PROMOTING POSITIVE CHILD DEVELOPMENT IN YOUNG LATINO CHILDREN OF IMMIGRANTS INVOLVED WITH CHILD PROTECTIVE SERVICES: COMPENDIUM OF PROMISING PRACTICES

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COLLABORATIVE EFFORTS

Harbor Area Early Intervention Program

- Early interventionists and staff from the Department of Children and Families (DCF) participate in quarterly meetings where they discuss families involved with both agencies and are provided joint training opportunities. For infants and toddlers who receive early intervention (EI) services, DCF case workers cooperate with EI providers to help families obtain child care through a daycare center that is located on-site at the early intervention program.

Massachusetts Early Childhood Linkage Initiative

- The first project in the nation to require that all children younger than 3 be referred from Child Protective Services (CPS) to early intervention services. At three pilot sites, coordinators encouraged the state’s child protection agency to regularize the referral of children younger than 3 to EI and to collect data on the referrals.

Starting Young Program

- This program is a pediatric, multidisciplinary developmental diagnostic and referral service for infants and toddlers who receive foster care or in-home child welfare services from the Philadelphia Department of Human Services (DHS). The assessment team includes an intake worker that coordinates the early intervention services and collaborates with the child welfare social worker and biological parents. All caregivers receive training and reports are sent to the child welfare worker and shared with all caregivers and attorneys.

LA County Coordinated Services Action Team

- An agreement with Part C and child welfare agencies allowed for the use of both agency's training facilities on separate occasions in exchange for a certain number of training slots for staff. Project staff also reached out to partner organizations to determine which topics would be of interest and, in one case, collaboratively developed the training with them.
CULTURAL COMPETENCE

Healthy Start Program

- This program provides comprehensive health services to migrant, uninsured, under-insured and Medicaid eligible children and adults. Outreach efforts include multi-component assessments for pregnant women and mothers and collaboration with the Early Head Start and EI programs. Through this process, Healthy Start, Head Start, and Part C providers meet and discuss specific children and families leading to quicker identification, assessment, and cross-system referrals.

Ethnic matching

- Providers of the same ethnicity may be more likely to understand the culture-specific values and norms of the client, resulting in a more effective assessment and intervention plan. Service recipients may also have increased trust in disclosing certain issues when working with providers of the same ethnicity.

Community/family

- Provision of services within the community of the service recipient can facilitate access as well as maintain connections to recipients’ communities and cultural norms. Supporting home-language maintenance and second-language acquisition is vital when working with young children with special needs and their families. Service providers can capitalize on flourishing family trees by including friends, extended family, and step relatives during sessions and family training.

Promotoras

- Promotoras are community health workers who are already living, working and engrained in the community and are selected for their existing ties and position in their community. They are able to work directly with community members in sharing critically important health information and disseminating new knowledge as well as connecting community members with needed services.
**JUDICIAL SUPPORTS**

**Surrogate Parents**
- Part C permits the appointment of a surrogate parent if an eligible child has no “parent” to act on the child’s behalf. The law specifically excludes state officials from acting as a parent, yet defines parent to include a legal parent (biological or adoptive), legal guardian, and/or a grandparent or other relative with whom the child lives and fosters parent if permissible under the state law.

**Court Appointed Special Advocates**
- Court Appointed Special Advocates can help explain the benefits of early intervention and secure consents at the earliest possible juncture and facilitate, where necessary, the appointment of a surrogate parent. It may be beneficial for Part C and child welfare to work together to obtain consent in a manner that is not perceived as coercive and to determine when refusal should be challenged. Baby CASAs are volunteers in some states that receive special training for advocating in cases that include children aged 0-5.

**Court orders/court personnel**
- Court orders can help facilitate referrals to early intervention, for sharing of medical and other confidential information, and for parental cooperation. A parent’s approval to have a child evaluated for EI services may demonstrate to the court that the parent is willing and able to act in the child’s best interest.

**NY State Permanent Judicial Commission on Justice for Children**
- This initiative identifies and convenes local courts, child welfare, early intervention staff, and other early childhood providers in the community to facilitate collaboration, provide training on infant health and development, and host case consultation clinics. The commission has placed an early childhood specialist in several New York Family Courts to provide training to court staff and facilitate early intervention referrals and evaluations.
## STAFFING/SPECIAL POSITIONS

### The Foster Care Project
- In Suffolk County, NY, the Departments of Health Services and Social Services provided home visits by public health nurses twice a year to children age birth to 13 years in foster care. For children younger than 6, the nurse conducted a developmental screening and referred eligible children to Part C.

### Boundary spanners
- Boundary spanners are individuals or positions that link two organizations. Early interventionists and child welfare workers that have experience working in both agencies provide valuable insights and connections and may be better able to engage with families and workers in both systems.

### Child Welfare Navigators
- In Hennepin County, Minnesota, several mental health social workers are employed as “navigators” for the child welfare staff and are available for consultation, assistance, and are able to guide clients toward needed mental health services which helps to ease the workloads of CPS workers.

### Public health nurses
- Some states utilize public health nurses to work with families in certain circumstances, such as when a family is reluctant to consent to a formal early intervention program multidisciplinary assessment.
TRAINING/EDUCATION

Flowchart & Joint Training

- Idaho Child and Family Services (CFS) department and the Infant Toddler Program (ITP) finalized a joint program policy that outlines detailed procedures for referral. The policy explicitly describes the responsibilities of CFS workers and ITP providers under various circumstances and includes a flow chart depicting the process.

Specialized Training

- In New Mexico, the use of case studies as a training exercise for local child welfare case workers and early intervention providers has helped foster a realization that collaboration is paramount in order to move cases forward. The training offers opportunities for communication and mutual understanding between local child welfare case workers and early intervention providers.

Collaborative Professional Development

- The Michigan Department of Education, the State’s Part C lead agency, and the Michigan Department of Community Health funded a position to provide professional development for early childhood mental health and early intervention specialists. The joint training helps facilitate and enhance the working relationship between the two fields, align policies, and reduce duplication of services and assessments.

LA County Coordinated Services Action Team

- The project established an agreement with Part C and child welfare agencies that allowed for the use of each agency’s facilities on separate occasions in exchange for a certain number of training slots for staff. Project staff also reached out to partner organizations to determine which topics would be of interest and, in one case, collaboratively developed the training with them.
• Formal mechanisms such as written guidelines and standardized forms to refer, screen, and evaluate children, obtain parental consent, appoint a surrogate parent, release information relevant to early intervention evaluation and service provision, and secure needed court orders, can be extremely beneficial.


**Standardized forms**

• The Connecticut Department of Developmental Services (DDS), the State’s Part C lead agency, and the Connecticut Department of Children and Families (DCF) signed a memorandum of understanding (MOU) describing each department’s roles and responsibilities in referring children who were victims of substantiated abuse or neglect to the early intervention program for developmental evaluations.

• The MOU is available at http://www.birth23.files/iamous/mou-dcf.pdf.

**Memorandum of understanding**

• In Colorado, with the support from an Office of Special Education Programs (OSEP) funded demonstration project, Part C and county child welfare agency personnel convened interagency meetings. A resource guidebook and meeting facilitators assisted individuals from local communities in implementing a problem-solving process based upon the characteristics and resources available in the locale.

• Guidebook is online at http://jfkpartners.org/documents/106059-Interagency-Guidebook-Revised.pdf.

**Interagency guidebook**

• One state reports using a weekly e-mail from child welfare to Part C listing all new substantiated cases of abuse and neglect among children under age 3.


**Weekly e-mails**
REFERENCES


