

STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

Revision Date : _____

REQUEST

Bill/Resolution No. : HCS CSSCR 13 (FIN)
 Title : Relating to infant Learning Programs

 Sponsor : Senator Faiks
 Requestor : House Finance
 Date of Request : 2/6/86

FISCAL DETAIL

Agency Affected : Education
 BRU : _____

 Components : _____
Curriculum Services

EXPENDITURES/REVENUES : (Thousands of Dollars)

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		0				
TRAVEL		0				
CONTRACTUAL		0				
SUPPLIES		0				
EQUIPMENT		0				
LAND & STRUCTURES		0				
GRANTS, CLAIMS		0				
MISCELLANEOUS		0				
TOTAL OPERATING		0				

CAPITAL						
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REVENUE						
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FUNDING : (Thousands of Dollars)

GENERAL FUND		0				
FEDERAL FUNDS						
OTHER						
TOTAL		0				

POSITIONS :

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : Attach a separate page if necessary

Prepared by : Al Adams, Chair Phone : 465-3706
 Division : House Finance Committee Date : 2/6/86

Approved by Commissioner : _____ Date : _____
 Agency : _____

Distribution (by Agency preparing fiscal note) :

- Legislative Finance
- Legis'ative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Original sponsors: Paiks, Ferguson,
Ziegler, et al

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 HOUSE CS FOR CS FOR SENATE CONCURRENT RESOLUTION NO. 13 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 Relating to infant learning programs.

6 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

7 WHEREAS the Education of the Handicapped Act (P.L. 94-142) requires
8 each state to provide education services to handicapped children; and

9 WHEREAS the Legislature has expressed its commitment to carry out the
10 provisions of P.L. 94-142 through the enactment of AS 14.30.130, which
11 indicates the State's intent to provide "an appropriate public education
12 for exceptional children in the state who are at least three years of age
13 but less than 22 years of age"; and

14 WHEREAS the Legislature has further expressed its commitment to "pro-
15 vide appropriate public education and training for the exceptional children
16 in this state who have not reached the age of three" through the enactment
17 of AS 47.30.005, which directs the Department of Health and Social Services
18 to establish to the maximum extent possible "a learning program which
19 emphasizes individual needs, is home based, and involves parents in the
20 education and training of their children"; and

21 WHEREAS the Legislature finds that the Department of Health and Social
22 Services is doing an excellent job in meeting the provisions of AS 47.30.-
23 005, in spite of the limited level of funding available to support these
24 services when compared to the number of identified children in need; and

25 WHEREAS it is the intent of the legislature that all exceptional
26 children regardless of age and residence in the state receive benefit from
27 infant learning and special education programs; and

28 WHEREAS special education programs are currently funded as part of the
29 Department of Education's public school foundation program and infant

1 learning programs are funded on a grants basis through the Department of
2 Health and Social Services; and

3 WHEREAS an integral part of the Legislature's commitment to Alaska's
4 very young exceptional children is sufficient funding to support infant
5 learning as well as special education programs;

6 BE IT RESOLVED by the Alaska State Legislature that the Department of
7 Education is requested to work with the Department of Health and Social
8 Services to determine how infant learning services currently provided by
9 the Department of Health and Social Services can be cooperatively imple-
10 mented with the Department of Education and whether or how funding can be
11 incorporated into the public school foundation program; and be it

12 FURTHER RESOLVED that implementation of program responsibilities
13 should include continuation of the emphasis currently placed by the Depart-
14 ment of Health and Social Services on individual needs in a home-based
15 setting and the involvement of parents in the education and training of
16 their children; and be it

17 FURTHER RESOLVED that the Department of Education is requested to
18 report to the Legislature on whether or how funding for infant learning
19 programs can be incorporated into the public school foundation program as
20 categorical funding for infant learning programs; and be it

21 FURTHER RESOLVED that the report be submitted to the Legislature by
22 the 12th day of the First Session of the Fifteenth Legislature.

