Implementation of CAPTA and IDEA 2004 Requirements
Kansas Department of Health and Environment (KDHE) – Part C
Kansas Department for Children and Families (DCF)

The implementation of CAPTA and IDEA 2004 requirements provided an opportunity for KDHE and DCF to enhance the existing child find efforts between these two agencies. In 2004, the two agencies met to begin the process of implementing the requirements of CAPTA with the understanding that IDEA 2004 would add requirements as well. The changes to the law are summarized:

CAPTA and IDEA Laws

CAPTA requires states that receive CAPTA funds develop provisions and procedures for the referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to Early Intervention Services funded under Part C of IDEA. IDEA 2004 requires states participating in Part C to refer for early intervention services any child under the age of 3 who is involved in a substantiated case of child abuse or neglect; or who is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

In 2004, the two agencies developed a referral form for the Kansas Department for Children and Families. Training was provided to regional contacts on the law and use of the form. Since that time referrals have been made to Part C by DCF contacts according to the law.

The two agencies agree that interagency collaboration and cross training are crucial components to the development of new policies. The goal is successful integration of the new requirement into the ongoing work of DCF and tiny-k.

Next Steps:

Strengths
At this time the referral process for Substantiated Case Findings on Children Under the Age of Three are in place. DCF refers to Part C as appropriate.

Some local partnerships have conducted additional work to increase the number of referrals to Part C and decrease the percentage of parents declining the referral to Part C/*tiny-k.*

Challenges
In 2006, DCF state agency staff met with Part C Coordinators.

Part C Coordinators reported a low number of acceptance of referrals by families from DCF personnel to Part C programs.

Part C Coordinators indicated that it was difficult to receive “follow-up information” from DCF about the families.

DCF staff indicated that the referral to Part C is made the same day or within one working day of the case finding decision. It was identified that the social worker sent a copy of the referral to the family with the Notice of Department Finding to inform the parent of a referral made to the Infant-Toddler Program. It was further explained that DCF might not have any further contact with the family at this point. Some families were referred to foster care or family preservation contractors and for other families the Findings letter and the referral marked the end of DCF involvement with the family.

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Solutions

A Part C task force was formed in 2006. The goal of the task force was to create materials that could be shared with DCF partners, Foster care contractors, Family Preservation contractors and families to increase knowledge of the Part C system and increase the number of referrals accepted by families to the Part C system.

The task force intent was to create initial drafts of materials and to share these materials with DCF staff for input and then with stakeholder groups such as the Part C Coordinators and identified SICC contacts.

The initial result is a notebook of materials to be used at various steps in the process and to be used to train incoming staff members in reference to Part C.

As the task force proceeded in its mission, it identified its work as an opportunity to provide information to DCF providers in general about Part C and when to refer outside of the mandated referrals to child abuse and neglect and to address the issue of referrals of substance exposed infants as outlined in IDEA 2004. The notebook reflects this expanded effort.

Suggestions for ongoing collaboration include:

Establishing interagency collaboration with formalized structures such as work groups, which can foster increased understanding of program missions and move the work of designing referral procedures and professional development opportunities forward.

In addition to continued work on the implementation of the new provisions, future professional development would need to focus on ensuring that providers have the appropriate knowledge and skills in order to serve this population of children effectively (e.g., social and emotional assessments, skills in working with families of abused children and understanding interventions for children who have experienced trauma).