Bridging the Gap: Early Identification and System Navigation in Trauma-Informed Care for Young Children and Families

Developmental Monitoring

Done by parents, teachers, health professionals

Ongoing process-begins at birth

Sample tool:
"Learn the Signs. Act Early."
Milestone Checklists

Both:
Look for developmental milestones

Important for tracking signs of development and identifying concerns

Developmental Screening

Formal process

Recommended by the American Academy of Pediatrics at 9, 18, and 24 or 30 months

Done by health professionals and may be done by teachers with special training

Uses a validated screening tool

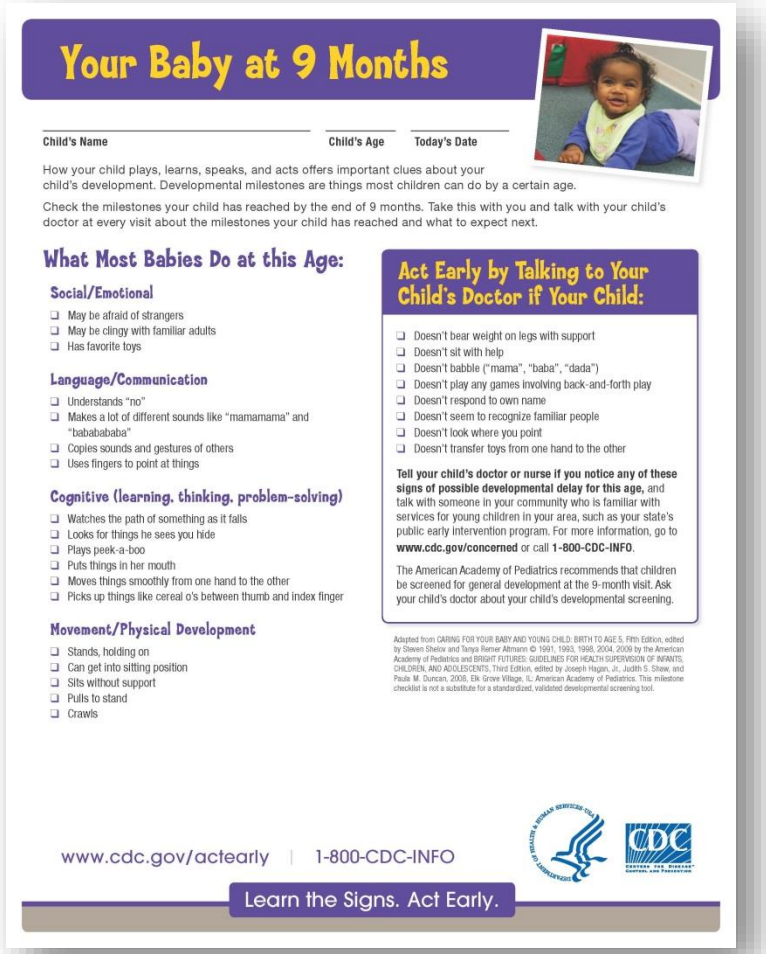
Sample tool:
Ages and Stages Questionnaire

Developmental monitoring + screening = more kids in early intervention compared with DS or DM alone! (Barger et al., 2018)

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Learn the Signs. Act Early.

Milestone Checklists



Your Baby at 9 Months

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ May be afraid of strangers
- ❑ May be clingy with familiar adults
- ❑ Has favorite toys

Language/Communication

- ❑ Understands "no"
- ❑ Makes a lot of different sounds like "mamamama" and "bababababa"
- ❑ Copies sounds and gestures of others
- ❑ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ❑ Watches the path of something as it falls
- ❑ Looks for things he sees you hide
- ❑ Plays peek-a-boo
- ❑ Puts things in her mouth
- ❑ Moves things smoothly from one hand to the other
- ❑ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ❑ Stands, holding on
- ❑ Can get into sitting position
- ❑ Sits without support
- ❑ Pulls to stand
- ❑ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't bear weight on legs with support
- ❑ Doesn't sit with help
- ❑ Doesn't babble ("mama", "baba", "dada")
- ❑ Doesn't play any games involving back-and-forth play
- ❑ Doesn't respond to own name
- ❑ Doesn't seem to recognize familiar people
- ❑ Doesn't look where you point
- ❑ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

Learn the Signs. Act Early.

