

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6830 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

AS 47.20.020, Assistance authorized, is repealed and replaced by Section 2 subsection 070.

AS 47.20.020, Standards for assistance, is repealed.

AS 47.20.050, Definitions, is repealed and replaced by Section 2, subsection 290.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

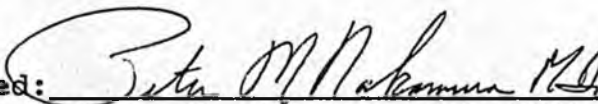
Although there are 24 Infant Learning Programs (ILPs) in Alaska, there are several regions that do not have access to any ILP services. Many existing programs are unable to serve all the communities located in their catchment area. Due to staff shortages in many regions of the state, children who have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

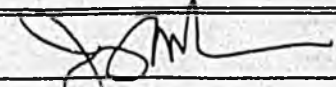
fiscal impact HSS

[ ] fiscal note(s) \_\_\_\_\_

[ ] zero fiscal note \_\_\_\_\_

[ ] zero fiscal note(s) \_\_\_\_\_

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
Richard <sup>Foster</sup> [Signature]	⊗	[Signature] <sup>BAKER</sup>		X	
Bettye Davis	X	[Signature]			
[Signature] <sup>Mackie</sup>	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

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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."

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 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

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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

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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.

### References

- Beckman-Bell, P. Needs of Parents With Developmentally Disabled Children, in Wiegand & Bartel (Eds.) *A National Review Project of Children Development Services: A State-of-the-Art Series*, Chapel Hill, N.C. Frank Porter Graham Child Development Center, University of North Carolina, 1981.
- Garland, C.; Stone, N. W.; Swanson, J. & Woodruff, G. (Eds.) *Early Intervention for Children with Special Needs and Their Families: Findings and Recommendation*. WESTAR Series Paper No. 11. Seattle, WA: The University of Washington, Seattle, 1981. (ERIC Document Reproduction Service No. 207-278).
- Kames, M. B. (Ed) (1983). *The Underserved: Our Young Gifted Children*. Reston VA: The Council for Exceptional Children.

Lovaas, O. I. & Koegel, R. L. Behavior Modification with Autistic Children. In M. C. Thoresen (Ed.) *Behavior Modification in Education*. Chicago, University of Chicago Press, 1973.

McNulty, B., Smith, D. B., & Soper, E. W. (1983). *Effectiveness of Early Special Education for Handicapped Children*. Colorado Department of Education.

Schweinhart, L. J., & Weikart, D. P. (1980). *Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15*. Ypsilanti, MI: High/Scope Educational Research Foundation.

Snider, J., Sullivan, W., & Manning, D. (1974). Industrial Engineering Participation in a Special Education Program. *Tennessee Engineer*, 1, 21-23.

White, K. *An Integrative Review of Early Intervention Efficacy and Research*. Unpublished manuscript, Utah State University, Early Intervention Research Institute, Logan, Utah, 1984.

Wood, M. E. (1981). Costs of Intervention Programs, in Garland, C. et al. (Eds.) *Early Intervention for Children with Special Needs and Their Families: Findings and Recommendations*, Westar Series Paper No. 11, Seattle, University of Washington. (ERIC Document Reproduction Service No. ED207 278).

### Resources

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

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

Gallagher, J. J., Scharfman, W., Bristol, M. (1984, Winter). The Division of Responsibilities in Families with Preschool Handicapped and Non-Handicapped Children, *Journal of the Division for Early Childhood*, 8, 3-11. \$10.00

Hoyson, M. H., Jamieson, B. J., & Strain, P. S. (1984, Summer). Individualized Group Instruction of Normally Developing and Autistic-like Children: A Description and Evaluation of the LEAP Curriculum Model. *Journal of the Division for Early Childhood*,

Kames, M. B., (Ed) (1981, December). Efficacy Studies in Early Childhood Special Education. *Journal of the Division for Early Childhood*, Vol. 4. \$10.00.

