Young Children with Disabilities and Child Maltreatment: Florida Early Steps Study

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Young Children with Disabilities & Child Maltreatment: Florida Early Steps Study

Learning Objectives:
The participant will:
Understand the relationship between child abuse and developmental delay
Be able to discuss the Florida Early Steps study and its relevance to understanding the link between child abuse and developmental delay
Be able to discuss policy implications for programs to meet federal CAPTA and IDEA requirements
Be able to discuss Florida’s approach to meeting these requirements.
Young Children with Disabilities & Child Maltreatment: Florida Early Steps Study

Presentation Outline:

Background
Study purpose
Study parameters
Results and Implications
Impact on Services
Training for CPTs and CPIs
Q & A
Young Children with Disabilities & Child Maltreatment: Florida Early Steps Study

Why did Florida undertake a study?

Recent Changes in 2 pieces of Federal Legislation

Need to develop mechanisms to meet new mandates

Find out where Florida was and where we needed to go
And How to get there!
What is CAPTA?
The Child Abuse and Prevention Treatment Act

Originally enacted in 1974

Provides federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities.

2003 amendments:
requires the infants and toddlers who are substantiated for child maltreatment be referred to early intervention services funded under Part C of IDEA (Individuals with Disabilities Education Act)
CAPTA Language

Specifies that a child under age three with a substantiated case of abuse or neglect must have access to early intervention under the Individuals with Disabilities Education (IDEA), Part C.
IDEA

The Individuals with Disabilities Education Act (IDEA) is a United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.
Part C

Part C of the IDEA requires that infants and toddlers with disabilities receive early intervention services from birth through age 3.

In Florida Part C services are administered by the Early Steps Program which is under Children’s Medical Services, Division of Network and Related Services.
Part C Amendments

The Individuals with Disabilities Education Act
Amended to require all Part C programs to accept referrals of infants and toddlers substantiated for maltreatment or affected by illegal substance abuse or withdrawal symptoms from prenatal drug exposure for the purpose of determining eligibility for Part C services.
**Umbrella Program**

Serves infants and toddlers from birth until age 3 who have an established condition or developmental delay or are at risk for delay.

- IDEA, Part C - Infants & Toddlers Program
- Ch. 391, Part III, FS - Developmental Evaluation and Intervention
- Ch. 393, FS - Developmental Services 0-3
Florida’s Early Steps Service Areas

- Western Panhandle
- Big Bend
- North Central
- Northeastern
- North beaches
- West Central
- Bay Area
- Central Florida
- Space Coast
- Gulf Central
- Treasure Coast
- Southwest Florida
- Gold Coast
- North Dade
- Southernmost Coast
early steps

Eligibility

Children age birth to 36 months

An **Established Condition** high probability of a disability or developmental delay.

Needs physician confirmation of diagnosis of:
- Genetic / metabolic disorder
- Neurological disorders
- Severe attachment disorder
- Significant sensory impairments
- Autism Spectrum Disorder

**Developmental Delay** must be at least 1.5 SD from the mean or 25% in months.

Amount of delay and eligibility determined by multidisciplinary team, based on:
- Standardized tool
- Informed Clinical opinion
- Collateral information
- Parent Report
Early Steps Evaluators and/or Service Providers Include:

- Physical Therapists
- Occupational Therapists
- Speech Therapists
- Infant Toddler Developmental Specialists
- Hearing Specialists
- Vision Specialists
- Nutritionists
- Nurses
- Behavior Specialists
- Marriage & Family Counselors
- Audiologists
- Psychologists
Early Steps Service Delivery

Early Steps services are provided in everyday routines, activities and places – to improve functionality during play, eating, diapering, etc.

Services are primarily provided by one person who is supported as needed by periodic consultation with the others on the IFSP team.
What are Child Protection Teams?

A medically directed, multidisciplinary, community-based program based on the idea that child abuse and neglect involves complex issues and requires the expertise of many professionals to protect children.
Administered through Children’s Medical Services, Fl. Department of Health.

Community-based service providers.

Supplement the child protective investigation efforts of the Department of Children & Families.
CPT Team Staff:
Medical Director
Team Coordinator
Medical Providers
Case Coordinators
Psychologist
Attorney
Mandatory Referral Criteria:

Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age

Bruises on a child five years of age or younger

Sexual abuse of a child

Reported malnutrition or failure of a child to thrive

Reported medical neglect of a child
Services:
Medical Evaluations
Forensic & Specialized Clinical Interviews
Psychosocial Assessments
Psychological Evaluations
Multidisciplinary Staffings
Case Service Coordination
Expert Court Testimony
Consultation and Training
Problem

➢ What would be the impact of implementing the CAPTA and IDEA requirements for developmental screening and referral?

