

SCR

15

Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: SCR 13
Sponsor: FAIKS
Date referred to committee: 3/6/85
Synopsis completed:
Fiscal note:
Further referrals: none

CONTACTS:

✓ Cheryl Frasca, Faiks 4523
Steve Hole, DOE 2800 need fiscal note
Norma Lang, H+SS 3030 need fiscal note
x ✓ Dot Turey, Council Handicapped/Gifted
✓ Marion Endicott 580-2214 W
780-4251 H

COMMITTEE REPORT SENATE

3/6/85

FURTHER: Finance

Date 4-23-85

Mr. President

HESS

SCR 13

The Committee on infant learning programs. considered SCR 13

and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SCR 13 (SS)
- new title
- same title and recommends do pass
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Free Press - Do Not Pass
and Free No Pass

Debra Lubert
Chairman

Do Pass
Chairman recommendation

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
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Senate Committee on Health, Education and Social Services

MEMORANDUM

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, March 19, 1985

DATE: March 15, 1985

On Tuesday, March 19, at 1:30 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear the following bills:

SB 228, An Act making a special appropriation to the Department of Health and Social Services for the purchase or construction of mental health facilities.

SB 228 would appropriate \$6 million to the Department of Health and Social Services to incrementally fund the \$30 million capital requirement for mental health in the Northern Region.

During the 13th Legislature, SB 520, a bill relating to the establishment of a mental health rehabilitation center in Fairbanks, was considered but failed to pass. However, \$1.5 million was appropriated to conduct a comprehensive assessment of the mental health needs of the northern region and to conduct planning and develop schematic drawings of a facility. The Department of Health and Social Services, who administers the funds, appointed a group of mental health professionals, providers, and family members to oversee the data collection and guide the formulation of findings and recommendations to the Legislature as envisioned in SB 520.

On February 26, 1985, Beth Trawick, chairman, and other members of the group, briefed the Senate HESS Committee on

their findings and recommendations. The group has prioritized the projects which are essential to begin to meet the identified needs. Those priorities are attached and a committee letter of intent reflecting these priorities is attached.

SCR 10, Requesting the State Board of Education to require the study of Alaska history and government in the schools of the state.

SCR 10, which addresses the study of Alaska history and government in our schools, received a preliminary hearing on March 14, 1985. A draft committee substitute has been prepared that would:

- 1) Reflect the results of the Department of Education survey which indicated that adequate curriculum materials are not currently available,
- 2) Request that the State Board of Education request local school boards to require the study of Alaska history and government for high school graduation,
- 3) Urge that the study include a review of the Alaska Native Claims Settlement Act,
- 4) Encourage local school districts to implement programs that recognize and honor persons and events of historical significance to Alaska.

SCR 13, Relating to infant learning programs.

AS 47.20 authorizes the Department of Health and Social Services to provide grants to local groups providing developmental services to children with handicaps from birth to age three. After age three, many of these children are eligible under AS 14.18 to enter local school district special education programs. The goal of the infant learning program is early intervention, which serves to enhance the child's development, provide assistance to the family, and reduce future needs for special education services and life-long dependency on public services.

The level of funding for the Infant Learning Program has not kept up with the number of children in need of services. At least 121 eligible children currently remain unserved due to lack of program funds. SCR 13 requests an examination of the public school foundation program as an alternate funding source for the Infant Learning Program, and calls for the Departments of Health and Social Services and Education to report to the Legislature on the feasibility of this funding source.

A draft committee substitute, prepared in cooperation with the sponsor, clarifies that the Legislature does not presuppose through this resolution that the program will be moved to the Department of Education.

In addition to hearing these three bills, the committee will also receive a presentation on RuralCap's recent Village Participation Conference. The annual conference, attended by delegates from villages throughout the state, serves as a forum for discussing problems facing their villages. This year's delegates adopted several resolutions addressing health and education issues (copies attached).

Hess C.S.

