

HB 1911

HOUSE COMMITTEE REPORT

(11)

Date Referred: April 17, 1991

FURTHER REFERRALS:

Date of Committee Action: 5/4/92

The FINANCE Committee considered:

HB 191

HOUSE BILL NO. 191

EARLY CHILDHOOD INTERVENTION SERVICES

"An Act relating to early intervention services for certain young children and their families; and providing for an effective date."

RECOMMENDATIONS:

be replaced with CS HB 191 (FIN) the same title
 a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact _____

fiscal note(s) _____

zero fiscal note HFC 514192

zero fiscal note(s) _____

SIGNING <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<u>EP Machean</u> Machean	✓	<u>Ben Thomas</u> Sharp			✓
<u>Mike Savare</u> Navarre	✓	<u>ROSS E. JACO</u> Phillips			✓
<u>Mark Boyer</u> Boyer	X	<u>Donald J. Larson</u> Larson			X
<u>Kay Brown</u> Brown	✓	<u>Geneva H. Barnes</u> Barnes			
<u>A. Koponen</u> Koponen	✓				
<u>J. Ulmer</u> Ulmer	X				

Mike Savare EP Machean
 CHAIRMAN'S SIGNATURE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CSHB191(FIN)

Revision Date: _____ Department Affected: HEALTH & SOCIAL SERVICES
 Title: EARLY INTERVENTION SERVICES FOR BRU: HEALTH GRANTS
YOUNG CHILDREN & FAMILIES Component: INFANT LEARNING PROGRAM GRANTS
 Sponsor: ELLIS, ULMER
 Requestor: HOUSE FINANCE COMMITTEE COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER FUND SOURCE:						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Co-Chair Eileen MacLean *Eileen P. MacLean* Phone: 465-4833
Co-Chair Mike Navarro *Mike Navarro* Phone: 465-3779
 Division: House Finance Committee Date: 5/04/92

Approved by Commissioner: _____
 Agency: _____ Date: _____

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

CS FOR HOUSE BILL NO. 191 (FINANCE)
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered:
 Referred:

Sponsor(s): REPRESENTATIVES ELLIS, Ulmer, B.Davis

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to early intervention services for certain young children and their
 2 families; and providing for an effective date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. FINDINGS. The legislature finds that

5 (1) there are 32,000 children in the state under the age of three, six percent of whom
 6 experience developmental delays or disabilities and an additional four percent of whom are at risk of
 7 delays or disabilities due to social, environmental, or biological factors;

8 (2) there are existing programs, such as infant learning, head start, parent and child
 9 centers, child development services, handicapped children's programs, community developmental
 10 disabilities programs, and child care assistance programs that can and do meet many of the needs of
 11 young children and their families if the programs are family-oriented, community-based, coordinated,
 12 and provided with sufficient resources;

13 (3) many current social programs are aimed at addressing needs after problems occur
 14 rather than addressing prevention and early intervention; early identification and treatment have proven

1 effective in reducing and sometimes totally eliminating the long-term effects of disabling conditions,
2 lowering long-term costs to society as a whole, and reducing the incidence of child abuse, divorce, and
3 domestic violence in families with children who experience disabilities;

4 (4) there is an urgent and substantial need to

5 (A) support the development of children under the age of three who experience
6 developmental delays or disabilities or who are at risk of experiencing developmental delays or
7 disabilities;

8 (B) help reduce the stress on parents and other family members that results from
9 the special needs of children under the age of three with developmental delays or disabilities;

10 (C) recognize the importance of parents and families as the constant in the child's
11 life, as the primary caregivers and teachers of infants, especially those who experience
12 developmental delays or disabilities;

13 (D) recognize family strengths and diversity, and to encourage a variety of
14 methods of coping;

15 (E) encourage normal patterns of living in the home and community;

16 (F) encourage and facilitate parent-to-parent support;

17 (G) support the unique ability of communities to address issues at the local and
18 family levels with different combinations of resources;

19 (H) facilitate parent and professional collaboration at all levels of education and
20 health care, and to assure that education and health care services are designed to be flexible,
21 accessible, and responsive to families;

22 (I) reduce the long-term educational costs to the state by minimizing the need for
23 special education and related services after children with developmental delays and disabilities
24 reach school age;

25 (J) minimize the likelihood of institutionalization or out-of-home placement of
26 persons with developmental delays or disabilities;

27 (K) maximize the potential for persons with developmental delays or disabilities
28 to lead independent, productive lives within their communities.

29 * Sec. 2. AS 47.20 is amended by adding new sections to read:

30 Sec. 47.20.060. PURPOSE. It is the purpose of this chapter to

31 (1) subject to the availability of funding, provide quality learning and related early

1 intervention family support services to eligible children under the age of three who have
2 developmental delays or disabilities and, on a discretionary basis, to those children under the age
3 of three who are at risk of developmental delays or disabilities;

4 (2) bring together and make optimal use of all available federal, state, local, and
5 private resources for the benefit of children under the age of three with developmental delays or
6 disabilities and their families;

7 (3) expand and improve existing learning and early intervention services and to
8 provide and arrange for comprehensive services through local agencies and statewide support pro-
9 grams.

10 Sec. 47.20.070. ESTABLISHMENT OF PROGRAM. (a) The department, with the
11 assistance of the Governor's Council for the Handicapped and Gifted, shall establish a
12 coordinated, comprehensive, statewide system of multidisciplinary interagency programs that
13 provide appropriate early intervention services to eligible persons under this chapter.

14 (b) The department is the lead agency for purposes of federal law with respect to the
15 administration of the early intervention services system required under (a) of this section. The
16 department shall establish and administer the system required under (a) of this section so that the
17 state is eligible for the maximum available funding from public and private sources.

18 (c) In connection with the system established under (a) of this section, the department
19 shall

20 (1) develop a state plan that identifies the best methods of providing services to
21 children under the age of three with developmental delays or disabilities and their families and
22 report to the governor on the extent to which that plan is being implemented in the state;

23 (2) develop and implement an educational program concerning the nature and
24 effects of developmental delays and disabilities;

25 (3) serve as a clearinghouse for educational materials and information about
26 developmental delays and disabilities;

27 (4) organize and encourage training programs for persons who provide services
28 to children under the age of three with developmental delays and disabilities and their families;

29 (5) establish a training program for paraprofessionals who provide services to
30 children under the age of three with developmental delays and disabilities and their families;

31 (6) cooperate with other public and private agencies and individuals to facilitate

1 the transition of children served in the early intervention system to the formal education system;
2 (7) identify and use all public and private resources available to the state; and
3 (8) monitor and evaluate the services provided to ensure the demonstrable
4 effectiveness of the services and compliance with state and federal law and department policy
5 regarding the provision of early intervention services.

6 Sec. 47.20.080. PROGRAM ELIGIBILITY. (a) A child and the child's family are
7 eligible for core early intervention services and additional early intervention services under this
8 chapter if the child is under the age of three and

9 (1) experiencing developmental delay or disability; or
10 (2) at risk of experiencing developmental delay or disability if early intervention
11 services are not provided.

12 (b) If the department estimates that funding available for services under this chapter will
13 be insufficient to provide services to all persons who are eligible under (a) of this section, the
14 department shall eliminate coverage for services in the following order:

15 (1) additional early intervention services for persons eligible under (a)(2) of this
16 section;

17 (2) additional early intervention services for persons eligible under (a)(1) of this
18 section;

19 (3) core early intervention services for persons eligible under (a)(2) of this
20 section; and

21 (4) core early intervention services for persons eligible under (a)(1) of this section.

22 Sec. 47.20.090. FINDING AND EVALUATING ELIGIBLE PARTICIPANTS. (a) The
23 department shall establish a comprehensive system for finding children and their families who
24 are eligible for services under this chapter. This child find system must

25 (1) include a public awareness program focusing on early identification of
26 developmentally delayed and disabled children under three years of age;

27 (2) provide for participation by primary referral sources; and

28 (3) include procedures with timelines for referral of eligible participants to service
29 providers.

