

HB

1911



ACTION FOR ALASKA'S CHILDREN

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

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.

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 78.80 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.

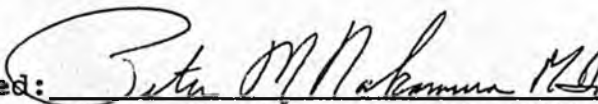
Although there are 24 Infant Learning Programs (ILPs) in Alaska, there are several regions that do not have access to any ILP services. Many existing programs are unable to serve all the communities located in their catchment area. Due to staff shortages in many regions of the state, children who have 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: 4/2/21

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

Date: 4/2/21

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 6, 1991

FURTHER REFERRALS:

HES
Finance

Date of Committee Action: 4-3-91

The COMMUNITY AND REGIONAL AFFAIRS 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: [] the same title
 be replaced with _____ [] 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)

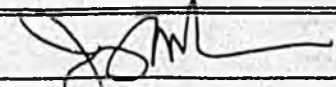
fiscal impact HSS

[] fiscal note(s) _____

[] zero fiscal note _____

[] zero fiscal note(s) _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
Richard ^{Foster} [Signature]	⊗	[Signature] ^{BAKER}		X	
Bettye Davis	X	[Signature]			
[Signature] ^{Mackie}	X				
Cheri Davis	X				
		J. C. Boyak		X	



 CHAIRMAN'S SIGNATURE

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 5, 1991.

FURTHER REFERRALS:

Finance

Date of Committee Action: 4-15-91

The HEALTH, EDUCATION AND SOCIAL SERVICES 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 CHES)

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 _____ (3) fiscal note(s) DHSS

zero fiscal note _____ zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Cheri Davis</i>	<input checked="" type="checkbox"/>				
<i>Mark Hanley</i>		<i>(HANLEY)</i>		<input checked="" type="checkbox"/>	
<i>Joe Gonzales</i>	<input checked="" type="checkbox"/>	<i>(GONZALES)</i>			
<i>Ralph Carney</i>	<input checked="" type="checkbox"/>	<i>(CARNEY)</i>			
<i>Lincoln</i>	<input checked="" type="checkbox"/>	<i>(LINCOLN)</i>			

[Signature]
CO-CHAIRMAN'S SIGNATURE

7-LS0387G
Lauterbach
4/3/91

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

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ELLIS, Ulmer

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) provide quality learning and related early intervention family support services

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

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

4 (1) experiencing developmental delay or disability; or

5 (2) at risk of experiencing developmental delay or disability if early intervention
6 services are not provided.

7 (b) The department shall serve children and their families who are eligible for services
8 under (a)(1) of this section. If all persons eligible under (a)(1) of this section are receiving all
9 the services included in the individualized family service plans developed for them under
10 AS 47.20.100, the department shall, within available funds, serve children and their families who
11 are eligible for services under (a)(2) of this section.

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

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

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

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

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

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

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

27 Sec. 47.20.100. INDIVIDUALIZED FAMILY SERVICE PLAN. The individualized
28 family service plan developed under AS 47.20.090(b)(2) must be based on the evaluation
29 conducted under AS 47.20.090(b)(1) and must include

30 (1) provisions for case management services to implement the plan, including the
31 name of the case manager from the profession most immediately relevant to the child's or

1 family's needs who will be responsible for the implementation of the plan and coordination with
2 other agencies and persons;

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

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

8 (4) a description of the specific early intervention services that meet the unique
9 needs of the child and the family, including the frequency, intensity, and method with which the
10 services should be delivered;

11 (5) the projected dates for initiation of services and the anticipated duration of the
12 services;

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

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

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

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

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

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

29 (4) providing for due process with respect to the rights of children and parents
30 who are eligible for services under this chapter; the regulations must provide that during the
31 pendency of a complaint about a change in services, the child and family shall continue to

1 receive the prior services unless the state and the family otherwise agree, or, if the complaint
2 relates to an application for initial services, the child and family shall receive the services that
3 are not in dispute.

