Addressing Development in Young Abused & Neglected Children: A Success Story in Mecklenburg County

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Advances in neuroscience, genetics, developmental psychology, and child welfare research demonstrate what those who work with young children have known for some time. The period of life from birth to age 5 sets the stage for lifelong learning, health, and mental health. Infants and young children are not passive learners. From birth, they actively seek out and absorb cues from the environment about what is safe and where to find comfort when it is needed. Infants are amazingly resilient. They can withstand a great deal of discomfort, confusion, and even pain if they have a strong system of support from their parents and other caregivers. At the same time, the notion that young children are not affected by environmental stress, tension, and trauma is a myth. In fact, infant exposure to chronic stress, as well as inconsistent or absent care and attention, is associated with a number of learning, health, and mental health problems later in life. Infants and young children who are abused and neglected are arguably the most fragile of all. They live in a world of hurt and fear, with no way to escape or protect themselves. The good news is early childhood intervention can make a positive difference in their lives if the need is identified and treated early.

This report provides the results of a collaboration between two public agencies in Mecklenburg County – Children's Developmental Services and Youth and Family Services – to address the developmental needs of very young children who have experienced abuse and neglect.

> *Children's Developmental Services (CDS)*, located at Carlton G. Watkins Center in Charlotte, provides support and education to families with children birth to age three when children have known or suspected developmental delays or disorders. The agency's program focus is helping families promote the development of infants and toddlers through an array of supports and services, including developmental assessment, case management, education, and linkage to specialized developmental services. CDS serves only Mecklenburg County. It serves as the County's Children's Developmental Services Agency, a consortium of regional agencies that provide developmental services to children younger than three throughout North Carolina under Part C of the federal Individuals with Disabilities Education Act (IDEA).
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> *Youth and Family Services (YFS)* is a division of the Mecklenburg County Department of Social Services. YFS provides services and information to protect children birth to 18 and promote their well-being. This includes assessing cases identified as meeting statutory definitions of abuse, neglect or dependency; engaging families to alleviate risks to their children's well-being; and providing a safe home for children whose homes present too many risks to their safety. YFS only serves children and families in Mecklenburg County. The agency operates out of four geo-district offices, each located in and serving a quadrant of the County. Their work is authorized under the Child Abuse Prevention and Treatment Act (CAPTA).

Administrators of both programs started meeting in 2008 to discuss how to better address the needs of the youngest children they co-serve. Their efforts were driven by familiarity with

recent developments in neuroscience related to early childhood development; concern about the lack of resources devoted to address the needs of very young children; and concern about the lack of direction in existing policy that was designed to address the needs of young maltreated children. The basis for these concerns are explained in more detail in Appendix A: *The Developmental Needs of Young Abused and Neglected Children in Mecklenburg County: Why It Is Important.*

Note: Throughout this report, the phrase "birth to three" refers to children from birth until their third birthdays. The phrase "three to five" refers to children from their third birthdays until their fifth birthdays. This terminology reflects standard use in the field of early childhood intervention.

A Mecklenburg Plan to Address the Need

Based on their awareness of the emerging science of early childhood development and inadequate resources to address the need, leadership at CDS and YFS began developing a plan to serve young children younger than five. Addressing this problem was complicated by the fact that there were almost no national or state-level evaluations of early childhood-child welfare program collaborations to guide their work. CDS and YFS had to devise an action plan with very little guidance from the scientific literature or from other agencies that carried out this program successfully. Based on informal conversations with early childhood intervention programs across the country and a review of non-peer-reviewed literature, two major service models for carrying out assessment programs for young maltreated children emerged.

Model 1: Rely on child protection workers' judgment to make referrals

If local early childhood and child protection programs are not following through with policy directives to provide assessments, then child protection workers are relying on their own judgment about a child's developmental status. This is a problem when it comes to identifying young children with developmental needs for two reasons. The first reason is that research shows child protection workers' judgment about children's developmental status is somewhat limited (McCrae, Cahalane, & Fusco, 2011; Shannon & Tappan, 2011). This finding should not be interpreted as reflecting poorly on child protection workers. Child protection investigators and even foster care workers have limited time for making systematic observations. These workers are often dealing with competing demands, such as child safety, locating alternative placements, and gathering forensic evidence. Furthermore, the research suggests child protection workers' judgments about child development are not much different than those of pediatricians who correctly identify children with developmental needs at only slightly higher rates when relying on observation alone (Jee et al., 2010; Rydz et al., 2005). Regardless of educational background of the professional involved, the best way to detect developmental concerns is to do a formal assessment.

The second reason child protection workers should not be asked to judge whether young children require developmental assessment is that they do not have the tools available to assist them. This is clearly the case in North Carolina, where the child protection investigator completes the North Carolina Family Assessment of Strengths and Needs (North Carolina

Department of Health and Human Services, 2009). *This assessment asks only one question pertaining to a child's developmental status*. The investigator asks the parents whether they have concerns about any of their children's development. The responses are coded as:

a) Age-appropriate, no problem.....-1
b) Minor problems..... 0
c) One child has severe/chronic problems…....1
d) Child(ren) have severe/chronic problem(s)…3

If the parent being questioned has no concerns, the child protection worker can move on to the next question. Research shows that parents are good at describing their children's skills and behavior, but they do not usually interpret those behaviors as indicating developmental problems.

Model 2: Rely on child protection workers to perform developmental assessments

If structured assessments are better than unstructured observation at detecting developmental problems, is it possible for child protection workers to complete the assessments? There are three reasons this is probably not a good idea. The first is practical. Child protection workers are already responsible for completing a number of different family assessments. Although child protection workers are charged with promoting the child's overall well-being, their first obligation is to ensure the child is safe. Adding developmental assessment to their battery of mandated reporting tools would be time consuming for both worker and family. The second reason is anecdotal. A few states have already given responsibility for completing developmental assessments with children younger than three to child protection workers; however, these programs were unsuccessful. Child protection workers reported that, despite training, they did not feel qualified to perform the assessments. They often had questions about how to interpret items on the measures but had no one to answer them. Due to the number and length of reporting tools they were already required to perform, the developmental assessments were often neglected, usually unintentionally. So far, all states that gave primary responsibility for developmental assessments to child protection workers have halted their plans. The third reason child protection workers are probably not good candidates to complete developmental assessments is related to the second. Children whose developmental assessments are conducted by early childhood interventionists are more than three times as likely to show developmental concerns compared with to those assessed by child protection workers (McCrae, Cahalane, & Fusco, 2011). Developmental assessment of young children takes practice and skill. Professionals without the requisite training are much more likely to under-identify children in need.