30 (b) The department shall, within 45 days after a child's referral for services under (a) of
31 this section, ensure that all affected public agencies and service providers

1 (1) provide for a comprehensive multidisciplinary evaluation of the functioning
2 of the child and the needs of the child's family so that the family can appropriately assist in the
3 development of the child;

4 (2) in consultation with the child's parents, develop a written individualized
5 service plan that identifies how the needs of the child and the family could be met.

6 Sec. 47.20.100. INDIVIDUALIZED FAMILY SERVICE PLAN. The individualized
7 family service plan developed under AS 47.20.090(b)(2) must be based on the evaluation
8 conducted under AS 47.20.090(b)(1) and must include, subject to AS 47.20.080(b),

9 (1) provisions for case management services to implement the plan, including the
10 name of the case manager from the profession most immediately relevant to the child's or
11 family's needs who will be responsible for the implementation of the plan and coordination with
12 other agencies and persons;

13 (2) a statement of the child's present levels of physical development, cognitive
14 development, language and speech development, psychosocial development, and self-help skills,
15 based on appropriate objective criteria;

16 (3) a description of the family's concerns, priorities, and resources as they relate
17 to the future enhancement of the child's development;

18 (4) a description of the specific early intervention services that will help meet the
19 unique needs of the child and the family, including the frequency, intensity, and method with
20 which the services should be delivered;

21 (5) the projected dates for initiation of services and the anticipated duration of the
22 services;

23 (6) an outline of the major outcomes expected to be achieved for the child and
24 the family along with the criteria, procedures, and timelines that will be used to determine the
25 degree to which progress toward achieving the outcomes are being made and whether
26 modifications or revisions of the outcomes or services are necessary; and

27 (7) a statement of the steps that will be taken to support the transition of the child
28 and the family to the use of services available under other appropriate programs, including
29 programs for children who are three years of age or older.

30 Sec. 47.20.110. OTHER DUTIES OF THE DEPARTMENT. (a) The department shall
31 adopt regulations necessary to implement this chapter, including regulations

1 (1) for personnel development, including preservice and in-service training
2 programs for providers of early intervention services;

3 (2) to govern resolution of intraagency and interagency disputes about the
4 provision of services under this chapter and the financial responsibility of the respective parties
5 for those services;

6 (3) that ensure that services are provided to children and their families in a timely
7 manner pending the resolution of disputes among public agencies or service providers;

8 (4) providing for due process with respect to the rights of children and parents
9 who are eligible for services under this chapter; the regulations must provide that during the
10 pendency of a complaint about a change in services, the child and family shall continue to
11 receive the prior services unless the state and the family otherwise agree, or, if the complaint
12 relates to an application for initial services, the child and family shall receive the services that
13 are not in dispute.

14 (b) The department shall establish a system for compiling data on the numbers of
15 children and their families in the state who need early intervention services, the numbers being
16 served, the types of services provided, and other information as required under federal law.
17 Personally identifiable information obtained under this chapter is confidential for purposes of
18 AS 09.25.110 - 09.25.120.

19 Sec. 47.20.290. DEFINITIONS. In this chapter,

20 (1) "additional early intervention services" means

21 (A) family training and counseling;

22 (B) speech pathology and audiology;

23 (C) occupational therapy;

24 (D) physical therapy;

25 (E) psychological services;

26 (F) medical services only for diagnostic or evaluation purposes; and

27 (G) health services for the child that are necessary to enable the child to
28 benefit from the other early intervention services;

29 (2) "core early intervention services" means

30 (A) case management services;

31 (B) special instruction; and

1 (C) early identification, screening, and assessment;

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

3 (4) "developmentally delayed" means functioning at least 15 percent below a
4 chronological or corrected age or 1.5 standard deviations below age appropriate norms in one or
5 more of the following areas: cognitive development, gross motor development, sensory
6 development, speech or language development, or psychosocial development, including self-help
7 skills and behavior, as measured and verified by appropriate diagnostic instruments and
8 procedures or through systematic observation of functional abilities in a daily routine by two
9 professionals and a parent, developmental history, and appropriate assessment procedures;

10 (5) "disability" means having an identifiable physical, mental, sensory, or
11 psychosocial condition that has a probability of resulting in developmental delay even though a
12 developmental delay may not be exhibited at the time the condition is identified, including

13 (A) chromosomal abnormalities associated with delays in development,
14 such as Down's syndrome, Turner's syndrome, Cornelia de Lange syndrome, or fragile
15 X syndrome;

16 (B) other syndromes and conditions associated with delays in development,
17 such as fetal alcohol syndrome, cocaine and other drug-related syndromes, metabolic
18 disorders, cleft lip, or cleft palate;

19 (C) neurological disorders associated with delays in development, such as
20 cerebral palsy, microcephaly, hydrocephaly, spina bifida, or periventricular leukomalacia;

21 (D) sensory impairment, such as hearing loss or deafness, visual loss or
22 blindness, or a combination of hearing and visual loss, that interferes with the child's
23 ability to respond effectively to environmental stimulus;

24 (E) congenital infections, such as rubella, cytomegalovirus, toxoplasmosis,
25 or acquired immune deficiency syndrome;

26 (F) chronic illness or conditions that may limit learning or development,
27 such as cystic fibrosis, bronchopulmonary dysplasia, tracheostomies, amputations, arthritis,
28 or muscular dystrophy;

29 (G) psychosocial disorders, such as reactive attachment disorder, infant
30 autism, or childhood schizophrenia; or

31 (H) atypical growth patterns consistent with a prognosis of developmental

1 delay based upon parental and professional judgment, such as failure to thrive;

2 (6) "early intervention services" or "services" means services that are designed
3 to help meet the developmental needs of a child under the age of three who is developmentally
4 delayed or disabled or at risk of developmental delay or disability or the needs of the child's
5 family so that the family can support the child's development.

6 * Sec. 3. AS 47.80.900(6) is amended to read:

7 (6) "person with a handicap" means a person with a developmental disability as
8 defined in (7) of this section or a person who is hard of hearing, deaf, speech impaired, visually
9 handicapped, seriously emotionally disturbed, orthopedically or otherwise health impaired, or who
10 has a specific learning disability; the term includes but is not limited to "exceptional children"
11 as defined in AS 14.30.350 [AS 14.30.350(1) AND AS 47.20.050];

12 * Sec. 4. AS 47.20.005, 47.20.010, 47.20.020, and 47.20.050 are repealed.

13 * Sec. 5. This Act takes effect July 1, 1992.

7-LS0387S
Lauterbach
4/28/92

CS FOR HOUSE BILL NO. 191 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

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Referred:

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23 special education and related services after children with developmental delays and disabilities
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- 21 (D) sensory impairment, such as hearing loss or deafness, visual loss or
- 22 blindness, or a combination of hearing and visual loss, that interferes with the child's
- 23 ability to respond effectively to environmental stimulus;
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- 25 or acquired immune deficiency syndrome;
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- 27 such as cystic fibrosis, bronchopulmonary dysplasia, tracheostomies, amputations, arthritis,
- 28 or muscular dystrophy;
- 29 (G) psychosocial disorders, such as reactive attachment disorder, infant
- 30 autism, or childhood schizophrenia; or
- 31 (H) atypical growth patterns consistent with a prognosis of developmental

- 1 delay based upon parental and professional judgment, such as failure to thrive;
- 2 (6) "early intervention services" or "services" means services that are designed
- 3 to help meet the developmental needs of a child under the age of three who is developmentally
- 4 delayed or disabled or at risk of developmental delay or disability or the needs of the child's
- 5 family so that the family can support the child's development.
- 6 * Sec. 3. AS 47.80.900(6) is amended to read:
- 7 (6) "person with a handicap" means a person with a developmental disability as
- 8 defined in (7) of this section or a person who is hard of hearing, deaf, speech impaired, visually
- 9 handicapped, seriously emotionally disturbed, orthopedically or otherwise health impaired, or who
- 10 has a specific learning disability; the term includes but is not limited to "exceptional children"
- 11 as defined in AS 14.30.350 [AS 14.30.350(1) AND AS 47.20.050];
- 12 * Sec. 4. AS 47.20.005, 47.20.010, 47.20.020, and 47.20.050 are repealed.
- 13 * Sec. 5. This Act takes effect July 1, 1992.