4 (b) The department shall establish a system for compiling data on the numbers of
5 children and their families in the state who need early intervention services, the numbers being
6 served, the types of services provided, and other information as required under federal law.

7 Personally identifiable information obtained under this chapter is confidential for purposes of
8 AS 09.25.110 - 09.25.120.

9 Sec. 47.20.290. DEFINITIONS. In this chapter,

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

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

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

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

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

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

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

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

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

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

8 (H) atypical growth patterns consistent with a prognosis of developmental
9 delay based upon parental and professional judgment, such as failure to thrive;

10 (4) "early intervention services" or "services" means services that are designed
11 to meet the developmental needs of a child under the age of three who is developmentally
12 delayed or disabled or the needs of the child's family so that the family can support the child's
13 development; the services may include

14 (A) family training, counseling, and home visits;

15 (B) special instruction;

16 (C) speech pathology and audiology;

17 (D) occupational therapy;

18 (E) physical therapy;

19 (F) psychological services;

20 (G) case management services;

21 (H) medical services only for diagnostic or evaluation purposes;

22 (I) early identification, screening, and assessments; and

23 (J) health services for the child that are necessary to enable the child to

24 benefit from the other early intervention services.

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

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

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

1 * Sec. 5. This Act takes effect July 1, 1991.

House Bill 191

Early Intervention
for Special Needs Children

By Rep. Johnny Ellis

House Bill 191

Early Intervention for Special Needs Children

House Bill 191 A

Sectional Analysis B

Cost Effectiveness C

Letters of Support D

Compare: Infant Learning E

Fiscal Note F

Eligibility Criteria G

A

HOUSE BILL NO. 191
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES ELLIS, Ulmer

Introduced: 3/6/91

Referred: Community & Regional Affairs, Health, Education & Social Services, Finance

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."

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7 delays or disabilities due to social or environmental 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) provide quality learning and related early intervention family support services

1 to eligible children under the age of three who have developmental delays or disabilities and, on
2 a discretionary basis, to those children under the age of three who are at risk of developmental
3 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 council established under AS 47.20.110(c), shall establish a coordinated,
12 comprehensive, statewide system of multidisciplinary interagency programs that provide
13 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 federal financial participation.

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

4 (1) experiencing developmental delay or disability; or

5 (2) at risk of experiencing developmental delay or disability if early intervention
6 services are not provided.

7 (b) Within available funds, the department shall serve children and their families who
8 are eligible for services under (a)(1) of this section. If all persons eligible under (a)(1) of this
9 section are receiving all the services included in the individualized family service plans developed
10 for them under AS 47.20.100, the department shall, within available funds, serve children and
11 their families who are eligible for services under (a)(2) of this section.

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

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

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

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

20 (b) The department shall, within 45 days after a child's referral to the department under
21 (a) of this section,

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

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

27 Sec. 47.20.100. INDIVIDUALIZED FAMILY SERVICE PLAN. The individualized
28 family service plan developed under AS 47.20.090(b)(2) must be based on the evaluation
29 conducted under AS 47.20.090(b)(1) and must include

30 (1) provisions for case management services to implement the plan, including the
31 name of the case manager from the profession most immediately relevant to the child's or

1 family's needs who will be responsible for the implementation of the plan and coordination with
2 other agencies and persons;

3 (2) a statement of the child's present levels of physical development, cognitive
4 development, and self-help skills, based on appropriate objective criteria;

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

7 (4) a description of the specific early intervention services that meet the unique
8 needs of the child and the family, including the frequency, intensity, and method with which the
9 services should be delivered;

10 (5) the projected dates for initiation of services and the anticipated duration of the
11 services;

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

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

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

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

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

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

28 (4) providing for due process with respect to the rights of children and parents
29 who are eligible for services under this chapter; the regulations must provide that during the
30 pendency of a complaint about a change in services, the child and family shall continue to
31 receive the prior services unless the state and the family otherwise agree, or, if the complaint

1 relates to an application for initial services, the child and family shall receive the services that
2 are not in dispute.

