**DEPARTMENT OF SOCIAL SERVICES**
744 P Street, Sacramento, California 95814

December 6, 2006

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

ALL COUNTY LETTER NO: 06-54

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS

SUBJECT: POLICY AND PROCEDURES TO REFER YOUNG CHILDREN UNDER THE AGE OF THREE WITH A SUBSTANTIATED CASE OF CHILD ABUSE OR NEGLECT TO THE EARLY START PROGRAM

REFERENCE: KEEPING CHILDREN AND FAMILIES SAFE ACT OF 2003 (Public Law 108-36)

The purpose of this All County Letter (ACL) is to inform County Welfare Departments of an amendment to the federal Child Abuse Prevention and Treatment Act (CAPTA). Originally enacted in 1974, Public Law 93-247 (P.L.), CAPTA has been amended several times. Most recently it was amended and reauthorized on June 25, 2003 by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) emphasizes enhanced linkages between child protective services, public health, mental health, and developmental disabilities agencies. The CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities. Additionally, CAPTA also sets forth a minimum definition of child abuse and neglect. Although several amendments were recently made to the CAPTA, this notice addresses the requirement that child protective services refer children "under the age of 3 who" are "involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act…" 42 U.S.C. 5106a (b)(2)(A)(xxi). The new amendment does not change eligibility, as children referred must still meet the eligibility criteria. The CAPTA requires that the state assure that there are provisions and procedures in place to refer children.

In California, the federal funding for Part C for early intervention services is provided to the Department of Developmental Services (DDS), which is the lead agency responsible for California's Early Start Program. The Early Start Program uses a multidisciplinary with disabilities, or who are high risk for developmental delays. The DDS funds the Early Start service coordination activities by contracting with local education agencies and the

Regional Centers, of which there are 21 statewide. Early intervention services are individually determined for each eligible infant or toddler and are provided, purchased or arranged by a regional center or local education agency. Local education agencies are primarily responsible for infants and toddlers with solely low incidence disabilities (vision, hearing and severe orthopedic impairments, including any combination of these low incidence disabilities). Regional centers are responsible for all other children eligible for Early Start.

State level data indicates that there are approximately 22,000 children in the child welfare system under the age of three. For the past two fiscal years, 13.4 percent of the Early Start population served by DDS was in the Child Welfare system.

Suggested Strategies for Policy Implementation

The California Department of Social Services (CDSS) believes that a local coordinated process should identify multiple pathways to provide early intervention services and not be solely dependent on Early Start services. Listed below are several strategies taken from resources with existing programs and/or experiences with the implementation of the CAPTA amendment. The strategies include, but are not limited to the following:

1. Develop a Memorandum of Understanding or Interagency Agreement between "child serving" agencies outlining procedures, roles, and responsibilities for screening, evaluation, and referral for early intervention services for children under the age of 3.

2. Identify the multiple pathways, in addition to Early Start, for "child serving" agencies and providers to collaborate and assure that children receiving child welfare services and under the age of 3 are:

    a) Screened for developmental status as part of a routine health assessment, at detention or upon change of placement;
    b) Referred for developmental evaluation and assessment if screening indicates the need for referral;
    c) Benefiting from interagency collaboration in the development and implementation of the Individualized Family Service Plan (IFSP). (The IFSP is developed by the Early Start Service Coordinator along with the child's caregiver and/or parent and other appropriate team members.)

3. Standardize a referral form or packet, including a completed developmental screening tool that is appropriate and efficient. The packet will assist with the determination of the need for further assessment services coordinated by the Early Start.

4. Identify developmental screening tools that are practical and effective for use by caregivers and social workers.

5. Provide cross-training opportunities and educational materials that will increase the caregivers and social worker knowledge about the developmental needs of young children receiving child welfare services.

Statewide initiatives and local programs designed to improve outcomes for children and families can be examined as other pathways for integrating screening for young children who are at high risk for disabilities and developmental delays. Such initiatives include, but are not limited to:

- First Five Special Needs Demonstration Projects
- CalWORKS Linkages
- Early Headstart
- Early Childhood and Education Initiatives
- Infant Mental Health Initiative and the Child Welfare Systems Improvement Pilot

The following materials and information are enclosed: a matrix that lists widely known developmental screening and assessment tools used for young children; DDS Reasons for Concern brochure which can be downloaded from www.dds.ca.gov/EarlyStart/PDF/ReasonsforConcern_English.pdf.; the California Institute of Mental Health's Screening Tool which can be downloaded at www.cimh.org/downloads/ScreeningTool0-5.pdf.