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CSHB 191

Revision Date: 2/18/92 Dept. Affected Health & Social Services
 Title: Early Intervention Services for Certain BRU: Health Grants
Young Children & Families Component: Infant Learning Program Grants
 Sponsor: Ellis, Ulmer
 Requestor: House Finance COMPONENT SERIAL NO. 0-60-40603-0298

Expenditures/Revenues (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	1565.3	3130.6	3287.1	3451.4	3624.0	3805.2
MISCELLANEOUS						
TOTAL OPERATING	1,565.3	3,130.6	3,287.1	3,451.4	3,624.0	3,805.2

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	1,565.3	3,130.6	3,287.1	3,451.4	3,624.0	3,805.2
FEDERAL FUNDS						
OTHER						
TOTAL	1,565.3	3,130.6	3,287.1	3,451.4	3,624.0	3,805.2

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact: none

ANALYSIS: (Attach a separate page if necessary)

See Attached

Prepared by: Peter M. Nakamura, MD, MPH, Director *PN*
 Division: Public Health
 Approved by Commissioner: Theodore A. Mala, MD, MPH *TM*
 Agency: Department of Health and Social Services

Phone: (907) 465-3090
 Date: 2/18/92
 Date: 2/25/92

Distribution (by preparer):
 Legislative Finance OMB
 Legislative Sponsor Impacted Agency(ies)
 Requestor

ANALYSIS (cont.):

INFANT LEARNING PROGRAM GRANTS

Based on a client population of 1936 children, using current program rate statistics and the current priority classification systems, the number of young children in each priority area are as follows: there would be 335 children, 17.3% of the ILP population, with a Priority One classification; 750 children, 38.7% of the ILP population, with a Priority Two classification and 851 children, 43.9% of the ILP population with a Priority Three classification.

Based on the average cost of service for children in each classification area, it is expected that the costs for children who are classified as: Priority One will be \$5,360,000 ; Priority Two \$6,375,000; and Priority three \$3,404,000, for a total cost of \$15,139,000.

The \$ 15,139,000 represents the current cost for the delivery of services. Prices may vary from provider to provider. Costs are based on a profile of average needs of children represented by the three different classification categories. Actual costs may vary depending on individual family and child needs, the providers used by the family, the reimbursement rates provided by other funding sources in addition to other factors.

The percentage of the population with access to third or other payors was derived from the percentage of the total ILP population believed to be eligible for: Medicaid, 40%; private or group insurance, 25%; and CHAMPUS or other benefits 13%. It was assumed that these sources would cover approximately 60% of the necessary services.

In order to obtain full reimbursement from third party payors, a system for Medicaid reimbursement, increased enrollment of providers, and a mechanism for utilizing insurance coverage will have to be established. It will, therefore, not be possible during the first year to defray all possible costs. Because recruitment of qualified professional staff has become increasingly difficult during the past three years, it is also expected that the full number of eligible children will not be served until such time as staff within the state can be adequately trained or individuals have been recruited to the state and child find efforts have been increased. Therefore, the cost for full implementation of HB 191 have been spread evenly across the next two fiscal years with a conservative increase of 5% per year thereafter to account for the increase in health care costs.

70.6% of the ILP population are considered to be Mental Health Lands Trust beneficiaries. The total amount attributable to the MHLT of the unreimbursed funding level is \$5,787,335.

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CSHB 191

Revision Date: 5/4/92 Dept. Affected Health & Social Services
 Title: Early Intervention Services for Certain BRU: Community Devel. Disabilities Grants
Young Children & Families Component: Respite Care
 Sponsor: Ellis, Ulmer
 Requestor: House Finance COMPONENT SERIAL NO 0309

Expenditures/Revenues		(Thousands of Dollars)					
OPERATING	FY93	FY94	FY95	FY96	FY97	FY98	
PERSONAL SERVICES							
TRAVEL							
CONTRACTUAL							
SUPPLIES							
EQUIPMENT							
LAND & STRUCTURES							
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0	
MISCELLANEOUS							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING:		(Thousands of Dollars)					
GENERAL FUND							
FEDERAL FUNDS							
OTHER							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	

POSITIONS:							
FULL-TIME	0	0	0	0	0	0	
PART-TIME	0	0	0	0	0	0	
TEMPORARY	0	0	0	0	0	0	

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

See Attached

Prepared by: Margaret Lowe, Director *Margaret Lowe* Phone: (907) 465-370
 Division: Mental Health & Developmental Disabilities Date: 5/4/92
 Approved by Commissioner: Theodore A. Mala, MD, MPH *Theodore A. Mala* Date: 5/4/92
 Agency: Department of Health and Social Services

Distribution (by preparer):
 Legislative Finance OMB
 Legislative Sponsor Impacted Agency(ies)
 Requestor

ANALYSIS (cont.):

Although this is a zero fiscal note, a wait list exists for core and related services and other eligible children and families are yet to be identified. The fiscal note is zero because this is not an entitlement program. Children and families would be served based on available funding. There would be associated costs to provide services to the wait list. However, additional children and related services would be provided based on appropriations each fiscal year.

If ALL eligible children and families were served the costs would be as identified on the attached chart. Costs are broken down for Priority One children (those with severe delays/disabilities); Priority Two children (those with mild to moderate delays/disabilities); and Priority Three children (those with a known condition but yet to demonstrate a delay and those that are considered to be at risk because of drug effects, premature birth, or other reasons. Costs are also clarified as to providing core or related services for each priority. Services provided by MHDD are related services.

At full implementation (serving all eligible children and families), when all third party payors have been accessed, the funding gap in FY93 would be \$3,487,335; \$2,225,119 from MHT funds and \$1,262,216 from other state general funds.

Priority Level	# Children	%Covered by Insurance, IHS Medicaid, Other	#Children Covered	#Children Not Covered	Cost per Child per Year	Total Cost Per Year	Total Unreimbursed Cost per Year
I	335	78%	261	74	16,000.00	5,360,000.00	2,854,400.00
II	750	78%	585	165	8,500.00	6,375,000.00	3,391,500.00
III	851	78%	664	187	4,585.00	3,901,836.00	2,308,235.00
TOTAL	1,936		1,510	426		15,636,836.00	8,554,135.00

Total Unreimbursed Cost Per Year	FY 93 GF/IA/MHT Request	Funding Gap
	MHT 3,814,100	2,225,119
	GF 922,000	1,262,216
	IA 330,700	
8,554,135	TOTAL 5,066,800	3,487,335

Total Unreimbursed Cost Per Year	% of ILP Pop. MHT Beneficiaries	Cost Attributable to MHT
8,554,135	70.6%	6,039,219

Priority Level	unreimbursed core service cost	Total unreimbursed cost
	related service cost	
I	1,092,217.00	2,854,400.00
	1,762,183.00	
II	1,940,055.00	3,391,500.00
	1,451,445.00	
III	1,810,400.00	2,308,235.00
	497,835.00	
Total		8,554,135.00

CS House Bill No. 191

For An Act entitled: " An Act relating to early intervention services for certain young children and their families; and providing for an effective date ."

Summary

This bill amends AS 47.20, Exceptional Children and AS 47.80 Persons with Handicaps. Section 1, Findings, is added and includes the urgent and substantial need to: support the development of children under the age of three with disabilities; reduce the stress on families of children with disabilities; recognize the strengths, diversity and importance of parents and families in young children's lives; encourage parent-to-parent support; reduce the likelihood of institutionalization; and reduce the long term educational costs by minimizing the need for special education.

