Early Intervention Referral Process for Children Involved with DCYF

Rhode Island Department of Children, Youth and Families
Policy: 700.0230
Effective Date: December 29, 2006 Version: 1

The Rhode Island Department of Children, Youth and Families (DCYF) refers all children under the age of three (3) who are victims in an indicated case of child abuse or neglect and have a single established condition for a disability to Early Intervention (EI) services. This referral process is in compliance with the federal Child Abuse Prevention and Treatment Act (CAPTA) (PL 108-36), and has been developed in collaboration with the Department of Human Services (DHS), the Department of Health (DOH), the Early Intervention (EI) provider agencies and the Family Outreach Program (FOP) visiting nurse agencies.

This mandate ensures that children under the age of three (3) years old who are victims in an indicated case of child abuse or neglect are given an appropriate developmental evaluation to determine their eligibility for referral to EI services or to other appropriate community based, child development and family support programs. EI is a program that promotes the growth and development of infants and toddlers with developmental challenges. EI services provide critical support for families and children and assists with preparation for a child's educational development through transition planning and activities beginning at twenty eight (28) months of age.

DCYF Child Protective Services staff initiate the referral process to EI services or to a FOP as part of the investigation process for indicated abuse and/or neglect cases involving children under the age of three (3). Ongoing EI or FOP services are monitored through Family Service Units (FSU) subsequent to the CPS investigation.

Related Procedures

Early Intervention Referral Process for Children Involved with DCYF

Related Policies

Complaints and Hearings

Confidentiality

Drug Usage During Pregnancy

Education Surrogate Parent Referral

Policy Family Assessment

Removal of Child from

Home Service Plan

Early Intervention Referral Process for Children Involved with DCYF

Procedure from Policy: 700.0230: Early Intervention Referral Process for Children Involved with DCYF

A. DCYF refers all children under the age of three (3) who are victims in an indicated case of child abuse or neglect and have a single established condition for a disability to Early Intervention (EI) services.

1. If a child does not have a single established condition for a disability and does not initially qualify for EI services, a referral to the Family Outreach Program (FOP) is completed and a developmental evaluation is conducted on the child, with the family's involvement through the FOP. After completion of the developmental evaluation, a determination is made by the FOP whether a referral to EI services is appropriate.
2. In accordance with federal law, Individuals with Disabilities Education Act (IDEA) Part C for Early Intervention services, a parent may accept or decline EI services and may decline such services after first accepting them.
    a. For children with legal status, should a parent decline EI services, DCYF may incorporate EI services into the child's Service Plan if it is determined that these services are in the child's best interest.
        i. The appropriate administrator signs the Developmental Screen/Evaluation Referral Information Form, DCYF #175, initiating the referral to EI.
        ii. The Service Plan is submitted to Family Court and EI services are Court ordered for the child.
        iii. The EI program provides services to the identified child and works with the parent, foster family and/or EI surrogate parent in coordination with DCYF to implement the Individualized Family Service Plan (IFSP) as required for EI services.
    b. For children with no legal status, should a parent decline EI services, primary service worker and supervisor review the family status, and if necessary consult with DCYF legal.
3. DCYF may refer inactive children and children under the age of three (3) who are not victims in an abuse or neglect investigation to EI or FOP services if it is determined that these services are in the child's best interest.

B. Child Protective Services Investigative Staff

1. Child Protective Investigator (CPI) reviews with the family the Developmental Screen/Evaluation Referral Information Form (DCYF #175) as part of the investigation process for any family with a child under the age of three (3) who is found to have been abused and/or neglected (refer to RICHIST Window Help: Early Intervention Referral Form Window).
2. CPI requests the signature of a parent or guardian on the DCYF #175 providing consent to begin the referral process. The original DCYF #175 is filed in the family record and forwarded to the Intake division as part of the investigation report. Parental consent to begin the referral process is entered in RICHIST (refer to RICHIST Window Help: The Early Intervention Consent Window).
    a. Should a parent or guardian decline EI services or referral to a FOP for eligibility determination, the unsigned DCYF #175 is placed in the record and the decision of the parent or guardian to decline the referral process is entered in RICHIST.