Kames, M. B., & Lee, R. C. (1978). *Early Childhood*, Reston VA: The Council for Exceptional Children. (One in a series, *What Research and Experience Say to the Teacher of Exceptional Children*, June B. Jordan, Series Editor). \$4.50.

Research on the Effectiveness of Early Childhood Education for Handicapped Children. (60 abstracts). #522. \$10.00.

Smith, B. J. (1982). *Policy Considerations Related to Early Childhood Special Education* (Series Paper No. 1) In Ballard, Ramerz & Weintraub (Eds.) *Special Education in America: It's Legal and Governmental Foundations*, Reston VA: The Council for Exceptional Children. \$16.50.

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:

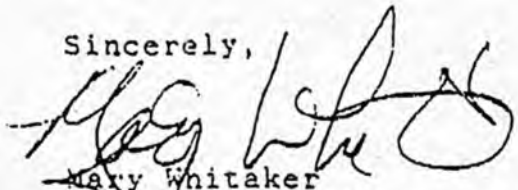
This letter is in support of HB 191 enabling Alaska to participate in P.L. 99-457, the amendment to the Education of the Handicapped Act of 1975. Part H of this law entitles children ages birth through 2 to early intervention services. Currently, children aged 3 years through 21 years are entitled to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

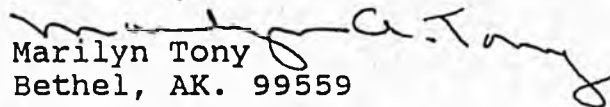
REC'D APR 02 1991

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

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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.

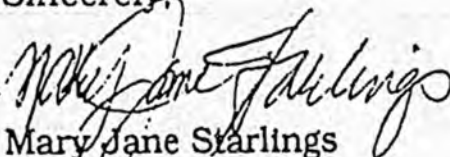
Providing intervention from age zero to three years can have a dramatic effect in reducing and sometimes totally eliminating the long-term effects of disabling conditions, and preventing the need for continued support throughout a lifetime.

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

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1) Maureen J Murphy  
PO Box 1249  
Bethel Alaska  
99559

2) Don Satterfield  
Box 1785  
Bethel, Alaska 99559

3) Wes Hedvoss  
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 an 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.