Alaska State Legislature

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740

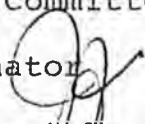
JAN FAIKS
POUCH V
CAPITOL BUILDING
JUNEAU ALASKA 99811

Senate

February 4, 1986

MEMORANDUM

TO: Al Adams, Chairman
House Finance Committee

FROM: Jan Faiks, Senator 

SUBJECT: Senate Concurrent Resolution 13 - Relating to
Infant Learning Programs

CSSCR 13 (HESS) is scheduled for the committee's consideration and I want to take this opportunity to provide you with some background information.

The thrust of the resolution is to examine other methods of funding the infant learning program. Currently the Department of Health and Social Services provides services through a grant program. Unfortunately the level of funding has never kept up with the number of children in need of services. Currently at least 171 children are identified as eligible but remain unserved and another 313 children are underserved by the program.

One option for funding could be incorporation of the infant learning program into the school foundation formula; similar to the manner in which the state currently funds special education. The recommendations made by the Governor's Council for the Handicapped and Gifted also suggests a similar approach by amending the statutes to provide \$3700 per child for each enrolled in an infant learning program. I am hopeful the Governor's Council's intent is the same as that reflected in SCR 13.

In order to achieve the goal of providing adequate funding, the resolution directs the Departments of Education and Health and Social Services to work together to explore the idea.

OUT OF SESSION

1024 WEST SIXTH AVENUE, SUITE 302 ANCHORAGE, ALASKA 99501 907-274-6611

The departments were asked to report their findings to the Legislature this past January so the resolution needs to be amended to provide for a report to the Legislature next January.

Several supporters of the infant learning program have asked if the resolution reflects an effort to place responsibility for the infant learning program with the Department of Education. I want to assure the Finance Committee it is not my intent to make such an important policy decision prior to the departments' discussions. The Department of Health and Social Services is doing an excellent job in providing the necessary services on a limited budget and I would not want to do anything which may jeopardize the quality of service. It is my hope, however, the departments will explore how the home-based program approach can be maintained even though the funding mechanism may be restructured.

I have taken the liberty of attaching information on the infant learning program contained in the Governor's Council report to the Legislature.

If I can provide any additional information, please let me know.

INFANT LEARNING

500000
1000000
Report to the Legislature 1986-87

Last year the Council recommended an increase over two years, F86 and F87, of \$1,288,100 to serve the 171 children on waiting lists and the 300 new children to be enrolled each year.

The 1985 Legislature increased the Infant Learning BRU by \$300,000 for F86. The Governor included that increase in the F87 adjusted base.

All of the funds in the Infant Learning BRU are distributed as grant funds to local organizations. In 1986 there are 20 grants ranging from \$40,000 to over \$500,000. More than 1300 children will be screened. Over 900 will receive monthly or more frequent home visits by qualified trainers.

Parents need the support and training necessary to meet the needs of their handicapped children. Without it many disabilities will have more serious effects and result in long-term dependency on public services of all kinds.

The population for ages 0-2 has increased 35% in the last five years. This trend will continue and will require the legislature to place increased emphasis on services for young children, especially those with disabilities. The 0-2 population now numbers 33,000, of whom 1100 require infant learning program services.

For F87, the Department of H&SS requested a \$520,000 increment which would increase personnel in Mat-Su, Chugiak, and Kenai, and for the hearing impaired and support therapy programs. For the first time teachers would be employed to serve the Aleutian chain and the Valdez/Cordova area. The Interior Doyon Region would be served again after three years without a program.

Statewide 200 handicapped children would receive diagnostic services for the first time, and 520 would receive re-evaluations and therapy services.

These increased funding levels are consistent with the recommendation made in the Governor's January 1985 report to the legislature in response to the 1984 legislature's CS House Resolution 13. That resolution asked the administration to develop a policy and funding plan to meet the goals of deinstitutionalization and full community services for Alaska's developmentally disabled and substantially handicapped population. In the Governor's report infant learning increments were ranked first, sixth and eighth, for a total of \$1,490,400 in increased funding.