Section 2, Subsection 060, Purpose, is added and includes: family support; bringing together and making optimal use of federal, state, local and private resources; and expanding the availability of services. Subsection 070, Establishment of Program, is added and includes the establishment and coordination of a statewide system of interagency programs which will: provide appropriate services to the eligible population; educate the public; organize and encourage training programs for service providers; and facilitate transitions between programs in the interagency system. Subsection 080, Program Eligibility, is added and includes children under the age of three who experience a developmental delay or disability, and their families. If the needs of children with delays or disabilities are met, children who are at risk for disabilities or delays will be served with available funds. Subsection 090, Finding and Evaluating Eligible Participants, is added and includes: a comprehensive system for finding children and families in need of services and providing evaluations to determine the extent and nature of those needs. Subsection 100, Individual Family Service Plan, is added to include the development of individualized family service plans and for case management services to assist families in obtaining services from the interagency system. Subsection 110, Other Duties of the Department, is added to include the adoption of regulations regarding: personnel development; resolution of interagency and intra-agency disputes; provisions for due process with respect to the rights of children and parents; the compiling of data. Subsection 290, Definitions, is added and includes definitions for: department; developmentally delayed; disability; and early intervention services.

Section 3. AS 47.80.900 (6) Persons with Handicaps, is amended to remove the reference to AS 47.20.050, which is repealed.

AS 47.20.005, Purpose, is repealed and replaced by Section 2 subsection 060.

AS 47.20.020, Assistance authorized, is repealed and replaced by Section 2 subsection 070.

AS 47.20.020, Standards for assistance, is repealed.

AS 47.20.050, Definitions, is repealed and replaced by Section 2, subsection 290.

Discussion

The interagency system of early intervention services proposed in this bill includes services provided by both the public and private sector. In addition to the Section of Maternal, Child and Family Health's Infant Learning Programs, Public Health Nursing, Division of Family and Youth Services, Division of Mental Health and Developmental Disabilities, Department of Education, Division of Corporations, private physicians, hospitals and other private providers of services are among the individuals and agencies comprising the interagency system of services. The intent of providing early intervention services to families of young children who experience developmental delays or disabilities is to provide support to the family to help maintain the family unit in their community of choice, and to help maximize the child's potential to lead an independent productive life.

The infant learning programs provide services to families of children, ages birth to three, who experience disabilities or developmental delays. These services are provided in the families home and community. The infant learning program works with the family to develop services which will assist the family in meeting their child's development needs.

If there is no infant learning program available to work with the child and family, the burden on the family as well as other, already stressed, systems in Public Health Nursing, Division of Family and Youth Services and other agencies are increased. Without the backup of infant learning programs to work directly with children and their parents, many of whom have fetal alcohol or other drug related syndromes, the social service and other health systems must pick up the full burden of providing services with their existing staff and resources.

Although there are 24 Infant Learning Programs (ILPs) in Alaska, there are several regions that do not have access to any ILP services. Many existing programs are unable to serve all the communities located in their catchment area. Due to staff shortages in many regions of the state, children who have been referred to programs may be placed on long wait lists or may not receive services at all. There are currently 388 infants and toddlers who experience developmental delays or disabilities in the

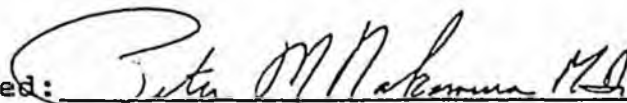
state who are on wait lists or live in areas where no infant learning services are available.

The coordination required for the provision of services through the interagency system proposed in HB 191 will result in a more efficient utilization of the existing resources. The expansion of the early intervention system, including infant learning program services to all areas of the state, will provide families in villages with access to services and will help reduce the wait list for services in urban areas. The Department has responsibility for providing many of the services included in the interagency system. The expansion of infant learning programs statewide will help ensure that the system is coordinated with the private sector and that the services needed by young children with disabilities and their families are provided in a timely and cost effective manner.

Recommendation

The Department supports this bill which will provide equal access across the state to a system of services for one of our most vulnerable groups of children and families.

Recommended:



Peter M. Nakamura, MD, MPH
Director
Division of Public Health

Date:

4/2/91

Approved:



Theodore A. Maki, MD, MPH
Commissioner
Department of Health
and Social Services

Date:

4/2/91

3111 C STREET, SUITE 455
ANCHORAGE, ALASKA 99503
(907) 561-7628

WHILE IN SESSION
P.O. BOX V
JUNEAU, ALASKA 99811
(907) 465-3704

ALASKA STATE HOUSE

CHAIR
RULES COMMITTEE

JUDICIARY

SPECIAL COMMITTEE ON INTERNATIONAL
TRADE & TOURISM

LEGISLATIVE COUNCIL

REPRESENTATIVE JOHNNY ELLIS

SPONSOR STATEMENT CS HB 191

The proposed CSHB 191 (Finance) reflects the combined efforts of the Governor's Council for the Handicapped and Gifted, the State Division of Developmental Disabilities and subcommittee members. This new CS will eliminate the fiscal note and make the bill a service delivery system without the funding.

Bill summary: House Bill 191 implements all the components of federal Public Law 99-457. State government currently provides early intervention services through the Departments of Health and Social Services and Education. The State's Infant Learning Program (ILP) is one component of the federal Early Intervention Program, and when funding is available, this bill will expand the ILP to provide early intervention services to families statewide.

Comprehensive Service Delivery System: Some of the family support services outlined in the Findings section of the bill are already available to families through private pay insurance or through Medicaid. However, many children receive no services, allowing problems to become worse. This legislation will expand and enhance our current service system. When funding is available, it establishes a statewide "child find" program to locate children under the age of three who experience or are at risk of experiencing a disability. It establishes an **individualized family service plan**, and assigns a case manager within 45 days.

The State Department of Health and Social Services is the lead administrative agency, with the assistance of the Governor's Council for the Handicapped and Gifted.

WHO RECEIVES SERVICES? Last year over 2,000 infants and toddlers received services from the Infant Learning program. There may well be more infants and toddlers in need that we just don't know about.

Ten percent of the 32,000 children in the state under the age of three experience a disability or are at risk of experiencing a disability.

More services statewide: Basic ILP services will be offered state-wide in all regions: including copper river Basin, the Interior and Bethel regions. The Aleutians are still unserved and many regions are underserved all over Alaska. The largest wait list still is in Anchorage.

Remove kids from wait-lists: Of the 500 children and families on wait lists; 230 have been served: However, as the child find efforts continue, more children are found and placed on wait lists.



WHY DO WE HAVE TO PASS HB 191 IF WE ALREADY ARE GETTING SERVICES?

Alaska is presently receiving nearly a quarter of a million dollars in federal support to get early intervention services implemented. However, these funds will no longer be available if Alaska does not pass a comprehensive early intervention program — HB 191.

1986 federal law, P.L. 99-457, provided financial support to states interested in participating in a 5-year delivery plan for a comprehensive system of early intervention services. Alaska's Interagency Coordinating Council, which is comprised of members from the Governor's Council for the Handicapped and Gifted, spent three years developing a statewide plan and now Alaska is in extended participation of year 3. Alaska is one of many states having difficulty finding enough funding to fully implement P.L. 99-457. For that reason, the federal government may have to revisit the question of mandated entitlement programs for states when no funding is provided.

Early intervention saves money: Research has shown that quality intervention has a profound effect on the physical, emotional, social, and educational outcomes of children with special needs. The **cost benefit** of the early intervention investment strategy is well documented. Studies have shown a **four to one** savings for every dollar invested in preventive child health services.

1. Early intervention reduces and sometimes totally eliminates the long-term effects of disabling conditions.
2. Early Intervention lowers long term costs to government and society as a whole.
3. Early Intervention reduces the incidence of child abuse, divorce, and domestic violence in families suffering the stress of having children who experience disabilities.

Other studies have shown that for every \$1 spent on early intervention for preschool children, \$7 are saved within 36 months, by delaying special class placement and institutionalization. Early childhood special education can save \$16,000 per developmentally delayed student throughout school years.

Thank you for supporting CSHB 191 (Finance).

COMMITTEE SUBSTITUTE FOR HOUSE BILL 191

For An Act entitled: "An Act relating to early intervention services for certain young children and their families; providing for an effective date."

Summary

This bill amends AS 47.20. Exceptional Children and as 47.80 Persons with Handicaps. Section 1, Findings, is added and includes the urgent and substantial need to: support the development of children under the age of three who experiences disabilities; reduce the stress on families of children with disabilities; recognize the strengths, diversity and importance of parents and families in young children's lives; encourage parent-to-parent support; reduce the likelihood of institutionalization; and reduce the long term educational costs by minimizing their need for special education, and minimizing the likelihood of institutionalization.

