

Child Welfare and Early Intervention: Policies and Practices to Promote Collaboration and Help Infants and Toddlers Thrive

Daniel Ferguson, Sheila Smith, Maribel Granja, Olivia Lasala, and Hope Cooper

September 2022



The National Center for Children in Poverty (NCCP) is a non-partisan public policy research center at Bank Street Graduate School of Education. Founded in 1989 with endowments from the Carnegie Corporation of New York and the Ford Foundation, NCCP is dedicated to promoting the economic security, healthy development, and well-being of America's low-income children and families. Using research to inform policy and practice, the center seeks to advance family-oriented solutions and strategic use of public resources at the state and national levels to produce positive outcomes for the next generation.

Acknowledgments

The authors appreciate the generous support of the Alliance for Early Success, and the many state and local agency staff members and advocates who participated in interviews.

Suggested Citation

Ferguson, D., Smith, S., Granja, M., Lasala, O., & Cooper, H. (2022). *Child Welfare and Early Intervention: Policies and Practices to Promote Collaboration and Help Infants and Toddlers Thrive*. National Center for Children in Poverty, Bank Street Graduate School of Education

Copyright © 2022 by the National Center for Children in Poverty

Introduction

This brief examines promising strategies used in three states to address the developmental and mental health needs of infants and toddlers involved in Child Welfare (CW). Due to family adversities, trauma, maltreatment, and separation from primary caregivers, these infants and toddlers are at substantial risk of poor social-emotional, behavioral, and learning outcomes.¹ While many systems should be engaged in efforts to promote the well-being of these infants and toddlers, this brief focuses primarily on the roles of state and local CW and Part C Early Intervention (EI) agencies. Additional support from other sectors and settings (e.g., mental health, home visiting) are highlighted in the context of efforts by CW and EI agencies to help connect children and families to programs that meet their needs.

The brief focuses on the role of CW and EI for four reasons:

1. CW is a critical point of contact for a large number of infants and toddlers who have experienced or are at risk of child maltreatment and related developmental delays and mental health conditions, and the agency with primary responsibility for their safety and well-being when this contact occurs;
2. EI is the program most explicitly mandated to address children's earliest developmental difficulties across all domains, including social-emotional delays and conditions;²
3. Federal policies under the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Act (IDEA) require that states have procedures that support the referral of children involved in founded cases of abuse or neglect to EI,³ and
4. A disproportionate number of children of color are involved in CW due to poverty, bias, and barriers to receipt of services to address basic family needs.⁴ Ensuring that early child development supports in EI can be accessed by children of color is one of many strategies needed to address racial disparities in school success.

Although federal policy targets children in *founded* cases,⁵ this brief also highlights strategies that benefit children who are involved in CW investigations resulting in a determination that the case is unfounded. Research shows that these children also experience high rates of developmental and mental health difficulties.⁶

The following are the main sections of the brief:

- The Importance of Part C Early Intervention for Infants and Toddlers in Child Welfare: CAPTA and IDEA Policies
- Methods
- Key Strategies Used in the States
- Recommendations

The Importance of Part C Early Intervention for Infants and Toddlers in Child Welfare: CAPTA and IDEA Policies

Part C of the federal Individual with Disabilities Education Act (IDEA) establishes requirements for providing Early Intervention (EI) services to infants and toddlers with disabilities. States also have the option to offer EI services to children with conditions or risk factors that place them at significant risk of developing a disability or delay. Currently, six states and two territories (CA, FL, MA, NH, NM, WV, American Samoa, and Guam) include **at-risk infants and toddlers** in their definition of children eligible for EI.⁷

States are authorized to develop their own eligibility criteria for Part C EI services, as long as they comply with the **definition** in federal IDEA regulations. Infants and toddlers with delays (or risk for delay) in one or more of five developmental domains can qualify for EI services. In the domain of social-emotional development, as in other domains, the methods and criteria for establishing social-emotional delay or risk of delay vary across states. For example, states differ in the severity of the delay that must be documented in a multidisciplinary evaluation that determines eligibility for EI services and in the methods of the eligibility evaluation.⁸ Federal regulations allow the use of informed clinical opinion in the eligibility evaluation, but not all states include an infant-toddler mental health specialist who could provide their expert input.⁹ Also, states have the option to use a variety of assessment tools, which vary in their ability to identify delays or conditions in the social-emotional domain.¹⁰

Despite current limitations in EI programs, they offer critical opportunities for infants and toddlers involved in Child Welfare (CW) to receive multiyear, family-centered supports and ongoing monitoring for existing or potential developmental delays and mental health conditions.¹¹ Moreover, many states' EI programs are currently working to strengthen social-emotional services for infants and toddlers. In order to receive federal IDEA funds, states are required to develop a State Systemic Improvement Plan (SSIP),

a multiyear plan to increase the capacity of local EI programs to improve child and family outcomes. Each state is required to select a child or family outcome to improve as part of its SSIP. Thirty-one states include child social relationships as an outcome in their current **SSIPs** (AL, AK, AZ, CA, DE, FL, GA, HI, ID, IN, KS, MD, MA, MI, MO, MT, NV, NJ, NM, NC, ND, OR, PA, RI, TX, UT, VT, WA, WV, WI, WY).

States that are working to strengthen social-emotional services in EI are developing or expanding the use of several types of support. These include infant-early childhood mental health consultants who can help identify social-emotional needs in eligibility evaluations and provide ongoing assistance to EI providers to help them work with families to promote healthy parent-child relationships and children's social-emotional skills; evidence-based parent-child interaction treatment to address difficulties in the parent-child relationship; referrals for parents to address parent depression; more effective screening and evaluation methods; and training on social-emotional development and infant-early childhood mental health for EI providers.¹²

The importance of the EI program for infants and toddlers involved in CW is recognized by policies in both IDEA and the Child Abuse Prevention and Treatment Act (CAPTA). IDEA requires states to "ensure that appropriate 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."¹³ To support this access, IDEA requires coordination of state **Child Find** activities, including developmental screening and public awareness campaigns to promote referrals to EI, with CW providers in preventive and protective services.¹⁴ CAPTA **requires** states to develop "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."¹⁵

Despite these reciprocal requirements in federal policy and the clear benefits of EI services to infants and toddlers involved in CW, there is considerable room for strengthening state and local efforts to ensure children's access to EI and the supports that

this program, in partnership with CW, can provide. **A 2019 report** shows persistent barriers to referrals within both CW and EI,¹⁶ while **a recent survey** of state Part C EI coordinators found that only nine states require a social-emotional screening of infants and toddlers referred from CW due to substantiated maltreatment.¹⁷

Methods

Colorado, Rhode Island, and Texas, the three states examined in the case studies, were selected based on exploratory discussions with stakeholders who suggested state and local agencies that use promising strategies to promote the referral of children from Child Welfare (CW) to the Early Intervention (EI) program and to address social-emotional and mental health needs of infants and toddlers involved in CW. See box on this page for features of EI and CW in each state.