The infant learning program's emphasis on early prevention and remediation of disabilities through in-home training of parents brings real economic benefits to the state in the reduced long-term public funds needed for special education, training, residential care, and public assistance for these individuals as they grow up. It yields social benefits by reducing stress on families and resultant abuse, divorce, and domestic violence.

INFANT LEARNING PROGRAMS F85

Number of Children	800
Number of Programs	20
Number of Communities	74
Number of Home Visits	9,000
Hours of Home Training	16,213
Number of Trainers	43

INFANT LEARNING GRANTS BRU, Health Grants Program, DH&SS

F85 Authorized	\$2,041.9	
F86 Authorized	\$2,341.9	
F87 DH&SS	\$2,861.9	+520
F87 Governor	\$2,341.9	
F87 Council Recommended	\$2,861.9	Increase BRU \$520.0

INFANT LEARNING PROGRAMS

The history of Alaska's Infant Learning Programs is brief but dramatic. It demonstrates well-placed concern on the earliest possible identification and treatment of children with handicapping conditions. It means that children born with impairments or high risk of impairments due to environmental, bio-social or other factors can now receive services which will encourage their mental and physical development to minimize long-term effects of the handicapping conditions. It also demonstrates the difficulties in establishing a stable funding base for a program heavily impacted by the high rate of statewide population growth.

A.S. 47.20 was amended by the Legislature in 1979 to authorize the Department of Health and Social Services to provide support to local groups providing developmental services to children with handicaps from birth to age three. After age three, they become eligible under A.S. 14.18 to enter local school district special education programs.

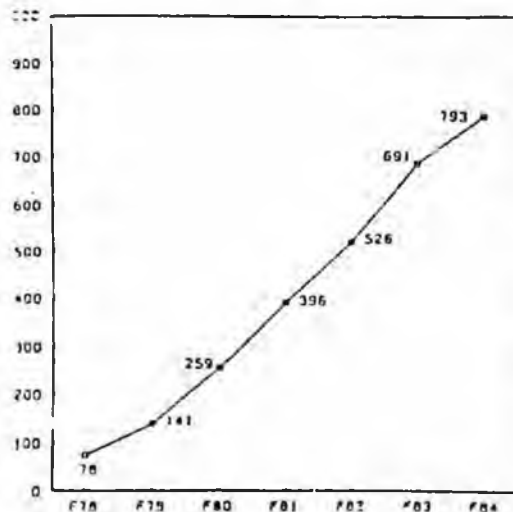
"I wish to congratulate the Department and the Legislature for your careful sponsorship of this incredibly valuable program across the state."

Urban Mayor

"The program is a credit to Alaska for meeting handicapped children's needs. Our family is grateful for the valuable knowledge and support the program has supplied."

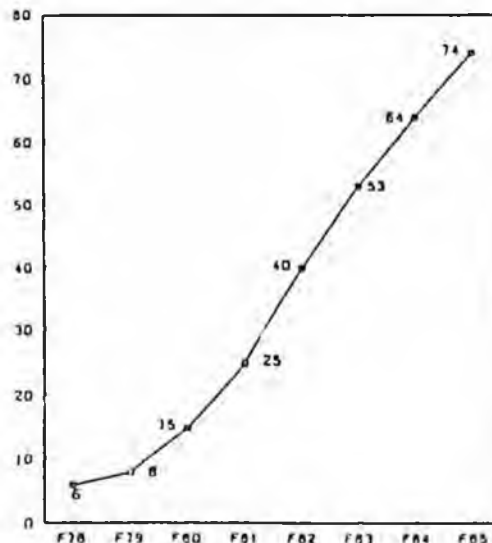
Family, Sitka

INFANT LEARNING PROGRAMS
Children Enrolled*(F78-F84)



* Does not include children enrolled in state-wide program (Blind/Visually Impaired and Deaf/Hearing Impaired Program)

INFANT LEARNING PROGRAMS
of Communities Served (F78-F85)



FROM: Governor's Council
for the Gifted and
Handicapped Report to the
Legislature 1985-1986

Three factors, cited by Smith and Strain (NIE Digest, 1984) are present in effective infant learning programs studied nationwide. These include the age of the child at the time of intervention (the earlier the better), parent involvement (parents need the support and skills necessary to cope with their child's special needs), and the amount of structure of the program model (frequency, intensity, degree of individualization, and clarity of objectives).