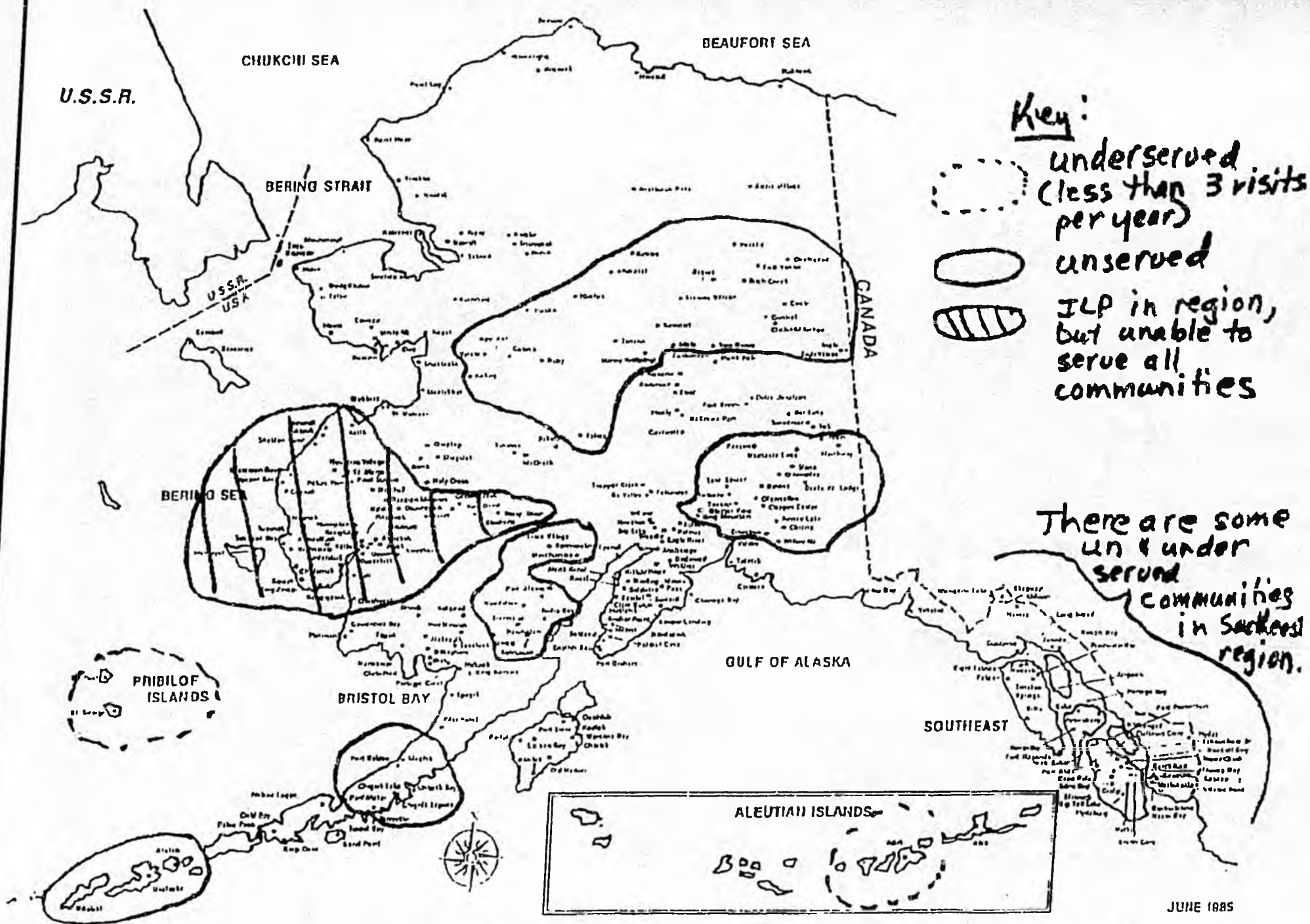
10. What would be the steps that should be taken to provide all infants and toddlers who experience developmental delays to receive the necessary services?

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 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						
<b>TOTAL OPERATING</b>	0.0	3,000.0	4,250.0	5,500.0	6,750.0	8,000.0

<b>CAPITAL</b>	0.0	0.0	0.0	0.0	0.0	0.0
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<b>REVENUE</b>	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	3,000.0	4,250.0	5,500.0	6,750.0	8,000.0
Federal Funds						
Other						
<b>TOTAL</b>	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						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>100.0</b>	<b>511.0</b>	<b>767.0</b>	<b>1,023.0</b>	<b>1,279.0</b>

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						
<b>TOTAL</b>	<b>0.0</b>	<b>100.0</b>	<b>511.0</b>	<b>767.0</b>	<b>1,023.0</b>	<b>1,279.0</b>

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

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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						
<b>TOTAL OPERATING</b>	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						
<b>TOTAL</b>	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.

HB

203

**UNIVERSITY OF ALASKA SOUTHEAST**  
**School of Education, Liberal Arts and Science**

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11120 Glacier Highway • Juneau, Alaska 99801

April 4, 1991

Representative Kay Brown  
Alaska State Legislature

Kay:

As promised, here are my thoughts on Alaska's telecommunications future. I won't waste time explaining the positive aspects of pursuing an information economy as you articulated them very well in our conversation the other day. I want to focus specifically on what we can do in Alaska to encourage the utilization of information resources to promote efficiency in government, to improve education, and to encourage economic development.