The information presented in this brief was obtained largely through interviews with state and local EI and CW senior agency staff. In Texas, however, it was not possible to gain approval for an interview with a state CW official. Instead, the authors relied on interviews with staff at local agencies providing services to infants and toddlers involved in CW, documents related to Texas CW policy and EI, and discussions with advocates to understand state-level CW policies and practices in Texas.

Within each state, the project invited two local EI programs and two local CW agencies that referred children to these EI programs to participate in the case studies. Preliminary discussions with state agency informants, advocates, and other stakeholders were used to identify local agencies that might use promising strategies. See box on page 5 for a list of these local EI agencies.

At least one individual in a supervisory role participated in local agency interviews; often, several staff joined an interview, including staff who work directly with families, and sometimes multiple calls with agency staff were conducted. In addition, project staff interviewed other stakeholders with expertise related to the state's CW system, child development and family services, and infant early childhood mental

STATE CW AND EI

Colorado Child Welfare (located within the Colorado Department of Human Services (CDHS), Division of Child Welfare)

- State provides policy direction and supervision.
- CW services administered by 64 county-based departments of human services.
- Counties may contract with child placement agencies for foster care.

Colorado Early Intervention Program (located within the Colorado Department of Early Childhood (CDEC), Office of Program Delivery, Division for Community and Family Support)

- The state EI program within CDEC provides policy guidance and resources.
- CDEC contracts with **20 Community Centered Boards** (CCBs) across the state's 64 counties to deliver services, including service coordination and early intervention services.
- Colorado has recently transitioned responsibility for conducting EI eligibility evaluations from local school districts to evaluation entities contracted with EI.

Rhode Island Child Welfare (located within the Executive Office of Health and Human Services (EOHHS), Department of Children, Youth and Families [DCYF])

- CW services are state administered with investigations conducted at the state level and services provided through four regionalized offices called Family Service Units (FSUs).
- Each FSU is headed by a regional DCYF Administrator for Family & Children Services who oversees workers, supervisors, and cases assigned to the regional office. Following an investigation, families needing services are assigned to an FSU worker, usually based on where the family resides.
- In the case of temporary or permanent removal, DCYF may contract with licensed child placement agencies to provide foster care services.

Rhode Island Early Intervention (located within the Executive Office of Health and Human Services [EOHHS])

- The state provides policy direction and resources.

health supports. In sum, the project team conducted nine calls with state EI and CW administrators, 22 calls with local level EI and CW administrators, and 10 with other stakeholders, including advocates and directors of other early childhood organizations or programs serving young children and families (e.g., home visiting programs, child placement agencies).

Key Strategies Used in the States

In this section, we discuss promising strategies used in one or more of three states or six localities. While most of these strategies were used routinely and benefited a significant number of children, informants often indicated that policies or practices were not always implemented consistently due to various factors. The recommendations at the end of this report suggest ways that many of these promising strategies could be bolstered and replicated in other states if they were incorporated into policy (e.g., included in interagency agreements or established as requirements by state agencies), monitored through data collection, and supported by state investments in staff and training to promote wide use.

DATA SYSTEMS ARE USED TO ENSURE THAT CHILDREN ARE REFERRED FROM CHILD WELFARE (CW) TO EARLY INTERVENTION (EI)

A critical first step in helping ensure that the developmental and mental health needs of infants and toddlers in CW are addressed is the timely referral of these children to EI or to programs that conduct initial screenings and make referrals to EI and other programs. Colorado and Rhode Island both have state data systems that are used to support these referrals.

Colorado's Trails is a data system used by CW caseworkers to document activities related to individual cases. For children involved in founded cases, Trails does not allow the caseworker to close a case or move it to another division, such as Protective Services for children placed in foster care, until the child has been referred to EI. The state also conducts periodic cross-checks to monitor and confirm that all appropriate referrals are occurring. To conduct a cross-check, a data analyst in the Division of Child Welfare identifies children in founded cases in Trails

- EI services are provided by nine EI agencies whose catchment areas, with some overlap, are distributed across Rhode Island's cities and towns.
- **EI referral process has changed as of 12/9/21** – due to Rhode Island's fiscal crisis in EI, referrals occur via a statewide and centralized process through EOHHS, with all referrals directed to the EI statewide referral list. Families are connected by EOHHS to an EI provider that serves their community. This is a temporary change; referrals will return to being made directly to EI agencies in the beginning of 2023.

Texas Child Welfare (located within the Department of Family and Protective Services [DFPS])

- CW investigations are conducted at the state level by the DFPS Child Protective Investigation
- Family-Based Safety Services (FBSS), administered by DFPS Child Protective Services, are provided by CPS, contracted service providers, or referrals to community providers. FBSS allow children in founded cases to safely stay in their homes with family supports and include services, such as family counseling, parenting classes, substance abuse treatment, and public benefits.
- Texas is in the process of transitioning its system for children in substantiated cases who are removed from the home and placed in state conservatorship. Under the new system, called Community-Based Care (CBC), private-sector organizations will be responsible for case management, placement, and services for children in conservatorship. DFPS maintains oversight of these organizations, which are known as Single Source Continuum Contractors (SSCCs). CBC is currently being implemented in 4 of 17 designated geographic catchment areas.

Texas Early Intervention (referred to as Early Childhood Intervention (ECI) (located within the Texas Health and Human Services Commission [HHSC])

- State provides policy direction and supervision
- HHSC contracts with local agencies throughout Texas to provide ECI services. ECI contractors are divided into geographic service areas, with the state being served by 41 contractors in FY2021.

and sends this information to the state EI data analyst. If the EI data analyst cannot find information in the EI data system about children who should have been referred, these missing referrals are sent directly by email to the local EI programs. Because there are periods when Trails is not fully operational, these cross-checks help ensure that no infant or toddler misses out on a referral to EI. Trails also allows caseworkers to indicate whether a referral to EI is a CAPTA referral (i.e., a founded case), identify concerns about the child in any of the five developmental domains covered by the EI program, and document whether the child has been screened by a physician or is already receiving EI services.

In Rhode Island, the state CW agency uses an electronic referral and data tracking system built in the Salesforce platform called Rhode Island E-CAPTA referral system. This system facilitates referrals from the CAPTA liaison (described below) located within the Department for Children, Youth, and Families to a network of EI providers across the state. Rhode Island E-CAPTA tracks the status of investigations and referrals to both EI and First Connections, the program that conducts developmental screening for EI. Referral forms include information on the contact person for the child, what role the person has with respect to the child, and who makes decisions on the child's behalf. Rhode Island E-CAPTA also has the ability to push and pull data from KidsNet, the state's public health data system, which allows follow-up tracking on rates of engagement (e.g., First Connections had at least one home visit with the family) and completion of developmental screening for children referred to First Connections.