Key language in A.S. 47.20 requires involvement of parents in the education and training of their young children and, to the maximum extent possible, focuses on the family home as the child's learning environment. Services are therefore provided by infant learning teachers or child development specialists with backgrounds in teaching, nursing or therapeutic services. These specialists provide assistance to parents, thus reinforcing the role of the parent as the most influential factor in the child's growth and development. In urban areas weekly visits are made to the child and parents in their own home. These may be augmented by sessions in a center where a group of children and their parents receive services. In rural areas, home training sessions are provided every two weeks or once a month, supplemented by weekly visits of village teacher aides in programs at Nome, Bethel, McGrath and Kotzebue.

Longitudinal studies of such programs have repeatedly demonstrated that early identification and special assistance pay off in reducing the need for special education services and life-long dependency on public services. The earlier intervention begins the lower the life-long cost of special services. Total cost of special education services may be reduced by 25% if services begin at birth as compared with age 6 because of the remediation and prevention of developmental problems which would otherwise require more special services later (Wood, 1981). For every dollar spent on early treatment the State of Tennessee calculates \$7.00 in savings within 36 months (Snider et al, 1974). Many Alaskan children with speech, language and general developmental delays, who have been served in the last four years, have not required special education services upon entry to public school. Others with more serious handicapping conditions can begin public special education programs promptly at age three, thereby saving several years of what would otherwise have been lost time in their educational process.

The 1980 0-2 population was estimated at 24,461 with 732 or a minimum of three per cent urban and seven per cent of rural children estimated to be "at risk" of having developmental delays or handicapping conditions requiring early intervention services. The 1985 0-2 population is

"So many parents of handicapped children are at a loss. I'm happy to say that we've never had that experience. The program helps supply that constant need for emotional support."

Mother, Petersburg

"I am certain that other physicians share my opinion as to the value of the program. Every dollar allocated to this program is a worthwhile investment."

Pediatrician,
Ketchikan

"I directly see the beneficial results to troubled families."

Social Worker,
Barrow

estimated at 33,150. The target population for infant learning programs is now 1,111 children.

This population increase severely impacts the resources of an already underfunded program struggling to meet needs of those children and families already being served. In other words, it's impossible to provide less than maintenance funding to a program begun only seven years ago, which has not yet been adequately funded, and expect program quality and results to remain high. Due to the increasing demand for service and reduced amount of federal P.L. 89-313 funding available in F85, the estimated funding per child will be below \$2,000. Full service would cost \$3,700 per child.

"I enrolled my daughter last year and I am proud to say this was one of the best decisions I have made. She spent her first five weeks in the hospital in Anchorage, and I was not able to stay with her so I didn't know what to expect. The program helped me to understand the extra care and attention she would need."

Mother, Nome

Current waiting lists of identified children include:

Anchorage	39
Bethel	37
Seward	9
Mat-Su	14
*Valdez	2
*Cordova	3
*Aleutians	4
*Tanana Chiefs Region	13

TOTAL Waiting List 121

* Children identified by medical/health personnel in areas where no child find or screening has been done to identify other children needing service.

Each day, week, month or year that these children in need of infant learning program services wait for services will result in much more long-term state expenditures than if the state provided the needed funding now.

