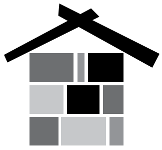

Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

A BULLETIN FOR PROFESSIONALS

May 2007

Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services

What's Inside:

- Child welfare and early intervention
- Promising strategies
- Funding strategies
- Resources

Enactment of the Part C referral provisions in the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) opens the door to a powerful partnership with great potential benefits for children under age 3 involved in substantiated cases of abuse or neglect and their families. For child welfare administrators,

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these provisions offer new tools to enhance policy and practice and ensure compliance with Federal child welfare requirements that focus on child well-being. The provisions also connect child welfare staff to early intervention service providers who can assist in assessment, service delivery, and permanency planning. This partnership can expand the array of supports and resources for children and their caregivers to promote safety, permanency, and well-being.

This bulletin provides examples of State efforts to implement the new referral provisions and provides lessons learned to child welfare administrators and practitioners in accessing early intervention services for children and families identified by the child welfare system. While policies and practices vary from State to State, this bulletin explains the overall importance to child welfare of the Part C Early Intervention Program and offers potential strategies to address barriers. Contact information for State and local programs is provided at the end of this document.

Child Welfare and Early Intervention

Despite some implementation challenges, the Part C referral provisions promise unique benefits for child welfare agencies and the children in their care.

Special Needs of Children in Child Welfare

Research shows that children who are abused or neglected often experience physical, developmental, and emotional problems, including attachment disorders, social and emotional disturbances, cognitive deficits, neurobiological changes in the brain, and failure to thrive (Jaudes & Shapiro, 1999). This risk is greatest for the very young. In 2005, children ages birth to 3 had the highest rates of victimization, at 16.5 per 1,000 children of the same age group. More than three-quarters (76.6%) of the estimated 1,460 children who died as a result of child abuse or neglect that year were younger than 4 years of age (U.S. Department of Health and Human Services, 2007).

Many young children under the age of 3 who experience abuse and neglect are placed in foster care. Studies reveal one-quarter of these young children have significant delays in motor development, and almost one-half have significant delays in communication and cognitive development (Jaudes & Shapiro, 1999; Spiker & Silver, 1999; U.S. GAO, 1995; Blatt, Saletsky, & Meguid, 1997; Hochstadt, Jaudes, Zimo, & Schachter, 1987).

Part C Referral Provisions and Early Intervention Programs

In recognition of these risks, Congress's reauthorization of CAPTA—with the enactment of the Keeping Children and Families Safe Act of 2003 (P.L. 108-36)—required States to develop "provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Improvement Act" (§ 106(b)(2)(A)(xxi)). The 2004 reauthorization

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of the IDEA contains language parallel to CAPTA.[1]

The IDEA also details specific requirements for State early intervention programs (EIPs) that include services for children in foster care. EIPs are administered by lead agencies in each State (including departments of health, developmental disability, social services, children and families, or education). Among the Part C application requirements are the following:

- Each lead agency must implement a comprehensive child find system to identify, locate, and evaluate children needing early intervention services—*particularly young children in foster care.*
- When a child is identified as being potentially eligible for Part C, a formal referral must be made to Part C within 2 working days of identification.
- EIPs must ensure timely, comprehensive, multidisciplinary evaluations to determine initial and continuing eligibility.
- For those children determined eligible, an Individual Family Services Plan (IFSP) must be developed within 45 days of referral.
- EIPs must ensure that "appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including... infants and toddlers who are wards of the state" (§ 634).

The 2004 IDEA also requires the establishment of a State Interagency Coordinating Council that includes representatives from the State child welfare agency responsible for foster care.

To locate the Interagency Coordinating Council Chair in your State, use the Contacts Finder on the National Early Childhood Technical Assistance Center website: www.nectac.org

Benefits of Part C for Child Welfare

Research confirms that the early years present an unparalleled window of opportunity to support the positive development of children (Shonkoff & Phillips, 2000). Child welfare workers can help ensure that the developmental needs of children who are abused and neglected are addressed by attending trainings on child development, referring children to the EIP, and working closely with EIP staff. An EIP service coordinator can then help families (and child welfare professionals) navigate the eligibility process, design an IFSP, and ensure needed services are provided.