A SPECIALIST ASSIGNED TO SUPPORTING REFERRALS FROM CHILD WELFARE (CW) TO EARLY INTERVENTION (EI) IS EMPLOYED

Rhode Island employs a specialist, called the CAPTA liaison, to oversee and facilitate referrals from CW to **First Connections** and EI statewide. Located in the Department of Children, Youth, and Families and working alongside CW investigators and caseworkers, the CAPTA liaison downloads a report each day from the data system with information on children identified as needing referrals to EI because they are involved in founded cases. When the liaison sees that

LOCAL EI AGENCIES

COLORADO

Developmental Pathways (DP) provides EI services in Arapahoe County, Douglas County, Elbert County, and the City of Aurora. DP serves children and adults with developmental disabilities/delays and their families.

Starpoint provides EI services in Fremont, Chaffee, and Custer Counties and serves children and adults with developmental disabilities/delays and their families.

RHODE ISLAND

Community Care Alliance (CCA) provides EI services to communities in northern Rhode Island and delivers more than 50 programs to children and families, including basic needs assistance, mental health and addiction treatment, housing, and home visiting.

Family Service of Rhode Island (FSRI) provides EI services in 12 cities and towns throughout Rhode Island and provides an array of programs to children and families including mental health, housing, and home visiting.

TEXAS

My Health My Resources (MHMR) of Tarrant County provides EI services to 12 counties, including the city of Fort Worth and supports child and adult mental health, adults with developmental disabilities/delays and their families, and those experiencing homelessness.

Metrocare Services provides EI services to western Dallas County and provides a range of services, including mental health services to children and adults, substance use treatment, and housing.

The Warren Center provides EI services to northern Dallas County and serves children with developmental disabilities/delays and their families.

a caseworker or parent has indicated concerns about the child's development, she sends the referral directly to a local EI program. She also has access to KidsNet, the state's public health data system, which includes the child's birth history (e.g., prematurity, substance exposure), and can use this information as the basis for a referral directly to EI.

For other founded cases, the liaison refers the child to First Connections, a short-term home visiting program funded by Title V Maternal and Child Health Block Grant and EI. First Connections conducts an initial in-home family needs assessment and screening, including a social-emotional screening with **Ages and Stages: Social-Emotional (ASQ:SE)**, a screener specially designed to identify young children with risks in the social-emotional domain. This home visit is made with the person who has custody of the child at the time of the referral. Based on the results, First Connections might refer the child to EI for a full evaluation or determine that the child should be rescreened in a few months. First Connections can also offer referrals to home visiting programs (Healthy Families America, Parents as Teachers, Nurse Family Partnership), Early Head Start, SNAP, WIC, cash assistance, housing, and maternal depression screening.

The CAPTA liaison also helps EI providers locate a child if the child's placement has changed and facilitates communication about a child between EI and CW. This support helps agencies stay current on services the child is receiving and any changes in the child's case plan and placement. Because Rhode Island is small and the CAPTA liaison is so active in CW cases, she is known by CW and EI staff across the state as the person who can help solve problems concerning referrals from CW to screening, EI, and other programs that support child well-being.

In Colorado, the case management division of Developmental Pathways (DP), a local multiservice organization that operates their EI program, has assigned two staff to support referrals from CW to EI. One specialist in this role works in the Arapahoe County Department of Human Services CW office and the other is in a similar position in Douglas County. The specialists help caseworkers submit referrals to EI through Trails or through the online referral

and intake form that DP uses for EI, which lets the user identify the child as involved in a founded case. Recently, El Paso County created a similar position after learning about how staff in this role in the other counties have helped increase rates of referrals from CW to EI.

The specialists in Colorado try to attend the case management meeting that is held when a founded CW case moves from an investigation to an open, ongoing case to ensure that referrals to EI have been successful, especially when there is a suspected developmental delay. They also assist EI agencies when there are questions about how to contact the parent or foster parent of the referred child and about who is authorized to give consent for an EI eligibility evaluation. If this information has not been included in the initial referral from CW or is no longer current, the specialist can follow-up with caseworkers on behalf of EI agencies.

MULTIPLE METHODS ARE USED TO HELP FAMILIES UNDERSTAND THE VALUE OF EARLY INTERVENTION (EI) SERVICES AND ENGAGE THEM IN EI

Child Welfare (CW) agencies in all three states are allowed to refer children to EI by advising the parent they are doing so, but parental consent is required for EI screening, eligibility evaluation, and initiation of services. Local EI agencies in the three states described gaining birth parents' trust and consent as one of the greatest obstacles to engaging birth families in EI. They explained that birth families are often wary of allowing another agency into their lives, especially any agency associated with CW, which is often viewed as an adversary by many families.

In Douglas County, Colorado, the CW agency reported that a successful referral to EI is more likely when a caseworker talks with the family about EI—describing what it is, how it can help their child, and how the eligibility process works. The counterpart EI agency in Douglas County, Developmental Pathways (DP), confirmed this, noting that if the caseworker does not explain the referral process to the family, parents are often confused when they receive a call from DP; the letter that CW sends to families about EI is not sufficient on its own. Douglas County CW developed

an internal guide to help caseworkers explain the EI referral process to families. Caseworkers also receive training on child development and practice ways to discuss developmental concerns, which can be a difficult topic to explore with parents. In Rhode Island's CW Region 4, a supervisor also emphasized the importance of discussing the benefits of EI with families prior to a referral.

Local EI agencies must also work to engage families referred to them from CW. In Colorado, DP specialists tell parents that EI is a voluntary service that can benefit them and their child, emphasizing that EI is not part of child protective services or CW. Local EI agencies in Rhode Island (Family Service of RI and Community Care Alliance (CCA)) also spend time helping families understand that EI is separate from the CW system.

The timing of the referral from CW to EI, and support to help families respond to a referral, can play a role in successfully engaging families. Local EI agencies in Colorado (DP) and Rhode Island (CCA) have more success when the referral is received earlier in the CW investigations process rather than near the time of case closure. Families have a greater motivation to engage in supportive services while they are still actively involved in the CW system. Birth parents who decide to engage in EI services may also face logistical challenges, such as transportation. In Douglas County, Colorado, the CW agency works with families to identify and address these barriers to participation in EI.

In some states and localities, an intermediary between CW and EI, rather than EI, receives the referral from CW and reaches out to families. In Texas, My Health My Resources (MHMR) of Tarrant County, a multiservice agency with EI and mental health services, uses its **Help Me Grow (HMG)** program to respond to referrals from CW in cases where a child does not have an existing positive developmental screen from a physician. HMG screenings include a focus on social-emotional development by using the ASQ:SE and asking the family about social determinants of health. Using motivational interviewing techniques, HMG navigators explore family needs in a manner that is sensitive to parent goals and circumstances. They use the HMG screening

as a tool to educate families about potential areas of concern and to build a relationship with families. As needed, HMG facilitates a warm hand-off to MHMR, Tarrant County's EI program, which helps ease the burden on EI providers of establishing that EI is not part of the CW system.

