

MEMORANDUM OF UNDERSTANDING

Connecticut Department of Children and Families and Connecticut Department of Developmental Services

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MEMORANDUM OF UNDERSTANDING

Connecticut Department of Children and Families and
Connecticut Department of Developmental Services
January 2013

Introduction

Whereas the federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to have provisions and procedures for the referral of a child under the age of three who is involved in a substantiated case of child abuse or neglect or is directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA 2004);¹

Whereas the Department of Developmental Services (DDS) has been designated under C.G.S 17a-248 as the lead agency for the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary and interagency program (called the Connecticut Birth to Three System) of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA);²

Whereas the Department of Children and Families (DCF) under C.G.S. 17a-3 is responsible for administering a comprehensive and integrated statewide program of services for children who are abused, neglected, or uncared for;

Whereas the Department of Children and Families, as the Connecticut child welfare agency, is responsible for compliance with provisions of the Child Abuse Prevention and Treatment Act;³

Whereas both the Department of Children and Families and the Department of Developmental Services are members of the Connecticut Early Childhood Education Cabinet⁴ and, with other state agencies, are supporting development of a comprehensive system of support and services to vulnerable young children and their families;

Now therefore DDS and DCF enter into this Memorandum of Understanding in order to clarify the roles and responsibilities of each agency as regards the processes, policies and services for the referral of children under the age of three to early intervention services, including both those who are involved in substantiated cases of child abuse or neglect and those who are directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

¹ P.L. 108-446 as amended. With specific regard to a referral related to illegal substance abuse, the federal government has provided the following clarification. "CAPTA requires that the health care provider must notify CPS [Child Protective Services] of *all* infants born and identified as affected by illegal substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Such notification need not be in the form of a report of suspected child abuse or neglect. It is ultimately the responsibility of CPS staff to assess the level of risk to the child and other children in the family and determine whether the circumstance constitutes child abuse or neglect under State law." Online at www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=350

² P.L. 108-446 as amended.

³ P.L. 108-36, as amended by Public Law 111-320, enacted December 20, 2010 (42 U.S.C. 5101 *et seq.*).

⁴ Conn. Gen. Stat. 10-16z.

I. DDS Roles and Responsibilities

Responsibilities of the Department of Developmental Services are defined by IDEA Part C (34 CFR Part 303) for children ages birth to three who are deemed eligible for Connecticut Birth to Three services. IDEA Part C services must be delivered by qualified personnel in accordance with that law. A description of DDS' specific responsibilities follows, along with references to the federal authorizing language.

1. Ensure Coordination with Child Protection and Child Welfare Programs

Coordination⁵ between the Connecticut Department of Children and Families and the Connecticut Department of Developmental Services Birth to Three System shall occur with regard to infants and toddlers ages birth to three years for whom the Department of Children and Families:

- a. Has substantiated abuse or neglect; or
- b. Has made a determination that the child is directly affected by illegal substance abuse or is experiencing withdrawal symptoms resulting from prenatal drug exposure.

In order to strengthen interagency relationships, ensure timely communication and provide information updates on Part C requirements and services, local Birth to Three programs shall collaborate with their respective DCF Area Offices and with the eight DCF-funded Family Assessment Response (FAR) community partner agencies.

In addition, the Department of Developmental Services shall provide Birth to Three information and brochures to the 14 Area Offices of the Department of Children and Families as well as to the eight Family Assessment Response community partner agencies. Birth to Three brochures shall be included in all DCF Family Assessment Response information packets.

2. Accept Referrals for Evaluation of At Risk Infants and Toddlers

The Department of Developmental Services shall accept referrals to Birth to Three from DCF staff who are serving a child age birth to three years for whom abuse or neglect has been substantiated or who has been identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, as outlined in Section II.1.

When the referral of a child with a suspected disability or delay is accepted, parental consent will be sought by Child Development Infoline. The consent of only one parent is required and may be provided verbally. See Sections IV and V below.

Referrals for which consent is granted will be electronically transmitted by the Child Development Infoline to a local Birth to Three contracted program for the initial evaluation. The referral source will be notified in writing of the name and address of the Birth to Three local program conducting the evaluation.