In the near future, CDSS will disseminate other information and training opportunities related to improving outcomes for young children. If you have any questions or comments, please contact me at (916) 657-2614, or Cheryl Treadwell, Manager of the Integrated Services Unit, Resources Development and Training Support Bureau at (916) 651-6600, or email cheryl.treadwell@dss.ca.gov.

Sincerely,

***Original Document Signed By:***

MARY L. AULT
Deputy Director
Children and Family Services Division

Enclosures

# DEVELOPMENTAL, MENTAL HEALTH/BEHAVIORAL AND ACADEMIC SCREENS

**Compiled by Frances Page Glascoe,** Ph.D. Adjunct Professor of Pediatrics, Frances.P.Glascoe@Vanderbilt.edu

The following chart is a list of measures that meet standards for screening test accuracy, meaning that they correctly identify, at all ages, at least 70% of children with disabilities while also correctly identifying at least 70% children without disabilities. All included measures were standardized on national samples, proven to be reliable, and validated against a range of measures.

- The first column provides publication information and the cost of purchasing a specimen set.
- The "Description" column provides information on alternative ways, if available, to administer measures (e.g., waiting rooms).
- The "Accuracy" column shows the percentage of patients with and without problems identified correctly.
- The "Time Frame/Costs" column shows the costs of materials per visit along with the costs of professional time (using an average salary of $50 per hour) needed to administer and interpret each measure. Time/cost estimates do not include expenses associated with referring. For parent report tools, administration time reflects not only scoring of test results, but also the relationship between each test's reading level and the percentage of parents with less than a high school education (who may or may not be able to complete measures in waiting rooms due to literacy problems and thus will need interview administrations).

*Note:* Not included are measures such as the Denver-II that fail to meet standards (limited standardization, absent validation, and no proof of accuracy) or measures of single developmental domains (e.g., just language or motor).

| DEVELOPMENTAL SCREENS RELYING ON INFORMATION FROM PARENTS | Age Range | Description | Scoring | Accuracy[10] | Time Frame/Costs |
|---|---|---|---|---|---|
| **Parents' Evaluations of Developmental Status (PEDS)** (1997) Ellsworth & Vandermeer Press, Ltd. P.O. Box 68164 Nashville, TN 37206; 615-226-4460; fax: 615-227-0411, http://www.pedstest.com ($30.00). PEDS is also available online together with the Modified Checklist of Autism in Toddlers for electronic records: contact support@forcpath.org | Birth to 9 years | 10 questions eliciting parents' concerns in English, Spanish and Vietnamese. Written at the 5th grade level. Determines when to refer, provide a second screen, provide patient education, or monitor development, behavior/emotional, and academic progress. Provides longitudinal surveillance and triage. | Identifies children as low, moderate or high risk for various kinds of disabilities and delays. | Sensitivity ranging from 74% to 79% and specificity ranging from 70% to 80% across age levels. | About 2 minutes (if interview needed) Print Materials ~$.31 Admin. ~$.88 Total = ~$1.19 |
| **Ages and Stages Questionnaire** (formerly Infant Monitoring System) (2004). Paul H. Brookes Publishing, Inc., PO Box 10624, Baltimore, MD 21285; 800-638-3775, http://www.pbrookes.com/ ($190). | 4-60 months | Parents indicate children's developmental skills on 25-35 items (4-5 pages) using a different form for each well visit. Reading level varies across items from 3rd-12th grade. Can be used in mass mail-outs for Child Find programs. In English, Spanish, French. | Single pass/fail score for developmental status. | Sensitivity ranged from 70% to 90% at all ages except the 4 month level. Specificity ranged from 76% to 91%. | About 15 minutes (if interview needed) Materials ~$.40 Admin. ~$4.20 Total = ~$4.60 |
| **Infant-Toddler Checklist for Language and Communication** (1998) Paul H. Brookes Publishing, Inc., P.O. Box 10624, Baltimore, MD 21285; 800-638-3775. (Part of CSBS-DP, $, http://www.pbrookes.com/ ($99.95 w/ CD-ROM). | 6-24 months | Parents complete the Checklist's 24 multiple-choice questions in English. Reading level is 6th grade. Based on screening for delays in language development as the first evident symptom that a child is not developing typically. Does not screen for motor milestones. The Checklist is copyrighted but remains free for use at the Brookes Web site. | Manual table of cut-off scores at 1.25 standard deviations below the mean *or* an optional scoring CD-ROMs. | Sensitivity is 78%. Specificity is 84%. | About 5-10 minutes Materials ~.$.20 Admin. ~$3.40 Total ~$3.60 |