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

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provisions of P.L. 94-142 through the enactment of AS 14.30.180, which

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indicates the State's intent to provide "an appropriate public education

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for exceptional children in the state who are at least three years of age

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but less than 22 years of age"; and

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WHEREAS the Legislature has further expressed its commitment to ^{appropriate} provide

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vide ^{for the} public education and training ^{in this state who have not reached} 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

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"a learning program which emphasizes individual needs, is home based, and

19

involves parents in the education and training of their children"; and

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WHEREAS the legislature finds that the Department of Health and Social

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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

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services when compared to the number of identified children in need; and

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WHEREAS it is the intent of the Legislature that all exceptional

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children regardless of age and residence in the state receive benefit from

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infant learning and special education programs; and

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WHEREAS special education programs are currently funded as part of the

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Department of Education's public school foundation program and infant

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learning programs are ~~not~~; and

funded on a grants basis through DH & SS

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 ^{whether or} 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 ^{on whether or} 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.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 4-23-85 3:13pm
3-19-85 1:34pm

Alaska State Legislature

Tues

APR 16 1985

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740



IAN FAIKS
POUCH V
CAPITOL BUILDING
UNEAU, ALASKA 99811

Senate

April 15, 1985

MEMORANDUM

TO: Senator Bettye Fahrenkamp, Chairman
Health, Education and Social Services Subcommittee

FROM: Senator Jan Faiks *[Signature]*

SUBJECT: SCR 13 - Relating to Infant Learning Programs

I have reviewed the suggested amendments to SCR 13 and am in agreement with those previously noted on the attached which were before the committee when it first discussed the resolution.

In addition, I would appreciate the committee's consideration of another amendment which deletes lines 19 through 21 on page 2 which asks the departments to work with the Interagency Planning Group for Early Childhood Special Education. Questions have arisen as to the appropriateness of specifying an organization other than the Governor's Council on the Gifted and Handicapped. The Department of Health and Social Services assures me it will consult with the Governor's Council even if no organization is specified. As a result, I would like the section deleted so as to enable the departments to consult with as many interested organizations as possible.

I hope the committee will consider the above and take favorable action on the resolution in the very near future.

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

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SCR-13
 Title: relating to infant learning programs
 Sponsor: Faiks, et al
 Requestor: Senate HESS
 Date of Request: 3-15-85

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						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES		25.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		25.0				
CAPITAL						
REVENUE						

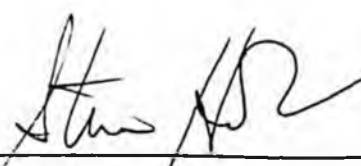
FUNDING: (Thousands of Dollars)

GENERAL FUND		25.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: Steve Hole  Phone: 2800
 Division: Commissioner's Office Date: 3-15-85
 Approved by Commissioner: Harold Reynolds, Jr. Date: 3-15-85
 Agency: Education

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

Alaska State Legislature

MAR 14 1985

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740




IAN FAIKS
POUCH V
CAPITOL BUILDING
JUNEAU, ALASKA 99811

Senate

March 13, 1985

MEMORANDUM

TO: Bettye Fahrenkamp, Chairman
Senate Health, Education and Social Services
Committee

FROM: Jan Faiks, Senator 

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

SCR 13 has been referred to your committee and should the committee's schedule so permit, I would appreciate its consideration of the resolution.

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.

The resolution also directs the two departments to work with the Interagency Planning Group for Early Childhood Special Education. This organization is composed of personnel from the Departments of Education, Health and Social Services and Community and Regional Affairs, the Office of the Governor, parent groups, the University, and representatives of the professional organizations involved in special education. I hope you'll agree it will be an excellent resource tool for the departments as well as provide a vehicle for consumer involvement.

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. I have also included additional information about the Interagency Planning Group.

If I can provide any additional information, please let me know. I look forward to learning when SCR 13 might be scheduled before your committee.

