facilitators of implementation** within in a well-developed continuous quality improvement framework as a basis for improving outcomes
- **Maintain CQI cycles to realize** continuous system **improvements** and assess, refine, and successfully **target investments** in services that work.

Families First DC: Moving Upstream

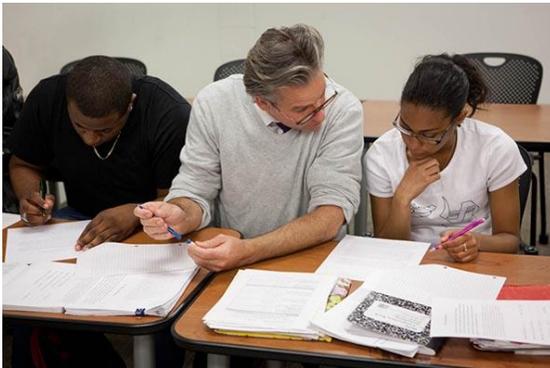
Family First (CFSA) + Families First DC

Wraps around the narrow requirements of Family First to support and strengthen DC families in their own neighborhoods through primary prevention.



Evidence-based programs to support pregnant & parenting youth in foster care and foster care candidates

Families First DC: 10 Family Success Centers in Targeted Neighborhoods



Families First DC: Goals

- **Empower Communities** - Place-based approach - neighborhoods and families will create Family Success Centers to meet their specific needs.
 - **Community Advisory Committees** to set priorities, \$400,000 grants including up to \$250,000 for sub grants to fill services gaps.
- **Integrate Services** -Centers will be uniquely designed by each community to **facilitate access** to existing government and community resources tailored to meet families' needs.
- **Focus Upstream** - Family Success Centers will focus on increasing protective factors and mitigating trauma - **prevent crises through early engagement.**

Families First DC: Neighborhoods and Locations

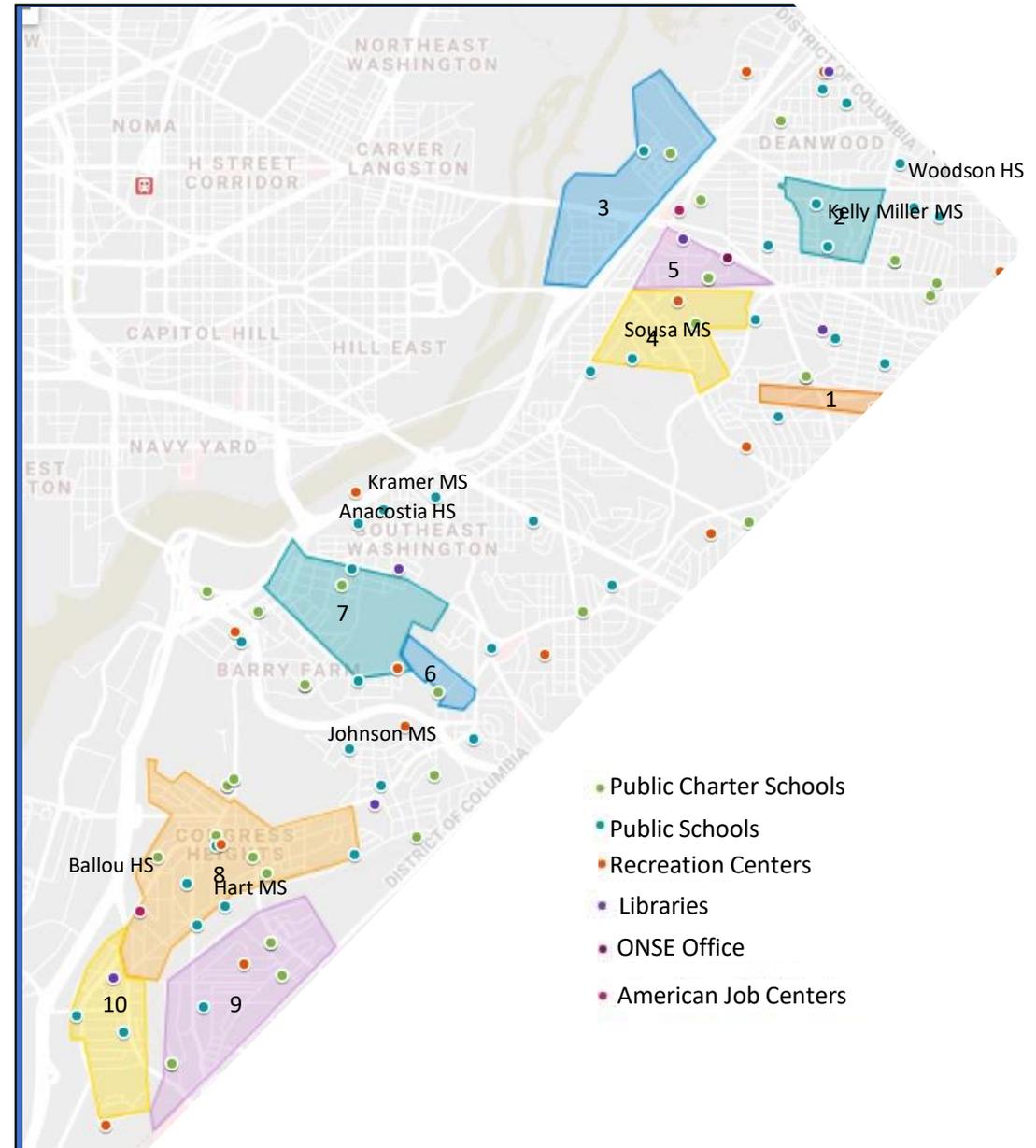
Families First DC neighborhoods were selected based on social determinants of health data, violence prevention priority areas, and substantiated reports of child abuse and neglect.