3. Provide for Timely, Comprehensive, Multidisciplinary Eligibility Evaluations and Assessments

It is the responsibility of the Birth to Three local program receiving the referral to provide for a timely, comprehensive, multidisciplinary evaluation and (if eligible) assessment of the child.⁶ This evaluation

⁵ Federal reference: §303.302 Ensure coordination with the "child protection and child welfare programs including programs administered by, and services provided through the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a))"

determines eligibility and the subsequent assessment will identify the unique strengths and needs of the child and the early intervention services appropriate to meet those needs.

A family-directed assessment shall also be conducted to identify the family's resources, priorities and concerns as well as the supports and services necessary to enhance the family's capacity to meet the developmental needs of the eligible child.

4. Provide for Development of an Individualized Family Service Plan

For eligible children, the results of the assessments described in Section 1.3. shall become the basis for development of an Individualized Family Service Plan (IFSP). This plan shall include the child's current level of functioning and the family's resources, priorities and concerns.

The written plan shall be developed by the IFSP team, which shall include the child's parent(s), within 45 days of referral. The plan shall describe the expected child and family outcomes and the early intervention services to be provided to meet those outcomes including length, duration, frequency, intensity, methodology and setting. Written parental consent is required for each service identified on the IFSP.

Services shall continue under the plan until the earliest of the following occurs:

- a. the child is withdrawn by the parent;
- b. the child's development in all five developmental domains is age-appropriate; or
- c. the child turns three years of age.

The multidisciplinary assessment described in Section 1.3. shall be updated at least annually and reviewed at an annual multidisciplinary Individualized Family Service Plan meeting.

5. Provide for the Delivery of Early Intervention Services

Each eligible child referred by DCF shall be assigned a service coordinator by the Birth to Three local program who, in conjunction with other IFSP members, shall ensure that services are coordinated and that parents are knowledgeable about resources within and outside of the Birth to Three System.

Services shall be delivered in the child's natural environment. The Birth to Three provider shall work with family members and other caregivers to embed intervention techniques into the child's daily routines and natural learning activities that will best enhance and facilitate the child's development. These may include services that support adaptive behavior, gross and fine motor development, hearing, speech, language and communication development, visual skills, cognition, and social and emotional health. Counseling may be provided to the parents if the need is related to the child's disability. Early intervention services and visits may be provided by a variety of professionals and paraprofessionals.

II. DCF Roles and Responsibilities

DCF shall refer any child age zero to three years to Birth to Three for whom (a) abuse or neglect has been substantiated and there is a developmental concern or qualifying diagnosis or (b) who is affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Under federal law, it is not necessary for a child affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to have been referred to the Department specifically for abuse or neglect.

⁶ Federal reference: §303.321 "...subject to parental consent in accordance with 303.420(a)(2), each child under the age of three who is referred for an evaluation or early intervention services under this part and suspected of having a disability, receives – (i) A timely, comprehensive, multidisciplinary evaluation of the child ..."

1. DCF Referral Process

For all children under the age of three years who are involved in a DCF-substantiated case of abuse or neglect, the child's or family's current DCF Social Worker, whether in the intake or ongoing treatment process, shall:

- a. contact the child's pediatrician in order to identify any concerns he or she may have regarding the child's developmental progress, including diagnosed conditions that might lead to a developmental delay; ensure that the DCF-2147 (Medical Questionnaire/Release of Information Form) is submitted to pediatrician, returned and reviewed by Area Office nurse
- b. obtain Ages and Stages Questionnaire if necessary, for determination of developmental concerns;
- c. if a delay or disability is suspected, refer the child to the Child Development Infoline either by calling 1-800-505-7000 or by using the referral fax or on-line referral form at www.birth23.org (under "Referrals-Eligibility").

For all children under the age of three years who are affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, the child's DCF Social Worker shall seek an assessment which may include an evaluation for Fetal Alcohol Syndrome Disorder. For those children who are diagnosed with Fetal Alcohol Syndrome, the Department shall make a referral to Child Development Infoline by calling 1-800-505-7000 or by using the referral fax or on-line referral form at www.birth23.org (under "Referrals-Eligibility").

For any other child under the age of three years for whom DCF has concerns about developmental delay, the DCF worker shall encourage the parent(s) to self-refer to Child Development Infoline by either calling 1-800-505-7000 or using the referral fax or on-line referral form at www.birth23.org (under "Referrals-Eligibility").