The Co-location Model in Mecklenburg County

CDS and YFS decided the best way to proceed would come through maximizing staff contact between their two agencies. They believed this would increase opportunities for workers to work together and learn from each other. They created a co-location service model. YFS has four district offices located in Mecklenburg County; these are called geo-districts. CDS housed two early childhood intervention staff in each of the four YFS geo-district offices. These eight early childhood interventionists from CDS take referrals from their respective YFS geo-district

offices on children birth to five, complete developmental assessments with children, talk to families and foster families about their children's development, and make recommendations for services as needed. (Federal law targets children birth to three for developmental assessments, but CDS targeted children birth to five for this initiative since 1) many Mecklenburg children aged three to five are not in preschool, 2) they receive almost no developmental monitoring, and 3) intervention for children in this age can make a significant difference in their school readiness.) If children are not eligible for services at CDS, the agency refers families to other services such as the More at Four programs or Polliwog, a local program that serves children with developmental, behavioral, and communication needs. These children are also linked to local school systems for special education or other services for which they might be eligible. CDS staff provide their recommendations for the child to the YFS worker assigned to the case. Child protection workers are required to refer a child for developmental assessment if:

- The child has a substantiated case of maltreatment as determined by the child protection investigator.
- The child and family have been designated as "in need of services" as determined by the child protection investigator.
- The child protection investigator, case manager, or other personnel judge the need for an assessment, even if the child does not meet the criteria for "substantiated" and "in need of services."
- The child is younger than five, meaning she has not reached her fifth birthday.

Federal policy mandates that public early childhood intervention programs complete developmental assessments of children who have not reached their third birthdays. *CDS and YFS decided to extend the program to children up to their fifth birthdays*. The developmental needs of children in this age group are easily overlooked by the existing service systems.

Planning for the CDS/YFS collaboration began in April 2010. The directors of CDS and YFS, along with members of their administrative teams, met to discuss ways to implement an assessment program for young children with a substantiated case of abuse or neglect or whose families were designated by YFS as "in need of services." The administrators reached out to ZFive of Mecklenburg County, the Council for Children's Rights, and the Lee Institute for ideas and support. Meetings continued over the next 18 months. In September 2011, the agencies settled on the co-location model for service delivery. CDS placed two staff members in each of the four district offices of YFS. In October 2011, CDS also hired Jennifer Graham as the program supervisor. Mrs. Graham had several years of experience in YFS. In January 2012, CDS workers began attending training sessions for new YFS workers so they could get a better understanding of processes and procedures. The referral program officially began in February 2012. All funding for the CDS/YFS collaboration has come from the CDS budget. YFS provided access, office space, and access to YFS staff.

Evaluation

When the CDS/YFS collaboration began, the agencies reached out to the University of North Carolina at Charlotte to assist with an implementation study. Across the country, program collaborations such as the one proposed between CDS and YFS have been difficult to create and

sustain. The purpose of the program evaluation was to set up a monitoring system of their program so they could be intentional about program decisions. The evaluation tracked a number of program outputs, including: how many children were referred from CDS to YFS; how many of the referred children received assessments; the time between referral and assessment; and the developmental status of children assessed; the number of children found eligible for IDEA Part C early intervention services; and the areas of delay that contributed to their eligibility for services. UNC Charlotte helped to design a tracking and coding system that CDS will be able to use going forward. To our knowledge, this is one of a handful of such evaluations in the country. Consequently, the project has implications for local, state, and national policy makers in child welfare, early childhood education and care, and child mental health.

Study Design

The study was a non-experimental evaluation. Data was collected over the period February 1, 2012, through May 1, 2013. Personal identifiers were removed per a Data Use Agreement between UNC Charlotte and the Carlton Watkins Center. Only personnel from CDS knew the identity of children involved. UNC Charlotte was responsible for cleaning and preparation of all study components.

Number of children referred from YFS to CDS

From February 2012 through May 2013, 853 children aged birth to five were referred from YFS to CDS. Approximately 26% of these children were placed out-of-home, either in foster care or with relatives.

Birth to three referrals

For children birth to three *only*, the number of referrals from YFS to CDS has been tracked by fiscal year (FY) since 2002-03. Figure 1 shows the number of YFS referrals to CDS for children birth to three from FY 2002-03 through the first nine months of FY 2012-13. The number of referrals from YFS for developmental assessment increased steadily after the Child Abuse Prevention and Treatment Act was amended in 2003. In March 2007, however, a widely circulated memo stated that children younger than three who were involved with child protection due to abuse or neglect did not require a developmental assessment unless there was a distinct concern about the child's development. Afterwards, the number of young children YFS referred for developmental assessment at CDS plummeted. The number of referrals stayed low until early childhood interventionists were placed in YFS offices. As shown in Figure 1, the number of referrals has climbed steadily since that time. Referrals more than tripled in FY 2011-12 compared to FY 2010-11. Most of the increase happened between February and June of 2012 after the YFS/CDS collaboration began. The increased in referrals from YFS to CDS continued in FY 2012-13. During the first nine months of FY 2012-13, 339 children were referred from YFS to CDS. The number of referrals in 2012-13 is on track to exceed the number of referrals made in 2006-07 when referrals dropped.