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

8 (c) The department shall establish an interagency coordinating council to advise and
9 assist it in developing and administering the system of early intervention services required under
10 this chapter.

11 Sec. 47.20.290. DEFINITIONS. In this chapter,

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

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

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

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

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

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

31 (D) sensory impairment, such as hearing loss or deafness, visual loss or

1 blindness, or a combination of hearing and visual loss, that interferes with the child's
2 ability to respond effectively to environmental stimulus;

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

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

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

10 (H) atypical growth patterns consistent with a prognosis of developmental
11 delay based upon parental and professional judgment, such as failure to thrive;

12 (4) "early intervention services" or "services" means services that are designed
13 to meet the developmental needs of a child under the age of three who is developmentally
14 delayed or disabled or the needs of the child's family so that the family can support the child's
15 development; the services may include

16 (A) family training, counseling, and home visits;

17 (B) special instruction;

18 (C) speech pathology and audiology;

19 (D) occupational therapy;

20 (E) physical therapy;

21 (F) psychological services;

22 (G) case management services;

23 (H) medical services only for diagnostic or evaluation purposes;

24 (I) early identification, screening, and assessments; and

25 (J) health services for the child that are necessary to enable the child to

26 benefit from the other early intervention services.

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

28 (6) "person with a handicap" means a person with a developmental disability as
29 defined in (7) of this section or a person who is hard of hearing, deaf, speech impaired, visually
30 handicapped, seriously emotionally disturbed, orthopedically or otherwise health impaired, or who
31 has a specific learning disability; the term includes but is not limited to "exceptional children"

- 1 as defined in AS 14.30.350(1) [AND AS 47.20.050];
- 2 * Sec. 4. AS 47.20.005, 47.20.010, 47.20.020, and 47.20.050 are repealed.
- 3 * Sec. 5. This Act takes effect July 1, 1991.

B

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 78.80 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

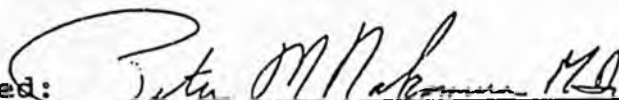
state who are on wait lists or live in areas where no infant learning services are available.

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:

4/2/21

Approved:



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

Date:

4/2/21

C

COST EFFECTIVENESS

Money invested in early identification and early intervention services for infants and toddlers saves money in the long run by reducing the need for special education and social services later. Some examples: \$3,000 invested in preschool early intervention produced a benefit of:

- \$ 668 mother's released time
 - \$ 3,353 money saved because children had fewer years in public school special education
 - \$ 10,798 additional projected lifetime earnings for the child
 - \$ 14,819 savings per child
- COST/SAVINGS RATIO: 1/5.**

Source: Perry Preschool Project; Schweinhart & Weikart, 1980 as reported by ERIC Clearinghouse on Handicapped and Gifted Children.

Cost savings on special education services provided to children up to 18 years of age:

Services begin at:	Special educ. costs:
birth	\$ 37,273
age six	\$ 46,816 - 53,340

AVERAGE SAVINGS BY BEGINNING SPECIAL EDUCATION SERVICES AT BIRTH INSTEAD OF AT SCHOOL AGE: \$9,543 - 16,067

Source: Costs of Intervention Programs; M.E. Wood, 1981 as reported by ERIC Clearinghouse on Handicapped and Gifted Children.

Every \$1 spent on early treatment of behavior disordered children in a study in Tennessee saved \$7 within 36 months by delaying special class placement and institutionalization.

COST/SAVINGS RATIO: 1/7.

Source: Snider, Sullivan & Manning, 1974 as reported by ERIC Clearinghouse on Handicapped and Gifted Children.

Statewide early intervention services in Colorado showed cost savings of \$4 within a three-year period for every \$1 spent.

COST/SAVINGS RATIO: 1/4.

Source: McNulty, Smith & Soper, 1983 as reported by ERIC Clearinghouse on Handicapped and Gifted Children.