The IDEA encourages service providers to collaborate with families to be sure the IFSP or Individualized Education Program (for school-aged children) reflects the family's

[1] The IDEA requires States seeking grants to include in their applications "a description of the State policies and procedures that require the referral for early intervention services … of a child under the age of 3 who -- (A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." CAPTA section 106 [42 U.S.C. 5106a], subsection (b)(2)(A)(xxi) discusses specific elements that must be included in a State's plan, including "provisions and procedures for referral of a child under the age of 3 who is 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." Subsection (b)(2)(A)(iii) requires "the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms."

vision for the child. The IFSP can include any of the following:

- Occupational, physical, speech, and language therapies
- Assessment and treatment of hearing and vision problems
- Psychological services, assessment, and counseling
- Social work
- Nursing services
- Special instruction
- Assistive devices such as hearing aids and wheelchairs
- Nutrition counseling
- Transportation

The EIP also permits caregivers to consent to and participate in services that can help them enhance their child's development.[2] The stress of caring for a child with a disability or delay can strain family resources and threaten family stability. Child welfare professionals can refer caregivers to EIP services such as parent counseling and training, home visitation, and respite care that may help them manage the stress of parenting their children, encourage the recruitment and retention of foster and adoptive families, stabilize placements, and support reunification.

Referrals to the EIP support a State's capacity to enhance the safety, permanency, and well-being of children and their families in the following ways:

- Referral to the EIP enhances service availability and accessibility, enabling children to receive appropriate services to meet their educational, mental health, and physical needs and supporting families' enhanced capacity to provide for those needs.
- By providing parent training and respite services to eligible children and their caregivers, referrals to the EIP enhance a State's capacity to provide family-centered services that safely maintain children in their own homes, prevent removals, promote reunification, and stabilize placements.
- CAPTA's referral provisions help State child welfare administrators comply with Federal child welfare regulations to ensure that "families have enhanced capacity to provide for their children's needs … children receive appropriate services to meet their educational needs and children receive adequate services to meet their physical and mental health needs" 45 CFR 1355.34(b)(1)(iii).

Implementation Challenges

Despite their documented need and eligibility for EIP services, many children who have experienced abuse or neglect do not receive them. States nationwide report underidentification and underenrollment of children involved with child welfare in early intervention services (Robinson & Rosenberg, 2004). Some of the challenges include:

- Many of these children do not have a consistent caregiver in their lives who can observe their development over time.
- It is difficult to understand the complexity of the early intervention system, Federal

[2] Foster parents can be considered parents or serve as surrogate parents under the EIP, and many States include foster parents under the parent definition of the 2004 IDEA 20 U.S.C. 1401(23).

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laws, and State policies and effectively navigate the system on a child's behalf.

- While pediatricians and primary care physicians are often referral agents for the EIP, Federal Child and Family Services Review (CFSR) data suggest that a lack of access to primary health care and limited contact with health-care professionals in general are problems for many children in the child welfare system.[3]
- Child welfare professionals, foster parents, and court personnel who are responsible for the well-being of these children are not always trained to identify developmental needs of children in foster care and may have limited knowledge about Part C services. One study found that children had more problems than were identified by caseworkers and foster parents. Only one-third of the problems later identified by EIP professionals in this study were initially reported by caseworkers and foster parents (Halfon, Mendonca, & Berkowitz, 1995).
- At every stage of the EIP beyond referral, Federal legislation under the IDEA requires parental consent and participation. Yet, the parents of children who have substantiated reports of abuse and neglect are sometimes unknown or cannot be found to provide consent for services.
- EIP professionals may be unfamiliar with child welfare policies and procedures, with strategies for engaging families who are involuntarily involved in a referral to child welfare services, or both.

Promising Strategies

Many States are developing policies and procedures to implement the Part C referral provisions of CAPTA and the IDEA more effectively. Additionally, many localities and individual provider agencies have developed initiatives to ensure that children who are abused and neglected are linked to the EIP. All of these strategies address existing barriers to identifying, evaluating, engaging, and serving maltreated children and their families. This section will describe many strategies that have been tried and provide specific State and local examples.