b. ~~In situations where the parent is absent and the child is in the care of a relative who is not a legal guardian, an appropriate DCYF administrator provides consent on the DCYF #175.~~

c. In situations where the victim is a child under the age of three (3) involved in an institutional abuse case, CPI seeks referral authorization from the parent or guardian and enters a Case Activity Note (CAN) in the investigation stating that the victims family was advised of EI/FOP services and forwards the referral as appropriate, keeping a copy of the authorization form in the investigation record.

d. A consent record is created in RICHIST for each victim under the age of three (3) in a case prior to sending the investigation for approval (refer to RICHIST Window Help: The Participant Tab on the Investigation Window).

3. In circumstances in which newborns test positive for exposure to alcohol or other toxic substances, the attending physician at the birthing hospital places the baby on a 72-hour hold and initiates a referral to the FOP.

a. CPI reviews with the family the requirement for a referral to be completed, requests the signature of a parent or guardian on the DCYF
#175 and documents the decision to accept or decline services in RICHIST.

b. FOP follows up with the parent or guardian of the newborn within 24 to 48 hours to assess the needs of the family and screen for eligibility to EI services.

c. If the family is involved with an EI or FOP program at the time of the 72- hour hold, CPI obtains a signed Authorization to Obtain or Release Confidential Information (DCYF #007) (refer to Policy 100.0000, Confidentiality).

d. In circumstances in which a mother is alleged to or is known to have used drugs and/or alcohol during pregnancy, refer to Policy 500.0125
Drug Usage During Pregnancy.

4. In circumstances requiring a medical examination of a child, the parent or guardian and CPI take the child to a physician/nurse practitioner or hospital emergency room. Medical examinations are performed within 24 hours of the investigation (refer to Policy: 500.0075, Removal of Child from Home).

a. Children under the age of three (3) who are examined by a physician/nurse practitioner at the Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic for medical evaluation to determine evidence of abuse and/or neglect will also be screened for evidence of a developmental delay or disability.

b. Children under the age of three (3) who are examined by their primary care physicians or other physician/nurse practitioner for medical evaluation to determine evidence of abuse and/or neglect, not affiliated with the PANDA Clinic, may not be screened for evidence of a developmental delay.

c. A Physician's Report of Examination (PRE) documents if there is evidence of abuse and neglect.

i. If PRE indicates evidence of abuse and/or neglect and a child has a developmental delay, DCYF intake worker initiates a referral to EI services.

ii. If PRE indicates evidence of abuse and/or neglect and the medical examination suggests developmental delay but is not conclusive, DCYF intake worker initiates a referral to the FOP for
a follow-up evaluation to determine eligibility to EI services; and, if appropriate, a referral is then made to an EI provider by primary service worker.

iii. ~~If the PRE indicates evidence of abuse and/or neglect and the medical examination suggests no developmental delay, DCYF intake worker initiates a referral to FOP for appropriate family~~

assessment, service referral recommendations and coordination with the family.