The comparisons at left were compiled by First Steps, the Indiana early intervention program whose successful public awareness campaign is described on pages 2-3.

EARLY INTERVENTION AND PRESCHOOL SPECIAL EDUCATION ARE COST EFFECTIVE FACT SHEET

- For every \$1.00 spent for early intervention, there was a \$4.00 savings within a three year period (McNulty, et. al., 1983).
- Early childhood special education can result in a total cost savings of over \$16,000 per handicapped student throughout each child's years in school (Wood 1981).
- For every one year of early intervention at \$3000 per child, there was a savings of \$3,353 because of less special education services needed, and a projected lifetime earning of \$10,798 (Schweinhart & Weikart, 1980).
- For every \$1.00 of treatment, \$7.00 was realized as savings within 36 months (Snider, Sullivan & Manning, 1974).
- The dollar value of increased earnings beyond age 19 for those students enrolled in the Perry Preschool Project was estimated to be \$23,813 for one year of preschool attendance (Berrueta-Clement, et. al., 1984).
- The Perry Preschool Project generated a 248% return on the initial investment (Schweinhart & Weikart, 1981).
- An estimate of the cost of preschool special education under P.L. 99-457 was estimated at \$7800 per child for 1990 (Barnett, 1988).
- The cost per child varies greatly by type of handicapping condition. Children classified as speech impaired have an estimated cost of \$4,200 per child; high costs for young children with multiple handicaps were estimated to be \$15,400; costs for children with severe mental handicaps were estimated to be \$9,000 (Kakalik, et. al., 1981).
- Current birth statistics indicate that about 3.7 million infants are born annually in the United States (National Center for Health Statistics, 1985a, 1985b). Of this number, an estimated 8.5% to 12% of these infants will manifest a disabling condition within the first 4 years of life (Healy, 1983).

Recommendations of the Legislative/Funding Task Force 12/90

- * 80% of special education preschool graduates were later found to be functioning well in less costly regular education classrooms (Karnes, 1981).
- * Treating children early has the potential to reduce their need for later special education services (Barnett, 1988).
- * Two recent studies (Weiss, 1981; Barnett, Escobar & Ravsten, 1988) suggest that many of the children served under P.L. 99-457 could be effectively served in mainstream settings at much less than the current average cost (Barnett, 1988).

12/90

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. Kames (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

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

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

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

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

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

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

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

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Prepared by Barbara J. Smith, Ph.D., Easter Seal Society of Alaska, Inc., Anchorage; and Phillip S. Strain, Ph.D., University of Pittsburgh, Pittsburgh, Pennsylvania.

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D



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



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



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:

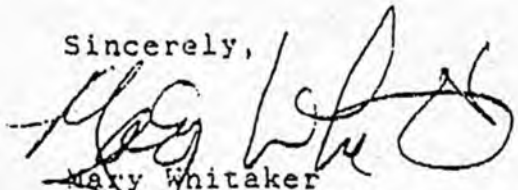
This letter is in support of HB 191 enabling Alaska to participate in P.L. 99-457, the amendment to the Education of the Handicapped Act of 1975. Part H of this law entitles children ages birth through 2 to early intervention services. Currently, children aged 3 years through 21 years are entitled to 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

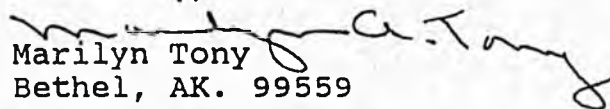
REC'D APR 02 1991

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



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

To: Mr. Johnny Ellis

From: *Bethel Residents*

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

Mildred Shawe)

1) *Mildred B Shawe*
P.O. Box 1268
Bethel, AK 99559

MAUREEN C. Murphy)