Collaboration

States have found that successful Part C implementation requires extensive interagency collaboration, not just between child welfare and EIP but among all relevant agencies and stakeholders. This includes Medicaid, mental health, public health, maternal and child health, developmental disabilities, Early Head Start/Head Start, education, and the courts.

In South Carolina, for example, an extensive collaborative group has signed a memorandum of agreement to ensure the coordination of BabyNet, a statewide, comprehensive interagency system of early intervention services for all eligible children in accordance with Federal and State laws. Participating agencies include the State's Department of Disabilities and Special Needs, the Department of Health and Environmental Control, the Department of Health and

[3] Common challenges States cited in meeting the well-being indicator related to physical health include finding doctors willing to accept Medicaid, providing timely health assessments, and providing adequate preventive health care. For more information, see www.acf.hhs.gov/programs/cb/cwmonitoring/results/genfindings04/ch1.htm

Human Services, the Department of Mental Health, the Department of Social Services, the Department of Education, and the School for the Deaf and the Blind.
www.scdhec.net/health/mch/cshcn/programs/babynet/

Collaborative efforts have been found to help child welfare and EIP administrators do the following:

- Clarify and share information about each system's procedures
- Identify and convene leaders to facilitate implementation of the referral provisions and ensure compliance with all Federal and State laws and regulations (e.g., ASFA, CAPTA, IDEA)
- Identify and tap available funding streams
- Develop written interagency agreements that establish workable referral and information-sharing procedures and ongoing communication mechanisms
- Promote clearer understanding of staff roles in each agency
- Develop consistent guidelines for processes such as obtaining consent, conducting evaluations, and appointing surrogate parents
- Create opportunities for cross-disciplinary training

At the practice level, collaboration between child welfare and the EIP staff can help:

- Spotlight the safety and well-being needs of individual children and families
- Integrate child welfare and early intervention service goals and services
- Ease child welfare workload burdens by engaging the EIP service coordinator as a partner
- Identify new resources for consultation and technical assistance

As the examples on the next several pages will demonstrate, comprehensive and creative collaborations between State child welfare and the EIP systems have overcome many of the barriers to identifying, referring, and serving abused and neglected children under the EIP.

DELAWARE

Since 1996, Delaware child welfare and EIP agencies have had policies and agreements in place to refer children involved in substantiated abuse and neglect cases to the EIP and to share resources. An Operations Agreement between the two agencies defines staff roles for each step in the EIP process, clarifies expectations for information sharing between child welfare workers and EIP staff, and outstations child welfare staff at the EIP to serve as liaisons. These staff use a developmental checklist created by the EIP and built in to the child welfare computerized tracking system to conduct preliminary screenings of children for referral to the EIP. They also monitor the status of all referred children. The liaisons, funded by Part C, provide case management on individual cases and offer training and technical assistance to staff in both systems.

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Identification and Referral

The 2004 reauthorization of the IDEA requires States to develop a comprehensive Child Find system that ensures eligible children, including infants and toddlers in foster care or those with substantiated abuse or neglect, are identified, located, and referred to the EIP. Child Find efforts usually include outreach to child protection and preventive services agencies, as well as to hospitals and clinics that are likely to see infants and toddlers who have been abused or neglected.

Many States have developed policies to address this requirement. For example:

- Massachusetts, Ohio, Nebraska, Vermont, and West Virginia now require automatic referral of child abuse and neglect cases by child welfare workers to the EIP.
- In Idaho, New Hampshire, New Mexico, and North Dakota, all children under age 3 with substantiated cases of abuse and neglect are automatically referred to the EIP and receive a multidisciplinary evaluation conducted and funded under the State EIP.

Any EI service, including State-initiated screening, must be performed by a qualified professional as defined under the IDEA. Some States provide training for child welfare staff in screening for developmental issues. In Utah, trained child welfare workers use a valid and reliable screening tool (normed for the purpose of screening children referred to child welfare), undergo a rigorous training utilizing a field-tested curriculum, and receive ongoing supervision from a clinical supervisor. Other States have child welfare staff rely on EI staff, who have had extensive training to conduct these screens. In Philadelphia, all children, including all children with substantiated cases of abuse and neglect ages birth to 4.9 years, receive developmental screening by the EIP.