- Complete checklists address
  - Four domains of development
  - Developmental "red flags"
- Can be printed with Spanish translation on reverse
- Come in Arabic, Brazilian Portuguese, Haitian Creole, Simplified Chinese, Somali, Spanish & Vietnamese

Learn the Signs. Act Early.

Developmental Milestone Norms

- By the age listed on the milestone checklists:
  - 75% - 90% of all children at that age should be hitting all of the listed developmental milestones.
- **Therefore, missing a milestone on the checklist warrants a conversation with a health care provider.**

Your Baby at 6 Months

Child's Name Child's Age Today's Date

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional
- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror

Language/Communication
- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "eh," "uh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (babbering with "m," "b")

Cognitive (learning, thinking, problem-solving)
- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other

Movement/Physical Development
- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce
- ☐ Rocks back and forth, sometimes crawling backward before moving forward

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:
- ☐ Is missing milestones
- ☐ Doesn't try to get things that are in reach
- ☐ Shows no affection for caregivers
- ☐ Doesn't respond to sounds around him
- ☐ Has difficulty getting things to mouth
- ☐ Doesn't make vowel sounds ("ah", "eh", "uh")
- ☐ Doesn't roll over in either direction
- ☐ Doesn't laugh or make squealing sounds
- ☐ Seems very stiff, with tight muscles
- ☐ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned:
1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!

What concerns, if any, do you have about your child's development? _____

CDC WIC Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Reminder

- Developmental Milestone Checklists are not screening tools nor are they indicators of developmental delay or disability.
- They are designed to engage parents in monitoring children's development and to help staff and parents decide when to refer to the child's health care provider, EI or Special Education Services.

Learn the Signs. Act Early.

Early Intervention

“Intervention works! Early intervention services can change a child’s developmental path and improve outcomes for children, families, and communities.”

2025 https://www.cdc.gov/ncbddd/actearly/whyActEarly.html

Individuals with Disability Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children, supports early intervention services for infants and toddlers and their families, and awards competitive discretionary grants.

IDEA 0-5

Part C

- 0 through 2
- Natural Environment
- Individual Family Service Plan
- Maine interpretation routines based – focusing on the family's goals to support the child's development.

Part B 3-22

- 3 through 5 (Section 619)
- Least Restrictive Environment
- Individual Education Plan
- Education plan
- Focuses on **child's educational needs** to succeed in school

Early Intervention for ME Home
Regional & State Contacts
Reporting
Make a Referral

Early Intervention for ME, Birth to 3 Years

EARLY INTERVENTION FOR ME

0-2 IDEA Part C

- 2 Standard Deviation below the mean in at least one developmental area or 1.5 or more SD below the mean in at least two developmental areas. OR established condition that clearly has demonstrated high risk

Early Intervention for ME helps children from birth to three achieve important developmental milestones. In a family-focused partnership, specialists show caregivers how to incorporate learning opportunities into a child's everyday activities. Research clearly shows children from birth to three respond best to caregivers they know and trust.

Early Intervention Works!

Our routines-based approach is empowering, collaborative, and proven. Early intervention providers empower families to support a child's healthy development. We equip caregivers with early intervention strategies that can be woven into a child's familiar routines and natural play.

Child Developmental Services – Moving to local schools: IDEA 619 3-5

- The plan is to transition 3-5 year old ***early education programs*** to public schools.
- Cohort 1 was 2024-2025
- Cohort 2 is 2025-2026
- Gradual expansion with all school districts expected to assume responsibility by 2027-2028

