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STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SCR 13
 Title: Relating to infant
Learning Programs
 Sponsor: Senator Faiks
 Requestor: Senate Finance
 Date of Request: 5/3/85

FISCAL DETAIL

Agency Affected: Education
 Program Category Affected: _____
 BRU, Program or Subprogram(s) Affected:
Curriculum Services

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		0				
200 TRAVEL		0				
300 CONTRACTUAL		0				
400 SUPPLIES		0				
500 EQUIPMENT		0				
600 LAND & STRUCTURES		0				
700 GRANTS, CLAIMS		0				
900 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: _____
 Division: Jan Faiks, Co-chairman
Senate Finance Committee
 Approved by Commissioner: _____
 Agency: _____

Phone: 465-4523
 Date: 5/3/85

Date: _____

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

7/1/84

Alaska State Legislature

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740



IAN FAIKS
POUCH V
CAPITOL BUILDING
JUNEAU, ALASKA 99811

Senate

May 6, 1985

MEMORANDUM

TO: Niilo Koponen, Co-Chairman
Max Gruenberg, Co-Chairman
House Health, Education and Social Services
Committee

FROM: Jan Faiks, Senator *JF*

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

CSSCR 13 (HESS) has been referred to your committee and I appreciate the committee's prompt scheduling of the measure.

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 121 children are identified as eligible but remain unserved due to lack of program funds).

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 Gifted and Handicapped also suggest 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. The departments are asked to report its findings 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 HESS 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 and by Protection and Advocacy of the Developmentally Disabled.

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

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.

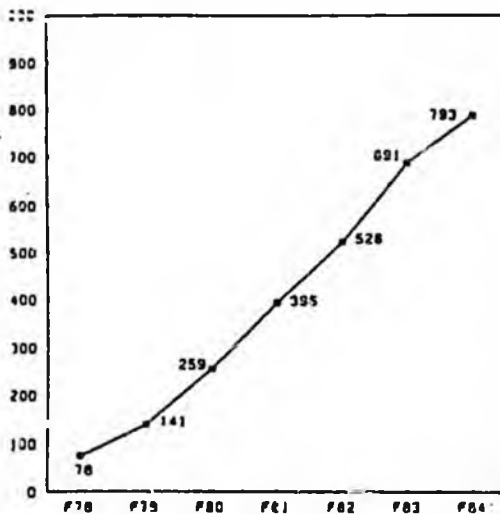
"I wish to congratulate the Department and the Legislature for your careful sponsorship of this incredibly valuable program across the state."

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."

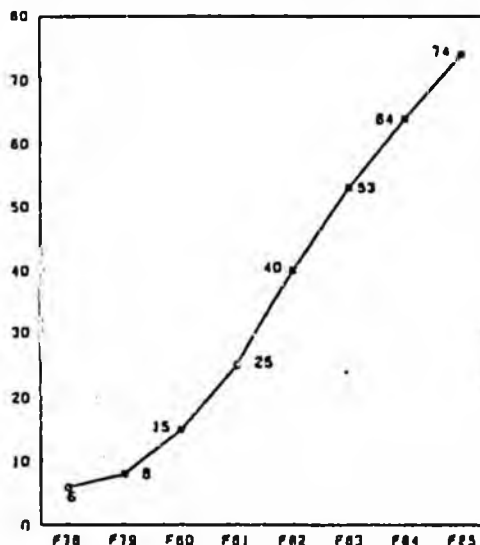
Family, Sitka

INFANT LEARNING PROGRAMS
Children Enrolled (F78-F84)



* Does not include children enrolled in statewide 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.

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	7,233	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.

"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

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. FY86 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 E.
			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	51.7	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	89.8	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	130.0
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: Rural areas need estimated at 7% of 0-2 population based on utilization and waiting list data. Urban areas estimated at 3%.

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INFANT LEARNING PROGRAM RECOMMENDATIONS

Fund the Infant Learning Program at a base rate of \$3,330,000
\$3,700 per child (900 children) in F86 to:

- a. continue current services;
- b. serve children on waiting lists (121);
- c. serve new children enrolled in F86 (200-300);
- d. provide training to personnel;
- e. provide specialized evaluation and therapy services.