[10] Accuracy has two aspects – **sensitivity** (correctly identifying children ***with* disabilities and delays**; and **specificity** (correctly identifying children ***without* disabilities and delays.** High-quality tools identify 70-80% of children ***with*** problems (***sensitivity***), and at least 70% of children ***without*** problems (***specificity***) for all age ranges.

| BEHAVIORAL/EMOTIONAL SCREENS RELAYING ON INFORMATION FROM PARENTS | | | | | |
|---|---|---|---|---|---|
| **Eyberg Child Behavior Inventory/Sutter-Eyberg Student Behavior Inventory**<br>Psychological Assessment Resources, P.O. Box 998, Odessa, FL 33556; 800-331-8378, http://www.parinc.com/ ($120.00) | 2-16 years of age | The ECBI/SESBI consists of 36-38 short statements of common behavior problems. More than 16 suggests the referrals for behavioral interventions. Fewer than 16 enables the measure to function as a problems list for planning in-office counseling & selecting handouts. The tools are helpful in monitoring behavioral progress. | Single refer/ nonrefer score for external-izing problems – conduct, attention, aggression, etc. | Sensitivity is 80%. Specificity is 86% to disruptive behavior problems. | About 7 minutes (if interview needed)<br>Materials ~$.30<br>Admin. ~$2.38<br>Total = ~$2.68 |
| **Pediatric Symptom Checklist**<br>Jellinek MS, Murphy JM, Robinson J, et al. Pediatric Symptom Checklist: Screening school age children for academic and psychosocial dysfunction. Journal of Pediatrics, 1988; 112:201-209 (the test is included in the article). Also can be freely downloaded at http://psc.partners.org/ or with factor scores at www.pedstest.com. The Pictorial PSC, useful with low-income Spanish-speaking families can be downloaded freely at www.dbpeds.org | 4-16 years | 35 short statements of problem behaviors including both externalizing (conduct) and internalizing (depression, anxiety, adjustment, etc.) Ratings of never, sometimes or often are assigned a value of 0,1,or 2. Scores totaling 28 or more suggest referrals. Factor scores identify attentional, internalizing and externalizing problems. Factor scoring is available for download at: http://www.pedstest.com/links/resources.html | Single refer/nonrefer score. | All but one study showed high sensitivity (80% to 95%) but somewhat scattered specificity (68% to 100%). | About 7 minutes (if interview needed)<br>Materials ~$.10<br>Admin. ~$2.38<br>Total = ~$2.48 |
| **Parents' Evaluations of Developmental Status (PEDS)** (1997)<br>Ellsworth & Vandermeer Press, Ltd. P.O. Box 68164 Nashville, TN 37206; 615-226-4460; fax: 615-227-0411. http://www.pedstest.com ($30.00)<br>PEDS is also available online and for electronic medical records. Contact support@forcepath.org | Birth to 9 years | 10 questions eliciting parents' concerns in English, Spanish and Vietnamese. Written at the 5th grade level. Determines when to refer, provide a second screen, provide patient education, or monitor development, behavior/emotional & academic progress. Provides longitudinal surveillance & triage. | Identifies children as low, moderate or high risk for various kinds of disabilities and delays. | Sensitivity ranging from 74% to 79% and specificity ranging from 70% to 80% across age levels. | About 2 minutes (if interview needed)<br>Print Materials~$.31<br>Admin. ~$.88<br>Total = ~$1.19 |
| **Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)**<br>Paul H. Brookes, Publishers, PO Box 10624, Baltimore, MD 21285; 800-638-3775. ($125)<br>http://www.pbrookes.com/ | 6-60 months | Designed to supplement the ASQ, the ASQ-SE consists of 30 item forms (4-5 pages long) for each of 8 visits between 6 and 60 months. Items focus on self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people | Single cutoff score indicating when a referral is needed. | Sensitivity ranged from 71% - 85%. Specificity from 90% to 98%. | 10-15 minutes if interview needed.<br>Materials ~ $.40<br>Admin. ~$4.20<br>Total = ~ $4.40 |
| **Brief-Infant-Toddler Social-Emotional Assessment (BITSEA)**<br>Harcourt Assessment, Inc, 19500 Bulverde Road; San Antonio, TX 78259; 800-211-8378, harcourtassessment.com ($99.00) | 12-36 months | 42 item parent-report measure for identifying social-emotional/behavioral. problems and delays in competence. Items were drawn from the assessment level measure, the ITSEA. Written at the 4th – 6th grade level. Available in Spanish, French, Dutch, Hebrew. | Cut-points based on child age and sex show presence or absence of problems and competence. | Sensitivity (80-85%) in detecting children with social-emotional/ behavioral problems and specificity 75% to 80%. | 5-7 minutes<br>Materials ~$1.15<br>Admin. ~$.88<br>Total ~$2.03 |
| **Connors Rating Scale-Revised (CRS-R)**<br>P.O. Box 950, North Tonawanda, NY 14120-0950; 800-456-3003, 416-492-2627; Fax: 888-540-4484, 416-492-3343.<br>http://www.mhs.com/ ($193.00) | 3-17 years | Three versions are used for diagnosis: teacher report, parent report & youth self-report. Produces 7 factor scores: Cognitive Problems/Inattention, Hyperactivity, Oppositional, Anxious-Shy, Perfectionism, Social Problems, & Psychosomatic. Several subscales specific to ADHD are also included: DSM-IV symptom subscales (Inattentive, Hyperactive/Impulsive, and Total); Global Indices (Restless-Impulsive, Emotional Lability, & Total) & an ADHD Index. The GI is useful for treatment monitoring. Available in French. | Cutoff tied to the 93rd percentile for each factor. | Sensitivity 78% to 92%.<br>Specificity: 84% to 94%. | About 20 minutes<br>Materials ~$.2.25<br>Admin. ~$20.15<br>Total = ~$22.40 |