**Overall Vision**

Throughout the lower 48 and other parts of the world, distance education (using TV, computer conferencing, etc.) is now being used extensively for retraining geographically dispersed work forces. As an alternative to the very expensive and restrictive practice of bringing people together for updating worker skills, it is particularly applicable in Alaska. Similarly, the use of computer communication (electronic mail, bulletin boards, computer conferencing) has grown in the past decade to include millions of users world wide. It is an extremely cost-effective way to share resources, maintain contact, and organize group work. If you want an example of the kind of quantum leap in service that computer communication can provide, I suggest you speak with a number of teachers at the Dept. of Education's Centralized Correspondence Study (Donna Ostrowski, Susan Benton, or Linda Kadryk would be a good place to start) who are now interacting with remote students in a fraction of the time of the conventional mail service they had been using and delivering a far better service because of it.

As you well know, in Alaska there is very little overall planning to serve the many aspects of state government as a whole regarding telecommunications, particularly on a multi-use, inter-departmental basis. I recommend first educating management in each state department regarding the use of online communication and distance education for training and organizational management, polling each government agency to determine their online and distance education needs and then developing one, integrated delivery system for government and education (and perhaps business) which everyone shares. Indiana did this with its establishment of Intelenet and has set a de facto model for the rest of the country. Intelenet is capable of providing data, audio, and video highways for the entire state with an overall savings of 33% to the state. Although I am not a technician, I do know that we already have a tremendous infrastructure which could be adapted to serve some of Alaska's needs in a similar fashion.

**Where to Start - Universal Data Access**

At the very least, we need the rock bottom basics- equitable data communication opportunities for education. Data is far cheaper than video, potentially much cheaper than audio, and is a proven asset in education. There

are now thousands if not millions of educators and students across the world who are networked to share resources and ideas, and to collaborate on educational projects.

But there is a very gross inequity of data resource access throughout the state of Alaska. The University of Alaska Computer Network (UACN) is without a doubt one of our greatest in-state information resources, yet only 35 Alaskan communities can reach it on a toll free basis. Of those, about 24 have to use AlaskaNet, a very slow, quirky system. Having taught a few hundred teachers over the years how to use the UACN, it is ultimately disappointing when they realize that on one hand the UACN could be invaluable for them and their students but on the other it cost too much to use on a regular basis. There is the additional limitation that the UACN is officially only available to university students. I recommend studying the use of an 800 number funded by the legislature to help resolve technical/cost access issues, and the development of cooperative agreements between the University system and Dept. of Education to resolve issues of who is permitted access to the UACN.

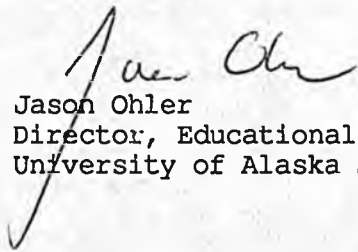
#### Alaska Online Talent Bank

One small project that could have great impact and serve as a proving ground for the use of data communication in Alaskan education is what I call "The Alaska Online Talent Bank." This would make experts in various academic areas accessible via computer to all schools in Alaska. The Talent Bank would be specifically designed for bush teachers who have to teach across a number of content areas and who need ready access to resources. Students and teachers needing help in an area would log on to the UACN, call up the Talent Bank, and leave a message for the "expert" in much the same way that students and legislators are now connected in the Legislative Connection project you are involved with. In addition, other students also interested in the same topic would be able to see questions asked of experts and add what information they have (the conferencing model). I think the value and cost effectiveness of the Talent Bank could be easily demonstrated in a 3 year pilot project. But its continuation would hinge on equity of access, which in turn hinges on a cost effective way for all members of the Alaska education community to reach the UACN on a continual basis.

Ultimately, I think Alaska could serve as an international model of an aspiring information economy, especially for developing countries. Thus, while we begin in Alaska, we shouldn't limit our thinking to providing service for just Alaska. There is no reason we couldn't begin to "export" our information resources, particularly in the Circumpolar North where there are already strong ties among us and the Yukon, Northwest Territories, British Columbia, and the Soviet Union.