2) *Maureen C Murphy*
P.O. Box 1951
Bethel, Alaska 99559

To: Mr. Johnny Ellis

From: Local Bethel Residents

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

1) Maureen J Murphy
PO Box 1249
Bethel Alaska
99559

2) Don Satterfield
Box 1785
Bethel, Alaska 99559

3) Wes Hedvov
P.O. Box 1764
Bethel, AK 99559

4) Hubert M. Angvik
P.O. Box 2071
Bethel, AK 99559

To: Mr. Johnny Ellis

From: David Mirbani

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

1) Patricia + Scott Morgan

POB 1053

Bethel, AK 99559

1) To: Mr. Johnny Ellis

From: *Sharon Lison*

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

P.O. 1772

Bethel AK 98559

To: Mr. Johnny Ellis

From: Bethel Resident / Delta Residents

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent interuention insures that a child has a more successful educational career. Interuention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

1) Linda Maxwell
P.O. Box 961
Bethel, AK 99559

2) Sandra K. Nedrow
P.O. Box 1764
Bethel, AK 99559

3) Walter M. Watson
P.O. Box 117
Atmautluak, AK 99559

4) Doug McWilliams
P.O. Box 117
Tununak, AK
99681

To: Mr. Johnny Ellis
From: *Bethel Resident*
Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

2) Mavis Wicks
P.O. Box #1956
Bethel, AK 99559

Olivia Hernandez
P.O. Box 872
Bethel, AK 99559

To: Mr. Johnny Ellis
From: Yukon / Kuskokwim Residents
Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

- 1) Paul Alford
POB 2147
Bethel AK 99559
- 2) Agnes Hobbsman / Box 2104 / Bethel, AK 99559
- 3) Amy Frederich / Box 427 / Bethel, Ak.
- 4) ~~Paul Frederich~~ / Box 568 / Bethel, AK
- 5) ~~Ch. A. C.~~ / Box 7061 / Bethel, Ak

To: Mr. Johnny Ellis

From: *Daisy May Lamont*

Re: HB 191 - PL 99-457

I wanted to write to you and offer support for the proposal of HB 191 - PL 99-457. This is an extremely important piece of educational legislation and it affects the future of each of our children, Infant Learning Programs and districts.

Early and consistent intervention insures that a child has a more successful educational career. Intervention during the birth to three years enables families and staff members to challenge themselves to understand the specific needs of at risk children.

1)



E

STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

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 99501-1127
PHONE: (907) 478-7841

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.