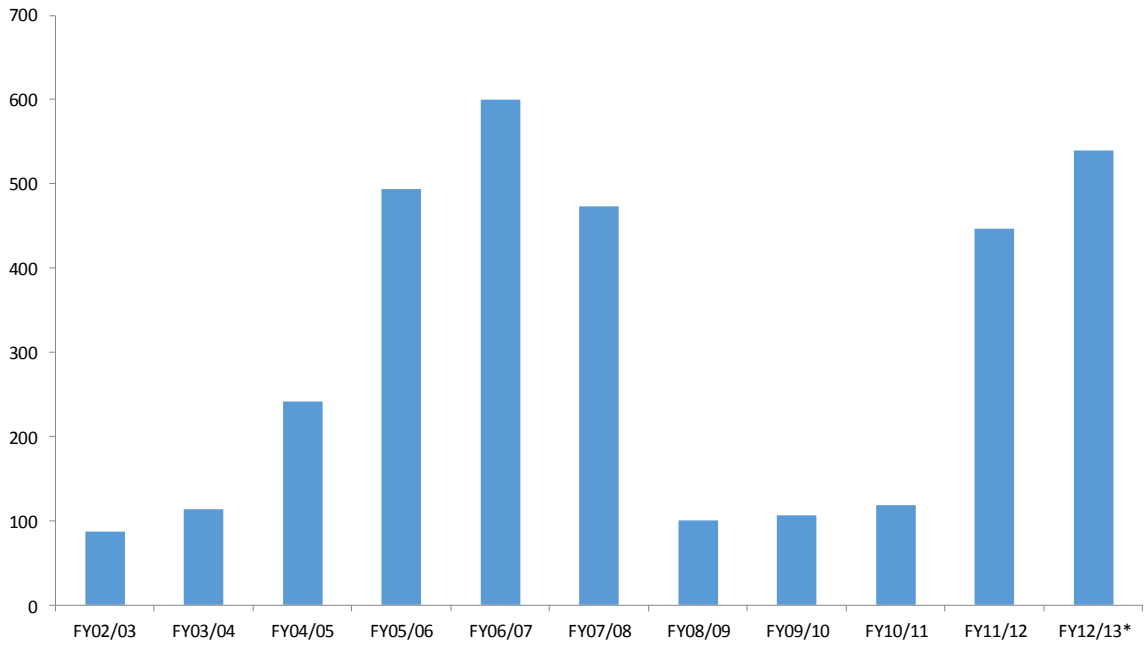

Figure 1. The number of child referrals from YFS to CDS, Birth to Three only
Note: *FY 2012-13 above reflects only 9 months of the fiscal year.

CDS workers were co-located at YFS beginning in February 2012. Figure 2 shows the number of children birth to three referred from YFS to CDS in calendar year 2011 compared to calendar year 2012. Monthly referrals totals in 2012 far exceeded those in 2011, which was before the YFS/CDS collaboration began.

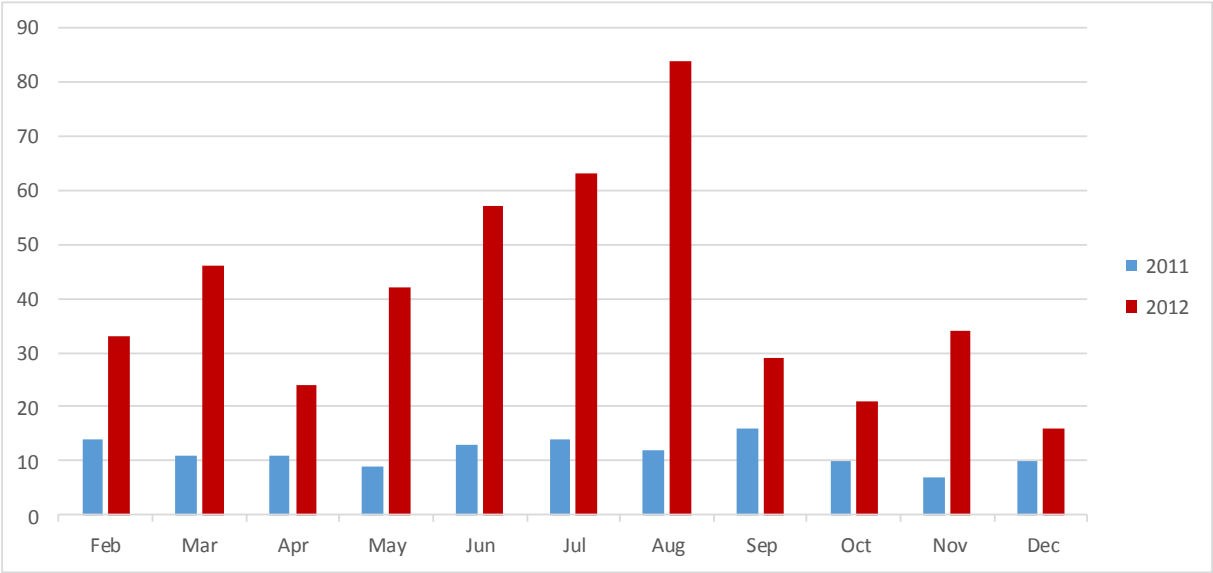

Figure 2. Number of YFS to CDS Referrals in Calendar Months, 2011 and 2012
(birth to three only; does not include children aged three to five)

Three to five referrals

As mentioned previously, CDS decided to offer developmental assessments to children up to their fifth birthdays since children aged three to five often "fall between the cracks" of the educational, health and mental health care systems. Past fiscal year data is not available for children in this age group; that data was not tracked since children in this age group are not covered by federal referral requirements. Between February 2012 and May 2013, 306 children aged three to five were referred by YFS for developmental assessment.

Overall, since February 2012 when the referral program began, the largest age group of children referred for assessment was children from birth until their first birthday at 31.2%. This was followed by children between two and three (20.6%). As shown in Figure 3, the percentage of total referrals for children between one and two, between three and four, and between four and five was essentially even. These numbers largely reflect the ages of children referred to YFS annually.

Figure 3. Percentage of total referrals from YFS by age of child

Number of parents and foster parents who agreed to participate in developmental assessment

Under the Individuals with Disabilities Education Act, services to children with substantiated or suspected developmental delays are voluntary. By law, families, including those involved in the child protection system, cannot be compelled to participate in early childhood assessment or intervention services provided under Part C of the Individuals with Disabilities Education Act. Only a handful of studies have examined whether families of young children referred by child welfare services accept and follow through with developmental assessments. Acceptance rates have ranged from 50% to 67% (Derrington & Lippitt, 2008; Heller School for Social Policy and Management, 2005; Rosenberg & Robinson, 2004). In Mecklenburg County, 78% of families agreed to a referral for child developmental assessment and followed through.

Time between referral and completed assessment

As a program partially funded under the Individuals with Disabilities Education Act, CDS is required to assess children younger than three within 45 days of referral. Nationally, there have been concerns about early childhood programs' ability to comply with this mandate given the increased number of children referred from child protection agencies and difficulty reaching families who are in crisis to schedule appointments (Derrington & Lippitt, 2008). However, CDS met the 45-day federal requirement on 88% of referrals of children birth to three from YFS.