INFANT LEARNING PROGRAMS

	F78	F79	F80	F81	F82	F83	F84	F85
Number of Children Enrolled During Year	78	141	259	396	526	691	793	890*
Number of Programs	6	8	12	15	18	18	19	19
Number of Communities	6	8	15	25	40	53	64	74
Number of Home Visits				4,278	5,710	7,238	7,460	
Hours of Home Training				8,300	13,684	33,827	16,175	
Number of Teachers				20	27	26	31	34
COST PER CHILD	1,153	2,312	1,294	1,533	2,787	1,900	2,535	2,125*
TOTAL COST (in thousands)	89.9	326.0	335.2	607.1	1,465.9	1,313.0	2,010.7	1,891.8

*Estimated number of enrollments for F85, based on ratio of increases during previous years.

Service to these children and their families plus increasing the frequency of home visits of children who are only being seen monthly or every two months, but who need to be seen weekly, would require an additional fourteen teachers statewide plus a number of aides to assist in small, remote villages.

Over 60% or about 500 children enrolled in infant learning require multidisciplinary evaluations or re-evaluations as well as specialized therapy services such as physical therapy or speech therapy. The Division of Public Health has determined that the most efficient way to provide these services at the required quality level is to have a support services team of pediatric specialists in each of the therapy areas who can work together as evaluation teams and individually to provide actual therapy services to children enrolled in the local programs. Prior to November 1984, diagnostic evaluations occurred only once a year with essentially no follow-up services for these physical therapy or occupational therapy needs unless this was the professional specialty of the infant learning teacher. The new support program plan, due to limited F85 funding, will serve only seven of the nineteen programs statewide.

Other unmet program needs include: training for groups of parents, family counseling, child oriented activity groups, teacher and aide training, and opportunities to observe other programs. F786 budget request levels (increase of .03%) will result in actual reduction of existing services in urban and rural areas. It is anticipated that few of the 121 infants on waiting lists will be served this year. An additional 100 children will be added to waiting lists next year with no hope of receiving services under the F86 budget as currently proposed.

"My husband and I have had to deal with many people in order to help our two-year-old daughter with cerebral palsy. Home-based therapy would be very helpful. Our daughter is a different child at home than she is in strange places. Home-based therapy would also help keep her home adaptive equipment current with her developments."

Parents, Anchorage

INFANT LEARNING PROGRAM ENROLLMENTS AND FUNDING

Region Community/Area	Pop. 0-2	Est. Need	PROGRAM ENROLLMENTS			PROGRAM BUDGET		FUNDING REQUEST F86
			F82*	F83*	F84*	F84	F85	
Juneau			23	29	31	64.4	71.7	75.3
Ketchikan			34	21	27	51.3	53.7	60.0
Petersburg			13	13	14	21.1	25.3	27.4
Sitka			21	21	32	52.7	61.7	71.7
SOUTHEAST TOTAL	3,953	118	92	84	104	189.5	212.4	233.8
Aleutian Chain			0	0	0	0	0	0
Anchorage			133	196	220	287.0	351.0	532.6
Chugiak			20	45	65	91.1	108.0	245.2
Copper Center			0	0	0	0	0	0
Cordova			0	0	0	0	0	0
Homer			2	13	18	54.6	57.9	66.0
Kenai Area			18	24	35	70.3	99.8	129.0
Kodiak			12	12	15	31.0	45.2	52.9
Mat-Su Area			35	58	58	47.5	60.5	196.5
Valdez			0	0	0	0	0	0
North Pacific Rim			0	0	*	0	0	44.0
Seward			0	0	0	0	0	42.8
SOUTHCENTRAL TOTAL	20,813	624	220	348	411	581.5	712.4	1,309.0
Fairbanks			121	115	128	250.0	265.0	320.9
McGrath			0	0	5	54.6	69.9	85.5
Tanana Chiefs			18	34	0	0	0	0
Tanana			0	0	0	0	0	24.9
CENTRAL TOTAL	5,438	163	139	149	133	304.6	334.9	431.3
Dillingham Area			12	13	16	73.0	74.6	80.0
SOUTHWEST TOTAL	374	26	12	13	16	73.0	74.6	80.0
Bethel Area			43	47	54	153.1	181.5	330.8
WEST TOTAL	1,228	86	43	47	54	153.1	181.5	330.8
Kotzebue			0	0	10	40.4	89.0	40.4
Nome Area			16	38	54	177.0	177.0	187.6
NORTHWEST TOTAL	1,010	71	16	38	64	217.4	266.0	228.0
Barrow Area			9	14	21	64.9	75.4	82.0
NORTHERN TOTAL	334	23	9	14	21	64.9	75.4	82.0
Blind**			29	71	67	169.7	184.2	259.9
Deaf***			25	25	39	83.6	84.0	150.0
PROGRAM TOTAL			54	96	106	253.3	268.2	389.9
TOTALS	33,150	1,111	585	787	899	1,837.3	2,125.4	3,084.8