| FAMILY SCREENS | | | | | |
|---|---|---|---|---|---|
| **Family Psychosocial Screening** Kemper, KJ & Kelleher KJ. Family psychosocial screening: instruments and techniques. Ambulatory Child Health. 1996; 4:325-339. The measures are included in the article and downloadable at http://www.pedstest.com | Screens parents. Best used along with the above screens. | A two-page clinic intake form that identifies psychosocial risk factors associated with developmental problems including: a four item measure of parental history of physical abuse as a child; (2) a six item measure of parental substance abuse; and (3) a three item measure of maternal depression. | Refer/nonrefer scores for each risk factor. Also has guides to referring and resource lists. | All studies showed sensitivity and specificity to larger inventories greater than 90%. | About 15 minutes (if interview needed) Materials ~$.20 Admin. ~$4.20 Total = ~$4.40 |

| DEVELOPMENTAL SCREENS RELYING ON ELICITING SKILLS DIRECTLY FROM CHILDREN | | | | | |
|---|---|---|---|---|---|
| **Brigance Screens-II** (2005) Curriculum Associates, Inc., 153 Rangeway Road, North Billerica, MA, 01862; 800-225-0248. ($501.00). http://www.curriculumassociates.com/ | 0-90 months | Nine separate forms, one for each 12 month age range. Taps speech-language, motor, readiness and general knowledge at younger ages and also reading and math at older ages. Uses direct elicitation and observation. In the 0 – 2 year age range, can be administered by parent report | Cutoff, quotients, percentiles, age equivalent scores in various domains and overall. | Sensitivity & specificity to giftedness & to developmental & academic problems are 70% to 82% across ages. | 10-15 minutes Materials ~$1.53 Admin.~$10.15 Total = ~$11.68 |
| **Bayley Infant Neurodevelomental Screen (BINS)** The Psychological Corporation, 1995. 555 Academic Court, San Antonio, TX 78204; 800-228-0752, http://www.psychcorp.com ($265) | 3-24 months | Uses 10-13 directly elicited items per 3-6 month age range assess neurological processes (reflexes, & tone); neurodevelopmental skills (movement, & symmetry); &developmental accomplishments (object permanence, imitation & language). | Categorizes performance into low, moderate or high risk via cut scores. Provides subtest cut scores for each domain. | Specificity and sensitivity are 75% to 86% across ages. | 10-15 minutes Materials ~$.30 Admin.~$10.15 Total = ~$10.45 |