Developmental status of children referred from YFS

The results of child assessments were examined to determine the developmental status of children referred from the child protection system in Mecklenburg County. (A description of the measures used is available as Appendix B.) Children birth to three were assessed in five areas of development: cognition, communication, motor skills, self-help skills, and social-emotional skills. As expected, CDS is finding that a large percentage of children birth to age three referred from YFS have developmental delays that are significant enough to qualify them for early intervention services. Of the children assessed, 38% had delays significant enough to receive services through the program. The state of North Carolina sets eligibility at a 30% delay in one area of development or a 25% delay in two areas of development. Nationally, only about 10% of children meet these criteria (see Stahmer et al., 2012). (Precise estimates for the state of North Carolina are not available.) In other words, consistent with previous research, ***very young children whose child protective services case status is "substantiated case of maltreatment" or "family in need of services" in Mecklenburg County are over three times more likely to experience significant developmental delay compared to children in the population as a whole***.

As shown in Table 1, over half of YFS-referred children who met criteria for services had significant delays in three or more areas of development.

Table 1. Number of areas of delay among children eligible for CDS services

One Area of Delay	1.7%
Two Areas of Delay	42.4%
Three Areas of Delay	29.7%
Four Areas of Delay	18.6%
Five Areas of Delay	7.7%

Figure 4 shows the types of developmental delays experienced by the 38% of children birth to three who qualified for early intervention services through Part C of IDEA. Communication delays were the most frequent type of delay (31%). This was followed by

social-emotional delays (24%), cognitive delays (18%), motor delays (14%), and self-help delays (13%).

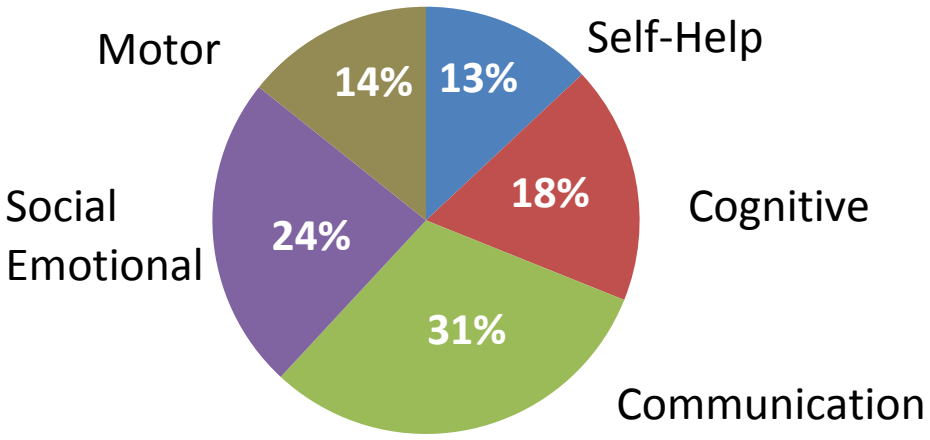

Figure 4. Percentage of types of developmental delays among children birth to three who qualified for early intervention services

Number of eligible children whose families agreed to participate in intervention services

For children birth to three found eligible for services through CDS due to developmental delays, 83% enrolled in the program. Of all eligible children and parents enrolled from February 2012 through May 2013, only 15% had stopped being available for home visits or ended services earlier than recommended.

Staff perspectives

An email request went to YFS workers asking them to comment on the CDS/YFS collaboration, with a promise that their identities would be kept confidential. They were asked to provide general feedback and make suggestions about how the process could work better. Their comments are provided in Appendix C. Two CDS staff contacted the researchers with their comments, and these are included as well.

Comments about the collaboration process are overwhelmingly positive. The referral process is perceived as simple, though some YFS workers would like to see that process become more streamlined. Having CDS workers co-located at YFS is fostering more interaction and collaborative planning between programs. The assessments took place in the family's home, so families did not have to travel to receive them. CDS was persistent in calling families to offer the appointment. Some YFS workers provided examples of how addressing developmental concerns helped parents provide better care for their children, facilitated case closure and, in one case, was deemed lifesaving. Alternately, some YFS workers question the decision to see all young children with a substantiated case of abuse or neglect. These workers would prefer to only refer children with obvious needs or when parents express concerns.

While referrals are being made, there is little sense that YFS is fully utilizing CDS reports and recommendations to inform their work with cases. CDS reports are placed in children's YFS case files and a note is usually placed in the record to refer to the assessment report; however, they are not a regular part of YFS case planning about how to assist the family. CDS workers do not report any consistent means of communicating assessment result with YFS workers and are not a regular part of YFS family case planning. This is unfortunate since one of the major reasons for the assessment program is to help YFS workers make better, developmentally informed decisions about their cases.

Conclusions

A decade ago, federal law changed to reflect emerging science on the importance of early brain development and the damage that early emotional trauma can impose on the child. Since that time, even more empirical data has confirmed the importance of the earliest years of life to lifelong health, mental health, and learning. When young children are abused and neglected, understanding their developmental needs is critical to their present and future well-being. Traditionally, child protection meant keeping children safe from physical harm. Over time, changes to federal children abuse legislation have clarified that child protection means attending to children's overall well-being, not merely keeping them physically safe. If children's developmental needs are addressed early, research suggests that the impact of early trauma can be reversed.

The federal policy requiring states to develop a system for referring young children for developmental assessment seems relatively simple on its face; however, in North Carolina and across the country, the policy is not being well-monitored by state or federal officials. The policy has been interpreted in ways that violate the policy's intent. Some states have implemented their programs poorly. Ten years after its passage, the federal requirement that young abused and neglected children have a developmental assessment is becoming a casebook example of policy failure.

Success in Mecklenburg County

Child-serving agencies in Mecklenburg County refused to accept the status quo. A 2010 report commissioned by ZFive of Mecklenburg found that the County's youngest victims of abuse and neglect did not receive mental health evaluation or treatment under the auspices of the existing public service system. Leadership at the CDS and YFS used the report as a catalyst for action. With assistance from UNC Charlotte, they talked to program coordinators in other states, talked to their respective staff, and consulted the literature. They developed a service delivery model that reflected "lessons learned" from other state and local programs. The primary objective of the YFS/CDS collaboration was to increase the number of children birth to five who received developmental assessments. In that regard, ***the YFS/CDS collaboration has been a success*** as evidenced by the following:

- The referral system for young children between the agencies is working.
- The number of referrals from YFS to CDS has more than tripled.