- Sources: 1. F84-86 Alaska State Plan of Services for Persons with Developmental Disabilities and Other Substantial Handicaps
 2. Department of Health & Social Services - Section on Family Health
 3. Department of Community and Regional Affairs - "F85 Official Population for Boroughs and Cities"

- * Unduplicated Count
 ** Blind/Visually Impaired Program
 *** Deaf/Hearing Impaired Program

NOTE: Bush areas need estimated at 7% of 0-2 population based on utilization and waiting list data. Urban areas estimated at 3%.

THE ARGUMENT FOR EARLY INTERVENTION

What is Early Intervention?

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special need that may affect his or her development and then providing services to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrence. Early intervention may begin at any time between birth and school age; however, there are many reasons to begin as early as possible.

Why Intervene Early?

There are three primary reasons for intervening early with an exceptional child—to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If the most "teachable moments" or readiness stages are not taken advantage of, a child may have difficulty learning a particular skill at a later time.

Early intervention services have a significant impact as well for the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added economic stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the families' well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and a handicapped child is more likely to be abused than is a nonhandicapped child. Early intervention for parents results in improved attitudes about themselves and their child, improved information and skills for teaching their child, and more time for both work and leisure. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child and, perhaps increased ability for employment, provide economic as well as social benefits.

Is Early Intervention Really Effective?

After nearly 20 years of research there is still a great deal to learn. Efforts to document effectiveness have been hindered by experimental design problems associated with: low-incidence handicapping conditions, the diversity of children's problems and the limited scope of available assessment instruments. However, even with these problems, there is evidence—both quantitative (data-based) and qualitative (re-

ports of parents, teachers)—that early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long term benefits to society. Early intervention for handicapped or disadvantaged children has been shown to result in the child's needing fewer special education and other rehabilitative services later in life, being retained in grade less often, and in some cases, actually being indistinguishable from nonhandicapped classmates years after intervention.

Disadvantaged and gifted preschool-aged children benefit from early intervention as well. Longitudinal data on disadvantaged children who had participated in the Ypsilanti Perry Preschool Project showed that they had made significant gains by age 15 (Schweinhart & Weikart, 1980). These children were more committed to schooling and were doing better in school than children who did not attend preschool. They scored higher on reading, arithmetic, and language achievement tests at all grade levels; showed a 50% reduction in the need for special education services through the end of high school; and showed less anti-social or delinquent behavior outside of school. Karnes (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

The available data emphasize the *long term* cost effectiveness of early intervention. The highly specialized, comprehensive services necessary to produce the desired developmental gains are often, on a *short term* basis, more costly than traditional school-aged service delivery models. However, there are significant examples of long-term cost savings that result from such early intervention programs.