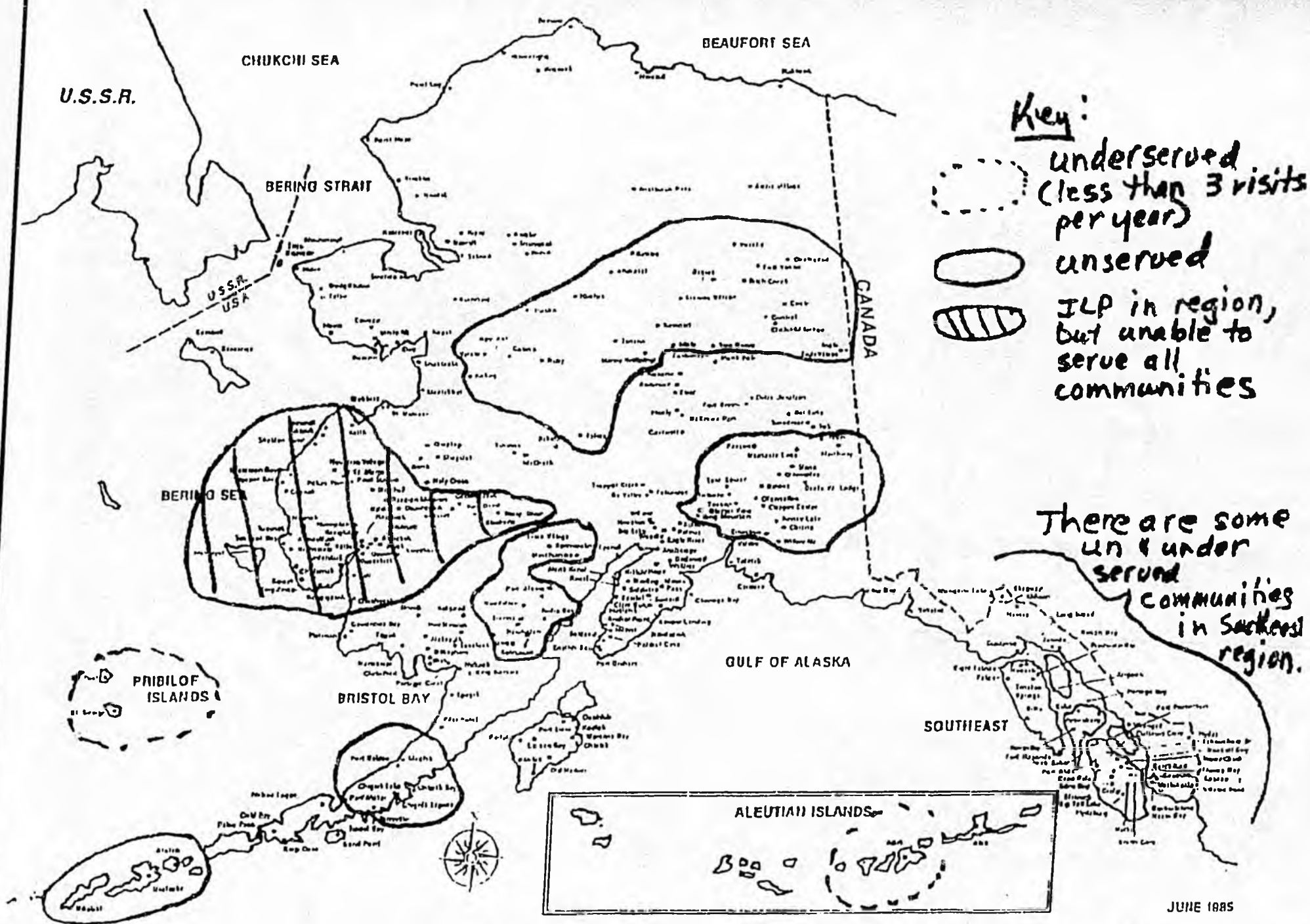
10. What would be the steps that should be taken to provide all infants and toddlers who experience developmental delays to receive the necessary services?

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 losing 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:

-  underserved (less than 3 visits per year)
-  unserved
-  ILP in region, but unable to serve all communities

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

JUNE 1985

Infant Learning Program: Un and Under Served Regions

DEPT. OF HEALTH AND SOCIAL SERVICES

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

INFANT LEARNING PROGRAM
231 GAMBELL STREET
ANCHORAGE, ALASKA 99501-4627
PHONE: (907) 278-3341

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 out 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.

F

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affect: Health & Social Services
 Title: Early intervention services for BRU: State Health Services
certain young children & families
 Sponsor: Ellis, Ulmer Components: Infant Learning
 Requester: House CRA

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims		3,000.0	4,250.0	5,500.0	6,750.0	8,000.0
Miscellaneous						
TOTAL OPERATING	0.0	3,000.0	4,250.0	5,500.0	6,750.0	8,000.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds/MHT	0.0	3,000.0	4,250.0	5,500.0	6,750.0	8,000.0
Federal Funds						
Other						
TOTAL	0.0	3,000.0	4,250.0	5,500.0	6,750.0	8,000.0

POSITIONS

Full-Time		0	0	0	0	0
Part-Time		0	0	0	0	0
Temporary		0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

See Attached

Prepared By: Alfred G. Zangri
 Division: PUBLIC HEALTH
 Approved By Commissioner: Theodore Mala, M.D., MPH
 Agency: HEALTH & SOCIAL SERVICES

Phone: 465-3090
 Date: 03/29/91
 Date: 2 Apr 91

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

FISCAL NOTE

These funds include increases for a number of programs in the system needed to meet the needs of this population. For example, these programs include the infant learning program, public health nursing and maternal child health services in the Handicapped Children's Program. Full implementation includes providing basic ILP services, evaluations, and all identified services needed by the child and family.