In several Colorado counties, CW agencies have partnered with nurses in local public health departments who contact birth parents, conduct screenings, and refer children to EI. The public health nurses emphasize that EI is not CW and can offer valuable supports to the child and family. They report success in gaining parents' trust and interest in exploring EI for their child. In counties that use public health nurses, 80 percent of families agree to a screening versus 30 percent if they are referred directly to EI.

Rhode Island's First Connections, described earlier, also serves as an intermediary between CW and EI. When First Connections contacts the birth family, they emphasize that they are not CW, and that they can provide important information about their child's development through screenings. First Connections reports that for CAPTA referrals, approximately 90 percent are successfully referred to First Connections and an average of 66 percent of children received at least one home visit over the last 3 years.

CHILDREN IN UNFOUNDED CHILD WELFARE (CW) CASES ARE REFERRED TO EARLY INTERVENTION (EI) AND OTHER PROGRAMS TO SUPPORT EARLY DEVELOPMENT AND MENTAL HEALTH

Although federal CAPTA policy applies only to children in founded cases, research suggests that children involved in unsubstantiated cases of maltreatment are also at significant risk of social-emotional and developmental delays. In fact, research has found no differences in the markedly higher rates of social-emotional and developmental delays of children involved in founded compared to unfounded cases.¹⁸

In Colorado, CW refers many children in unfounded cases to EI, and these referrals are tracked in the Trails data system. However, local EI and CW agencies have observed that families involved in unfounded cases

are often difficult to engage in EI, although strategies that have been successful are similar to those for engaging families in founded cases. In Fremont County, for example, CW caseworkers introduce families to early childhood service providers at the initial family engagement meeting so that families can learn about what services are available when they are no longer involved in CW. At these meetings, CW caseworkers emphasize that these partners are not part of the CW system and that CW will not be involved after a case is closed if families receive services. CW caseworkers also conduct follow-up calls with families and facilitate warm hand-offs to service providers.

In Rhode Island, CW needs parental consent for a referral to First Connections or EI in unfounded cases. As in Colorado, these families are less willing to engage in referrals and services. Rhode Island often refers families in unfounded cases to **Family Care Community Partnerships (FCCP)**, a prevention-focused service for families that can help them identify natural supports (e.g., faith community, neighbors, family members) to build resiliency for long-term stability; both Community Care Alliance and Family Service of Rhode Island offer FCCP services. FCCP also refers children and families to community resources, including EI.

CO-PARENTING PRACTICES ARE USED TO PROMOTE CHILD WELL-BEING AND SUCCESSFUL REUNIFICATION

In cases where a child is removed from the home and placed in the custody of a state or county Child Welfare (CW) agency, “co-parenting” is a promising strategy for promoting healthy child development and successful reunification in cases where reunification is in the best interest of the child. With co-parenting, the foster parent or kinship caregiver and programs involved with the child’s well-being share information and decision-making, to the extent possible, with birth parents. Early Intervention (EI) offers important opportunities for coparenting.

Safe Babies is an initiative of First3Years in Texas designed to increase the likelihood of reunification and support child development-informed policies related to caregiving and transitions for infants

and toddlers in foster or kinship care. Safe Babies emphasizes supports for co-parenting in its programming, and is currently available in Tarrant, Dallas, and Harris Counties. In each county, a Safe Babies coordinator works with CW caseworkers to ensure that birth parents, caregivers, and children are receiving needed supports, including referrals to EI in cases where CW has not made an initial referral. When co-parenting practices are used, the Safe Babies program in Texas sees rates as high as 51 percent for reunification with birth parents among children exiting foster care.¹⁹

In Texas, where referrals to EI are made within the first three days of a child’s placement in foster care, the goal of Safe Babies program coordinators is to schedule EI visits with both the birth and foster parents at least once a month to better support parents, particularly as the case progresses towards a monitored reunification. This practice helps ensure continuity of supports for the child’s development during and after the child’s time in foster care for children who are reunited with birth parents. Foster parents and kinship caregivers with Safe Babies are also trained on Fostering Relationships, a five-session intervention based on **Attachment and Biobehavioral Catch-up** in which they coach birth parents on ways to reduce stress during parent-child visitation sessions by highlighting the child’s needs and using techniques for following the child’s lead.

Colorado’s Starpoint, the local EI agency in Fremont County, includes both birth and foster parents on its EI referral form. During intake, the EI specialist conducts a family history interview with the birth parents to learn about the birth experience and the child’s routines, likes, and dislikes. CW caseworkers try to arrange for birth parents to participate in EI visits, which can happen jointly with the foster parent at visitation sites or on alternate visits. If reunification is likely, Starpoint will start joint visits ahead of time to support continuity and positive transitions.

In Rhode Island, Community Care Alliance has its own visitation center, which is not a social services office setting, but an actual house. The homelike setting encourages more frequent visitation by the birth parent, and over 90 percent of foster parents join these visits. Another local EI agency, Family Service

of RI (FSRI), conducts EI evaluations jointly with birth and foster caregivers, and is able to facilitate joint or alternating EI visits. FSRI also has a family visitation program that provides a physical space for families involved with EI and CW to have joint visits in a friendly environment at FSRI.

CHILD WELFARE (CW) CASEWORKERS AND EARLY INTERVENTION (EI) PROVIDERS MAINTAIN A STRONG FOCUS ON THE SOCIAL-EMOTIONAL NEEDS OF INFANTS AND TODDLERS IN CW REFERRALS TO EI AND IN EI SCREENING AND EVALUATION.

The social-emotional needs of infants and toddlers involved with CW are more likely to be identified if highly intentional methods are used by CW and EI agencies to flag and investigate concerns in this domain. Rhode Island's Community Care Alliance (CCA) tries to assign a mental health professional to an EI eligibility evaluation team working with a child referred from CW. In situations where a child is not eligible for EI based on the results of a formal assessment tool alone, EI agencies are able to qualify a child for EI using **informed clinical opinion**, which looks for "significant atypical behaviors" or "significant circumstances" that "impact on child/family functioning to the degree that without intervention developmental delay would result."²⁰ CCA and Family Service of Rhode Island both noted that children referred from CW who are not eligible based on a standardized tool are often eligible through the evaluation team's use of informed clinical opinion.

In Texas, local EI programs report that they welcome multiple referrals of the same child because they are likely to get a more complete picture of children's developmental and mental health needs from different individuals, such as the birth parent, foster parent, caseworker, and pediatrician. Staff at Safe Babies, through their partnership with CW in Dallas and Tarrant Counties, ensure that children are referred from CW to EI and flag all relevant information that indicates risk for social-emotional difficulties in referrals they make.

All Texas EI agencies are required to use one of two standardized evaluation tools, the **Battelle Developmental Inventory (BDI)** or the

Developmental Assessment of Young Children, 2nd Edition (DAYC-2), in their eligibility evaluations.