Section 2, Subsection 060. Purpose, is added and includes: family support; bringing together and making optimal use of federal, state, local and private resources; and expanding the availability of services. Subsection 070, Establishment of Program, is added and includes the establishment and coordination of a statewide system of interagency programs which will: provide appropriate services to the eligible population; educate the public; organize and encourage training programs for service providers; and facilitate transitions between programs in the interagency system. Subsection 080, Program Eligibility, is added and includes children under the age of three who experience a developmental delay or disability, and their families. If the needs of children with delays or disabilities are met, children who are at risk for disabilities or delays will be served with available funds. Subsection 090, Finding and Evaluating Eligible Participants, is added and includes:

a comprehensive system for finding children and families in need of services and providing evaluations to determine the extent and nature of those needs. Subsection 100, Individual Family Service Plan, is added to include the development of individualized family service plans and for the provision of case management services to assist families in obtaining services from the interagency system. Subsection 110, Other Duties of the Department, is added to include the adoption of regulations regarding: personnel development; resolution of interagency and intra-agency disputes; provisions for due process with respect to the rights of children and parents; the compiling of data. Subsection 290, Definitions, is added and includes definitions for; department; developmentally delayed; disability; and early intervention services.

Section 3, AS 47.80.900 (6) Persons with Handicaps, is amended to remove the reference to AS 47.20.050, which is repealed.

AS 47.20.005, Purpose, is repealed and replaced by Section 2 subsection 060.

AS 47.20.020, Assistance authorized, is repealed and replaced by Section 2 subsection 070.

AS 47.20.020, Standards for assistance, is repealed.

AS 47.20.050, Definitions, is repealed and replaced by Section 2, subsection 290.

Discussion

The interagency system of early intervention services proposed in this bill includes services provided by both the public and private sectors. The Division of Public Health, Division of Department of Education, Native Health Corporations, Indian Health Services, private physicians, hospitals and other private and public providers of services are among the individuals and agencies comprising the interagency system of early intervention services. The intent regarding providing coordinated early

Family and Youth Services, Division of Alcohol and Drug Abuse, Division of Mental Health and Developmental Disabilities, intervention services to families of young children who experience developmental delays or disabilities is to provide support to the family to help maintain the family unit in their community of choice, and help maximize the child's potential to lead an independent productive life.

The infant learning program and other early intervention providers work with the family to develop an IFSP (Individualized Family Service Plan) which will assist the family in meeting their child's developmental needs. The infant learning programs provide many of the services on the IFSP to families of children, ages birth to three, who experience disabilities or developmental delays. These services are provided in the home and local community as much as possible.

If there is no infant learning program available to work with the child and family, the burden on the family as well as other, already stressed, systems in Public Health, Division of Family and Youth Services and other agencies is increased. Without the backup of infant learning programs to work directly with children and their parents, many of whom have fetal alcohol or other drug related syndromes, the social service and other health systems must pick up the full burden of providing services with their existing staff and resource.

Although there are 24 Infant Learning Programs (ILPs) in Alaska, many existing programs are unable to serve all the families located in their catchment area. Due to staff shortages in many regions of the state, children who have been referred to Infant Learning programs may be placed on long wait lists or may not be referred to programs at all. There are currently about 350 infants and toddlers who experience developmental delays or disabilities in the state who are on wait lists or live in areas where no, or limited, infant learning services are available.

The coordination required for the provision of services through the interagency system proposed in HB191 will result in a more efficient utilization of the existing resources. The expansion of the early intervention system, including assuring infant learning program services to all areas of the state, will provide families in villages with equal access to services and will help reduce the waiting list for services in urban areas. The Department has responsibility for providing many of the services included in the interagency system. The passage of this bill will help ensure that the system is coordinated with the private sector and all public agencies and ensure services needed by young children with disabilities and their families are provided in a timely and cost effective manner.

Recommendation:

The Department of Health and Social Services recommends the following changes, which reduce the resource requirements for full implementation and enhance program accountability.

1. Because it will become increasingly important to utilize multiple funding sources, language to strengthen the use of funds from sources other than the federal or state government and emphasize obtaining maximum funding from multiple sources, we recommend the following change to Sec. 47.070 (b):

(b) The department is the lead agency for purposes of federal law with respect to the administration of the early intervention services system required under (a) of this section. The department shall establish and administer the system required under (a) of the section so that the state is eligible for the maximum available funding [FEDERAL FINANCIAL SUPPORT]

2. Language similar to that found in the federal regulations, 34 CFR 303.522, regarding utilization of all available funding sources, could also be included by adding a new paragraph under Sec. 47.20.070 (c):

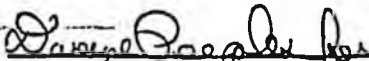
(7) identify and utilize all available resources within the State, including those from Federal, State, local, public and private sources;

While the intent of the above proposed paragraph is defined in Sec. 47.20.060 (2), this addition specifically directs the Department to address the effective use of all financial resources.

3. Also, under Sec. 47.20.070 (c), we recommend the addition of another new paragraph to define the Department's responsibility to monitor and evaluate services in order to assure that resources are being effectively utilized and that services are effective.

(8) monitor and evaluate the services provided to assure the demonstrable effectiveness of services, compliance with state and federal law and department policy regarding the provision of early intervention services.

Recommended:

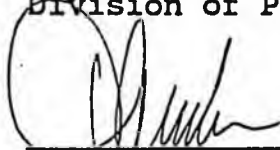


Peter M. Nakamura, MD, MPH
Director
Division of Public Health

Date:

2/24/92

Approved:



Theodore A. Mala, MD, MPH
Commissioner
Department of Health and
Social Services

Date:

4/25/92



Yukon-Kuskokwim Parent-Child Program

P.O. Box 925 - Bethel, Alaska 99559 • (907) 543-3401 or 3341

REC'D APR 02 1991

March 27, 1991
Johnny Ellis
P.O. Box V
Juneau, AK. 99559

I wish to express my strong support for House Bill 191 - PL 99-457 implementation in Alaska. Intervention and services from the age of birth to three is crucial in order for children at risk of developmental delays to grow and develop optimally. Children should be given the opportunity to reach their optimal potential. Money saved in services to babies will be spent many times over on remediation and special education in later years. Most growth, including brain development takes place in these early year. Assistance to families with children under three will help reduce public assistance and disability payments to future adults. Children with vision, hearing, language, or physical impairments need and deserve service at the earliest age possible.

Thank You,

Colleen Chinn

Colleen Chinn, YK/PCP Special Needs Coordinator and a Parent of 4
children

Bethel, AK. 99559



GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

600 University Avenue, Suite B • Fairbanks, Alaska 99709 • Phone (907) 474-2440

March 29, 1991

Representative Johnny Ellis
Alaska State Legislature
P. O. Box V (MS 3100)
Juneau, Alaska 99811

Dear Representative Ellis:

Thank you for sponsoring House Bill 191 to provide early intervention supports to families with children under the age of 3 years who are diagnosed as having disabilities or are determined to be at risk.

Although HB 191 does not create an entitlement, we strongly support this bill because it recognizes the family as the primary caregiver for these children and the bill requires a focus on individual outcomes for each child as a result of the services received.

Your legislation promotes a coordinated interagency delivery of comprehensive services for infants and toddlers regardless of where they live in our state. The legislation you propose will assure the planned development of early intervention services in rural areas where currently no services are available.

Studies indicate that money invested in infants and toddlers through early identification and early intervention services saves money downstream by reducing the need for special education and social services later.

Realizing that these are times of diminishing state revenues, HB 191 will serve as a catalyst for state agencies to collaborate more effectively the use of existing dollars and eliminate duplication of some services. Currently, new financing schemes using medicaid waivers and the EPSDT program are being developed which could garner federal funds to pay for many needed services. The Mental Health Trust would provide funding for eligible beneficiaries. Additionally, insurance payments can pay for some services for those families fortunate enough to have coverage.

Again, thank you for sponsoring HB 191 and for your efforts to increase the strength and stability of families in Alaska through such legislation. You can be assured of our continued support.