The total cost for full implementation will be less than the projected costs once private insurance, sliding fee scales and all medicaid reimbursements are taken into consideration.

Personal services costs include several public health nursing positions, and limited fiscal personnel to obtain full reimbursement from medicaid, private insurance and other billable sources, which will significantly defray costs.

Travel costs include the costs necessary to serve increased numbers of families in villages and remote areas as well as monitoring and technical assistance for local programs.

Contractual costs include purchasing medical and therapy services for children and families. The grants line includes funds for infant learning programs in unserved areas and to reduce wait lists.

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Early intervention services for BRU: State Health Services
certain young children & families
 Sponsor: Ellis, Ulmer Components: Maternal, Child & Family Health
 Requester: House CRA

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services			235.0	336.0	437.0	538.0
Travel			26.0	31.0	36.0	41.0
Contractual		100.0	250.0	400.0	550.0	700.0
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	100.0	511.0	767.0	1,023.0	1,279.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds/MHT	0.0	100.0	511.0	767.0	1,023.0	1,279.0
Federal Funds						
Other						
TOTAL	0.0	100.0	511.0	767.0	1,023.0	1,279.0

POSITIONS

Full-Time		0	4	6	7	9
Part-Time		0	0	0	0	0
Temporary		0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

See Attached.

Prepared By: Alfred G. Zangri
 Division: PUBLIC HEALTH
 Approved By Commissioner: Theodore Mala, M.D., MPH
 Agency: HEALTH & SOCIAL SERVICES

Phone: 465-3090
 Date: 03/29/91
 Date: 2 Apr 91

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

FISCAL NOTE

These funds include increases for a number of programs in the system needed to meet the needs of this population. For example, these programs include the infant learning program, public health nursing and maternal child health services in the Handicapped Children's Program. Full implementation includes providing basic ILP services, evaluations, and all identified services needed by the child and family.

The total cost for full implementation will be less than the projected costs once private insurance, sliding fee scales and all medicaid reimbursements are taken into consideration.

Personal services costs include several public health nursing positions, and limited fiscal personnel to obtain full reimbursement from medicaid, private insurance and other billable sources, which will significantly defray costs.

Travel costs include the costs necessary to serve increased numbers of families in villages and remote areas as well as monitoring and technical assistance for local programs.

Contractual costs include purchasing medical and therapy services for children and families. The grants line includes funds for infant learning programs in unserved areas and to reduce wait lists.

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Early intervention services for BRU: Community Developmental
certain young children & families Disabilities Grants
 Sponsor: Ellis, Ulmer Component: Respite Care
 Requester: House CRA

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims			650.0	800.0	950.0	1,200.0
Miscellaneous						
TOTAL OPERATING	0.0	0.0	650.0	800.0	950.0	1,200.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds/MHT	0.0	0.0	650.0	800.0	950.0	1,200.0
Federal Funds						
Other						
TOTAL	0.0	0.0	650.0	800.0	950.0	1,200.0

POSITIONS

Full-Time		0	0	0	0	0
Part-Time		0	0	0	0	0
Temporary		0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

See Attached

Prepared By: Margaret Lowe *M. Lowe*
 Division: MENTAL HEALTH & DEVEL. DISABILITIES
 Approved By Commissioner: Theodore Mala, M.D., MPH *T. Mala*
 Agency: HEALTH & SOCIAL SERVICES

Phone: 465-3370
 Date: 03/29/91
 Date: 2 Apr 9

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

Respite care services offered by the Division of Mental Health and Developmental Disabilities are part of the interagency system of services in HB 191. However, a small percentage of families eligible for services under HB 191 do not meet the Division's developmental disability eligibility criteria. These funds would provide respite services for those families who qualify for services under HB 191, but do not meet the criteria for respite services in the Division of Mental Health and Developmental Disabilities.

G

ELIGIBILITY CRITERIA FOR AT-RISK SERVICES

Certain environmental and biological conditions predispose infants and toddlers to make them "at-risk" for subsequent developmental delays. Statistically, these conditions identify an assumed risk of potential problems that warrant close monitoring of development.