If there is a positive social-emotional screen, MHMR of Tarrant County will include a mental health clinician on the evaluation team. In cases where a child over one month of age is found to be ineligible for EI based on the BDI or DAYC-2, EI agencies may determine eligibility with **Qualitative Determination of Delay (QDD)**, which uses clinical opinion and qualifies a child for six months of EI services. For children ages three to 35 months, the QDD protocol for the SE domain requires the use of the **HELP Strands** tool to examine the child's development related to three "strands" (areas of related developmental capacities): Attachment/Separation/Autonomy, Expression of Emotions and Feelings, and Social Interactions and Play. Data are collected through observation of the child, interviews with the parent, and play interactions with the child. While this option is available, informants note that it is not common for children to be found eligible in the SE domain through this process.

In Douglas County, Colorado, Developmental Pathways (DP) uses standardized tools that cover all domains for eligibility evaluations, but identifying concerns in the social-emotional domain is often challenging in CAPTA cases because the birth parent may be uncomfortable talking about their child's behavior or the foster parent may not know the child well enough. DP also assigns a provider with expertise in infant-toddler social-emotional development to the evaluation team for CAPTA cases when one is available. Children in CAPTA cases are often determined eligible through informed clinical opinion based on histories that indicate that the child is likely to have a delay or mental health condition.

Currently, Colorado's Starpoint is contracted to conduct EI eligibility evaluations in five of six school districts in its catchment area, including Fremont County. In those districts, evaluation teams use the **Social-Emotional Assessment/Evaluation Measure (SEAM)** and include a member with expertise in social-emotional development. They are also more likely to rely on informed clinical opinion when evaluating an infant or toddler involved with CW.

SERVICE INTEGRATION MODELS, PRACTICES AND POLICIES PROMOTE CHILD WELFARE (CW) AND EARLY INTERVENTION (EI) COLLABORATION

Strong service integration models, as well as certain practices and policies, can promote CW and EI collaboration both with each other and with other service providers who can support the healthy development of infants and toddlers involved in CW.

In Fremont County, Colorado, ECHO and Family Center (ECHO) Early Childhood Council serves as a central early childhood screening and referral hub for the county, collaborating with local CW, EI, mental health, health, and early care and education providers and agencies. CW makes CAPTA referrals to ECHO, and the ECHO universal referral form provides check boxes for indicating potential services the child may need, including developmental screening, home visiting, mental health services, and early care and education. All CAPTA children referred to ECHO receive a screening, including the ASQ:SE and questions about family risk factors. CW caseworkers help ECHO make contact with families if they do not show up for screenings. Based on screening results, children may be referred to EI, Crib to Kindergarten (an infant-early childhood mental health services program), home visiting, or early care and education services. Additionally, local ECHO early childhood service providers meet twice a month with the CW team to discuss new cases and the most appropriate services for these children. At monthly meetings, CW, Crib to Kindergarten, and EI discuss what services are available community wide. Similarly, in Texas, the Safe Babies coordinators in Tarrant and Dallas Counties hold regular meetings with partner agencies (bimonthly in Tarrant and monthly in Dallas), including CW and EI, where they can address challenges facing particular families (e.g., a birth parent needing transportation).

Even without formal multisector initiatives, some EI and CW agencies hold regular joint meetings to examine successful practices and policies, as well as challenges. In Douglas County, Colorado, both the EI (Developmental Pathways (DP)) and local CW agency highlighted the value of these regular meetings, which were discontinued as a result of COVID-19. DP has also offered trainings to CW that cover what DP does,

who is authorized to provide consent for EI services, how to refer to DP, and what the benefits of EI are for the child and caseworker. Likewise, EI agencies in Dallas County held quarterly meetings with their CW counterparts prior to the COVID-19 pandemic.

In Texas, the state EI and CW agencies have a memorandum of understanding (MOU) that establishes procedures for each agency to satisfy CAPTA responsibilities. Its provisions state that CW will refer any child with a suspected developmental delay to EI for a comprehensive eligibility evaluation. When no suspected developmental delay is documented, children in founded cases who stay in the home are referred to EI for screening, while children removed from the home receive a developmental screening from a physician within 30 days and are referred to EI if the screening is positive. Local EI agencies are encouraged to develop MOUs with their CW counterparts. MHMR of Tarrant County has its own MOU with the Texas Department of Family and Protective Services while Metrocare Services in Dallas County uses the state MOU between Texas CW and EI.

Across the three states, regardless of whether formal arrangements exist between EI and CW at either the state or local level, agencies emphasized the importance of strong personal relationships between agency counterparts as a contributor to successful referrals and agencies' ability to address challenges. High turnover, particularly among CW caseworkers, was identified as a major barrier to establishing and maintaining these relationships.

THE EARLY INTERVENTION (EI) PROGRAM BUILDS THE CAPACITY OF THE AGENCY AND STAFF TO WORK WITH CHILDREN REFERRED FROM CHILD WELFARE (CW) WHO HAVE SOCIAL-EMOTIONAL AND MENTAL HEALTH NEEDS

Given the challenges of identifying very young children's social-emotional needs and developing an Individual Family Service Plan (IFSP) that meets these needs, EI agencies require specialists with expertise in this domain. This expertise is especially important for infants and toddlers being referred from CW because they are at heightened risk of social-emotional delays and mental health conditions. Moreover, the birth

parents and foster caregivers of these children may not be able to provide critical information to inform an evaluation or IFSP.

In Colorado, the state's **EI personnel standards** include a special section that outlines qualifications for providers of social and emotional (SE) services. At Developmental Pathways (DP) and Starpoint, SE providers serve on teams working with parents to develop IFSP goals for children referred from CW. DP providers often see social-emotional needs emerge at the six-month review and can bring in an SE provider as a consultant to participate in joint visits with the primary provider, with the possibility of the SE provider being added as an ongoing service, if necessary.

Specialized training can build EI agency capacity to identify and meet the needs of children referred from CW. In Rhode Island, at Community Care Alliance (CCA) and Family Service of Rhode Island (FSRI), EI providers with social-emotional expertise are trained in social-emotional-focused assessments, such as the **Infant-Toddler Social and Emotional Assessment (ITSEA)**.

One developmental interventionist at Colorado's Starpoint, who has specialized training in trauma-informed care and extensive experience working with children referred from CW, is often assigned to work with these children and their families. In Rhode Island, both FSRI and CCA have providers who are trained in and able to offer **Circle of Security-Parenting (COS-P)** classes to families in EI, including to families involved with CW. COS-P is an attachment-based group parenting program. In addition, FSRI's EI program has developed an infant mental health team with an experienced infant mental health clinician that supports all families, including those involved in the CW system, with mental health needs. The team also supports EI service coordinators who are working with CW-involved families to address work-related stress.

The local EI agencies in all three states continually seek out professional development opportunities to support the capacity of staff to address children's social-emotional needs. For example, many DP EI providers have participated in training on the

DC:0-5 infant-early childhood mental health and development diagnostic system offered by **Right Start for Colorado** (RSCO), an IECMH workforce initiative. Similarly, Starpoint EI providers have participated in DC:0-5 training and an eight-module course, **Colorado Foundations of Infant and Early Childhood Mental Health for Early Childhood Professionals and Partners**, offered by the Colorado Association for Infant Mental Health.