Sincerely,

David Maltman
Executive Director

STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

DEPARTMENT OF HEALTH AND
SOCIAL SERVICES

THEODORE A. MALA, COMMISSIONER

OFFICE OF THE COMMISSIONER

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

February 24, 1992

The Honorable Johnny Ellis
Alaska State House of Representatives
State Capitol
Juneau, AK 99811

Dear Representative Ellis,

We respectfully recommend the following amendments to CSHB 191 (HES).

1. To strengthen the language regarding the use of funds from sources other than the federal government and emphasize obtaining maximum funding from multiple sources, we recommend the following change to Sec. 47.20.070 (b):

(b) The department is the lead agency for purposes of federal law with respect to the administration of the early intervention services system required under (a) of this section. The department shall establish and administer the system required under (a) of the section so that the state is eligible for the maximum available funding [FEDERAL FINANCIAL SUPPORT].

2. Language similar to that found in the federal regulations, 34 CFR 303.522, regarding utilization of all available funding sources, could also be included by adding a new paragraph under Sec. 47.20.070 (c):

(7) identify and utilize all available resources within the State, including those from Federal, State, local, public and private sources;

While the intent of the above proposed paragraph is defined in Sec. 47.20.060 (2), this addition specifically directs the Department to address the effective use of all financial resources.

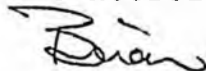
Honorable Johnny Ellis
February 24, 1992
Page 2

3. Also, under Sec. 47.20.070(c), we recommend the addition of another new paragraph to define the Department's responsibility to monitor and evaluate services:

(8) monitor and evaluate the services provided to assure the demonstrable effectiveness of services, compliance with state and federal law and department policy regarding the provision of early intervention services.

Thank you for your willingness to consider these changes; we believe they will increase the ability of the Department to assure families of high quality services.

Sincerely,



Brian Saylor, PhD, MPH
Deputy Commissioner

February 15, 1992

Representative Mike Navarre
Representative Eileen MacLean
House Finance Committee
P.O. Box V
Juneau, Alaska 99811

Dear Co-Chairs Navarre and MacLean:

Four bills of great importance to those of us who work directly with young children in Alaska are currently before House Finance:

HB 32 - Providing student loan forgiveness for graduates of early childhood education programs who go on to employment in the field here in Alaska.

HB 39 - Amended to provide full funding for the Child Care Grant program to allow increases in quality care in licensed day care centers and family care homes.


HB 78 - Providing job protection for up to 18 weeks of unpaid Family Leave necessary due to birth or adoption or to a serious illness.

HB 191 - Expanding Early Childhood Intervention Services to all children who require such services due to disability.

In the interests of Alaskan children, I urge that you support these bills and bring them before the Finance Committee for consideration.

Thank you.

Sincerely,


P.O. Box 021933
Juneau Ak
586-5766
789-4583 WR.



COMPREHENSIVE MENTAL HEALTH SERVICES

Please reply to:

230 E. Paulson, Wasilla, AK 99687
(907) 376-2411 FAX No. 907-376-1626

847 W. Evergreen, Palmer, AK 99645
(907) 745-1000 FAX No. 907-745-6126

P.O. Box 787, Talkeetna, AK 99676
(907) 733-2274 FAX No. 907-733-1222

February 4, 1992

The Honorable Mike Navaree, Co-Chair
House of Representatives
House Finance Committee
POB V
Juneau AK 99811

Dear Mr. Navaree:

I am writing to seek your support for HB 191 concerning early intervention services for children with disabilities. As a community mental health director I have seen time and time again how delays in getting services to children when they are young leads to much more costly and intensive services to them when they become older. The earlier we can intervene, the higher the probability for success of the intervention and the cheaper the cost. Please support HB 191 so Alaska's children who are in the most need can receive services when it will benefit them the most.

Sincerely

A handwritten signature in black ink, appearing to read "Robert S. Irvine".

Robert S. Irvine, L.C.S.W., M.B.A.
Chief Executive Officer

/pd

KIDPAC

A Voice for Children

REC'D APR 17 1991

April 15, 1991

Rep. Johnny Ellis
House of Representatives
P.O. Box V
Juneau, Alaska 99811

Dear Rep. Ellis,

KIDPAC is delighted to support HB 191. Early intervention services for young children experiencing developmental delays or disabilities (or at risk of doing so) are essential to improve their lives today as well as their future potential.

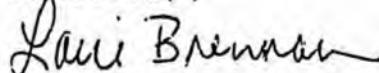
Early intervention works and it's cost effective, but often a child's needs aren't identified until he is four years old or (more often) already in school. We need to find these children at the earliest age possible and begin appropriate services as soon as feasible.

The Infant Learning Program provides an excellent model of a program serving children ages birth through three. The program includes an assessment of a child's delays or disabilities by a team of professionals, an individual education plan developed with the child's parents, the delivery of home visits designed specifically for each individual child and his family, and on-going evaluations of the child's progress and needs.

Programs like this, if fully funded, would greatly help our very youngest children. In addition, we could expect to see more children mainstreamed when they reach school-age and less need for remedial programs in the schools.

Our very youngest children deserve this chance to improve their lives. Please let us know what else we can do to encourage the passage of this bill.

Sincerely,



Lani Brennan
KIDPAC President



ACTION FOR ALASKA'S CHILDREN

(formerly CHILD AND FAMILY ADVOCACY PROJECT of ALASKA CHILDREN'S SERVICES, INC.)

REC'D APR 05 1991

APRIL 2, 1991

MEMO

TO: HOUSE COMMUNITY AND REGIONAL AFFAIRS COMMITTEE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

FROM: ACTION FOR ALASKA'S CHILDREN - T. Langdon, Pres./CEO

RE: HB 191- An Act relating to early intervention services for certain young children and their families; and providing for an effective date.

Action for Alaska's Children is in strong support of HB 191. The early intervention aspect and the services provided for in the bill will make a great difference in the quality of life for many children and their families and reduce the cost of caring for these individuals in the future.

By the use of creative financing, using a sliding fee scale, insurance, Medicaid waivers and use of some Mental Health Trust Funds for beneficiary population, the cost of these services will not be as great as is presently projected.

The findings and purpose sections of the bill outline quite well the need for the services. The provision for training programs for persons who provide services to this population as called for in the bill are critical. The continuation of the Interagency Coordinating Council should provide the vital continued coordination and cooperation of various Departments in serving these young children and their families.

We urge your support of this bill.

INFANT LEARNING PROGRAM
BETHEL COMMUNITY SERVICES, INC.
BOX 2188
BETHEL, ALASKA 99559
(907) 543-3690/2835 1-800-478-3690
FAX (907) 543-3033

March 27, 1991

Johnny Ellis
Box V
Juneau, Alaska 99811

Representative Ellis:

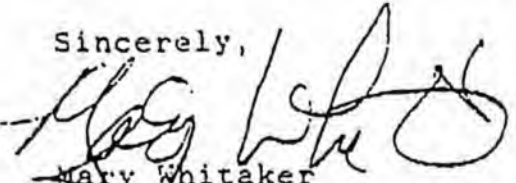
This letter is in support of HB 191 enabling Alaska to participate in P.L. 99-457, the amendment to the Education of the Handicapped Act of 1975. Part H of this law entitles children ages birth through 2 to early intervention services. Currently, children aged 3 years through 21 years are entitled to special education services through the school districts. Although early intervention services have been provided by the State of Alaska, these have not been mandated services, and many, many children who have been identified as in need are not able to receive services necessary to their growth and development. P.L. 99-457 recognizes that services for children with special needs must be provided as early in life as possible in order to minimize the effects of conditions causing developmental delays and that these services need to be provided in a family setting.

In the Yukon-Kuskokwim Delta area alone, there are currently 3 staff to provide services to children in need in Bethel and 43 area villages. We are able to serve a maximum of 35 families and will be able to serve fewer in the next fiscal year due to the very low level of funding available. We will not be able to enroll any more children in our program. Statewide, ILP's have long waiting lists.