(4) "institution" means a private or public hospital or other facility providing medical diagnosis, treatment, or care;

(5) "neglect" means the failure to provide necessary food, care, clothing, shelter, or medical attention for a child;

(6) "practitioner of the healing arts" includes chiropractors, dentists, health aides, nurses, optometrists, osteopaths, physical therapists, physicians, psychiatrists, psychologists, religious healing practitioners, and surgeons;

(7) "sexual exploitation" means

(A) permission or encouragement to a child for prostitution prohibited by AS 11.66.100 — 11.66.150 by a person responsible for the child's welfare;

(B) permission, encouragement, or activity involved in the unlawful exploitation of a minor prohibited by AS 11.41.455 by a person responsible for the minor's welfare. (§ 1 ch 100 SLA 1971; am § 6 ch 104 SLA 1971; am § 3 ch 222 SLA 1976; am §§ 56, 57 ch 94 SLA 1980; am §§ 8, 9 ch 104 SLA 1982)

Effect of amendments. — The 1980 amendment substituted "18" for "eighteen" near the middle of paragraph (1), and substituted "18" for "16" in paragraph (2).

The 1982 amendment inserted "or neglect" and "sexual exploitation" in paragraph (1) and added paragraph (7).

NOTES TO DECISIONS

Where parents refuse permission for blood transfusion because of religious conviction, the state may intercede and make the child a dependent minor by the parents' failure to provide medical

attention under paragraph (5) of this section, obtaining custody and thereafter consenting to the operation. In re Lausterer, Superior Court, 3rd Jud. Dist., No. CP2720 (1972).

Chapter 20. Exceptional Children.

Section
05. Purpose
10. Assistance authorized

Section
20. Standards for assistance
50. Definitions

Sec. 47.20.005. Purpose. It is the purpose of AS 47.20.005 — 47.20.050 to provide appropriate public education and training for the exceptional children in this state who have not reached the age of three. To the maximum extent possible, the department shall establish a learning program which emphasizes individual needs, is home based, and involves parents in the education and training of their children. (§ 1 ch 77 SLA 1978)

Sec. 47.20.010. Assistance authorized. (a) The department shall provide professional guidance and financial assistance to organized groups of parents, nonprofit corporations, school districts, and regional educational attendance areas according to regulations adopted by the

department training r

(b) The individual parents in 1961; am

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Secs. 47.
§ 6 ch 77 §

Sec. 47.2
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Revisor's no
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Section
10. Establishme
20. Program

§ 47.20.010

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§ 47.20.020 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.20.050

department for providing special services, evaluation, and special training required by exceptional children.

(b) The program established under (a) of this section shall emphasize individual needs and, where possible, be home based and involve parents in the education and training of their children. (§ 2 ch 118 SLA 1961; am § 6 ch 104 SLA 1971; am § 2 ch 77 SLA 1978)

Sec. 47.20.020. Standards for assistance. The department shall assist organized parental groups, school districts, regional educational attendance areas, and nonprofit corporations which have requested assistance and have arranged for the necessary facilities and equipment for training centers for exceptional children. (§ 3 ch 118 SLA 1961; am § 3 ch 77 SLA 1978)

Secs. 47.20.030 — 47.20.040. Appropriations: purpose. [Repealed, § 6 ch 77 SLA 1978.]

Sec. 47.20.050. Definitions. In this chapter

(1) "department" means the Department of Health and Social Services;

(2) "evaluation" means the physical and mental examinations necessary to determine the extent of the handicap;

(3) "exceptional children" includes those children who have not reached age of three and whose development is significantly delayed due to mental retardation, physical, neurological, or emotional handicaps;

(4) "professional guidance" means the consultative services or other medical and educational specialists developed by the department for the education and training of exceptional children;

(5) "special service" means evaluation and special training;

(6) "special training" means (A) nursery or pre-school training to compensate for the special handicaps of exceptional children in order to prepare them, when possible, for admission to special classes in a regular school at the age determined by law, or (B) training in self-help skills, safety, social and simple occupational skills for trainable mentally retarded children of school age who are incapable of academic subjects. (§ 5 ch 118 SLA 1961; am §§ 4—6 ch 77 SLA 1978)

Revisor's notes. — Reorganized in 1984 to alphabetize the terms defined.

Chapter 21. Adventure-Based Education.

Section

10. Establishment

20. Program

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.