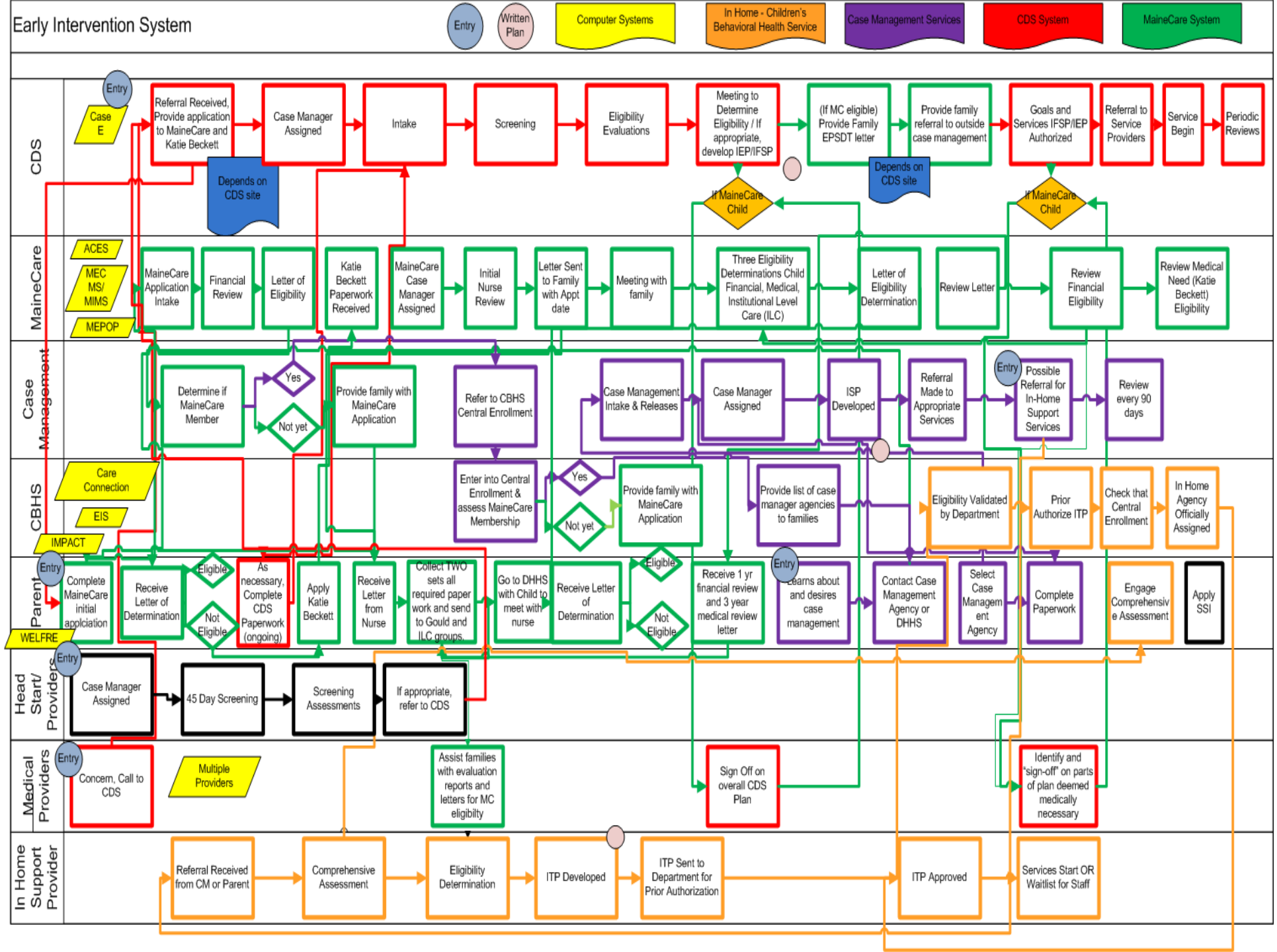
Early Intervention: Medical Model

Educational Model

- Eligibility based on developmental or a disability that adversely affects the ability to access a Free and Appropriate Public Education
- Focuses on children's learning and participation in school/ or natural environment for 0-2
- Academic and functional skills within the school setting

Medical Model

- Disability and directed by a professional of the healing arts
- Focused on healing or improving symptoms
- Focuses on addressing a child's specific medical needs or diagnosis
- Maximize a child's overall functioning potential and addresses various deficits
- Brader developmental needs