For the purposes of enabling families to access services, two or more risk factors in either of the following two categories shall be considered risk conditions for developmental delays:

A. ENVIRONMENTALLY AT-RISK

Environmental risk is defined as the presence of an environmental factor that may pose a serious threat to a child's development such as, but not restricted to:

1. Homeless/Transitory (changes residence more than every six weeks)
2. Isolation including: the lack of formal or informal support systems (i.e. lack of connection to the community such as religious affiliation, involvement with other community institutions, access to agencies or private providers); lack of informal support systems (i.e. father, mother or partner absent, adjustment problems, living alone with problem relationships or no contact with extended family and or friends).
3. Family is unable to meet essential needs such as; nutrition, clothing, shelter.
4. Limited prenatal care or unknown prenatal history.
5. Parent-infant interaction concerns including; attachment concerns, inappropriate perceptions or expectations of infant, parental rejection of infant.
6. Teenage (17 years or less) and /or single parents who lack formal or informal support systems (see #2 above)
7. Parents who feel that their experience of a mental or physical disability and their need to rely on outside resources interferes with their ability to provide adequate care, nurturing and stimulation to their child.
8. Suspected or documented physical or sexual abuse

9. Physical or emotional neglect
10. Children born to parents, or living in homes, where there is a history of violence, abuse and/or neglect
11. Parental education less than 8 years
12. Child is a ward of the state
13. Chemical or other substance abuse within the home
14. Inadequate health care of the child (ie behind in immunizations, serious illnesses or infections untreated)
15. Long term separation of the parent and child

B. BIOLOGICALLY AT-RISK

Biological Risk is defined as the presence of a documented history of prenatal, perinatal, neonatal, or early developmental events or conditions suggestive of damage to the developing central nervous system which increases the probability of later atypical development including but not restricted to:

1. Birth weight <2500 grams (3lbs 5ozs)
2. Gestational age <35 weeks
3. Small for Gestational Age at birth
4. Infant requiring ventilation therapy and/or prolonged oxygen therapy
5. Significant apnea with monitoring recommended
6. Periventricular hemorrhage
7. Polycythemia requiring a partial exchange transfusion
8. Hyperbilirubinemia (requiring blood exchange)
9. Infants admitted to neonatal intensive care unit for at least 7 days
10. Low Apgar scores (5 minute Apgar <7) and/or need for continued resuscitation after 5 minutes
11. Asphyxia

12. Seizure disorder
13. Heart conditions
14. Kidney disorder
15. Chronic lung disorders
16. Medical personnel and/or parental concern about the child's development
17. Growth retardation (weight and head circumference less than tenth percentile)
18. Effects of maternal use of prescription or other drugs and alcohol which are evident at birth or are in the infant's system at birth.
19. Myelodysplasia
20. Cranio-facial and neck anomalies
21. Brain/spinal cord trauma
22. Orthopedic problems (ie. congenitally dislocated hips, club foot)
23. Significant medical problems such as frequent or chronic illnesses/hospitalizations, injuries or acute illnesses known to be associated with developmental delays (ie. recurring Otitis Media (three or more episodes in a six month period), meningitis, encephalitis, anemia)
24. Abnormalities in tone (ie hypertonicity, hypotonicity, posturing of limbs, poor quality of movement patterns)
25. Abnormal neurological exam

An example of at-risk services for a child born with birth asphyxia, who is at increased risk for subsequent delays and would be a candidate for serial developmental assessments to ascertain the extent of the long term effects of the asphyxia on development. Should a delay be identified during the process of monitoring of his development, he would be referred to an early intervention program for services appropriate to that child and his family. Existing public and private sector services will be utilized to assist in identifying and monitoring these at-risk candidates. The lead agency will assist in the coordination of communication and standardization among the various existing service agencies.

Monitoring of the childrens' development would continue until they could be assumed to be beyond risk for developing delays. Should a delay be identified during the process of monitoring, the family shall be assisted in referral to appropriate early intervention services.