- Biological parents, family caretakers, and foster parents are accepting referrals for developmental assessment for young children in their care at higher rates than has been reported elsewhere.
- The rates at which Mecklenburg County caretakers follow through with services (when needed) also exceeds acceptance rates in similar programs across the country.

It is especially impressive that County agencies worked together successfully when so many similar efforts have failed.

Accounting for success

Interviews with staff and a review of records suggest four reasons for this success. First, the assessments took place in the family's home, so families did not have to travel to receive them. Second, CDS staff often called families several times to offer the appointment. They did not assume that parents were too busy or disinterested in their services to receive them. Having basic information on the case, CDS staff understand that many families involved with the child welfare system are juggling multiple demands and making themselves available for an additional appointment can be a challenge. They took account of this fact and it paid off in higher success rates. Third, administrators in both programs were committed to the project and invested their time to make it work. Program administrators met several times over the course of 18 months to develop a workable process for referrals and a plan for co-locating staff. In addition, CDS hired a program supervisor who was formerly employed at YFS. Since she was familiar with child protection systems and processes in Mecklenburg County, she helped to anticipate problems and develop solutions that minimized disruptions to YFS workers' routines.

Co-locating CDS and YFS workers appears to be the major reason for the program's success. Working in the same offices, CDS and YFS workers began developing relationships. They were able to better understand each other's work agendas. Informal conversations became an opportunity to appreciate each other's perspectives. CDS staff serve as developmental specialists that YFS workers can rely on to help them make sense of cases and understand children's development; for example, a CDS worker can explain how a parents' harsh disciplinary style is possibly due to frustration with a child's language delay. Conversely, CDS staff can begin to appreciate YFS workers' efforts to navigate conflicting interests and policies in the child protection system. Co-locating specialists from different systems encourages trust, mutual understanding, and cooperation. Consequently, most YFS workers were positive about the developmental assessment program and presented it in a positive light to parents.

This effort took a minimum of two years of planning. One of the biggest challenges over the next few years will involve sustaining the YFS/CDS collaboration through changes in agency leadership and further streamlining the referral process to avoid paperwork duplication.

The need for services

As suspected, very young children whose child protective services case status is "substantiated case of maltreatment" or "family in need of services" in Mecklenburg County are

three times more likely to experience significant developmental delays compared to children in the population as a whole. Many of these children have significant developmental needs in two or more areas of development. When these issues are not addressed, children are at higher risk of later academic and behavioral problems.

Identifying service gaps

For Children Birth to Three: Since the YFS/CDS collaboration began, CDS found that 38% of children birth to three qualified for early intervention services. Inability to qualify for publicly funded early intervention services does not mean a child would not benefit from other types of services. Program eligibility requirements are set at the state level by the Women's and Children's Health section of the Division of Public Health (DPH). Initially, North Carolina served children who were "at risk" for developmental delay. This included a number of children who were involved with the child protection system. Under Part C of the Individuals with Disabilities Education Act, states can serve at risk children as well as those with substantiated delays. North Carolina has not served children who are at risk for since July 2006. Given recent budget cuts to the state's early intervention program by the General Assembly, it is unlikely that North Carolina DPH will expand their eligibility requirements to serve at risk children from birth to three without an intense lobbying effort.

For Children Three to Five: CDS is referring children aged three to five with developmental needs to preschool programs that promote school readiness, such as more at Four and Charlotte Mecklenburg School's Preschool Exceptional Children's Services. CDS is not obligated to serve children over three but chose to do so for those who involved with the child protection system. CDS assessments are suggesting that many children three to five who have experienced maltreatment or whose families are in need of services have a number of developmental needs. The assessments currently being conducted by CDS on these children are by their own admission inadequate and there is a need in the community for more comprehensive evaluation, treatment and family support than is currently available. When appropriate programs are available, referred children often end up on agency waiting lists.

Mental health service to young children is distinguishable from mental health service to older children in two important ways. First, mental health services to younger children are more prevention-oriented than services to older children. Second, almost every empirically-supported mental health program for children younger than five developed so far requires a high level of parent /foster parent involvement (Substance Abuse and Mental Health Services Administration, n.d.). In early childhood mental health, the "identified patient" is the parent and child dyad, not an individual child. MeckLink, the Local Management Entity (LME) for Mecklenburg County Medicaid resources devoted to mental health, is responsible for managing resources for children three to five. MeckLink is, by design, focused on managing resources for older children and adults who need emergent care. Given that MeckLink has had little involvement with the local young child mental health collaborative, it is not clear if MeckLink has staff who understand the prevention-orientation of mental health services to young children and the need for such care. Second, the degree to which MeckLink is familiar with empirically-supported, relationship-focused mental health services for young children is also unclear. Referring young children and their families to providers who have little experience with them or who are unfamiliar with

empirically-supported practices with this age group risks wasting resources on ineffective treatment. At the time of this report, consideration is being given to moving Mecklenburg County's LME responsibilities to a multi-county entity. This will probably create even more obstacles for those who understand the value of targeted mental health prevention and intervention for young children.

The 2010 report also recommended that YFS, CDS, and other stakeholders work together to identify "shovel-ready agencies with the vision, commitment, and capacity to serve very young children and their families." Since that time, ZFive of Mecklenburg County has been instrumental in getting community conversations started about mental health services for very young children. Through the auspices of ZFive, CDS has sponsored monthly meetings with services providers, sponsored a series of monthly meetings centered on clinical case review, organized a series of community trainings involving nationally renowned speakers, and reached out to family court judges and foster parents to include them in the conversation on the needs of young children. All of these efforts have laid the ground work for more community capacity to address the mental health needs of young children, including those who have experienced maltreatment. Despite these efforts, extensive gaps in the service system for young abused and neglected children remain. The remaining gaps are not insurmountable, but filling them will require commitment from Mecklenburg YFS, CDS, children's advocates, local non-profit agencies, private mental health care providers, and parents and foster parents.

Recommendations

1. Advocacy efforts are needed to protect the system CDS and YFS are building.
    a. Consider a coordinated advocacy effort aimed at North Carolina's early intervention program to serve children birth to three who are "at risk" due to having a finding of substantiated maltreatment or family found in need of services by the North Carolina Child Protection System *and/or*
    b. Local North Carolina counties could decide to fund services for children at risk for developmental delays and poor school readiness due to maltreatment.