The EI programs also build social-emotional capacity of staff by collaborating with social-emotional specialists who can serve as consultants. In Texas, MHMR of Tarrant County, a multiservice agency, has a three-tier system of infant-early childhood mental health (IECMH) consultation available to EI providers. In tier 1, an IECMH consultant joins team meetings for case consultation. IECMH consultants working in tier 2 coach EI providers to help them support families when children are experiencing challenging behaviors. Tier 3 consultants work directly with families using parent-child dyadic treatment models, such as **Child-Parent Psychotherapy (CPP)** or **Attachment and Biobehavioral Catch-up (ABC)**. Across all three states, many EI agencies hold regular interdisciplinary team meetings, where EI providers, including those with social-emotional and mental health expertise, can consult with one another on particular cases and be added to IFSPs as additional providers, when needed.

Children referred to EI from CW may face additional challenges related to mental health and family needs beyond what an EI program has the capacity to offer. In these cases, EI programs refer families to additional services, either within another division of the same agency or to a community partner. Colorado's Starpoint refers families to Crib to Kindergarten, an IECMH services initiative with an array of relationship-based IECMH services. In Rhode Island, CCA offers a range of services beyond EI, including a housing navigator and children's behavioral health team that can provide **Child Parent Psychotherapy (CPP)** and **Parent-Child Interaction Therapy (PCIT)**, two forms of evidence-based parent-child dyadic treatment. FSRI has a community health team with a mental health worker who can offer support to parents facing mental health challenges. One Dallas County multiservice agency with an EI program,

Metrocare Services, refers parents with mental health needs to its own adult mental health services.

CHILD WELFARE (CW) AGENCIES BUILD THEIR CAPACITY TO SUPPORT THE SOCIAL-EMOTIONAL DEVELOPMENT OF CHILDREN, INCLUDING THROUGH REFERRAL TO EARLY INTERVENTION (EI)

In Colorado and Rhode Island, preservice training for CW caseworkers covers rules concerning CAPTA referrals to EI. Rhode Island also includes one day of preservice training dedicated to early childhood, covering attachment theory and the impact of abuse and neglect on child development; trauma-informed care; supports for substance-exposed newborns; and early childhood services, such as EI, home visiting, and early care and education. However, most caseworkers further develop their ability to successfully refer children to EI and other early childhood services through on-the-job experience. This experience includes interacting with the CAPTA liaison (in Rhode Island and Douglas County, Colorado) and attending family engagement meetings (in Fremont County, Colorado), which are convened by the CW agency with families and early childhood service providers to identify and address needs of the family. Child placement agencies in both Dallas and Tarrant Counties also offer training for foster parents in **Trust-Based Relational Intervention (TBRI)**, an attachment-based, trauma-informed intervention to meet the needs of children who have experienced adversity, early harm, toxic stress, and/or trauma.

In all three states, high CW caseworker turnover presents challenges to agency capacity-building. However, agencies have found ways to address this challenge. In Fremont County, Colorado, there is a team of CW caseworkers specifically dedicated to working with children under age six, which helps these caseworkers develop better knowledge of and relationships with local early childhood service providers. CW caseworkers in Douglas County, Colorado, can participate in one of a number of internal committees within the CW agency, including a Birth to 5 committee. Caseworkers participating in the Birth to 5 committee meet monthly to identify areas of need, work on tasks to strengthen supports for young children, and develop resources. The committee has produced a child development checklist and guide

for CW caseworkers, lists of local maternal mental health resources, and improved messaging for parents concerning child development. This work not only builds caseworker knowledge in these areas, but it also increases their engagement with the work and retention.

EARLY INTERVENTION (EI) REFERS CHILDREN INVOLVED IN CHILD WELFARE (CW) WHO ARE INELIGIBLE FOR EI TO ONGOING MONITORING AND SERVICES THAT SUPPORT THEIR SOCIAL-EMOTIONAL WELL-BEING AND DEVELOPMENT

Some infants and toddlers in both founded and unfounded cases will receive an EI evaluation but not meet EI eligibility criteria. However, it is likely that these children have experienced adverse family conditions and trauma that place them at heightened risk of developmental delays and mental health problems. Their involvement with CW creates a critical opportunity to provide developmental monitoring and prevention services.

Colorado is developing a program called **Early Start**, which is a cross-agency collaboration of programs that will offer services to children who are at risk of developmental delays but who are found ineligible for EI. Many CW-involved children who are not found eligible for EI are expected to benefit from this pilot program's provision of supports for infant-early childhood mental health, parenting, maternal depression, substance use, and case-management. The pilot will initially be supported by private funding with an anticipated start in 2023 and an eventual shift to public funding.

In Rhode Island, children who are not eligible for EI are able to remain involved with First Connections or re-engage with First Connections while the child is under age three. First Connections can offer ongoing monitoring of children's development through screening and referrals to longer-term home visiting programs (e.g., Healthy Families America, Parents as Teachers, Nurse Family Partnership), and other supports, such as Early Head Start, maternal depression screening, and assistance with public benefits. In Tarrant County, Texas, when a child is found to be ineligible for EI by MHMR of Tarrant County, the family can be referred to its Help Me

Grow program, which connects families to community resources and has built-in tracking systems to continue monitoring children's development.

Recommendations

It is clear from an examination of the promising strategies used in the three case-study states – Colorado, Rhode Island, and Texas – that multiple policies and workforce supports are needed to help ensure that infants and toddlers involved in Child Welfare (CW) gain timely access to Early Intervention (EI) and other developmental and mental health supports. Participants from CW agencies and EI programs in these states, along with other stakeholders, conveyed that these strategies are critical to effectively engaging families and helping infants and toddlers involved in CW overcome early adversities and flourish. The following recommendations suggest how these strategies can be built into more formal policies and accountability practices to promote wide and consistent use within and across CW and EI agencies and larger systems.