C. Child Protective Intake Staff

1. Upon receiving a completed or pending investigation from the CPI with a child under the age of three (3) who is identified as a victim in an indicated case of abuse or neglect, Intake staff check interdepartmental databases with DHS and/or DOH to determine the family's EI status.
2. Intake worker sends the completed DCYF #175 to the appropriate EI provider or to the FOP nearest to the family's home, once the service being requested is identified, either by fax or postal service and follows up with a telephone contact to the provider.
   a. Referral information includes at minimum the child's demographic information, referral determination and referral source's contact information.
   b. For investigations with the child remaining home:
      i. The family is assigned to an Intake Unit if the family is not active with FSU.
      ii. If the family is active with FSU, Intake transfers the family to FSU.
   c. For investigations with the child entering substitute care:
      i. Intake assigns the family to FSU with notification of the status of the referral process.
      ii. Intake worker refers child with a completed DCYF #175 to either FIP or EI services. Intake worker attempts to gather consent from parents and documents efforts if attempts were unsuccessful, FSU must follow up with the family to attempt to gain consent.
   d. Children placed in substitute care receive medical and behavioral health care through the Neighborhood Health Plan of Rhode Island, a RIte Care Medicaid managed care health plan. Once a child's placement is entered into RICHIST, a benefit application is sent to NHPRI through interdepartmental databases.
      i. DCYF's Management and Budget Unit workers ensure that children placed in substitute care are enrolled in Medicaid managed care services. Coverage generally begins within 7 to 10 days but no later than 30 days after the placement information is entered in RICHIST.
      ii. If the child is in an unpaid placement as recorded in the Living Arrangement Icon of RICHIST, Intake/FSU worker contacts the Management and Budget Unit to ensure medical coverage is initiated.

D. Family Service Units (FSU) and Child Protective Intake Staff

1. Once receiving assignment to a new family or when receiving notification from Intake regarding an indicated investigation on an active family with a child under the age of three (3), who is identified as a victim in an indicated case of abuse or neglect, primary service worker reviews the Community Based Service Icon in RICHIST to determine EI or FOP referral status (refer to RICHIST Window Help: Early Intervention Type Services Window).
   a. If a referral has been made to an EI program an evaluation is performed by the EI provider to determine eligibility for services and, if accepted, EI provider develops the Individualized Family Service Plan (IFSP) as required for EI services.

i. ~~EI providers are required to complete a full assessment and convene a multidisciplinary meeting to develop the initial IFSP within forty-five (45) days of receiving a completed referral.~~

ii. ~~DCYF primary service worker participates in collaboration with EI provider in the development of the IFSP and attends meetings, if available.~~

iii. ~~The IFSP informs and supports DCYF's ongoing comprehensive family assessment and service planning process with families (refer to Policy: 700.0075, Family Assessment and Policy: 700.0025, Service Plan).~~

b. ~~If a family has been referred to an FOP, a Level I or Level II evaluation for the child is completed with the family's involvement, and a determination is made regarding the child's eligibility for EI services.~~

i. ~~FOP attempts contact with the family 24 to 48 hours after receiving the referral.~~

ii. ~~Level I evaluations include visits to the home to assess and support infant care.~~

iii. ~~Level II evaluations occur when the child is between six (6) and eight (8) months of age and includes assessment of developmental progress.~~

iv. ~~If a determination is made by the FOP, after the FOP evaluation process, that a referral is appropriate for EI services, the FOP informs the primary service worker and the referral to an EI provider is initiated by primary service worker.~~

2. ~~If there is no prior authorization in the family record for making a referral to EI services or FOP, primary service worker explains the referral process for EI and FOP services and requests the parent or guardian sign the Developmental Screen/Evaluation Referral Information Form (DCYF #175) (refer to RICHIST Window Help: Early Intervention Referral Form Window).~~

3. ~~If EI or FOP services are currently in place at the time of assignment to the family, primary service worker obtains an Authorization to Obtain or Release Confidential Information (DCYF #007) and contacts the active service providers.~~

E. ~~The EI program allows for a surrogate parent to be appointed when the biological parent is either unwilling or unable to represent his or her child's interest for EI services and preparation for educational activities.~~

1. ~~At the time of referral to EI, primary service worker documents in RICHIST and on the DCYF form #175 whether the EI provider is to contact the family directly or send notification to the EI Surrogate Parent Program to contact the family (refer to RICHIST Window Help: Early Intervention Type Services Window).~~

2. ~~For children with no legal status, primary service worker notifies EI provider to contact the family directly and provides the contact information.~~