➢ Can we estimate the increase in referrals?

➢ Can we estimate the increase in workload?

➢ Who is currently being referred/served?
Who is Now Served?

SFY 2007-08

• Child Protection Teams served 6,387 children under the age of 3
  – Of these 2,427 had indications of maltreatment

• How many of these children will need to be referred?

• Were there other risk factors to look at?

• How many were already being served by Early Steps?
Maltreated Children in the Early Steps Population: Proportions and Risk Factors

Study conducted by the Maternal Child Health and Education Research and Data Center, University of Florida for the Prevention Unit, Children’s Medical Services, Florida Department of Health

December 2006
Florida Early Steps Study

Purpose and Focus of Study

- To identify the portion of the population of infants & toddlers (under age three) who have been served by Early Steps and who had a verified or indicated report of maltreatment.

- To identify common and differential characteristics of the child/family who was involved with both Early Steps and Department of Children and Families and those who were not.
Inter and Intra-Agency Collaboration

Department of Health
  Child Protection Teams
  Early Steps
  Birth/Death Certificates

Department of Child & Families
  Home Safe Net System (Child Abuse records)

Agency for Health Care Administration
  Medicaid
Data sources

Four statewide data sets merged to create analyzable data set:

- Live birth and death files, 1996-2001
- Early Steps (ES) program participation
- Department of Children and Families’ infant and toddler maltreatment records, 1996 to 2001
- Medicaid eligibility files
Florida Early Steps – Child Abuse Prevention Study

Populations

Birth certificates  1,374,804
Medicaid rolls      632,506
Served by Early Steps  85,771
DCF child abuse pop.  56,367
Methods

Subjects:
All children born in Florida 1996 -2001
Six birth cohorts divided into three mutually exclusive groups:

- Part C
- Not Part C Eligible
- Not in ES

These 3 groups then stratified by three age groupings: Less than 1 (birth to 12 months)
  1 to 2 (13 to 24 months)
  2 to 3 (25 to 36 months)
Methods

Four study questions:

o Are children in ES experiencing higher rates of maltreatment than children not in ES?

o Are maltreatment rates different for Part C and Not Part C Eligible children?

o How do Verified and Indicated maltreatment rates vary by age?

o Within the ES population, what risk factors were associated with different rates of maltreatment?
A maltreatment case in Florida is classified into one of two categories: “Indicated” or “Verified.”

“Indicated”: an investigation determined that a preponderance of the credible evidence resulted in a determination that the specific injury, harm or threatened harm was the result of abuse or neglect.

“Verified”: a maltreatment report that is supported by credible evidence offering reasonable grounds for being believed.

Study investigated three types of verified and indicated child maltreatment for children who were and were not Early Steps participants.
Results – Q1
Are children in ES experiencing higher rates of maltreatment than children not in ES?

<table>
<thead>
<tr>
<th>Early Steps (Part C and Not in Part C)</th>
<th>Not in Early Steps (General Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births</td>
<td>Number Maltreated</td>
</tr>
<tr>
<td>62,551</td>
<td>6,306</td>
</tr>
</tbody>
</table>

Children in ES account for about 6% of the birth to three population.
Results-Q2

Are maltreatment rates different for Part C and Not Part C Eligible children?

Percent Maltreatment: Part C vs. Not Part C

Florida Early Steps – Child Abuse Prevention Study
Percent of Children With Verified or Indicated Report of Maltreatment

Florida Early Steps – Child Abuse Prevention Study (2006)
Results-Q3

How do Verified and Indicated maltreatment rates vary by age?

Percent Children with Verified Maltreatment in 3 Age Groups: ES vs. Not in ES

Florida Early Steps – Child Abuse Prevention Study (2006)
Within the ES population, what risk factors were associated with different rates of maltreatment?
Discussion-Take Home Points

- Children from birth to three who were in Early Steps were maltreated at a rate 3-4 times higher than children not in Early Steps.