2. Co-location helped to build relationships between agencies and streamline referral processes; however, YFS and CDS have not yet begun to integrate each other's expertise in ways that can benefit the children they co-serve. Examples of this work include:
    a. CDS helping YFS workers integrate developmental assessment findings into case plans
    b. YFS helping families and foster families understand the relevance of developmental assessment results to the child's daily activities
    c. Increasing CDS presence at YFS case planning meetings
    d. Formal training for YFS staff in early childhood development and how to view their cases through a developmental lens
    e. Continued training for CDS workers in the processes and procedures required by the child protective services system
    f. When possible, CDS and YFS seeing families at the same time or having YFS workers personally introduce CDS workers to families

3. Funding for the CDS/YFS collaborative has come from CDS. With state budget cuts being imposed on CDS programs, it is not clear that CDS will be able to sustain funding for this initiative at 100%. The agencies will need to work together to explore funding streams to support this initiative.

4. CDS should continue to assess the utility of the measures they chose, with special attention to how they translate into specific recommendations for YFS workers, parents, and foster parents of children who are assessed.

5. MeckLink, CDS, YFS, and ZFive should begin a dialogue about the needs of children aged three to five children covered by Medicaid who are referred for mental health services. This should be a coordinated effort that includes opportunities to share best practices for work with young children, educate about empirically-supported treatment models, and local referral resources.

6. YFS referrals for children with identified needs are often made based on past history with providers rather than the needs of the child for a particular type or level of service. There should be a triage mechanism in place to help staff individualize referrals and educate each other about providers.

7. YFS workers should receive information on using the ZFive provider list at www.zfive.org The website has a decision tree to help workers decide on the best referral source to address a particular issue. CDS staff can also assist YFS worker with referral sources.

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Appendix A

The Developmental Needs of Young Abused and Neglected Children in Mecklenburg County: Why It Is Important

1. The earliest years of life lay the foundation for subsequent brain-related behaviors.

The first five years of life lay the foundation for later cognitive, language, and social-emotional skills. It is now well-established that an individual's basic brain structure forms before the age of three (American Academy of Pediatrics, 2012; Fox et al., 2011). Abuse and neglect of very young children is not only a threat to their immediate safety; it also poses major risks to the child's learning skills and emotional coping skills later in childhood (Lieberman & Knorr, 2007; Scheeringa et al., 2005; Shonkoff, Boyce, & McEwen, 2009). Over the past two decades, research in a number of fields, including epidemiology, genetics, and developmental psychology has demonstrated links between highly stressful early childhood experiences and later social, emotional, and cognitive development. The Adverse Childhood Experiences study, the largest investigation ever conducted to assess associations between childhood maltreatment and later-life health and well-being, found maltreatment to be a major risk factor for the leading causes of illness, death, poor educational attainment, and poor quality of life, not only in later childhood but in adulthood as well (Felitti, Anda, Nordenberg, et al., 1998).

There is growing evidence that elevated levels of stress during the earliest years of life can disrupt young children's brain development (National Scientific Council on the Developing Child, 2010). The American Academy of Pediatrics (2012) refers to intense, frequent, or prolonged activation of the body's stress response system in very young children as "toxic stress" because it has an adverse impact on brain development that can lead to permanent unwanted change in the nervous system. Toxic stress usually occurs when adults in a young child's life cannot or do not provide basic protection, comfort, or routine care. Situations frequently associated with toxic stress in infancy include child maltreatment, parent substance abuse, and moderate to severe maternal depression (Center on the Developing Child at Harvard University, 2009).

2. Social and environmental stress has a profound effect on very young children.

Traditionally, research on early environment and brain development relied on correlations between parent reports of stress and poor learning or social skills later in the child's life. Research was unable to explain the specific links, or causes, between these problems. In the past decade, the links between high levels of stress in infancy and later health and mental health outcomes have become better understood with advances in technology that allow neuroscientists to closely monitor brain development. Science now shows that when infants and young children's distress is intense and unresolved, stress hormones flood the brain (DeBellis, Hooper, & Sapia, 2005; Dozier et al., 2006). These hormones (e.g., cortisol, norepinephrine, and adrenaline) are normally protective since they activate natural defenses against danger; however, in high doses they can slow down or alter normal brain cell growth in very young children (National Scientific Council on the Developing Child, 2010; Shonkoff, Boyce, & McEwen,

2009). Areas of the brain that are the most vulnerable to toxic stress are those governing decision-making, working memory, self-control, and mood regulation – all skills that children need to get along with others and learn in school. Toxic stress can also trigger genetic vulnerabilities to health and mental health problems that otherwise might remain dormant (American Academy of Pediatrics, 2012; Bagot & Meaney, 2010; DeBellis, Hooper, & Sapia, 2005).

Because early childhood lays the foundation for lifelong development, the costs of toxic stress are enormous as manifested in higher risk for long-term learning problems, behavioral problems, and health problems (American Academy of Pediatrics, 2012; Heckman & Masterov, 2007; Huth-Bocks et al., 2001; Knudsen et al., 2006). As childhood progresses, the greater the number of negative events the child experiences, the greater the prevalence of depression, illicit drug use, alcohol abuse, smoking, suicide attempts, intimate partner abuse, sexually transmitted disease, unintended pregnancy, risky sexual activity, heart disease, obesity, and chronic obstructive pulmonary disease later in life. (For a comprehensive review, see the National Center for Chronic Disease Prevention and Health Promotion, 2010.)

3. Younger children are among the most likely age group to experience stress and trauma.

Unfortunately, as a group, children younger than five years of age experience an inordinate level of stress-inducing experiences. For example, infants by far account for the highest number of referrals to child protection agencies each year (U.S. Department of Health and Services, 2012; Wulczyn, Barth, Yuan, Jones-Harden, & Landsverk, 2005). One-third of infants who achieve reunification with their birth families later re-enter the child welfare system (Wulczyn et al., 2011). Children younger than five are more likely than older children to be exposed to intimate partner violence in their homes (Fantuzzo & Fusco, 2007; Gjelsvik, Verhoek-Oftedahl, & Pearlman, 2003; Rennison, 2003), including the most severe forms of physical violence (Centers for Disease Control & Prevention, 2012; McDonald et al., 2006). Younger children are also more likely to have mothers with untreated depression or substance abuse problems.