Amend A.S. 47.20 to include \$3,700 per child as a unit value for each child enrolled in infant learning starting in F87, with an automatic adjustment for the cost of living increases in ensuing years.

F86 Recommended	\$3,330,000
Governor's Proposed Budget	<u>\$2,041,900</u>
 INCREASE OVER PROPOSED BUDGET	 \$1,288,100

RECEIVED MAR 12 1985



PROTECTION AND ADVOCACY FOR THE DEVELOPMENTALLY DISABLED

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325 East 3rd, 2nd Floor
Anchorage, AK 99501
(907) 274-3658

**SOUTHEAST
REGIONAL OFFICE**
127 S. Franklin, Suite 2
Juneau, AK 99801
(907) 586-1627

**NORTHERN
REGIONAL OFFICE**
763 7th Ave.
Fairbanks, AK 99701
(907) 456-1070

March 11, 1985

Senator Jan Faiks
Pouch V
Mail Stop 3100
Juneau, Alaska 99811

Dear Senator Faiks:

This letter is to provide you more information regarding answers to questions you may have about Infant Learning Programs.

We submit this information in an effort to help you prepare for the HESS Finance Sub-Committee meeting on Thursday, March 14 when the Sub-Committee reviews Health Grants and the Infant Learning Programs Grant BRU.

Q. Why do Infant Learning Programs use the educational model rather than a medical model?

A. The purpose and method for Infant Learning Programs was established by the Legislature in 1978 by enacting AS 47.20.005. ILP provides services using a transdisciplinary educational model which calls for coordinated services between all medical, educational, and social agencies serving the family. Goal: Parent is the primary facilitator (teacher/impact) on the child's development. Parent is taught by ILP Program Staff to conduct therapy and deal with the developmental needs of the child. Services are home-based in accordance with above mentioned statute. Current research indicates home-based services to infants and children to age 3 is significantly more effective than center-based.

Q. What degree of training is required for ILP personnel?

A. ILP "teach" programs are staffed by specialists in the field of Child Development, Abnormal Development, Sensory Impairment, Multi-handicapped Education and Fields of Pediatric Therapy.

ILP consults directly with the child's primary physician and Child Development Services Physician Coordinator.

Q. How often do families receive services from ILP?

A. Children are seen on a weekly basis for 1-2 hours because when parents are primary facilitators (Sec. 47.20.005) they do not need more frequent services.

Statewide, there are at least 121 children who are on waiting lists for ILP. They are prioritized according to severity of need and the waiting list is by-passed for those needing therapy.

Q. Why is this service provided at no cost to families?

A. ILP Services are free to all according to DHSS Regulation 7 AAC 23.090.

The rationale for providing these services at no cost to the families is to involve these children as soon as possible once a referral is made. In the long run, this reduces the cost to the public as studies show money spent on early diagnosis and treatment reduces the cost of mandatory special education programs provided by the schools in Alaska when the child turns age 3.

Some families may not apply their resources to obtain an evaluation until the child becomes obviously different from other children of the same age. This lost time often results in the need for additional services provided by school districts.

ILP services are organized and coordinated under the Individual Education Program method mandated for Special Education Services 3-21. It brings all plans together and makes all specialists accountable to the family. It teaches parents to advocate for their child's developmental needs and prepares the family for the child's transition into the public school system.

Q. What about changing fees for services on a sliding scale?

A. It is estimated by teachers of ILP's that a significant portion of the families they serve fall below minimum income guidelines established for other public benefits. To establish a justifiable sliding scale and make collections would add indirect administrative costs to the program and actually reduce the amount available for direct services to these families.

Please consider supporting increased funding for Infant Learning Programs to reach unserved areas of the state and keep pace with the growth in population.

If we can answer any questions you may have call us at 274-3658.

Sincerely,



David F. Maltman
Executive Director

DFM:bk

COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

5/5/85

Date: May 9, 1985

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSCR 13 (HESS)
Relating to infant learning programs.

under consideration and recommends:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without ^{individual} recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Mr. J. [Signature]
Adrian L. Taylor (Vice Chair)

David W. [Signature] DO NOT PASS

Mr. [Signature]
 CHAIRMAN