| ACADEMIC SCREENS | | | | | |
|---|---|---|---|---|---|
| **Comprehensive Inventory of Basic Skills-Revised Screener (CIBS-R Screener)** (1985) Curriculum Associates, Inc.,153 Rangeway Road, N. Billerica, MA, 01862; 800-225-0248, http://www.curriculumassociates.com/ ($224.00) | 1st-6th grade | Administration involves one or more of three subtests (reading comprehension, math computation, and sentence writing). Timing performance also enables an assessment of information processing skills, especially rate. | Computerized or hand- scoring produces percentiles, quotients, cutoffs | 70% to 80% accuracy across all grades. | Takes 10 – 15 minutes Materials ~$.53 Admin.~$10.15 Total = ~$10.68 |
| **Safety Word Inventory and Literacy Screener (SWILS)** (in press) Glascoe FP, Clinical Pediatrics. Items courtesy of Curriculum Associates, Inc. The SWILS can be freely downloaded at: http://www.pedstest.com/ | 6-14 | Children are asked to read 29 common safety words (e.g., High Voltage, Wait, Poison) aloud. The number of correctly read words is compared to a cutoff score. Results predict performance in math, written language and a range of reading skills. Test content may serve as a springboard to injury prevention counseling. | Single cutoff score indicating the need for a referral. | 78% to 84% sensitivity and specificity across all ages. | About 7 minutes (if interview needed) Materials ~$.30 Admin. ~$2.38 Total = ~$2.68 |

## NARROW-BAND SCREENS FOR AUTISM & ADHD

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|---|---|---|---|---|---|
| **Modified Checklist for Autism in Toddlers (M-CHAT)** (1997)<br>Free download at the First Signs Web site: http://www.firstsigns.org/downloads/m-chat.PDF ($0.00)<br>Online for parents and EMRS at www.forepath.org ($1.00) | 18-60 months | Parent report of 23 questions modified for American usage at 4-6th grade reading level. Available in English & Spanish. Uses telephone follow-up for concerns. The M-CHAT is copyrighted but remains free for use on the First Signs web site. The full text article appeared in the April 2001 issue of the *Journal of Autism and Developmental Disorders.* | Cutoff based on 2 of 3 critical items or any 3 from checklist. | Initial study shows sensitivity at 90%; specificity at 99%. Future studies are needed for a full picture. Promising tool. | About 5 minutes<br>Print Materials ~$.10<br>Admin. ~$.88<br>Total = ~$.98 |
| **Connors Rating Scale-Revised (CRS-R)**<br>Multi-Health Systems, Inc.<br>P.O. Box 950, North Tonawanda, NY 14120-0950; 800-456-3003; 416-492;2627; Fax: 888-540-4484,416-492-3343.<br>http://www.mhs.com/ ($193.00) | 3-17 years | Although the CRSR can screen for a range of problems, Several subscales specific to ADHD are included: DSM-IV symptom subscales (Inattentive, Hyperactive/Impulsive & Total); Global Indices (Restless-Impulsive, Emotional Lability & Total), & an ADHD Index. The GI is useful for treatment monitoring. Also available in French. | Cutoff tied to the 93rd percentile for each factor. | Sensitivity: 78% to 92%.<br>Specificity: 84% to 94%. | About 20 minutes<br>Materials ~$.2.25<br>Admin. ~$20.15<br>Total = ~$22.40 |



7/03
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