III. Coordinated Interagency Training

Staff members from the Department of Developmental Services, in coordination with the DCF Academy for Family and Workforce Knowledge and Development (hereafter The Academy), shall provide opportunities for initial and refresher training and relevant materials at least twice a year for DCF staff (and others as agreed upon) related to requirements and processes under CAPTA, IDEA Part C and the Birth to Three System. This material may be presented utilizing one or more online modules.

DCF shall ensure that DCF staff involved in intake decisions and providing ongoing family services, and foster parents as appropriate, receive training including on:

- a. the Ages and Stages Questionnaire (ASQ);
- b. substance abuse;
- c. trauma interventions and the use of trauma-informed strategies;
- d. processes for referral, evaluation and parent engagement for the Birth to Three System; and
- e. Part C and CAPTA requirements during pre-service and investigations trainings.

IV. Parental Consent

Under federal law, "parent" means:

- a. a biological or adoptive parent of a child;
- b. a foster parent;

- c. a guardian generally authorized to act as the child's parent or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is not a ward of the State);
- d. an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- e. a surrogate parent who has been appointed in accordance with §303.422 or §639(a)(5) of the IDEA⁷

Informed written consent from a federally-defined parent shall be obtained for the initial evaluation, development of the IFSP and the implementation of services. Parents shall be fully informed in their native language of all information relevant to the activity for which consent is sought.

V. Surrogate Parents

In the event that no person meets the first four definitions of parent as outlined in Section IV above, as the lead agency, the Department of Developmental Services must appoint a surrogate parent⁸ in order to ensure legal consent for evaluation and services and to ensure that the child's due process rights under the IDEA are protected. DDS shall appoint trained, qualified individuals to be surrogate parents and shall reimburse them.

Two additional conditions shall be satisfied in the appointment of surrogate parents:

- a. surrogate parents must have no personal or professional interest that conflicts with the interest of the child being represented and must have the knowledge and skills that ensure adequate representation of the child; and
- b. employees of an agency caring for or educating the child may not serve as surrogate parents.

Surrogate parents may give consent for evaluation and services, authorize release of information from the child's record and have due process rights, but they may not authorize Medicaid billing or obtain medical information. For children under the guardianship of DCF, all insurance forms and requests for medical information must be signed by the DCF Social Worker.

If a surrogate parent is appointed by DDS, notification shall be made to the child/family's DCF Social Worker. DCF shall ensure that foster parents and Regional staff are aware of the IDEA definition of parent and the surrogate parent process used by DDS for those few times in which no other person meeting the definition of "parent" is available.

VI. Relocation, Changes in Coordination and Discharge Process

The child's DCF Social Worker shall notify a child's Birth to Three service coordinator in advance when a child engaged in the referral, evaluation or service process is being relocated. For children under the guardianship of DCF, DDS shall ensure that the child's Birth to Three program notifies the DCF contact person when there is a change in the child's Birth to Three service coordinator.

For children under the guardianship of DCF, DDS shall ensure that local Birth to Three providers notify the DCF contact person when a determination has been made by the Birth to Three System to exit a child. The reason for the exit shall be specified.

⁷ Parental consent is explained in IDEA Part C regulations §303.420 and §303.27.

⁸ Surrogate parents are described in IDEA Part C regulation §303.422.

For all other children served by DCF, DDS shall ensure that local Birth to Three programs request that the parent release information to the child's DCF Social Worker when a determination has been made by either the parent or the Birth to Three System to exit a child, including the reason for exit.

VII. Reports

The State Assigned Student Identifier (SASID) provided to each Department of Children and Families child accepted for early intervention services by the Department of Developmental Services shall be made available to the Department of Children and Families as part of the exchange of case-specific information between the local Birth to Three program and the DCF Social Worker.

The Connecticut Birth to Three System will send semi-annual reports to the Department of Children and Families with the following information and data:

- a. number of children referred by DCF and the concerns associated with the referrals;
- b. number of children referred by DCF foster families and the concerns associated with those referrals;
- c. results of the determination of eligibility (*i.e.*, whether the child was eligible due to a diagnosed condition, a developmental delay of 2 standard deviations in one or more developmental areas, or a delay of 1.5 standard deviations in two or more areas of development);
- d. number of eligible children receiving services from each type of discipline based on each child's last IFSP during that period;
- e. number of children that exited during that period;
- f. reasons for the exit (*e.g.*, withdrawal by parent, aged out, cannot locate, deceased); and
- g. number of children referred to preschool special education.