Ward 7

1. Simple City (Benning Terrace)/Benning Park
2. Clay Terrace (Richardson Dwellings)
3. Mayfair/Paradise
4. Stoddart Terrace/ 37th (Fort Dupont)
5. Benning & Minnesota - Minnesota & Ridge Ave.

Ward 8

6. Woodland
7. Anacostia
8. Congress Heights
9. Condon Terrace/Wahler Place/3rd World/6th Street (Washington Highlands)
10. Wingate/Forrester/Elmira (Bellevue)



How we are putting families first in DC:



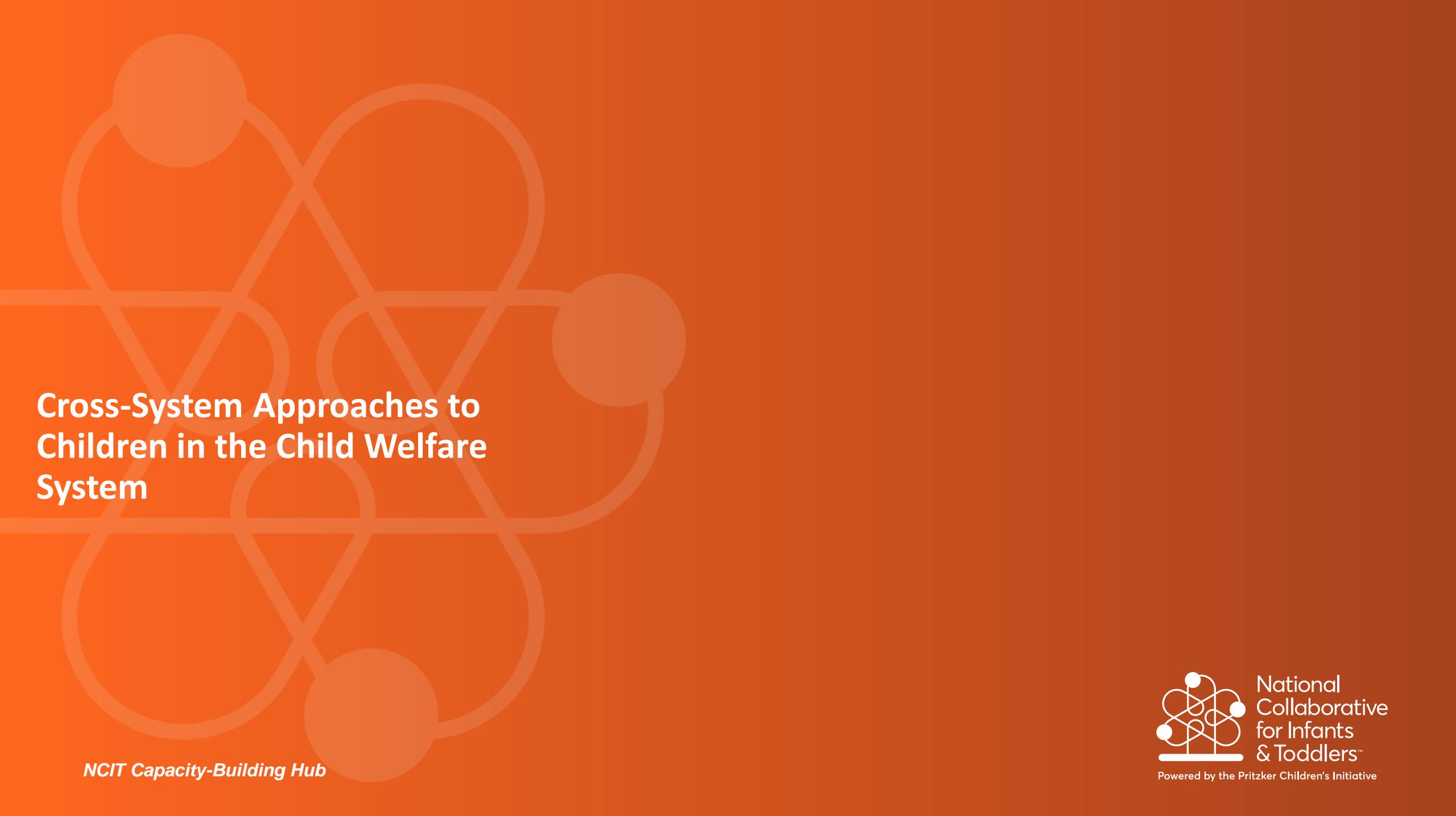
- We set the Course- with vision of a city-wide primary prevention strategy at the core of our work.



- City-Wide Leadership & Investment: commitment of time, staff, resources has been a critical driver of our success.



- The Road Ahead: Continue building upon our existing, robust service infrastructure (Medicaid, MIECHV). Using Family First, we will assess needs, identify gaps, & where needed, add capacity.



Cross-System Approaches to Children in the Child Welfare System

NCIT Capacity-Building Hub



National Collaborative for Infants & Toddlers™

Powered by the Pritzker Children's Initiative

Cross System Responses to dually served minority children



Jessica A. Pryce, Ph.D., MSW

Types of Kinship Care

- ◆ Almost 2.6 million children in the United States are being raised in some form of kinship care where there is no birth parent in the home.
 - ▶ Informal kinship care without CW involvement
 - ▶ Voluntary kinship care with CW involvement
 - ▶ Formal kinship care as mandated by the court system in CW case

Cross System Projects between CW and EC (Florida)

◆ Broward, Florida

- ▶ Family Central
- ▶ Broward's Infrastructure Design to Guide and Sustain Permanency for Young Foster Children (BRIDGES)

◆ Jacksonville, Florida

- ▶ Family Support Services of North Florida
- ▶ Child Welfare – Early Education Partnership

Challenges (Florida)

- ◆ Information Sharing
- ◆ Developing and Maintaining advisory committees
- ◆ Availability of high quality ECE programs
- ◆ Evaluation