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

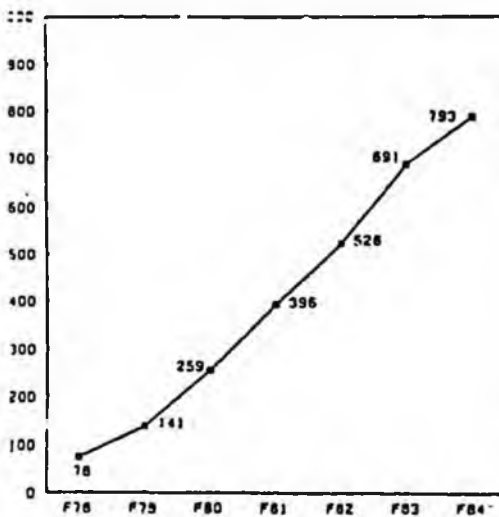
Urban Mayor

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.

"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."

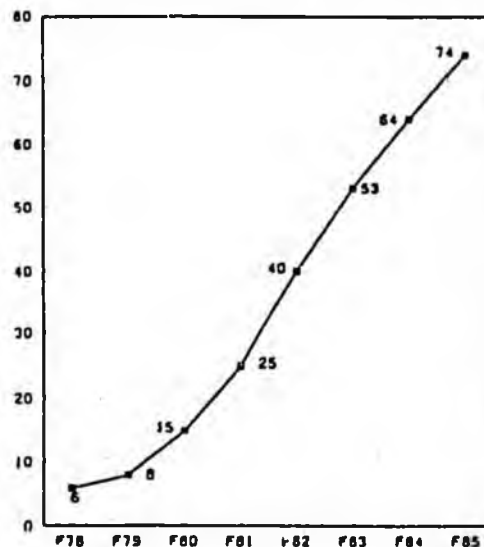
Family, Sitka

INFANT LEARNING PROGRAMS
Children Enrolled (F78-F84)



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

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.

^{Alaska} 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. 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 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
Chuglak			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
SOUTH CENTRAL TOTAL	20,813	624	220	348	411	581.5	712.4	1,309.9
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: Bush areas need estimated at 7% of 0-2 population based on utilization and waiting list data. Urban areas estimated at 3%.

INFANT LEARNING PROGRAM RECOMMENDATIONS

1. Fund the Infant Learning Program at a base rate of \$3,700 per child (900 children) in F86 to: \$3,330,000
- 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.
2. 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

MAIN OFFICE
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.

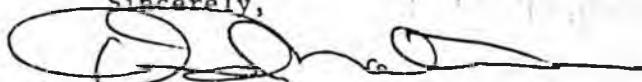
Q. What about changing fees for services on a sliding scale?

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

BILL SHEFFIELD, GOVERNOR
STATE OF ALASKA



GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST, SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

TO: Senator Bettye Fahrenkamp, Senate HESS Committee
RE: SCR 13 Infant Learning Programs, Hearing March 19, 1985
DATE: March 15, 1985

The Governor's Council for the Handicapped and Gifted has considered SCR 13 relating to Infant Learning Program funding. The Council will support this resolution if it is amended to reflect the following issues.

Our specific language change suggestions are enclosed for HESS Committee consideration.

1. The two statutes, A.S. 14.30.180 and A.S. 47.20, may be considered companion statutes, the former providing appropriate education and training to exceptional children over the age of three through the Department of Education and foundation funding, the latter providing for these services to exceptional children under the age of three through the Department of Health and Social Services and grant funding.

The resolution needs to more fully recognize this parallel and to recognize that the state legislature specifically and appropriately chose to place the 0-3 program in the Department of Health and Social Services because of program issues and the need for home-based, medical/health related services that are family focussed as compared with school-based education services. The two programs are operated with two different philosophies and in two very different organizational/administrative structures. Our summary comparison of the two approaches was attached to correspondence to Senator Ferguson on March 1st and is enclosed for your review.

2. The issue facing the Legislature is not who should operate the program, but how to provide a solid, equitable funding base for the infant learning programs (24 programs serving almost 900 children in 74 communities) so that parents, providers, and advocates aren't required to pound on your doors each and every year to get basic funding, and so that every handicapped infant and young child who needs services can get services. Education foundation funding is only one option. It is not the only option.

It would be a tragedy to capture the needed money through education foundation funding and lose the essence of the program as a simple, direct, family training health-related service.