- **State and local CW and EI should ensure the referral of infants and toddlers to EI by: (1) assigning the role of promoting successful CW referrals to EI to designated CW or CW-EI liaison staff and (2) using data systems to facilitate and track referrals.** The designation of one or more staff within, or as a liaison to, CW can help ensure that CW caseworkers make the best use of an available data system and its features for making referrals to EI (e.g., sharing information to the extent policy permits). Designated staff can also serve as critical back-up when a data system is not functioning and as support for overcoming obstacles to successful referrals (e.g., helping EI locate a birth parent for consent). In states where the current capacity of data systems is limited, strengthening these systems so that they can support referrals of children from CW to EI can increase infants' and toddlers' access to important developmental services. Ideally, these systems should require that CW staff make a referral to EI early in an investigation and include information that helps EI begin the process of engaging families.
- **State CW agencies, in partnership with EI and intermediary programs, should develop guidance and training on using effective strategies to inform birth parents about the value of EI and engage them in EI screening, evaluation and services.** Helping families understand that EI is a supportive and voluntary service that is separate from CW and explaining the value of EI for the child and family requires that CW and EI use a coordinated outreach and messaging strategy. Case-study participants report that using this messaging early in the family's involvement with EI makes it more likely that families will agree to a screening or evaluation and engage in services if the child is found to be eligible for enrollment.
- **State CW agencies should require the referral of all infants and toddlers to EI or an intermediary program for screening regardless of whether their case status is founded or unfounded; infants and toddlers in CW who do not receive a EI full evaluation or are found ineligible for EI should be assisted to receive monitoring and support from another program.** Given that children in founded and unfounded cases have similarly high levels of risk for developmental and mental health problems, it is important to refer them to EI or an intermediary program without regard to their case status.²¹ These children can then be screened, evaluated, and enrolled in EI or referred to ongoing monitoring and other services, as needed. The policy of referring all infants and toddlers to EI or an intermediary program may also serve to prevent re-involvement in CW since children with disabilities and behavior difficulties are at higher risk of maltreatment.²² Infants and toddlers not found eligible for EI should be connected with programs that offer ongoing monitoring of developmental and mental health concerns and supports tailored to families' needs (e.g., home visiting, assistance with basic needs, early care and education).
- **State CW agencies, in partnership with EI, should require the use of co-parenting practices when feasible and appropriate.** Co-parenting practices include the participation of both foster and birth parents in EI visits, either jointly or on alternating visits, and shared decision-making about

supports and services the child needs. The use of these co-parenting practices is critical to ensure the continuity of supports for infants' and toddlers' well-being when reunification with the birth family is planned. Case-study participants report greater success with reunification when co-parenting practices are used.²³ CW and EI agencies should offer training to staff on how to support families in co-parenting, as well as ongoing supervision to help staff effectively support this practice.

- **CW and EI state and local agencies should develop guidance for using promising practices in the domain of infant and toddler social-emotional development and mental health to increase attention and responsiveness to infants' and toddlers' needs.** In addition to co-parenting (discussed above), practices should include the use of referral forms that prompt CW caseworkers to indicate concerns about the child's social-emotional development or family circumstances; the use of a screening tool focused solely on social-emotional risk, since this type of tool is more sensitive than screeners covering multiple domains;²⁴ and the use of clinical opinion by infant-early childhood mental health specialists in EI eligibility evaluations. [A new briefing paper](#) provides extensive guidance about the use of evidence-based IECMH practices in EI programs.²⁵
 - **Both CW and EI agencies should build staff capacity to identify and respond to the needs of infants and toddlers involved in CW; training and support should be aligned with formal guidance (see recommendation above).** Both CW caseworkers and EI providers need ongoing training and support to enable them to engage parents and caregivers so they can identify and address the social-emotional needs of infants and toddlers involved with CW. This training should include basic information about the developmental and social-emotional needs of infants and toddlers involved with CW in both founded and unfounded cases, as well as training on specific procedures and practices that can help address children's needs (e.g., early referral by CW to EI with social-emotional concerns highlighted in the referral; assignment of children referred from CW to EI specialists with expertise in trauma and infant-early childhood mental health).
- Agencies should consider developing incentives for participation in training, which could increase retention while building staff knowledge and skills (e.g., incentives tied to competencies in using effective practices and career advancement).
- **CW agencies and EI programs should establish policies and guidance that engage staff in meaningful collaboration that supports infants' and toddlers' healthy development and well-being.** Examples include formal memoranda of agreement on roles and responsibilities across state CW and EI agencies and between local EI programs and CW. These memoranda should cover roles related to child referrals from CW to EI and guidance about other practices, such as participation by designated staff in service provider network meetings that help staff identify supports for infants and toddlers involved in CW and EI staff participation in CW family meetings.
 - **CW agencies and EI programs should jointly 1) establish benchmarks for assessing progress toward ensuring strong supports for infants and toddlers in CW and 2) collect data related to these benchmarks to improve policies and practices.** [The most recent report to Congress](#) (2020) on child maltreatment shows that only 27 states comply with a federal CAPTA requirement to report on the percentage of infants and toddlers in founded cases who are referred to EI. Ten of these states reported that less than 50 percent of eligible infants and toddlers are referred to EI.²⁶ States should work to address gaps in both reporting and referrals, and use data for state and local planning. Additional benchmarks that CW agencies and EI should consider include:
 - Referral of all or most infants and toddlers in unfounded cases for screening in EI or a related program (e.g., Help Me Grow)
 - A high rate of infants and toddlers referred from CW become eligible for EI and receive services to address social-emotional delays and mental health conditions
 - Among infants and toddlers involved in CW cases where reunification is planned, a high percentage experience joint EI visits with both birth parents and foster caregivers.

- All data should include information about race and ethnicity to permit analysis of efforts to reduce disparities in the provision of supports to infants and toddlers.
- **State and federal investments in CW and EI should be increased to promote effective collaboration and staff capacity to meet the expectations of current policy, specifically by addressing staff retention, training, and robust data systems.** High-functioning CW agencies and EI programs require well-trained, stable staff. These conditions, along with strong data systems, support effective collaboration between CW and EI. Increased state and federal investments in CW and EI are critical to helping these systems provide effective supports that can help infants and toddlers overcome early challenges and flourish.

Conclusion

Effective collaboration between Child Welfare (CW) and Early Intervention (EI) that meets very young children's developmental and mental health needs should be viewed as a key strategy in federal, state, and local equity agendas and investments. Children with social-emotional and behavior problems are at risk of exclusion from early care and education settings and poor school achievement.²⁷ These risks are compounded by conditions disproportionately experienced by children of color, especially by poverty and bias.²⁸ Policies and investments that promote access to EI and strong supports for the healthy development and well-being of infants and toddlers involved with CW should be prioritized when policymakers and other stakeholders are considering investments that can reduce disparities related to race and disability.

RESOURCES

Alignment Between Early Childhood and Child Welfare Systems Benefit Children and Families. Jordan, E., Vandivere, S., & Gross, E. (2022). Child Trends.

Briefing Paper: Infant and Early Childhood Mental Health and Early Intervention (Part C): Policies and Practices For Supporting the Social and Emotional Development and Mental Health of Infants and Toddlers in the Context of Parent-Child Relationships. Early Childhood Technical Assistance Center. (2022). University of North Carolina, FPG Child Development Institute.

PRiSM: Promoting Research-Informed State IECMH Policies and Scaled Initiatives. National Center for Children in Poverty. *PRiSM* is an online resource that features profiles of exemplary IECMH strategies used in state policies and scaled initiatives, including IECMH in child welfare.

Supporting Social-Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey. Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). National Center for Children in Poverty.