I have more ideas about Alaska's telecommunications future, but I'll stop here. Please feel free to contact me if you want to pursue this subject with me.

Thanks for your time.

  
Jason Ohler  
Director, Educational Technology Program  
University of Alaska Southeast

April 10, 1991

At the risk of sounding unoriginal, let me add my voice to those who have observed that we live in an information age. Therefore, access to information becomes critical in order to maintain the democratic ideals which are foundational to our society. In truth, the tools of information communication are often used in the furtherance of these very ideals. The J-Bird and its formation of the Associated Student News Network is a prime example of the effective use of such modern technologies.

In cooperation with the UACN (UAS), training, support and hardware has been provided in order to contact students, teachers and others around the world via telecommunication networks. As a result of these contacts, students in Israel, Japan, Korea, and the USSR have submitted news to be redistributed electronically and printed in newspapers around the world. These student news stories are periodically printed in the Juneau-Douglas High School student newspaper, the J-Bird under the banner "PERSPECTIVE" by the ASNN. These newspapers are then mailed to the schools attended by the international writers for the ASNN. A short time ago, students in Moscow high school #1201 (an English speaking school) received fifty copies of the J-Bird which included writing from one of its students. Needless to say, they were amazed by this demonstration of freedom--freedom of the press. Please take time to read the letters to the editor published in the 4/2 edition of the J-Bird, by a Japanese student and teacher. I believe these letters are the most powerful testimony that can be given for the support educational technologies.

Information technologies are the tools shaping the present and the future, not just of education, but of the political structure of the world as well. Perhaps future global conflicts will diminish as the emerging generation practices international communications-online! "A thousand points of light" can easily be imagined as the glow of myriad student computer screens around the world as they learn more about each other by communicating and sharing information liberally. As the world shrinks because of technological advances, so does the prospect of conflict caused by cultural misunderstanding. The vision of the practical advantages of supporting such educational technologies is commendable. This vision restores my faith in the much maligned institutions of government and education.

Sincerely,

A handwritten signature in black ink that reads "Clay Good". The signature is written in a cursive style with a large, sweeping initial "C".

Clay Good

April 11, 1991

To: Representative Bettye Davis, Vice-Chairman of H.E.S.S. Committee

As principal of North Star Elementary School in Anchorage, I support the passage of HB 203/204 to establish an Educational Technology Fund.

North Star's student population includes a large multi-cultural, bi-lingual group, twenty-five percent native group, and has over 64% low income families. The majority of my students do not have computers at home, but when they graduate from High School in 2000 + they will be expected to use technological skills in the workplace.

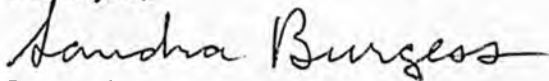
I support the idea of allocating funds through grants according to site based plans as I know the needs vary from school to school and district to district. When I was an administrator in the Northwest Arctic Borough and in the North Slope Borough School Districts I was able to offer basic computer skills to our students but we needed distance education technology and on-line data bases in order to expand our secondary students access to a variety of courses and to a larger knowledge base.

In Anchorage my students will be exposed to a wide variety of courses in Jr. High and High School so distance education is not a priority. Each school has a different set of needs, at North Star for example, we need a lower computer/student ratio. We are currently able to offer only 1 computer per 26 students and 1 VCR per 128 students.

All students in the state need equal access to inter-active video technology and informational data bases. This will empower our students to take a more active part in their own learning as they work on basic skills, Higher Order Thinking skills, or use up-to-date facts for research projects.

In 1979-83 Alaska led the nation in bringing technology into our schools. **Passage of 203/204 will enable us to take the lead once again.** A state wide educational technology fund will help make it possible for all of Alaska's students to have the technological edge they'll need to compete with students from other states as well as the Pacific Rim Countries.