All children with special needs should be entitled to services. Your bill would entitle the youngest of children to receive services thus awarding them the same status as those children who are 3 years and older.

Your bill has very strong support in this area. Thank you for your concern for these very young children and their families.

Sincerely,


Mary Whitaker
Teacher/Director

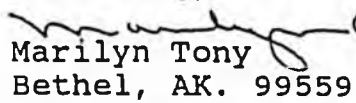
REC'D APR 02 1991

Johnny Ellis
P.O. Box V
Juneau, AK. 99559

I wish to express my strong support for House Bill 191 -- PL 99-457 implementation in Alaska. Intervention and services from the age of birth to three is crucial in order for children at risk of developmental delays to grow and develop optimally. Children should be given the opportunity to reach their optimal potential. Money saved in services to babies will be spent many times over on remediation and special education in later years.

Children with vision, hearing, language, or physical impairments need and deserve service at the earliest age possible.

Thank You,


Marilyn Tony
Bethel, AK. 99559

Box 925

REC'D APR 15 1991

April 10, 1990

DK

Dear Senators,

As President and Political Action Coordinator we are writing to you on behalf of the Division for Early Childhood/Special Education to voice our support in adopting House Bill 191 during the seventeenth legislative session. We support the efforts of Representative Ellis and Ulmer in introducing this bill and strongly support the intent behind this bill.

We are pleased that it quickly moved through Health, Education, and Social Services and at the expediency with which it went through the House. We encourage you to follow such expediency in passing this through the Senate.

This bill ensures the implementation of quality services to children ages birth to three years that experience developmental disabilities and to their families throughout the State of Alaska. Nationally the Division of Early Childhood advocates that all states follow PL99-457 and the implied philosophy, guidelines, and recommendations behind this federal mandate. The Alaska Division for Early Childhood has participated in national public hearings through oral testimony in support of this federal mandate. Written testimony has been sent to the Bush Administration.

As local Division for Early Childhood officers and as Early Childhood Special Educators in the Anchorage bowl area who have also provided services to families and their children with disabilities in rural Alaska we strongly endorse the passage of this bill.

It is our impression that families are an integral focus of the Hickel Administration. We agree that families and children who experience disabilities will benefit from this bill being passed. With passage families with children who experience disabilities will be supported, be recognized as primary caregivers and teachers of their children, encouraged to maintain normal patterns of living in their homes and communities, and realize the maximum potential for their children despite their disabilities. Here is an opportunity as Governor Hickel has stated to "focus on the family".

Another means of supporting family focused programs is to endorse the 1.5 million dollar increment that Representative Boyer introduced. These monies would allow the state Infant Learning Program services to continue to serve the 3200 children and to expand services to the 174 children on the waiting list in Anchorage, the 50 children on the waiting list in Homer, not to mention the initiation of services

in rural areas such as Copper Center and the expansion of services elsewhere in the state.

As advocates of families of young children with disabilities we speak for families, our general membership and all the related service providers committed to high quality early intervention services. We support and appreciate the efforts of Representatives Ellis, Ulmer, and Boyer. We strongly urge you to support the passage of House Bill 191 and the 1.5 million dollar increment.

Thank you for considering this bill, the increase in monies to the state Infant Learning Program and our recommendations.

Sincerely,

Stephanie Hudson

Stephanie Hudson
Political Action Network Coordinator

Bev Lewanski

Bev Lewanski
President for Alaska's Division
for Early Childhood
Preschool Special Education Teacher
Mt. Iliamna Preschool
Elmendorf Air Force Base
Anchorage, Alaska



PROGRAMS FOR
INFANTS & CHILDREN, INC.
Anchorage Infant Learning Program

4454 Business Park Blvd.
Anchorage, Alaska 99503
(907) 561-8060

Stephanie E. Hudson

cc: Rep. Boyer
Rep. Ellis
Rep. Ulmer
Mr. Hodell
Mr. Keller
Mr. Stassen
Governor's Council for the Gifted and Handicapped,
Chairperson, Bob Locke
Executive Director, Dave Maltman
Governor's Commission for Children and Youth
Duane French

arca Association for Retarded Citizens of Anchorage, Inc.
2211-A Arca Drive, Anchorage, Alaska 99508 • (907) 277-6677

March 28, 1991

Representative Johnny Ellis
P.O. Box V
Juneau, Alaska 99811

Dear Representative Ellis:

I am writing this letter of support for House Bill 191 "An Act Relating to Early Intervention Services for Certain Young Children and their Families; and Providing for an Effective Date."

The Association for Retarded Citizens of Anchorage provides services for children and adults from four to 65 years of age who experience developmental disabilities and their families. ARCA provides an array of services including 24-hour residential care, case management services, a drop-in center providing leisure and social activities, in-home family services and respite, and information and referral.

It has been my experience that individuals who are in the age range of 30 and above show far less developmental skill development in both academics and life skills as compared to those individuals who are under the age of 30 who have received special education services throughout their youth. Today we see individuals coming out of special education classes moving directly into their own apartments with case management support, whereas those same individuals ten years ago were moved to group homes or more restrictive settings. These individuals today are working at age 21 rather than beginning their vocational training at 35. This is one example of how important providing adequate intervention is at an earlier age.

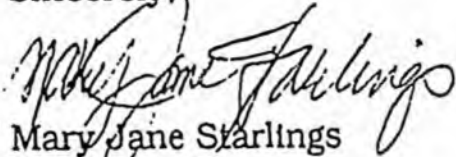
Providing intervention from age zero to three years can have a dramatic effect in reducing and sometimes totally eliminating the long-term effects of disabling conditions, and preventing the need for continued support throughout a lifetime.

Representative Johnny Ellis
March 28, 1991
Page Two
Re: House Bill 191

House Bill 191 will allow for the development and implementation of individualized service plans in a comprehensive, statewide system to meet the needs of children under the age of three who experience developmental disabilities.

I strongly urge the passage of House Bill 191. Early intervention should be the *foundation* of all services related to the future of persons who experience developmental disabilities.

Sincerely,



Mary Jane Starlings
Executive Director

MJS/mhp



Community Connections PO Box 9586 • Rm. No. 320 NBA Bldg. • Ketchikan, Alaska 99901 • (907) 225 7825

February 24, 1992

[REDACTED]
Mike Navarre, Representative
House Finance Committee
State Capitol
Juneau, Alaska 99801-1182

Dear Senators MacLean and Navarre:

HB191 which outlines responsibilities for administration, planning, education, and eligibility for services is up for consideration to become law, Community Connections asks you to support this measure since it assists specialized needs for persons with disabilities.

Community Connections is a non-profit corporation based in Southern Southeast Alaska. This agency provides many disabled persons and their families support to achieve their own personal goals for managing their daily lives and for having valued roles of participation in the physical and social life of their communities.

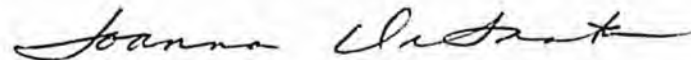
Community Connections philosophy is to design services around the needs of people, not buildings or places. Our efforts are aimed at helping individual people and their families be empowered to meet their goals for learning, earning, coming and going, having valued roles and experiencing their full civil rights as contributing members of their communities.

Thank you for your time and we appreciate your help in making this bill become law.

Sincerely,



Kevin Miller
President, Community Connections



Joanna DeSanto
Executive Director, Community Connections

cc: Mark Boyer, Representative
Kay Brown, Representative
George G. Jacko, Jr., Representative
Niilo Koponen, Representative
Ron Larson, Representative
Fran Ulmer, Representative
Ramona Barnes, Representative
Randy Phillips, Representative
Bert Sharp, Representative

Rep. Johnny Ellis

2/24/92

Update on Infant Learning Services

Last year's \$1.6 million increment to the Infant Learning Program provided:

More services statewide: Basic ILP services will be offered state-wide in all regions: including copper river Basin, the Interior and Bethel regions. The Aleutians are still unserved and many regions are underserved all over Alaska. The largest wait list still is in Anchorage.

Remove kids from wait-lists: Of the 500 children and families on wait lists as of July 1991, 230 have been served: However, as the child find efforts continue, more children are found and placed on wait lists.