- Within Early Steps, the two groups (Part C and Not Part C Eligible) had similar rates of Verified and Indicated maltreatment.
Discussion-Take Home Points

Socio-demographic factors associated with rates of maltreatment greater than 15% higher in Early Steps population compared to Not in Early Steps population:

- Mother’s Medicaid status: Medically Needy/Medicaid SSI
- Mother’s age less than 20 years
- Mother’s education less than high school
- Mother’s race African-American or Native American
- Mother smoked or drank during pregnancy
- Mother had two or more previous pregnancies
- Mother did not receive adequate prenatal care
- Father’s information missing on birth certificate
Florida Early Steps –
Child Abuse Prevention Study

Discussion-Take Home Points

• Children less than one year of age had Verified and Indicated maltreatment rates three times higher than children in their second and third year of life

• This elevated rate for infants was true whether the child was in ES or not
Summary of Major Conclusions/Findings

☼ Infants & toddlers in the Early Steps data base are **2-4 times more likely** to have a verified or indicated report of child abuse than other infants and toddlers.

☼ Approx. 20% of children served by ES were abused at least once in infancy to toddlerhood

☼ 41% of maltreatment (Birth to 3) occurs in infancy

☼ ES participation is 7.3% of the birth population yet represents 15.2% of the maltreatment population
Summary of Findings

- As age increases, the rate of maltreatment decreases.
- Other factors, beside the child’s participation in ES, increase the likelihood that a young child will be maltreated:
  - Single mothers have a 2-4X greater risk for abuse.
  - Mothers with less than 12th grade education have a 4X greater risk for abuse.
  - Mothers under 20 years of age had highest incidence of reported abuse.
Policy Implications of Findings

❖ need to strengthen intervention referrals between child protective services providers and Early Steps/intervention services to enhance long-term outcomes.

❖ recognize the symbiotic relationship between risk for maltreatment and risk for developmental delays
  ❖ at risk for maltreatment exists whether developmental delays are identified or not and
  ❖ Risk for developmental delay exists where maltreatment is substantiated or not.
Policy Implications of Findings

- Ten factors have been associated with increased risk for infant/toddler maltreatment.

**Mothers:**
- With low incomes
- Give birth too early or late
- Less than HS education
- Without a permanent, positive partner
- Smoke during pregnancy

**Mothers:**
- Drink alcohol during pregnancy
- Do not have adequate prenatal care
- Have short inter-pregnancy intervals
- Have health problems

**Newborns:**
- Have health problems at birth
Policy Implications of Findings

When/How to identify at risk infants/toddlers?

How can program linkages be enhanced?

What prevention strategies can be implemented?
Where do we go from here?

Evidence confirms that Florida infants and toddlers with developmental delay or disability experience higher rates of maltreatment that their non-disabled counterparts.

These findings have implications for provision of service to Part C families and for training of personnel working with this vulnerable population.
How Will Florida Comply with Federal Referral Requirements?

Interagency and Intradepartmental Agreements

Staff training in:

– child development
– developmental screening tools
– referral process

Agreements with local ES office
Local Early Steps Agreements

Between local CPT and ES office

Defines details of the referral process

Defines responsibilities of the local CPT and ES
EARLY STEP REFERRAL FORM

WHEN MAKING A REFERRAL TO LOCAL ES PROGRAM PROVIDE A COPY OF THE ES CHECKLIST AND THE REFERRAL FORM

Referring Agency: ________________________________

Reason for referral:

Date of referral:_________________________________

CPT Staff/Phone Number __________________________

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[Logo]
Training for CPTs and CPIs

Training Advisory Committee:

representatives from

CMS Headquarters
Child Protection Teams
Early Steps
Dept. of Children & Families
Child Developmental Screening Training Series

Module 1 – Child Development & Risk for Abused and Neglected Children

Module 2 – Collaboration between CPT and Early Steps for Developmental Screening
Module 3 – Screening & the Ages and Stages Tool

Module 4 – Ages and Stages – Social Emotional Tool

Module 5 – Psychological & Social Needs of Drug Endangered Children
Child Developmental Screening Training Series

Distribution and Training Methods

Live Module Presentations

Taped → Converted to DVDs

Posted on CPT and DCF websites
CAPTA Compliance
Child Developmental Screening

Implementation Time Frames

Training Professional Staff (CPTs, CPIs)  April/June 2009
Modification of CPTIS  June 2009
Implement Use of Early Steps Developmental Checklist  July 2009
Impact Evaluation (initial)  late Spring 2010
For further information or questions, please contact Janet Evans, Director, Prevention Unit, Division of Prevention & Intervention at janet_evans@doh.state.fl.us or 850-245-4246.

Thank you for your participation.