4. Policies that address the developmental needs of young children are poorly implemented.

Federal policy attempted to address the gap in developmental services provided to abused and neglected children through amendments to the Child Abuse Prevention and Treatment Act (CAPTA; 2003) and the Individuals with Disabilities Education Act (IDEA; 2004). Amendments to both laws required each state's lead child welfare and early intervention agency to establish procedures that ensure children birth to 3 years of age with a substantiated case of maltreatment are referred for developmental assessment. Changes to federal child abuse legislation over the past decade have clarified that child protection means attending to children's overall well-being, not just physical safety. Programs funded under Part C of IDEA, the law authorizing services for children birth to three with developmental delays, are responsible for administering developmental assessments. In Mecklenburg County, that role is filled by the Children's Developmental Services Agency at Carlton G. Watkins Center, referred to in this report as CDS. There is little research on this initiative in the scholarly literature. The research that has been completed so far raises at least three concerns about policy implementation.

Concern 1: The requirement that IDEA Part C programs complete developmental assessments with children referred from child protection agencies was an unfunded mandate. States received no additional resources for training, implementation, or evaluation. This is problematic in many ways. For example, there are concerns that early childhood intervention providers do not have adequate training to work with children involved with the child welfare system (Barth et al., 2008). Most service providers funded under IDEA Part C are allied health specialists, for example, speech pathologists, physical therapists, and special education specialists, who usually received no direct pre-service training in work with child protection agencies, foster care programs, or the needs of abused and neglected children (Hemmeter, Santos, & Ostrosky, 2008; Herman-Smith, 2011). Lack of support, pre-service training, and on-the-job training leads to uneven quality of early childhood intervention services (McCrae, Cahalane, & Fusco, 2011).

Concern 2: In states across the country, the policy that all children younger than three with a substantiated case of abuse or neglect receive a developmental assessment has been defined in ways that limit the policy's reach. In North Carolina, an agreement between directors of the state's IDEA Part C early intervention program and child protection program was in place by 2006. State-wide statistics are not available, but at the local level, Mecklenburg CDS saw just over 600 children in fiscal year 2006-07. In March 2007, child protection programs statewide received a widely distributed memorandum clarifying their responsibility to refer children for developmental assessments. The memorandum stated that children younger than three who were involved with child protection due to abuse or neglect did not require a developmental assessment unless there was a distinct concern about the child's development. Child protection workers were advised to use their clinical judgment to determine the need for assessment. After this memorandum, referrals to CDS dropped precipitously, falling from 600 in 2006-07 to about 100 referrals in fiscal year 2008-09. This was essentially a return to referral levels seen before the policy was enacted.

Concern 3: Although the federal policy mandating assessment is in place, there appears to be little interest in monitoring the policy at the federal level and state monitoring is haphazard. Dr. Patrick Shannon (2013) at the University of New Hampshire completed a nationwide survey of IDEA Part C (early childhood intervention) programs. Forty-seven of 50 state coordinators responded. When asked if children involved with child protection services under the age of three were being assessed for development, twenty-six (55%) indicated that most but not all were being assessed, twelve (25%) reported that they did not know, and seven (14%) reported that few were being assessed. In most cases, administrators gave their best estimates, not actual numbers, since actual numbers of assessment with these children are not being maintained in most states. Only 24 IDEA Part C coordinators reported knowing whether their state has a formal interagency agreement between IDEA Part C early intervention programs and child protection agencies regarding who is responsible for developmental assessments. Less than half of program administrators believed that early intervention professionals had adequate training about working with maltreated children or the child protection system.

Local Resources to Address the Need

Within the past decade, studies of Mecklenburg County and North Carolina have examined the service delivery system for young children's mental health. Unfortunately, local resources to address young children's needs appear to be inadequate or disorganized.

ZFive Report on Social-Emotional Needs of Young Maltreated Children

ZFive is a volunteer team of clinicians, researchers, child advocates, program administrators, and parents in Mecklenburg County who are dedicated to improving the social and emotional health of children birth through five years of age. Its mission is to raise awareness, build resources, and enhance the quality of developmental services provided to young children. Leadership at the Carlton Watkins Center in Charlotte formed ZFive in 2007. It now consists of representatives of over 25 public and private agencies who serve young children.

In 2010, ZFive commissioned a report on the social-emotional needs of children birth to age 5 for whom Youth and Family Services had a finding of "substantiated abuse or neglect" or "family in need of services" (ZFive of Mecklenburg County, 2010). The report was completed by Natalie Conner, Ph.D. Among other observations, she reported that in Mecklenburg County:

- Young child victims of abuse and neglect do not receive mental health evaluation or treatment under the auspices of the existing public service system.
- Children's comprehensive assessments across entities lack uniformity in protocol and instrumentation, and give scant attention to mental health functioning.

Dr. Conner recommended that child-serving agencies introduce reliable and valid instruments to assess risk, mental health needs, and progress, and work together to identify "shovel-ready agencies with the vision, commitment, and capacity" to serve this population (ZFive of Mecklenburg County, 2010, p. 6).

Council for Children's Rights Community Needs Assessment

In 2011, the Council for Children's Rights in Charlotte issued a report on the needs of Mecklenburg County's children. The Council reviewed the scientific literature and interviewed local community leaders and families. They identified school readiness as a priority for Mecklenburg County's children (Council for Children's Rights, 2011). Mental health services were identified as a major component of their school readiness program, in part because of the number of children who arrive at Kindergarten who have social or behavioral problems. Abused and neglected children were not a focus of their work; however, CCR expressed concerns about the absence of a comprehensive mental health services system for young children and their families that would identify children with problems early.

North Carolina Institute of Medicine

In 2009, at the request of the North Carolina General Assembly, the North Carolina Institute of Medicine (NCIOM) convened a task force to study the adequacy of systems serving the mental health, social, and emotional needs of young children and their families. The task force systematically evaluated the needs, gaps, strengths, and resources of public and private systems that provide prevention, promotion, and treatment for young children's mental health and social-emotional well-being across the state of North Carolina (NCIOM, 2012). In their report, the NCIOM task force also raised concerns about the lack of a comprehensive mental health service system for young children and their families across the state.