Please note that the infant learning law allows school districts to provide the services. Yet in the seven years of program growth, only two school districts have chosen to do so. Meanwhile we have seen the development of strong local non-profit organizations run by local communities with strong parent participation. The rate of program development complete with program standards, regulations, fiscal accountability, evaluation procedures, has been remarkable and is a credit to the Legislature and the Department of Health and

Social Services. The "teachers" are required to have specialized training in early childhood education as well as experience with this age group of exceptional children. Many of the personnel have masters degrees or beyond.

It is essential to recognize that it may not be appropriate to put these programs in the Department of Education and to have them operated by school districts, especially since 24 programs are already in full operation with staff already employed and providing services. The Council will not support such a transfer without full analysis of all options and statutory guarantees that all of the program components will be protected and preserved. As we say about institutional versus community care--the move must insure programs of a quality at least equal to that provided previously.

We applaud your concern and interest in this vital program and will work with you to develop the most appropriate funding base for the statewide infant learning programs.

SUGGESTED LANGUAGE CHANGES FOR SCR 13 RELATING TO INFANT
LEARNING PROGRAM FUNDING

Page 1, Line 14 To make this paragraph more closely parallel to the one above so that readers can quickly compare the wording in the two laws, use quotation marks and quote directly from A.S. 47.20:

Whereas the Legislature has further expressed its commitment to "provide appropriate public education and training to exceptional children in this state who have not reached the age of three"....

Page 1, Line 27 To make this paragraph more clearly compare the organization/funding of the two programs delete the words "not; and" on line 29 and insert:

"funded as part of the Department of Health and Social Services' health budget as a grant program; and"

Page 2, Line 6 To make it clear that the purpose of the resolution is to look at funding, delete the words "responsibility for" on line 6, and delete the phrase beginning on line 8 with the words "and how funding...." and ending with "program" on line 9, and insert in its place the words "so as to receive and utilize the maximum available federal and state funds"

Page 2, Line 11 To make it clear that the purpose of the resolution is not to relocate the program administratively, strike the words "of Education" on line 11 and insert "Health and Social Services", and on line 12 delete "by the Department of Health and Social Services"

Page 2, Line 16 Since it is not yet determined whether foundation funding is an appropriate funding mechanism for infant learning programs, delete the word "how" and insert the word "whether"

Page 2, after Line 18 insert another Further Resolved section as follows:
"FURTHER RESOLVED that both the Department of Education and the Department of Health and Social Services are requested to report to the Legislature on alternative funding approaches or formulas which would insure an equitable, stable funding base for infant learning programs statewide:"

Page 2, Line 19 Since the Governor's Council is established by the legislature in AS 47.80 to be the interdepartmental planning and coordinating agency for services to handicapped and gifted children and adults, the two departments should work with the "Governor's Council for the Handicapped and Gifted", lines 19-20 "in consultation with" the Interagency Planning Group which has no legal standing but is a designated grant project of the Department of Education.