- A longitudinal study of children who had participated in the Perry Preschool Project (Schweinhart & Weikart, 1980) found that when schools invest about \$3,000 for one year of preschool education for a child, they immediately begin to recover their investment through savings in special education services. Benefits included \$668 from the mother's released time while the child attended preschool; \$3,353 saved by the public schools because children with preschool education had fewer years in special education and were retained for fewer years in grades; and \$10,798 in projected life-time earnings for the child.
- Wood (1981) calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth, (b) age two, (c) age 6, and (d) at age 6 with no eventual movement to regular education. She found that the total costs were actually less if begun at birth! Total cost of special services begun at birth was \$37,273 and total cost if begun at age 6 was between \$46,816 and \$53,340. The cost is less the earlier the intervention because of the remediation and prevention of developmental problems which would have required special services later in life.
- A three year follow-up in Tennessee showed that for every dollar spent on early treatment, \$7.00 in savings were realized within 36 months. This savings resulted from deferral of special class placement and institutionalization for

severe behavior disordered children (Snider, Sullivan, & Manning, 1974).

- A recent evaluation of Colorado's statewide early intervention services reports a cost savings of \$4.00 for every \$1.00 spent within a three-year period (McNulty, Smith, & Soper, 1983).

Are There Critical Factors That Affect the Success of Early Intervention Programs?

While there have been too few attempts to determine critical features of early intervention programs, there are three recurrent factors present in most effective programs. These include the age of the child at the time of intervention, parent involvement, and the intensity and/or the amount of structure of the program model.

1. Many studies report that the earlier the intervention the more effective. With intervention at birth, or as soon after the diagnosis of a disability as possible, the developmental gains are greatest and the likelihood of developing problems later is reduced. (Garland et al., 1981)
2. The involvement of parents in their child's treatment is also important. The data show that parents of both handicapped and gifted preschool children need the support and skills necessary to cope with their child's special needs. (Beckman-Bell, 1981)
3. Highly structured programs appear to be the most successful (White, 1984). That is, maximum benefits are reported in programs that clearly specify and frequently monitor the child's and family's behavioral objectives, precisely identify teacher behaviors and activities that are to be used in each lesson, utilize task analysis procedures, and regularly use child assessment and progress data to modify instruction. In addition to structure, the intensity of the services, particularly for severely disordered children, can significantly affect outcomes (Lovaas, 1982). Finally, individualizing instruction and services to specifically meet the child's needs also increases a program's effectiveness.

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Resources

Available from The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091-1589 (703/620-3660).

Early Childhood Education for Handicapped Children: Programs and Curriculum. (100 abstracts). #536. \$10.00.

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TO: Representative [Name] [Address]

FROM: The Delta Association for the Education of Young Children, Inc.
925, Bethel, AK 99507

The Delta Association for the Education of Young Children, a group of early childhood professionals in the Bethel area, have the following concerns regarding SCR 13 (CS for SCR 13):

1. Our first concern has to do with who reports to the legislature. The report contained in the resolution should be a joint report initiated and made to the legislature by both the Departments of Education and Health and Social Services. This report should involve the Governor's Council on the Gifted and Handicapped, and seek input from appropriate groups and individuals, particularly Infant Learning Program staff and parents. We strongly recommend that those who make the report involve others who are familiar with ILP, rather than limiting it to one Department and its staff. This report may determine future placement of the Infant Learning Program, and, as it is a very serious report, all opinions and views should be considered.
2. We feel that the study on funding for the Infant Learning Program should not be limited to public school foundation funding. We feel that this report should explore all funding alternatives for the Infant Learning Program, including foundation funding.

We recommend that the resolution be amended to read: (lines 4-11)
"Be it resolved by the Alaska State Legislature that the Departments of Education and Health and Social Services work together to determine how infant learning services currently provided by the Department of Health and Social Services can be assured funding, whether is be through cooperative implementation with the Department of Education and Department of Health and Social Services, incorporation into the public school foundation program, or through other funding sources, with emphasis on exploring all funding alternatives."

3. Our third concern is about funding for the report: Will there be adequate funding for a thorough study? Will the Departments indeed be willing, and have the time and personnel, to complete an adequate and thorough study? How comprehensive a study is requested in the resolution? We recommend that perhaps a fiscal note be attached to this resolution in order for an adequate study to be implemented.

