



North Carolina Infant-Toddler Program (NC ITP)

Objectives/Take-aways

1. Greater Consistency in CAPTA referrals
 - ❑ Forms
 - ❑ CAPTA referral or Non-CAPTA referral clear
 - ❑ Notation of reasons for referral
2. Confidentiality and Requests for Information
 - ❑ Children/Families being investigated based on a report
 - ❑ Children who are Wards of the State

16 CDSAs cover 100 Counties

1 has staff co-located (Mecklenburg)

Some County DSS refer ALL children, while others refer almost none or none at all.



- If there are no concerns about developmental delays or disabilities, children should not be referred to the CDSA.
- CC4C is probably a better referral choice and if their screening shows developmental delays, they will refer to us.
- If there *is* a concern, tell us what that is. We get DSS referral forms that are blank. If the form is incomplete, it is difficult to act on it. Usually these are not possible to follow-up on and we are not able to take any action on them.
- If an infant or toddler (birth to 3) has an established condition, *please* refer them to the CDSA!



Eligibility for the Infant Toddler Program falls into 2 categories:

1. **Established Condition or**
2. **Degree of Developmental Delay**
 - a) 2.0 standard deviations in one area or 1.5 standard deviations in 2 areas using standardized instruments or
 - b) 30% in one area or 25% in two or more areas using instruments that yield scores in months

WAIT! ... What about trauma?

We know abuse, neglect and removals are traumatic, even for infants!

Isn't that enough???

5 areas of development:
cognitive
physical (gross/fine)
communication
social-emotional
adaptive



Right now, we don't have CDSA Infant Mental Health clinicians. There are not enough infant mental health providers in the state.

What do we have?

- ✓ Child First (Eastern part of State)
- ✓ NC Infant Mental Health Association (NCIMHA)
- ✓ NC ITP is working on program standards and competencies that adopt and incorporate some of the NCIMHA competencies.
- ✓ CC4C screens for social emotional well-being and for children at risk
- ✓ Smart Start
- ✓ Secretary's vision to incorporate physical and mental health.

CAPTA and Early Intervention

Referrals to the CDSAs fall under “Child Find”. Our federal regulations require: policies and procedures for referrals by “Public agencies and staff in the child welfare system, including child protective service and foster care”.



“Child Find” - obligation at both State and Local levels.



Our *policy* states we should:

- ✓ make information available
- ✓ Coordinate with other public and private agencies to locate, identify and evaluate
- ✓ Determine who is and who is not receiving needed early intervention services
- ✓ Provide services that are evidence-informed to eligible infants/toddlers



What do procedures tell us?

Referral sources - refer children within seven (7) working days of identifying that child may be eligible.

- encouraged to inform parents and when possible get consent so that information beyond basic allowable child find information can be shared.

- if family does not want referral, tell the CDSA.

- written authorization is not required for notification

- Child Find allows sharing of: child's name, DOB, address, telephone number, parent's name and general fact that child may be eligible for the ITP.

- Do not share specific diagnostic information about the child, family situations, sensitive issues and information not relevant to the referral



Please let the
CDSA know if the
referral is CAPTA
or not.

**Please help us by completing referral
forms and not leaving it blank. If the child
is a ward of the state, having a court order
is very helpful.**

<http://www.bearly.nc.gov/data/files/pdf/procs/ReferralProcess.pdf>

CAPTA Amendment (CARA)

- ▶ When an infant is born “substance affected” hospitals will notify DSS.
- ▶ DSS will develop a Plan of Safe Care and refer to CC4C.
- ▶ CC4C will conduct their screening and evaluation and if there is a suspected developmental delay or disability, CC4C will refer to the CDSA.
- ▶ Neonatal Abstinence Syndrome (NAS) is considered an established condition for eligibility, but some CDSAs may require medication therapy in order to accept NAS as an established condition.
- ▶ Complicating this - some hospitals code infants with NAS to observe them for withdrawal; however, this alone does not warrant eligibility as an established condition.

Data from CAPTA Referrals

Referral Closure Reason	DSS Only	Non-DSS Only	All Referrals
DSS vs non-DSS referrals			
Referrals between 7-1-2015 and 6-30-2016 (FFY 15)			
(data taken from monthly BOXI report run 8/14/2017)			
Adoption with SSN Change	0.00%	0.01%	0.01%
Attempts to contact the parent and/or child unsuccessful	19.53%	16.72%	16.95%
Deceased	0.00%	0.06%	0.05%
Does not meet eligibility criteria for ITP	37.11%	16.21%	17.89%
IFSP Developed	22.14%	45.87%	43.97%
Late Referral	0.27%	0.09%	0.11%
Moved out-of-state	0.81%	0.34%	0.38%
Parent declined eligibility determination	15.74%	14.91%	14.97%
Parent declined enrollment although eligible	3.53%	5.02%	4.90%
Transfer to another CDSA	0.87%	0.74%	0.75%
In Process	0.00%	0.02%	0.02%

FFY 2015 Continued

Referral Closure Reason	DSS Only	Non-DSS Only	All Referrals
IFSP Developed	22.14%	45.87%	43.97%
Parent declined enrollment although eligible	3.53%	5.02%	4.90%
Total Found Eligible	25.66%	50.89%	48.87%

Data from CAPTA Referrals

Referral Closure Reason	DSS Only	Non-DSS Only	All Referrals
DSS vs non-DSS referrals			
Referrals between 7-1-2016 and 12-31-2016 (FFY 16)			
(data taken from monthly BOXI report run 8/14/2017)			
Adoption with SSN Change	0.00%	0.01%	0.01%
Attempts to contact the parent and/or child unsuccessful	17.58%	16.16%	16.26%
Deceased	0.00%	0.09%	0.08%
Does not meet eligibility criteria for ITP	38.88%	16.62%	18.26%
IFSP Developed	20.45%	44.48%	42.71%
Late Referral	0.24%	0.09%	0.10%
Moved out-of-state	0.36%	0.33%	0.34%
Parent declined eligibility determination	16.99%	16.48%	16.52%
Parent declined enrollment although eligible	4.31%	4.94%	4.89%
Transfer to another CDSA	1.20%	0.64%	0.68%
No closure reason in HIS	0.00%	0.17%	0.16%

7/1/16-12/31/16

Continued

Referral Closure Reason	DSS Only	Non-DSS Only	All Referrals
IFSP Developed	20.45%	44.48%	42.71%
Parent declined enrollment although eligible	4.31%	4.94%	4.89%
Total Found Eligible	24.76%	49.42%	47.60%

Requests for Information or Records

- ▶ The CDSAs must follow the Family Educational Rights and Privacy Act (FERPA) as our records are “educational records”
- ▶ Federal law supersedes state law (i.e., NC General Statutes “NCGS”). Letters signed by a social worker asking for a child’s ITP records does **not** allow release, absent parent consent, unless:
 - ▶ DSS has legal custody (child adjudicated and in foster care)
 - ▶ Reasonable belief documents are necessary to prevent imminent danger to the child’s health and safety
 - ▶ Court Order is presented
 - ▶ Subpoena is presented
 - ▶ Parent consent if obtained, must specify what documents are permitted to be shared

Questions



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Thank you for your time!

We look forward to collaborating with you to support North Carolina's children and families.

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