ENDNOTES

- 1 McLeigh, J. D., Tunnell, K., & Lazcano, C. (2021). Developmental status of young children in foster care. *Journal of Developmental and Behavioral Pediatrics: JDBP*, 42(5), 389-400. <https://doi.org/10.1097/DBP.0000000000000906>
Olson, A. E., Kim, H. K., Bruce, J., & Fisher, P. A. (2019). General cognitive ability as an early indicator of problem behavior among toddlers in foster care. *Journal of Developmental and Behavioral Pediatrics: JDBP*, 40(2), 144-149. <https://doi.org/10.1097/DBP.0000000000000632>
- 2 Early Childhood Technical Assistance Center. (2022). *Briefing paper: Infant and early childhood mental health and early intervention (Part C): Policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships*. University of North Carolina, FPG Child Development Institute. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
- 3 Early Childhood Technical Assistance Center. (n. d.). *Child maltreatment: Referral requirements under CAPTA and IDEA*. <https://ectacenter.org/topics/earlyid/capta.asp>
- 4 Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. U.S. Children's Bureau. https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf
- 5 Founded cases of child maltreatment, also referred to as substantiated cases, typically means that an incident of child abuse or neglect, as defined by State law, is believed to have occurred based on an investigation and/or assessment.
Child Welfare Information Gateway. (2020). *How the child welfare system works*. U.S. Children's Bureau. <https://www.childwelfare.gov/pubs/factsheets/cpswork/>
- 6 Casanueva, C., Dolan, M., Smith, K., Ringeisen, H., & Dowd, K. (2012). Indicators of well-being among children in the United States child welfare system. *Child Indicators Research*, 5(3), 547-565. <https://doi.org/10.1007/s12187-012-9148-4>
- 7 Early Childhood Technical Assistance Center. (2021). *Summary of state and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA Part C*. <https://ectacenter.org/topics/earlyid/state-info-summary.asp#elig>
- 8 Ibid.
- 9 Early Childhood Technical Assistance Center. (n. d.). *Part C eligibility*. <https://ectacenter.org/topics/earlyid/partcelig.asp>
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. <https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf>
- 10 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. <https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf>
- 11 Early Childhood Technical Assistance Center. (2022). *Briefing paper: Infant and early childhood mental health and early intervention (Part C): Policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships*. University of North Carolina, FPG Child Development Institute. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
- 12 Early Childhood Technical Assistance Center. (2022). *Briefing paper: Infant and early childhood mental health and early intervention (Part C): Policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships*. University of North Carolina, FPG Child Development Institute. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
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. <https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf>
- 13 Child Welfare Information Gateway. (2018). *Addressing the needs of young children in child welfare: Part C-Early intervention services*. U.S. Children's Bureau. <https://www.childwelfare.gov/pubPDFs/partc.pdf>
Jordan, E., Vandivere, S., & Gross, E. (2022). *Alignment between early childhood and child welfare systems benefit children and families*. Child Trends. https://www.childtrends.org/wp-content/uploads/2022/06/CW-ECEalignment_ChildTrends_June2022.pdf
- 14 Early Childhood Technical Assistance Center. (n. d.). *Child Find federal requirements*. <https://ectacenter.org/topics/earlyid/idoverview.asp>
- 15 Early Childhood Technical Assistance Center. (n. d.). *Child maltreatment: Referral requirements under CAPTA and IDEA*. <https://ectacenter.org/topics/earlyid/capta.asp>

- 16 Fischer, M., Rosinsky, K., Jordan, E., Haas, M., & Seok, D. (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
- 17 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. <https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf>
- 18 Casanueva, C., Dolan, M., Smith, K., Ringeisen, H., & Dowd, K. (2012). Indicators of well-being among children in the United States child welfare system. *Child Indicators Research*, 5(3), 547-565. <https://doi.org/10.1007/s12187-012-9148-4>
- 19 Doerge, K., Faulkner, M., Marra, L. (2021). *Safe Babies program evaluation report: Fall 2021*. University of Texas at Austin, Texas Institute for Child & Family Wellbeing. https://txicfw.socialwork.utexas.edu/wp-content/uploads/2021/12/Safe-Babies-Program-Evaluation-Report_Fall-2021.pdf
- 20 Rhode Island, Executive Office of Health and Human Services. (2018). *Rhode Island Early Intervention certification standards: Policies and Procedures: IV. Eligibility determination*. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/Early-Intervention/EICertificationStandardsIVEligibility.pdf>
- 21 Casanueva, C., Dolan, M., Smith, K., Ringeisen, H., & Dowd, K. (2012). Indicators of well-being among children in the United States child welfare system. *Child Indicators Research*, 5(3), 547-565. <https://doi.org/10.1007/s12187-012-9148-4>
- 22 Corr, C., & Santos, R. M. (2017). Abuse and young children with disabilities: A review of the literature. *Journal of Early Intervention*, 39(1), 3-17. <https://doi.org/10.1177/1053815116677823>
- Giardino, A. P., Giardino, E. R., & Isaac, R. (2022). Child maltreatment and disabilities: Increased risk?. In R. D. Krugman & J. E. Korbin (Eds.), *Handbook of child maltreatment* (2nd ed., pp. 307-325). Springer. <https://doi.org/10.1007/978-3-030-82479-2>
- 23 Doerge, K., Faulkner, M., Marra, L. (2021). *Safe Babies program evaluation report: Fall 2021*. University of Texas at Austin, Texas Institute for Child & Family Wellbeing. https://txicfw.socialwork.utexas.edu/wp-content/uploads/2021/12/Safe-Babies-Program-Evaluation-Report_Fall-2021.pdf
- 24 Williams, M. E., Zamora, I., Akinsilo, O., Chen, A. H., & Poulsen, M. K. (2018). Broad developmental screening misses young children with social-emotional needs. *Clinical Pediatrics*, 57(7), 844-849. <https://doi.org/10.1177/0009922817733700>
- 25 Early Childhood Technical Assistance Center. (2022). *Briefing paper: Infant and early childhood mental health and early intervention (Part C): Policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships*. University of North Carolina, FPG Child Development Institute. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
- 26 U.S. Children's Bureau. (2022). *Child maltreatment 2020*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf>
- 27 Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35(4), 583-601. <https://doi.org/10.1080/02796015.2006.12087963>
- Zeng, S., Pereira, B., Larson, A., Corr, C. P., O'Grady, C., & Stone-MacDonald, A. (2021). Preschool suspension and expulsion for young children with disabilities. *Exceptional Children*, 87(2), 199-216. <https://doi.org/10.1177/0014402920949832>
- 28 Bruner, C. (2017). ACE, place, race, and poverty: Building hope for children. *Academic Pediatrics*, 17(7), S123-S129. <https://doi.org/10.1016/j.acap.2017.05.009>
- Giordano, K., Interra, V. L., Stillo, G. C., Mims, A. T., & Block-Lerner, J. (2021). Associations between child and administrator race and suspension and expulsion rates in community childcare programs. *Early Childhood Education Journal*, 49(1), 125-133. <https://doi.org/10.1007/s10643-020-01049-1>