Jobs: Because of the additional services statewide, more ILP teachers have been hired in the new communities served.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF MATERNAL, CHILD AND FAMILY HEALTH

WALTER J. HICKEL, GOVERNOR

INFANT LEARNING PROGRAM
1231 QAMBELL STREET
ANCHORAGE, ALASKA 99501-4127
PHONE: (907) 278-9841

INFANT LEARNING PROGRAM RELATED QUESTIONS

1. Are ILP services available state-wide?

No, however during Fiscal Year 1990, 2,145 infants and toddlers received services from Infant Learning Programs. Many eligible children and families did not receive any services; some areas of the State are completely un-serviced. Those regions are Cooper River Basin, Glennallen Region, the Interior, portions of the Chain, and most of the villages in the Bethel Region.

2. How many children are on wait lists, and where are they located?

As of the end of December 1990, our figures indicate that 388 children are listed on wait lists (see attachment # 1). This number continues to increase. For example, on 12-31-90 the Kenai ILP did not have any children on a wait list. As of 3-1-91 they have 40 children on the wait list. Under-served and wait listed regions include Fairbanks, Dillingham, Homer, Mat-Su, Kotzebue, Anchorage, and Ketchikan; and under-served villages are Valdez, Adak and other Chain communities that are served on a itinerant basis. Refer to the map attached.

3. Are all children in a region that is now served by ILP being identified and referred?

No, not all children in a region that is being served by an ILP are currently being identified and referred. Some areas have limited child find activities, since programs are unable to serve all children that are currently referred. Other providers (i.e. PHN) often do not refer children that may require services because they know the ILP would only have to put the child on a wait list.

4. Have all children in unserved regions been identified?

Not at this time.

5. How many children received services, were referred, received multi-disciplinary evaluations last year?

2,145 children received services last year, of those 1,161 children received regular services 984 children were monitored or only screened and a minimum of 447 multi-disciplinary evaluations were completed. Refer to the individual program list for each ILP statistics.

6. What is the difference between ILP and PL99-457's early intervention system?

PL99-457's Early Intervention (EI) System is comprised of several components that must be coordinated to provide comprehensive services to infants and toddlers who experience special developmental needs. These services address the child's and family's needs. All necessary child and family services (those that relate to the child's delays) must be provided.

The Infant Learning Program is one of the components of the PL99-457 EI system. ILP is a major component that will provide the foundation for the PL99-457 system. The current ILP system that provides screening, evaluation, development of individual programs, and on-going technical assistance and education will be expanded to provide a means to coordinate other necessary EI services.

Other components of the PL99-457 system include: activities carried out by the public health nurse, the DFYS social worker, the community mental health worker, audiologist, pediatrician, therapists (Speech, physical and occupational), respite worker, homemaker's program provider, school district personnel, child care workers, other medical/health care/educational providers. As seen the coordinated system involves many of the programs within the DHSS's Division of Public Health, Division of Family and Youth Services, Division of Medical Assistance, Division of Mental Health and Developmental Disabilities, the Department of Education, the Department of Community and Regional Affairs, Indian Health Services, Native Health Corporations, and private providers.

7. Where is Alaska in participation related to PL99-457?

Alaska has submitted a grant application to the Federal funding agency (Department of Education, Office of Special Education Programs) to begin Year Four Public Law 99-457 services. Alaska can begin to provide Public Law 99-457 Year Four services on July 1, 1991 as outlined in our State plan, if state funds are available.

8. What are Alaska's legal obligations for participation in PL99-457? If we accept Year Four funds are we obligated to go on with Year Five?

Alaska can participate in Year Four and then opt out of participation before Year Five and full services are to be provided. Alaska can opt back into PL99-457 participation at any point in the future. We can also opted not to begin Year Four services on July 1, 1991, but can begin Year Four services at a later date.

9. What is the Governor's Council for the Handicapped and Gifted's support and priority for ILP and participation in PL99-457?

The GCHG has made participation in PL99-457 and making ILP state-wide a top priority. The budget increase request they are supporting allows ILP to become state-wide, wait listed children and families to be served, and quality services to be provided. The GCHG recognizing the benefit in human potential as well as future dollar savings by providing services as early in a child's life as possible.

10. What would be the steps that should be taken to provide all infants and toddlers who experience developmental delays to receive the necessary services?

The first step would be to expand Infant Learning Programs to serve all communities state-wide. Next, all children should be eliminated from wait lists and state-wide child find activities should begin. Non-profit grantees must be funded at a level that covers Infant Learning Program expenses. Currently many non-profits need to cover more than the cost to administer the program. Agencies will soon (as has already happened) opt out of providing ILP services because they are loosing money and still not able to serve all children and families.

The next step would be to provide PL99-457 Year 4 services state-wide. Once this has been accomplished, the state of Alaska can decide what additional services will be provided to these children and families and what our participation in PL99-457 will be.

PL99-457 Year 4 services include:

- state-wide child find
- evaluation, development of Individual Family Services Plan (IFSP), and assignment of a case manager within 45 days of referral,
- proper administration of the program assuring procedural safeguards are in place.



Key:
 ○ (dashed) underserved (less than 3 visits per year)
 ○ (solid) unserved
 ○ (hatched) ILP in region, but unable to serve all communities

There are some un & under served communities in Southeast region.

Infant Learning Program: Un and Under Served Regions

JUNE 1985

DEPT. OF HEALTH AND SOCIAL SERVICES

*DIVISION OF PUBLIC HEALTH
SECTION OF MATERNAL, CHILD AND FAMILY HEALTH*

INFANT LEARNING PROGRAM
1231 GAMBELL STREET
ANCHORAGE, ALASKA 99501-4627
PHONE: (907) 278-3841

INFANT LEARNING PROGRAM: DHSS
DIVISION OF PUBLIC HEALTH
SECTION MATERNAL, CHILD, FAMILY HEALTH

The Infant Learning Program (ILP) is primarily a home based program serving infants and toddlers from birth through age two who experience a developmental delay and their families. ILP services include: screening, evaluation, the development of an individual family/child services plan, and on-going visits to provide technical assistance to families and direct services to children to meet objectives in their plan and attempt to access other needed services.

During FY90, 2145 infants and toddlers received services from ILP. Still many eligible children and families did not receive any services. Many areas of our state are completely UNSERVED.

UNSERVED REGIONS:

- *the Copper River Basin (Glennallen region)
- *the interior
- *portions of the Chain
- *most of the villages in the Bethel region

Other regions are underserved. This means either they do not receive services on a frequent enough schedule, can not serve all communities in their region or have a wait list for services. These regions include:

UNDERSERVED/WAIT LIST:

- *Fairbanks region
- *Dillingham region
- *Homer region
- *Mat-Su region
- *Kotzebue villages
- *Anchorage area
- *Ketchikan and villages
- *Valdez region
- *Adak and other Chain communities served itinerately

The first priority for ILP funding would be to provide the ILP services state-wide. Next, would be to eliminate the wait lists. This would provide all eligible children and families in Alaska equal access to basic ILP services.

Once these goals have been accomplished, Alaska can begin to address meeting the mandates for PL99-457 and full early intervention services. Alaska has submitted a grant application to the federal funding agency (Department of Education: Office of Special Education Programs) to begin Year 4 PL99-457 services.

These services include:

- evaluation, development of Individual Family Service Plan (IFSP), and assignment of a case manager within 45 days of referral
- state-wide child find
- proper administration of the program assuring that procedural safeguards are in place

Alaska can begin to provide PL99-457 Year 4 services on July 1, 1991 (as outlined in our state plan) if funds are available. Alaska can participate in Year 4 and then opt out of participation before Year 5 and full services are to be provided. Alaska can opt back in PL99-457 participation at any point in the future.

We can also opt to not begin Year 4 on 7-1-91, but begin Year 4 at a later date. The important point is that Alaska can opt in and of participation following each grant year. However, once we are off the federally set track we will be competing for funds that would have automatically been allocated to Alaska. Depending on re-authorization of PL99-457, which will be occurring this year, the total dollars could be more or less than we would currently receive.