VIII. Transition and Referral to Special Education

When a child exiting the Birth to Three System is found eligible for special education and related services, the child or family's DCF Social Worker shall expedite any release of information needed by the school district to enroll the child, including a current DCF-603, "Notification to a Local Education Agency of a DCF Placement," and any other information needed to register the child.

If a child is placed in out-of-home care or relocated to another out-of-home placement by DCF during the process of evaluation for initial special education placement, DCF shall ensure that transportation is provided to enable the school district to complete the evaluation and all notice requirements of C.G.S. 17a-16a are met.

IX. State and Interagency Coordinating Council

Under IDEA Part C, states must establish a State Interagency Coordinating Council (ICC) that includes all participating state agencies as well as parents, providers and others.⁹ The role of the Council includes advising and assisting DDS in the performance of its responsibilities and promoting intra- and interagency collaboration and advising and assisting the Department of Education and the Department of Developmental Services regarding the transition of toddlers with disabilities to preschool and other appropriate services.

⁹ See IDEA Part C regulations §303.600, §303.604 and §303.605. The composition of the Connecticut ICC is specified in Connecticut General Statutes §17a-248b.

As the Connecticut state agency responsible for both child welfare and children's mental health, the Department of Children and Families serves as a member of the Council. The specific individual nominated by the DCF Commissioner to represent DCF on the Council shall be appointed by the Governor of the State of Connecticut.

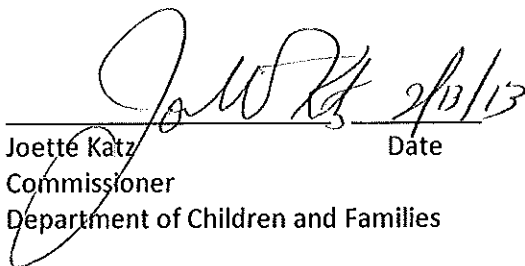
X. Dispute Resolution

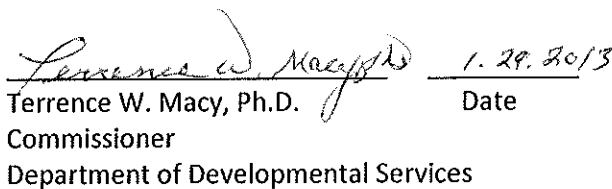
In the event that there is a dispute between the Departments of Developmental Services and Children and Families that cannot be resolved between the respective Commissioners, the matter will be referred to the Governor or designee for resolution.

Each agency shall maintain its own internal dispute resolution process. No disputes within either Department shall delay evaluation of children or the delivery of services to eligible children in accordance with the IDEA Part C.

XI. TERM OF AGREEMENT

This agreement will remain in effect until such time as either Department, with 30 days' written notice, terminates it or until such time as it is replaced by a successor Memorandum of Understanding.

 2/13/13
 Joette Katz Date
 Commissioner
 Department of Children and Families

 1. 29. 2013
 Terrence W. Macy, Ph.D. Date
 Commissioner
 Department of Developmental Services

APPENDIX: GLOSSARY

Ages and Stages Questionnaire

This is a nationally-normed developmental screening instrument with 21 age-specific questions (16 questions for children under the age of 3) that cover gross motor, fine motor, problem solving, personal-social and general parental concerns. The questions can be quickly completed by parents or primary caregivers in order to identify children who are in need of further assessment to determine whether they are eligible for early intervention or early childhood special education services. This tool is also utilized by Connecticut's HELP ME GROW program and is available free to parents of children birth through age six years through Connecticut's 2-1-1 Child Development Infoline.

Assessment

The ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs and assessment of the child's family to determine the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of that child.

Child Abuse and Prevention Treatment Act (CAPTA)

This federal legislation was reauthorized in 2010 and amends the Child Abuse Prevention and Treatment Act, The Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment, and Adoption Reform Act of 1978 and the Abandoned Infants Assistance Act of 1988 and funds a myriad of grants to states. One of the changes to the law is that it now requires states to have provisions and procedures for the referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect or is directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to the state's early intervention system under Part C.

Child Find

Child Find is the comprehensive process that includes public awareness, policies and procedures to ensure compliance with timelines and development and implementation of an Individualized Family Service Plan. Its purpose is to ensure that the lead agency identifies all infants and toddlers with disabilities for referral and evaluation for early intervention services in coordination with other major efforts to locate and identify children by other state agencies responsible for administering education, health and social services programs.