Early Intervention System
Entry
Written Plan
Computer Systems
In Home - Children's Behavioral Health Service
Case Management Services
CDS System
MaineCare System
CDS
MaineCare
Case Management
CBHS
Parent
Head Start/ Providers
Medical Providers
In Home Support Provider
Case E
Referral Received, Provide application to MaineCare and Katie Beckett
Case Manager Assigned
Intake
Screening
Eligibility Evaluations
Meeting to Determine Eligibility / If appropriate, develop IEP/IFSP
(If MC eligible) Provide Family EPSDT letter
Provide family referral to outside case management
Goals and Services IFSP/IEP Authorized
Referral to Service Providers
Service Begin
Periodic Reviews
Depends on CDS site
Depends on CDS site
If MaineCare Child
If MaineCare Child
ACES
MEC MS/ MIMS
MEPOP
MaineCare Application Intake
Financial Review
Letter of Eligibility
Katie Beckett Paperwork Received
MaineCare Case Manager Assigned
Initial Nurse Review
Letter Sent to Family with Appt date
Meeting with family
Three Eligibility Determinations Child Financial, Medical, Institutional Level Care (ILC)
Letter of Eligibility Determination
Review Letter
Review Financial Eligibility
Review Medical Need (Katie Beckett) Eligibility
Determine if MaineCare Member
Yes
Not yet
Provide family with MaineCare Application
Refer to CBHS Central Enrollment
Case Management Intake & Releases
Case Manager Assigned
ISP Developed
Referral Made to Appropriate Services
Entry
Possible Referral for In-Home Support Services
Review every 90 days
Care Connection
EIS
IMPACT
Enter into Central Enrollment & assess MaineCare Membership
Yes
Not yet
Provide family with MaineCare Application
Provide list of case manager agencies to families
Eligibility Validated by Department
Prior Authorize ITP
Check that Central Enrollment
In Home Agency Officially Assigned
Entry
Complete MaineCare initial applciation
Receive Letter of Determination
Eligible
Not Eligible
As necessary, Complete CDS Paperwork (ongoing)
Apply Katie Beckett
Receive Letter from Nurse
Collect TWO sets all required paper work and send to Gould and ILC groups.
Go to DHHS with Child to meet with nurse
Receive Letter of Determination
Eligible
Not Eligible
Receive 1 yr financial review and 3 year medical review letter
Entry
Learns about and desires case management
Contact Case Management Agency or DHHS
Select Case Management Agency
Complete Paperwork
Engage Comprehensive Assessment
Apply SSI
WELFRE
Entry
Case Manager Assigned
45 Day Screening
Screening Assessments
If appropriate, refer to CDS
Entry
Concern, Call to CDS
Multiple Providers
Assist families with evaluation reports and letters for MC eligibilty
Sign Off on overall CDS Plan
Identify and 'sign-off' on parts of plan deemed medically necessary
Referral Received from CM or Parent
Comprehensive Assessment
Eligibility Determination
ITP Developed
ITP Sent to Department for Prior Authorization
ITP Approved
Services Start OR Waitlist for Staff

📋 EPSDT at a Glance

The acronym **EPSDT** stands for:

- **E – Early:** Identifying health issues early before they become more serious
- **P – Periodic:** Scheduling regular checkups at age-appropriate intervals
- **S – Screening:** Checking physical, mental, developmental, dental, vision, and hearing health
- **D – Diagnostic:** Following up on concerns with in-depth assessments
- **T – Treatment:** Providing care to correct or improve detected issues ilmeridian.com +14 medicaid.gov +2

The reality is, the system is traumatic

- Science urges families to act quickly but the systems are fragmented, confusing, and less responsive than I would like to see them.

https://vintagearcade.net/wp-content/uploads/2022/11/IMG_8504.jpeg

Provider Resources
Provider Enrollment & Revalidation
Provider Communication and Training
Pharmacy Services
Dental Services
MaineCare Rate System Reform
VitalCare for Kids
School Health-Related Services
Value-Based Purchasing
Maine Maternal Opioid Model

VitalCare for Kids - Maine's EPSDT Program

MaineCare is excited to announce the rebrand of the Early Periodic Screening Diagnosis & Treatment (EPSDT) program. The program will now be known as **VitalCare for Kids!**

MaineCare chose this new name after collecting valuable feedback from MaineCare staff, providers, and members through surveys. The goal of rebranding the program is to expand access to and improve utilization of EPSDT benefits. By using a name that is more memorable and recognizable, the EPSDT program can better support its goals of early screening, diagnosis, and access to medically necessary services for children and youth under age 21.

VitalCare for Kids will maintain the national standards of care federally required under EPSDT to ensure individual children get the health care they need when they need it - the right care, to the right child, at the right time, in the right setting.

What is VitalCare for Kids (EPSDT)?

VitalCare for Kids is how Maine implemented the federally required EPSDT benefits for children and youth under age 21. The program allows them to receive medically necessary services or equipment that are permitted under federal Medicaid law but

How can medical professionals help

- Act as Coordinators and Advocates
  - Medical Home Model
  - Referrals and Warm Handoffs
    - Help ensure smooth transitions and prevent families from having to retell their story repeatedly
- Provide Trauma-Informed-Care
  - Recognize System Fatigue
  - Listen
  - Create Safe Spaces
  - Empower Families
- Normalize the Struggle: It *shouldn't* be this hard, and affirm their resilience.
- Continuity of care can be healing in itself

Thank you

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Maine Developmental Disabilities Council

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