INFANT LEARNING PROGRAMS

As Operated by H235	In Contrast to DOE and School Districts
1. Family centered program.	1. Student-centered. Families only occasionally involved.
2. Parents are primary teachers. ILP teachers train parents.	2. Teachers are primary instructors. Their job is not to teach parents to teach children.
3. Service is delivered in the family home.	3. Service is provided in the school.
4. ILP teachers specialize in developmental problems, in developmental problems, in early childhood education pediatric services. This is required in regulations.	4. Certified teachers do not have to have such specific training. An elementary special education resource teacher usually has no training or experience with age 0-3 handicapped children.
5. ILP teachers are a primary source of counseling, emotional support to families; they refer families to other medical/health/social services.	5. Teachers do not have family intervention, family counseling, or referral to other services as a basic part of their job. Often school policies encourage teachers to stay out of these social concerns. Many schools don't have school nurses to provide medical/health related services.
6. Children served are newborns to age three. ILP must support family, help parent-child bonding, not remove child from family to provide service.	6. Children served are 6-18 with some "pre-schools" for handicapped children at age three. All of the age three programs are located in schools. None serve children at home.
7. ILP teachers work more closely with doctors, public health nurses, health aides, family and youth service workers than they do with school district personnel.	7. School district teachers orient primarily to other teachers and the school system rather than to health and social services personnel.
<p>Nearly all ILP referrals come from medical/health/social services personnel or from families. At least 80% of the problems of 0-3 have a medical component.</p> <p>ILP staff work with health professionals on screening, may be called in for discharge planning for high risk newborns. Health nurses and aides regard ILP staff as part of health care system.</p>	
8. The ILP program has regulations, standards, an evaluation system, and precise fiscal accountability. It is a grant program with all H235 grant regulations in force and enforced by the program coordinator in Anchorage. Each program must write an annual plan of service and budget. Banks of account must be kept in accordance with the budget.	8. Special education regulations are in place but there are no program standards. School districts do not have categorical funding under the interim funding, so no funds are generated for handicapped students other than the regular ADM amount.
9. Dollars appropriated are spent for direct services, a minimum of administrative costs, and essentially no facility costs.	9. Dollars appropriated are generally spent for education, but are not required to be spent for special education. A high percentage of funding goes for administration and facility overhead costs.
10. Average funding per child is about \$2,200 per child in 1985.	10. Average funding per child is about \$4,300 per child under the interim foundation plan. Note that the interim ADM amount is based on the previous formula which generated the equivalent of \$4,800 per handicapped child for special education as well as \$4,800 for that same child under regulation education. Thus the state's education support would be about \$9,600 per handicapped student or 4 1/2 times that for infant learning.
11. Students are enrolled and discharged throughout the year.	11. Students are enrolled at any time but only generate funding if enrolled as of October 31st.
12. Recommended funding per child is \$3,700.	12. Recommended school district funding per child is above \$5,100.
<p>The ILP teacher is the primary contact point for all the child's specialized needs. Others, such as support team and blind or deaf outreach people come with the teacher and support her work with the family. Parents see the ILP teacher as a personal ally and friend, a dependable resource, someone to confide in whose job is to help the parent be the most effective parent he or she can be.</p> <p>Parents need an informal personal support system to help them adjust to having a handicapped child, to learn to teach their child, to get them involved in decision making, to meet other parents with handicapped children before the children enter the public school system.</p>	
13. ILP is a twelve month program. In the life of an infant three months is a very long time. For infants with handicaps loss of service three to four months a year can be crucial to long-term development.	13. Education programs are nine months. Most schools open in September and break for the summer in May. Special education services can be continued during the summer but most districts do not have summer programs and those which do have sessions of a few weeks duration or offer summer camp experiences which are not appropriate for infants and toddlers.



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION

620 East 10th Avenue
Suite 203
Anchorage, Alaska 99501
(907) 274-1665 / 277-2451

Jacqueline Schakel, Director
Training & Technical Assistance

Barbara J. Smith, Director
State Planning Grant

RECEIVED FEB 27 1985

February 20, 1985

The Honorable Jan Faiks
Pouch V (M.S. 3100)
Juneau, AK 99811

Dear Senator Faiks:

We are writing to inform you of our activities in the area of special services to young handicapped children from birth to age six and their families.

Preschool Resources for Alaskan Special Education (PRASE) is composed of two federal special education grants that are subcontracted from the Alaska Department of Education (DOE) to the Easter Seal Society of Alaska, Inc. One of our projects provides training and technical assistance to school districts statewide to assist them in serving the preschool age handicapped child. The second project, the state planning grant, will assist the DOE in developing an interagency, comprehensive, statewide plan for providing services to all of Alaska's handicapped children from birth to age six and their families. A primary activity of this project is the development of an ongoing, interagency working group (list attached).

We have enclosed materials on our activities. Please let us know if we can be of any assistance to you in matters related to young handicapped children.