MASSACHUSETTS

The Massachusetts Early Childhood Linkage Initiative (MECLI) was established in 2002 to create a formal link between the child protection system and the EIP. The project brings together Brandeis University, the EIP, and the Departments of Public Health and Social Services in a partnership to maximize early identification and intervention for young children who are at heightened risk for serious developmental problems. As an initial step, MECLI seeks to have the child protection system refer all children under 3 years of age with a newly opened case to the Part C system. MECLI tracks the number of children referred, evaluated, determined eligible, and enrolled. A large percentage (51%) of MECLI-referred children have developmental delays rendering them eligible for Early Intervention.

Parental Consent

Once referred to the EIP, children involved in substantiated cases of abuse and neglect often face barriers to obtaining an assessment for needed services. Parents of children who have substantiated reports of abuse and neglect may be unknown or unable to be found to consent to EIP assessment and services. Parents also may be unwilling to participate, fearing intrusion by another State agency. EIP professionals may be unfamiliar with child welfare procedures or strategies

for engaging parents who are involuntarily referred to the child welfare system.

Potential strategies to address these challenges include:

- **Involve court personnel.** 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. A discussion along these lines may be more effective if initiated by the parent's lawyer or the child's attorney or court appointed special advocate (CASA).
- **Involve public health nurses.** Some States and localities have successfully used public health nurses to work with families. In Delaware, a Memorandum of Understanding between child welfare and the Division of Public Health allows child welfare staff to refer a child to a public health nurse if the family is reluctant to consent to a formal EIP multidisciplinary assessment.
- **Appoint surrogate parents.** The Early Intervention law defines "parent" broadly to include biological and adoptive parents, a relative with whom the child is living, a legal guardian, and in some instances, a foster parent. The law specifically excludes State officials from acting as a parent. It also provides for the appointment of a surrogate parent if the child has no parent as defined under the Early Intervention law. Under the 2004 IDEA, courts are authorized to order a surrogate parent to represent the child (§614(D)(iii)(II)(cc); §615 (b)(209A)(i)). The role of the surrogate parent is limited to representing the child in all matters related to the EIP. Nothing in the Federal law prohibits a foster parent from serving as the surrogate parent; however, States may have laws that limit foster parents serving as surrogates or otherwise acting as parents.

At both the child welfare and EIP agencies, States have found that formal written agreements and easy-to-use forms that describe interagency policy and operations for seeking parental consent and appointing surrogate parents are helpful.

SUFFOLK COUNTY, NEW YORK

In Suffolk County, New York, the Departments of Health Services and Social Services provide home visits by public health nurses to all high-risk children, including those in the child welfare system, once every 6 months for basic health assessments and monitoring. For children under age 6, the nurse conducts a developmental screening and refers eligible children to Part C. Children who are ineligible for the EIP receive follow-up developmental assessment and tracking. Where appropriate, reports of the visits are sent to the foster care division of the Department of Social Services. The nurses also provide valuable health education to foster families. The home visits and developmental screens are funded by the EIP as part of Child Find.

Interagency Training

Cross system training on the Federal law provisions, operations of each other's systems, and relevant procedures help ensure that all stakeholders share the same knowledge and understand one another's language. Cross

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training can also help identify and address systemic barriers to accessing services from the EIP. It can provide ongoing opportunities for discourse and relationship-building among the leadership and staff in each agency, improving their ability to shape clinical recommendations and resolve difficult cases. Since the court is a central decision maker in all child protective cases, interdisciplinary training on infant development and EIP involving judges and court staff has been found to be helpful.

NEBRASKA

To assist child welfare staff in meeting the Federal mandate to refer children under age 3 involved in cases of substantiated abuse and neglect to the EIP, Nebraska has developed several interdisciplinary, collaborative opportunities for information-sharing and training. These include joint video conferences, a child welfare representative on the Early Childhood Interagency Coordinating Council, and stakeholder meetings.

Tracking and Oversight

Referral alone will not necessarily ensure enrollment and services. Several States have developed policies and programs to track both individual children and aggregate case data. In Delaware, for example, child welfare staff use a computerized tracking system to monitor the status of all children referred to the EIP on a monthly basis. In Massachusetts, MECLI (see Identification and Consent section) captures the number of children referred, evaluated, determined eligible, and enrolled in the EIP.