Children Directly Impacted by Illegal Substance Abuse

"Prenatal exposure to a controlled substance, used by the mother for a non-medical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects of developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance."

"Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety".

Connecticut Department of Children and Families (DCF)

DCF is the State Agency responsible for child welfare, foster care, adoption, children's mental health, juvenile justice, substance abuse treatment, and prevention. Its mission is based on a family-centered approach to all service delivery and applies the neuroscience of child and adolescent development along with strong community partnerships to its policy, practice and programs.

Connecticut Department of Developmental Services (DDS)

DDS is the State Agency with the responsibility for administering the Birth to Three System. The mission of the Birth to Three System is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

DCF Academy for Family and Workforce Knowledge and Development

The Academy is the pre-service and in-service unit operated by DCF to enhance family and workforce skills and knowledge. Its mission is to provide high quality, competency- and outcome-based, culturally responsive training in accordance with the agency's mission and national standards knowledge and skills. Training includes pre-service, ongoing in-service, investigations, supervisory, foster/adoptive parent, mandated reporter, staff mentor and professional development components.

DCF Family Assessment Response Community Partner Agencies

Regionally based community agencies contracted by DCF to support the delivery of identified responsive community-based services to families participating in the Family Assessment Response track.

DCF Family Assessment Response System (FAR)

The DCF Family Assessment Response is the department's "differential response system" that enables a family referred to the department to receive services in the community when an abuse or neglect referral has been made but no safety issues have been found to exist. FAR is embedded in the DCF Strengthening Families Practice Model, a purposeful, intentional, respectful and supportive engagement with families who enter the DCF system of services. The Family Assessment Response System is an alternative to a Child Protective Services investigation and utilizes an alternative, non-adversarial process to assist and empower children and families assessed as low to moderate risk.

Evaluation

Evaluation, as it is used in this Memorandum of Understanding means the use of appropriate diagnostic instruments and procedures by qualified personnel to determine a child's initial and continuing eligibility under IDEA Part C, consistent with the definitions in §303.21 including: developmental delays in one or more of the following; cognitive, physical, communication, social or emotional, adaptive development; has a diagnosed physical or mental condition; or has chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

Individualized Family Service Plan (IFSP)

This is the written plan determined by the IFSP team, which includes the parent(s) of the child accepted for Birth to Three early intervention services. It describes the services to be provided based on the evaluation and assessments and includes the child's status, family information, the expected measurable outcomes, the specific services to be delivered (including length, duration, frequency, intensity and methodology) environment and appropriate setting.

Lead Agency

This is the agency designated by the Governor to receive funds and administer the responsibilities under IDEA Part C. In Connecticut, the lead agency is the Department of Developmental Services.

Screening

Screening is a process using an appropriate instrument administered by trained personnel to identify those children who may exhibit or are suspected of having a disability or developmental delay. It is not an evaluation or assessment and cannot be used to diagnose or determine that the child is eligible.

State Interagency Coordination Council (ICC)

The Council, composed of members appointed by the Governor to represent the state, advises and assists DDS in its responsibilities with regard to early intervention. The Council includes parents, public and private providers of early intervention services, a legislator and at least one representative from each state agency involved in the provision of or payment for early intervention services. In addition, there must be at least one representative from the following: the state education agency; the agency responsible for the state Medicaid and CHIP program; the agency responsible for state regulation of private health care; the agency responsible for child care; Head Start or Early Head Start agency or program; the state welfare agency responsible for foster care; the state agency responsible for children's mental health; and the Office of the Coordination of Education for Homeless Children and Youth.

Surrogate Parent

A surrogate parent is the person assigned by DDS to protect the rights of the child when no parent (as defined under the IDEA) can be identified or located. Once it has been determined that a surrogate parent is needed, this person must be appointed within 30 days. A surrogate parent has the same rights as a parent for all purposes under §303.422 of the IDEA Part C regulations.

In the instance when a child is considered a ward of the state, the surrogate parent may be appointed by the judge overseeing the case provided he/she meets requirements specified in IDEA Part C. The person selected to be the surrogate parent may not be an employee of the lead agency (DDS) or any other public agency or early intervention provider that provides early intervention services, education, care or other services to the child or any family member of the child. The surrogate parent can have no personal or professional interest that conflicts with the interest of the child and must have the knowledge and skills that ensure adequate representation of the child.