Special Considerations (minority children dually served 0-5)

- ◆ Font, Berger & Slack, 2012 – Black caseworkers are more likely to verify/substantiate child maltreatment and also more likely to assess risk higher for black children
- ◆ Dettlaff et al., 2011 – With all being equal, African Americans were still more likely to have an allegation verified/substantiated
- ◆ Implicit Bias - attitudes and stereotypes that affect our actions and decisions, yet are unconscious.
 - ▶ This type of bias is untraceable and often un-identifiable in the most introspective people

Special Considerations (minority children dually served 0-5) cont'd.

- ◆ Maintain a Trauma-informed approach
- ◆ Advocate and ensure family connections remain strong
- ◆ Do your best to stay informed about the child's traumatic history
- ◆ Remember that there is inherent trauma associated with CPS and foster care placement
- ◆ Remind workforce that trauma impacts a child's ability to attach, self-regulate and learn

BUILD: NCIT Hub Webinar

February 5, 2020

SRI International[®]

What is known about child maltreatment in infants and toddlers?

- FFY 2016, there were an estimated 676,000 victims of abuse and neglect nationally, 3.0% higher than in FFY 2012 estimate.
 - More than one-fourth of victims (28.5%) *were under age three.*
 - This is the largest group across all maltreatment types, including physical abuse, medical neglect, and neglect.
 - Children younger than one year have the highest victimization rate at 24.8 per 1,000 children in the national population for this age group.

From: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child Maltreatment 2016. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

How does early intervention support young children who are maltreated?

- Both Part B and Part C of IDEA contain explicit requirements for states to actively identify children and determine their eligibility for services
- IDEA 2004: Applications for funding shall contain 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 substantiated case of child abuse or neglect; or
 - is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure



Division for Early Childhood Position Statement (2016)

- 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 and their families are often know to multiple services.



- <https://www.cec.sped.org/Policy-and-Advocacy>

Concerns about developmental growth

- Early Intervention (Part C) and Early Childhood Special Education (ECSE or Part B 619)
- Designed to help infants, toddlers and children ages 3-5 with developmental delays or diagnosed disabilities.
- There is a program in each state. State contacts can be found at:
 - <https://ectacenter.org/search/mapfinder.asp>

Families with a child with disabilities

Families with children with disabilities can experience additional stressors including:

- feeling unprepared to handle the care of a disabled child, including acceptance of that child as being “different,”
- having financial or time limits stretched as additional medical/educational activities are suggested, and
- lacking necessary social supports or networks to work through the many concerns and situations that arise in providing care for this child and the rest of the family.



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<https://preventchildabuse.org/resource/maltreatment-of-children-with-disabilities-2/>

Advocacy and Parent Involvement

There are nearly 100 Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) in the US and Territories

- Working with families of infants, toddlers, children, and youth with disabilities, birth to 26
- Helping parents participate effectively in their children's education and development
- Partnering with professionals and policy makers to improve outcomes for all children with disabilities
- <https://www.parentcenterhub.org/find-your-center/>

Examples of Collaboration

- Memorandum of Understanding between child welfare and EI
- Develop a common understanding of the work and definitions
- Link data between CW and EI/ECSE
- Joint planning between CW and EI/ECSE to refer children with disabilities
- Incorporate content existing coursework in pre-service programs and into professional development opportunities
- Include CW on state interagency coordinating councils
- Training of ECCE programs
- Referral to IDEA Part C/ 619

Resources for IDEA Part C and Part B

DaSy – The Center for IDEA Early Childhood Data System



<https://dasycenter>

Early Childhood Technical Assistance Center



▪ <https://ectacenter.org/>

Q&A Section

NCIT Capacity-Building Hub

**Thank You for joining the webinar!
Have feedback and next steps? Be sure to share
in the post-webinar survey link below.**

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To access the survey, click [here](#).