Based on their knowledge or research, policy, and the problems with local resources, administrators at CDS and YFS to begin planning local efforts to serve young children in the child welfare system.

Appendix B

Description of Developmental Measures

Ages and Stages Questionnaire (ASQ-3)

The ASQ-3 (Squires & Bricker, 2009) is a developmental measure that is used with children from one month of age to 66 months of age. There is a 1-2 page form that corresponds to the child's age. The measure is completed by parent report, though some items can be directly administered if the parent does know if a child has a skill assessed by the measure. Most parents complete the measure in 15-20 minutes.

Ages and Stages Questionnaire: Social Emotional (ASQ:SE)

The ASQ: SE (Squires, Bricker, & Twombly, 2003) is used to assess for social and emotional problems in young children. Like its companion tool, the ASQ, it is completed by parent report. Most parents complete the measure in 15-20 minutes.

The Developmental Assessment of Young Children (DAY-C)

The DAY-C (Voress & Maddox, 2012) is a norm-referenced measure that is administered to for children birth to age three by a trained assessor. The DAY-C measures five areas: cognition, communication, social-emotional skills, physical development, and adaptive behaviors. The entire measure typically takes 20-30 minutes to complete with the child.

Devereux Early Childhood Assessment (DECA)

The DECA (LeBuffe & Naglieri, 1999) is a social-emotional measure designed to help determine whether a child could benefit from mental health intervention. Parents complete this measure, which is typically completed in 15 minutes. There are three versions of the DECA - one for infants, one for toddlers, and one for preschoolers.

Appendix C

Responses from YFS and CDS Staff about the Project

YFS Investigations: "I didn't think any children were falling through the cracks in the past before all children began being referred. One suggestion that comes from experiences I have had several times is that the recommendation for parent-child interactive therapy is challenging with kids in custody. It is challenging because the issues that need to be addressed by the provider are not captured well during visitation sessions. These issues aren't addressed until reunification, so the recommendation for parent-child interactive therapy with infrequent visitation is too premature."

YFS Investigations (with previous experience in Foster Care): "I made a referral for triplets who were between 3 and 4 months old. They had been physically abused. When I made the referral it was given to the CDS staff who were placed at YFS. CDS determined that the male was not eligible for services, but the two females were. CDS arranged for therapy that took place at the daycare. This was very helpful for the mother who had just obtained a new job. The flexibility of the therapist was very important. A log was even set up for the mother, so she could see when the therapist saw her children at the daycare and so she could meet with the therapist. The therapist also provided suggestions to the mother for activities to do with the children outside of therapy. The suggestions were very helpful. Custody was eventually returned to the mother. Overall the services provided to the mother through the CDS were helpful, and the mother thought her opinion was important to the therapist."

"I had another case where the mother was not excited about having an assessment completed for her daughter because she thought her daughter was on target for development, so it took a lot to get her to complete the assessment."

"The process has worked well, especially when the YFS worker can attend with the CDS worker. When the CDS workers work at YFS they keep the YFS worker informed."

YFS Investigations: "The referral process works fine and is easy to use. It is beneficial to families if they think their child has developmental delays to have their child assessed."

YFS Investigations: "The referral process is pretty straight forward. It would be helpful if CDS staff could access our (database) so they could look at the family's previous history. It works well to have CDS staff at YFS to create personal relationships rather than just talk over the phone. This way CDS staff are able to give more information about what is needed in referrals."

YFS Investigations: "A few years ago all children were being referred and people became overwhelmed so it stopped. Now we are doing something similar. It works well, especially if the child is assessed and found eligible. It is also beneficial that the family has a choice if they want to accept services. The services can definitely be a benefit, but I don't know how many children referred are receiving services."

YFS Investigations: "I haven't had any issues with the referral process. I think it works well. I do think having to list the strengths and needs and write out examples can be time consuming. When I have made referrals I always get a quick response back from CDS, so then I can staff the case with the CDS staff and talk about it with the CDS staff. They are always flexible with their time. I have been able to attend one CDS assessment, and it seemed very helpful for the family."

YFS Investigations Supervisor: "I think the process workers really well because we have some CDSA staff at our location. We can staff the case with CDSA staff before the assessment. We can also staff cases with CDSA staff even if YFS is going to close the case but we still have concerns. I think overall the process is going really well."

YFS Investigations: "I had a family who had a 2 year old and a 1 year old. The 1 year old was developing very well. The 2 year old girl was less than 5% for health and weight and was very underdeveloped. The mother said she was born that way. The referral to the Watkins Center was made, and it was determined that the mother had never bonded with her 2 year old daughter. It was determined that the 2 year old had been severely neglected. I think the child would probably have died without the intervention. The referral to the (CDS) and the services provided saved the child's life. The child received feeding therapy, speech therapy, physical therapy, and occupational therapy."

YFS Investigations: "I don't think every substantiated case should require a referral to be sent over. I think that some parents don't want the services, so instead the worker should explain the services and if the worker sees a need and the parent wants services then a referral should be made. I think referring every substantiated case is a waste of time."

YFS Investigations: "I think the referral process benefits families when the family has a concern about their child's development. I do not think it is beneficial when the family has no concerns. I think the referral form asks too many repetitive questions. The form could be shortened to highlight what is most important."

YFS Permanency Planning: "I didn't think any children were falling through the cracks in the past before all children began being referred. One suggestion that comes from experiences I have had several times is that the recommendation for parent-child interactive therapy is challenging with kids in custody. It is challenging because the issues that need to be addressed by the provider are not captured well during visitation sessions. These issues aren't addressed until reunification, so the recommendation for parent-child interactive therapy with infrequent visitation is too premature."

CDS: "We have been getting better information on referral forms, that include some of the concerning behaviors, than we did when the collaboration first began. The process is still challenging because we are still not getting referral forms completely filled out. The relationships that have been formed between agency staff are strong. If a YFS worker has concerns about a child they know to go to the service coordinator and talk about it. The YFS workers do a good job letting families know about the referral which helps Watkins staff engage the family."

CDS: “I think the process is going really well. We are seeing a lot more children than we would have in the past because all children are being referred. We are being able to find a lot more children eligible and families are enrolling in services. The relationships we have built with YFS staff continue to strengthen, and I think co-location has been the key to success. I think continuing to have training for YFS staff about social-emotional development of children would be beneficial.”