Sincerely,

Barbara J. Smith, Ph.D.
Co-Director, PRASE

Jacqueline A. Schakel
Co-Director, PRASE

cah

Enclosures

Funded by the
Alaska Department of Education
Through
Easter Seal Society of Alaska



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION

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Jacqueline Schakel, Director
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Barbara J. Smith, Director
State Planning Grant

EARLY CHILDHOOD SPECIAL EDUCATION STATE PLANNING GRANT INTERAGENCY GROUP

DEPARTMENT OF EDUCATION

Commissioner
Office of Special Services
Office of School Improvement
Preschool Resources for Alaskan Special Education (PRASE)
Alaska Resources for the Moderately/Severely Impaired (ARMSI)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Commissioner
Division of Family and Youth Services
Division of Family Health; Infant Learning Program, Child Development Services,
Communications Disorders.
Protection and Advocacy for the Developmentally Disabled (PADD)

DEPARTMENT OF COMMUNITY & REGIONAL AFFAIRS

Commissioner
Division of Community Development
Alaska Head Start Directors Association - Alaska Head Start
Resource Access Project

GOVERNOR'S OFFICE

Governor
Governor's Council for the Handicapped and Gifted

ASSOCIATIONS/ORGANIZATIONS

Academy of Pediatrics
Alaska Association of Administrators of Special Education (AAASE)
Alaska State Association for the Education of Young Children (ASAAYC)
Council for Exceptional Children (CEC)
Alaska Speech, Hearing and Language Association (ASHLA)
Alaska School Psychologists Association (ASPA)
National Education Association - Alaska (NEA-Alaska)
The Easter Seal Society of Alaska, Inc.

PARENT GROUPS

Rigel Parent Advisory Committee
SEPTER
Dillingham Parent Caring Group

INSTITUTIONS OF HIGHER EDUCATION

University of Alaska, Anchorage: School of Education and
Department of Special Education
Consortium of Early Childhood Teacher Educators
Funded by the
Alaska Department of Education
Through
Easter Seal Society of Alaska

Other Services

The PRASE projects help sponsor and coordinate meetings of a state Advisory Committee which suggests policy to better serve preschool handicapped children. This committee also advises the Alaska Resource Access Project, a training and technical assistance resource for Head Start programs.

A Monthly Newsline with up-to-date, pertinent information for people who provide services to preschool handicapped children is printed and disseminated.

Who Can Use the Services of PRASE?

Any Alaskan agency which serves preschool handicapped children can contact PRASE for information and resources. Training and technical assistance are provided chiefly to school district personnel, although others are welcome to participate in training when appropriate. PRASE services are FREE, although school districts are asked to assist with staff travel and accommodations when possible.

For more information about the services of PRASE, contact one of the directors at the Easter Seal Society of Alaska offices in Anchorage:

Jackie Schakel or Barbara Smith
P.R.A.S.E.
620 E. 10th Avenue
Suite 203
Anchorage, Ak. 99501

Funded by Grants from the
ALASKA DEPARTMENT OF EDUCATION
through
EASTER SEAL SOCIETY OF ALASKA, INC.

PRESCHOOL RESOURCES for
ALASKAN SPECIAL EDUCATION
620 East 10th Avenue
Suite 203
Anchorage, Alaska 99501



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION



State Planning Grant Barbara J. Smith, Director

Preschool Resources for Alaskan Special Education (PRASE)

PRASE is funded by the Alaska Department of Education to coordinate Alaska's efforts to identify and serve preschool children with special needs and to provide school districts with the training and technical assistance necessary to achieve the goal of appropriately serving these children.

PRASE currently consists of two separate but closely coordinated projects. One, formerly known as the DOE Resource Access Project, has been providing workshop training, technical assistance and resources to school districts since 1981. The second project was funded in 1984 to begin developing a state plan for the comprehensive delivery of services to young handicapped children.

Training, Technical Assistance and Resources Jackie Schakel, Director

The training and technical assistance arm of PRASE is funded through federal Preschool Incentive Grant monies to the state. This project provides the following free services to school districts:

Workshops or Inservice Training on topics relevant to early childhood special education for administrators, teachers, support staff, aides, or parents.

Access to Resources including books, films, videotapes, assessment tools, curricula, and other materials to answer questions about preschool children with special needs and familiarize service providers with available resources.