PHILADELPHIA, PENNSYLVANIA

The Philadelphia Child Welfare Early Intervention Initiative is a collaborative effort between the Philadelphia Department of Human Services' Office of Behavioral Health and the Early Intervention (ChildLink) and Preschool Special Education (Elwyn) programs to ensure identification, facilitate referral, and track all children birth to age 5 in the child welfare system.

A panel that includes representatives from each agency plans, implements, and monitors the initiative. The panel developed policy and procedures for accessing early intervention services. A shared database tracks movement of children into the early intervention system, including identification of children under age 3 for referral, monitoring of developmental screenings and assessments, and development of IFSPs. An advisory group composed of child welfare and EIP representatives guides the project, and an implementation evaluation is being conducted to determine how well program objectives are achieved. To date, monthly reports suggest that the number of referrals is steadily growing, and provider program managers are aware of the new policy to monitor the participation of eligible children and refer all children under age 6 for developmental screening.

Some States use the courts to help ensure referral to and enrollment in the EIP. Under Federal child welfare laws, every child in foster

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care has hearings to review case status and assess permanency goals. These hearings present opportunities to inquire into the well-being of young children.

In some States, formal mechanisms have been developed to share information with those decision-makers responsible for advocating on behalf of abused and neglected children, including judges, attorneys for children and parents, guardians *ad litem*, and CASAs. Courts have the opportunity to inquire as to whether infants and toddlers are referred to and enrolled in the EIP and ensure relevant information is shared (see box next column).

Funding Strategies

Early Intervention funds typically cover the costs of administration, evaluation, and service coordination. However, lead agencies in each State determine how services for eligible children will be funded. Because many children involved in substantiated child abuse and neglect cases have historically not been identified for referral to the EIP, State EIPs may have concerns about increased caseloads and gaps in funding as a result of the new requirements.

In many States, child welfare and EIP collaborations have identified and creatively harnessed multiple funding streams to implement the referral provisions. Some States, such as Massachusetts and New Mexico (see box on p. 11), tap insurance or require sliding scale fees.

NEW YORK STATE

The New York State Permanent Judicial Commission on Justice for Children has developed the Healthy Development Checklist and the Infant Checklist. These checklists contain key questions that spotlight children's needs (including referral to the EIP) and help ensure that at least one person involved in every child welfare case—a judge, a lawyer, a caseworker, or a CASA—asks critical questions about a child's health and development.

The Commission's Babies Can't Wait Initiative promotes a steady focus on the needs of infants in foster care to ensure court-based leadership and oversight. Additionally, CASAs throughout New York State are specifically assigned to cases of children in foster care under age 5, working alongside the judge, attorneys, and social workers to identify health and developmental needs and, for those under age 3, to facilitate and track referral to the EIP.

New York's 2005 Permanency Act builds upon the Babies Can't Wait Initiative by requiring courts to inquire into children's well-being, including referral to the EIP. A key component of the project is a statewide interdisciplinary training effort on the most critical guideposts for infant health, including infant development and the EIP, for judges, courts, and child welfare staff.

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NEW MEXICO

New Mexico saw 100 percent growth in children and families served by the EIP between 2000 and 2005, with a future expected annual growth of 16 percent. Fixed Federal Part C funding resulted in the need to access State general funds to keep up with the growth. In 2004, the New Mexico legislature requested a study to examine the feasibility of billing private health insurance to address program costs. A measure was passed to bill private providers up to the $3,500 annual cap for early intervention services. After the cap, the Department of Health picks up all EIP costs.

Medicaid

Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) reimbursement can be used to maximize State resources for early intervention services. The EPSDT program is a health care program for Medicaid-eligible children ages birth to 21. It is designed to detect and treat health problems early through regular medical, dental, vision, and developmental screenings. Many abused and neglected children not placed in foster care, and nearly all children in out-of-home placement, will meet income eligibility guidelines for Medicaid.[4]

EPSDT permits States to use Medicaid to finance an array of services that might otherwise be ineligible for Medicaid reimbursement, including early intervention services and developmental screening (see 42 U.S.C. 1396d(a)). These services must be listed in the State plan. At least 27 States have plans covering EI services, including physical therapy and other rehabilitative therapies such as speech and occupational therapies, screenings, and developmental assessments.