3. ~~For children with legal status, DCYF establishes if there are limitations to parental participation in the EI program dependent upon the Service Plan goals.~~

a. ~~If the biological parent is able to represent his or her child's best interest while the child is in substitute care, primary service worker notifies EI to contact the family directly and provides the contact information.~~

b. ~~If the biological parent is unable to represent his or her child's best interest because the parent's whereabouts is unknown, a termination of parental rights petition has been filed or parents are unwilling to participate in the EI program, primary service worker notifies EI to send notification to the EI Surrogate Parent Program regarding the appointment of a surrogate parent.~~

i. ~~The biological parent is notified by mail through the DHS EI Surrogate Parent Program that a referral for EI services has~~

been initiated, and the parent is asked to respond within ten (10) days if he/she wants to participate in the EI program.

ii. If the biological parent does not respond within ten (10) days a volunteer EI surrogate parent is appointed through the EI Surrogate Parent Program.

4. Should a parent subsequently want to represent his or her child after an EI surrogate parent has been appointed, he/she may request to regain the parental role by notifying DCYF primary service worker and reviewing the current family situation.
   a. Worker and supervisor discuss the details of the family situation and make a determination on a case by case basis.
   b. If parent disagrees with the outcome of a request to regain the role of representing their child in the EI program, parent may file an appeal and request a formal hearing (refer to Policy 100.0055: Complaints and Hearings).
5. EI surrogate parents have limited rights for signing authorization forms. In situations where the biological parent is not a participant in EI services, the responsibility of an EI surrogate parent is to represent the identified child in all matters related to:
   a. The evaluation and assessment of the child
   b. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews
   c. The ongoing provision of EI services to the child
6. Birth parents involved with reunification Service Plan goals retain signing rights on medical treatment and service needs for the child that are beyond emergency or routine care and authorize any and all requests for release of confidential information.

F. Service Coordination
1. Communication is ongoing between primary service worker and EI/FOP provider. Primary service worker enters updated information related to EI and FOP referrals in RICHIST (refer to RICHIST Window Help: The Early Intervention Type Services Detail W indow).
2. DCYF is responsible to ensure child safety, permanency and well-being in accordance with the Adoption and Safe Families Act (ASFA) requirements. The DCYF Service Plan takes precedence over the EI IFSP, although the IFSP informs and supports the Department's responsibility for permanency planning regarding the identified child.

G. Transition Planning For Toddlers 28 to 36 Months of Age
1. An automated e-mail is generated to the primary service worker and DCYF Education Services Coordinator simultaneously at the beginning of the child's birthday month when the identified child on their caseload reaches 28 months. In order to facilitate transition planning activities primary service worker completes the RICHIST DCYF #061, Education Information Sheet and forwards it to the Education Services Coordinator.
   a. Children between the ages of three (3) and five (5) experiencing developmental delays may be eligible for special education services.
   b. EI programs assist in facilitating a smooth transition of children from EI into other environments.
   c. EI programs initiate a transition process to the Local Education Authorities for children suspected of needing special education or related services and their families.

2. ~~By the time the child turns thirty (30) months, a transition planning team consisting of appropriate representatives able to make educational decisions for the child convenes to determine the activities to take place during the transition.~~

a. ~~Representatives able to make educational decisions include an LEA representative, parent(s) or guardian(s), EI surrogate parent and/or education advocate if different from an EI surrogate parent, and an EI representative.~~

b. ~~Additional participants may include a DCYF representative and a foster parent if different from EI surrogate parent.~~

3. ~~The transition activities include action steps for pre-school preparation, necessary timelines and persons responsible for carrying out these activities.~~
4. ~~Transition planning events reflect the individual needs of the child.~~
5. ~~For children who turn thirty-six (36) months between the months of May and September, transition planning activities occur on an adjusted timeline to ensure placement upon the opening of school or to determine if a 230-day or extended school year program is to be provided to the child when he/she turns 36 months.~~
6. ~~DCYF is responsible for referring children in need of an educational advocate to the Department of Education (refer to Policy: 700.0000, Education Surrogate Parent Referral Policy).~~