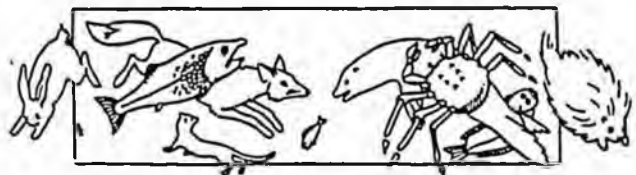
Information Services to link school districts with resource providers and agencies who offer services to preschool special needs children and programs.

On-site or Off-site Technical Assistance for such activities as developing or updating Child Find and screening procedures, planning appropriate assessment procedures, translating assessment results into intervention and programming, and evaluating services.

The Alaska Department of Education is administering this grant under the federal Handicapped Children's Early Education Program (HCEEP) to develop a statewide, comprehensive, inter-agency delivery system of special education and related services for handicapped children from birth to six and their families. This will be a cooperative effort which will include all agencies involved with the education and development of young handicapped children. Activities for the project include: (1) defining the group of children to be served, (2) identifying the services needed by these children and their families, (3) identifying and coordinating the agencies needed to deliver these services, and (4) determining the resources, both fiscal and personnel, needed to provide the services. Federal funds are available for Alaska to develop and implement this plan through a series of steps over the next five to seven years.

Project activities planned for the first two years include:

- Conducting a statewide needs assessment of current services.
- Developing an interagency planning group.
- Disseminating informational issue papers (e.g. assessment and diagnosis of very young children, service models, efficacy data related to early intervention).
- Identifying fiscal and personnel resources and constraints.





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 50 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 habilitative 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; \$2,353 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



GOVERNORS' COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

July 10, 1985

Dr. Fraser,
Division of Public Health
Pouch H-06
Juneau, AK 99811

Dear Dr. Fraser,

The Governor's Council for the Handicapped and Gifted has worked very hard over the past several years to educate the legislature and the public regarding the public and personal benefits of providing infant learning program services to developmentally delayed, handicapped, and "at risk" children under the age of three.

While our efforts have been largely successful, and funding levels have been increased, the initiative for the increases has not come from the Division of Public Health in its regular budgetary process. Additions have come as legislative add-ons. This past session, the Senate increased infant learning by \$600,000. The House added \$300,000. The budget conference committee acceded to the House level of \$300,000. This was disappointing, especially since Representative Adams and others told us that more letters were received in support of infant learning than any other single issue before the legislature.

This year we would like to see your Division take the lead in supporting this program by including necessary funding in the preliminary budget, and then giving that program high priority for funding throughout the budget process.

Parents, numbering in the several hundreds, are concerned about the apparent lack of support ~~by~~ this program ~~for~~ the administration. Legislators ask us why this program has not received strong administration support. We know that a deliberate strategy was employed two or three years ago not to include the higher funding levels in the department's budget because the department officials realized that "grass roots" support for this popular program would likely result in legislative add-ons. Thus the Division could include another priority program in its own budget, and end up with a greater over-all budget increase.

We feel it's time to target a different program for that particular strategy as this approach is "burning out" parents, infant learning teachers, and legislators are beginning to numb to the constant letters and phone calls on infant learning.

We would like to form a partnership with you and pledge our support to some other important public health service if you are willing to include the remaining Council-recommended funding increase of \$1 million in the division's budget. For example, we have been neglecting support for increased funding to the handicapped children's program and to child development services. I'm sure there are others that are of particular concern to the Division.

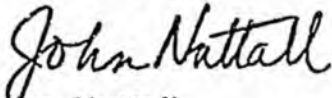
We recommended an increase of \$1,288,100 in F86, equivalent to a base rate of \$3700 per child and family per year. Since \$300,000 was funded, and we assume this will be included in the adjusted base, that leaves \$1,000,000 yet to be included in the F87 budget.

We would also support your efforts to amend A.S. 47.20, the enabling authority, to include a base rate of funding per child so this program can be available to every child who needs it and so that you will have a solid basis for including adequate funding in your budget. It would then be up to the Legislature to allocate the authorized amount for this important program.

We look forward to hearing from you as to what you plan to do relative to this request for F87. We hope to work closely with you to further our mutual goals.

Thank you for your assistance.

Sincerely,



John Nuttall,
Chairman

cc: Commissioner Pugh
David Spence
Karen Lamb
Carolyn Aoyama