States should consult with the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) to determine the extent to which the EIP services below may be billable to Medicaid:

- Assessment of the child and the child's home life
- Physical, occupational, and speech therapy
- Vision and hearing testing, diagnosis, and treatment, such as eyeglasses and hearing aids
- Nutritional assessment and intervention
- Basic living and social skills development
- Parent skills training
- Case management
- Home visiting programs, including visits by public health nurses to provide screening and referral of children to the EIP
- Transportation costs for the child to receive services, as well as the cost of an attendant to accompany the child where the attendant is not a family member

[4] All States cover most foster children for Medicaid. For more information: www.cms.hhs.gov/MedicaidGenInfo/

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VERMONT

Vermont's Success by Six program, funded through Medicaid and local grants, provides developmental screening for all children ages birth to 3. Families at risk receive extra support. Through this program, the child protection agency makes computerized, automatic referrals to the EIP. Interagency training is provided for both social services and EIP staff.

Other Federal Funds

Some State agencies have utilized other Federal funds and programs to support EIP referral, evaluation, and services for abused and neglected children, as well as child development training for professionals. States have found it helpful to seek additional guidance from the funding source regarding allowable activities.

- **Maternal and Child Health Program (MCH)** (title V of the Social Security Act). MCH provides a health-services safety net for women and children to ensure basic health care; it can be used for screening, assessments, and follow-up medical care. States also can use these funds for special projects of regional and national significance, including training for professional staff. In Suffolk County, NY, basic health assessments and monitoring provided by public health nurses are funded through MCH dollars in addition to EIP Child Find funds and Medicaid.
- **Head Start/Early Head Start.** Head Start requires grantees to perform or obtain developmental screenings and arrange or obtain further diagnostic testing, examination, and treatment for children with a suspected disability or developmental delay. It also requires grantees to establish partnerships with Part C and child protective services.
- **CAPTA.** The Basic State Grant program under CAPTA requires States to develop a process to ensure the referral of eligible children for early intervention services. This grant funding may be used to fulfill this requirement.
- **Temporary Assistance for Needy Families (TANF).** Many States have used TANF to fund preventive programs that reduce out-of-home placement, including assessment, case management, and family instruction (Dicker, Gordon, & Knitzer, 2001).

OHIO

The Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Health (ODH) developed an interagency agreement that requires referrals for all substantiated cases of abuse and neglect and allows ODH to receive reimbursement from ODJFS for developmental evaluations conducted as a part of the CAPTA requirements. ODH then sends the reimbursement to the local early intervention provider using TANF funds.

Additional funding streams that might be explored include title IV-B child welfare services program and IV-B Subpart 2 funds under the Promoting Safe and Stable Families

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program, Abandoned Infant Assistance Act funds, and funding streams that support substance abuse treatment and jail diversion programs.

Conclusion

The new Part C referral provisions support access to early intervention services for abused and neglected children. The strategies discussed in this bulletin may help States consider options for fully implementing the CAPTA and IDEA directives. By providing access to early intervention services, child welfare administrators can better promote the healthy development of vulnerable children and their families.

Resources

For More Information

National Early Childhood Technical Assistance Center (NECTAC)
www.nectac.org

The National Early Childhood Technical Assistance Center supports the implementation of the early childhood provisions of the Individuals with Disabilities Education Improvement Act (IDEA). They work with administrators from all States and other U.S. jurisdictions responsible for planning and implementing services under the IDEA to strengthen service systems and ensure that children with disabilities (birth through 5) and their families receive and benefit from high quality, culturally appropriate, family-centered supports and services.

New York State's Permanent Judicial Commission on Justice for Children
www.nycourts.gov/ip/justiceforchildren/

The Commission addresses the problems of children whose lives are touched by the court system. The Commission's website highlights its key reforms and initiatives, including the Children's Centers, NYS Court Improvement Project, Healthy Development of Children in Foster Care Project, and the Babies Can't Wait Initiative. The website also provides links to articles written by Commission staff related to child welfare, court reform, Early Intervention, healthy development of foster children, and the needs of infants in foster care, as well as links to resources for advocates, providers, and policymakers.

State and Local Resources

Delaware

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Idaho

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