4. Our fourth concern has to do with time factors: The date of CS for SCR 13 calls for a report to be submitted to the legislature by the 10th day of the Second Session of the Fourteenth Legislature. This will need to be adjusted. Our concern is whether adequate time will be allowed for a feasibility study to be completed, and what that time frame can be. We recommend that a joint report be submitted no earlier than the start of the next legislative session.

5. In addition to SCR 13, our association has concerns about the level of services provided by the Infant Learning Program in our region. Currently 30 children are being served by the Infant Learning Program, with 45 children on a waiting list for assessment, diagnosis and enrollment in the program. There are no available funds to assess, diagnose or enroll these 45 children. When you consider the fact that the Bethel Infant Learning Program serves an area with 52 villages, and is only able to serve 30 children in 15 villages due to funding restraints, there is reason to be concerned. Only the most profoundly handicapped children are served at a level which can only produce minimal results. The rest continue to get further behind, at increasing future expense to society. While we are hesitant at the prospect of SCR foundation funding to assure adequate funding for the Infant Learning Program, we feel that something must be done immediately to serve these needy children. Perhaps a legislative appropriation to the local Infant Learning Program would remedy the regional problem in providing services to these babies and their parents.

Introduced: 3/6/85
Referred: Health, Education & Social Services

1 IN THE SENATE

BY FAIKS, FERGUSON, ZIEGLER,
RODEY, STURGULEWSKI AND HALFORD

2

SENATE CONCURRENT RESOLUTION NO. 13

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

Relating to infant learning programs.

6 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

7 WHEREAS the Education of the Handicapped Act (P.L. 94-142) requires
8 each state to provide education services to handicapped children; and

9 WHEREAS the Legislature has expressed its commitment to carry out the
10 provisions of P.L. 94-142 through the enactment of AS 14.30.180, which
11 indicates the State's intent to provide "an appropriate public education
12 for exceptional children in the state who are at least three years of age
13 but less than 22 years of age"; and

14 WHEREAS the Legislature has further expressed its commitment to pro-
15 vide public education and training to exceptional children under the age of
16 three through the enactment of AS 47.20.005, which directs the Department
17 of Health and Social Services to establish to the maximum extent possible
18 "a learning program which emphasizes individual needs, is home based, and
19 involves parents in the education and training of their children"; and

20 WHEREAS the legislature finds that the Department of Health and Social
21 Services is doing an excellent job in meeting the provisions of AS 47.20.-
22 005, in spite of the limited level of funding available to support these
23 services when compared to the number of identified children in need; and

24 WHEREAS it is the intent of the Legislature that all exceptional
25 children regardless of age and residence in the state receive benefit from
26 infant learning and special education programs; and

27 WHEREAS special education programs are currently funded as part of the
28 Department of Education's public school foundation program and infant
29 learning programs are not; and

1 WHEREAS an integral part of the Legislature's commitment to Alaska's
2 very young exceptional children is sufficient funding to support infant
3 learning as well as special education programs;

4 BE IT RESOLVED by the Alaska State Legislature that the Department of
5 Education is requested to work with the Department of Health and Social
6 Services to determine how responsibility for infant learning services cur-
7 rently provided by the Department of Health and Social Services can be
8 cooperatively implemented with the Department of Education and how funding
9 can be incorporated into the public school foundation program; and be it

10 FURTHER RESOLVED that implementation of program responsibilities
11 should include continuation by the Department of Education of the emphasis
12 currently placed by the Department of Health and Social Services on
13 individual needs in a home-based setting and the involvement of parents in
14 the education and training of their children; and be it

15 FURTHER RESOLVED that the Department of Education is requested to
16 report to the Legislature how funding for infant learning programs can be
17 incorporated into the public school foundation program as categorical
18 funding for infant learning programs; and be it

19 FURTHER RESOLVED that both departments work with the Interagency
20 Planning Group for Early Childhood Special Education in the development of
21 the departments' report to the Legislature; and be it

22 FURTHER RESOLVED that the report be submitted to the Legislature by
23 the 10th day of the Second Session of the Fourteenth Legislature.