Thank you,



Sandra S. Burgess, Ed.D  
Principal, North Star Elementary

cc: Representative Kay Brown  
Mr. Lee Wilson

UNIVERSITY OF ALASKA SOUTHEAST  
School of Education, Liberal Arts and Science

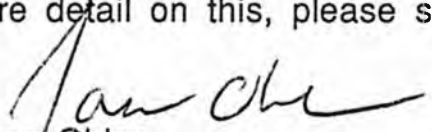
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11120 Glacier Highway • Juneau, Alaska 99801

April 11, 1991

1. Prepare students for their future, not our past.
2. Success in any culture requires a mastery of tools. Some of today's most important tools are information technologies. We at the University of Alaska Southeast recognize this by requiring every education student and teacher certification candidate to take ED 430: An Introduction to Educational Computing.
3. Two tools are critical: hardware and electronic highways. Hardware includes computers and the other information technologies that students will encounter in the work force they will enter after finishing their educations.
4. Electronic highways are the connections that allow computer networking and the potential for better equity of access to learning resources regardless of location. There are many ways to approach this. The simplest place to start is to provide state-wide access to the tremendous resources of the University of Alaska Computer Network which is now limited to only 40 communities on a toll-free basis. For more detail on this, please see attached letter.

  
Jason Ohler  
Director, Educational Technology Program  
University of Alaska Southeast  
phone: 789-4538  
email: jfjbo

## A Student's Viewpoint on Telecommunications in School

Elizabeth Hagevig  
364-2154 (Home) 586-3911 (School)

How important is communication to students? As the youth of today are facing more and more issues that relate to their lives, both internationally and nationally, how important is it that they be able to communicate with each other? This year Juneau students have seen tremendous friendships grow out of the various experiences they have had with different Soviet contacts. Our school newspaper, the J-Bird is expanding those contacts within Juneau-Douglas High School by reaching out to other students and teachers in other nations around the world. How important is all of this to today's students?

When I began this school year as editor-in-chief of the J-Bird, I saw the mission of JDHS's student voice as getting necessary information to students and getting it out in a timely manner. Just like the "real" press does. However, I have yet to see cross-cultural communication (actual communication not just stories about communication) in a "real" newspaper. I bring up international communication for several reasons. One is that I like it. I like to hear about what happens in other countries. It is interesting to me and to other students that Japanese female students don't have the freedom wear their hair in a permanent wave. What makes it interesting to both male and female students alike is that something so simple as the freedom to choose a hairstyle is not allowed in Japanese schools, whereas this same freedom is taken for granted in American school systems. This kind of communication is particularly applicable to our generation as we enter our adult roles in which we will

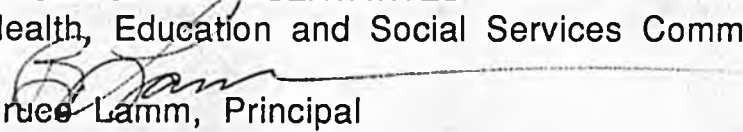
need to function daily as global citizens. The opportunity for students to learn about other nations, cultures and races first hand through computer technology is definitely a viable alternative that the United States needs to consider in looking for ways to solve the problems of discrimination, war and racism. These lessons are difficult to teach in school. Schools can no longer keep up with all of the knowledge that's out there. Teachers, today, have to assume the facilitator role to merely help students understand what's going on around them. Students need more activities that teach them how to think for themselves instead of regurgitating information back to teachers. We are all concerned about the failing educational system in this State and country. A major telecommunications project would be the start of something we could call a "living education"-learning through hands-on involvement and enjoyment. Our school newspaper staff is involved in an experiment right now called "foreign relations" but in the most domestic and comfortable sort of way. The friendships and understanding that students are building today may contribute to the future economic development of Alaska, and may even help prevent international conflict in the future. We hope that the J-Bird's focus on international understanding will have long range benefits for the students at our high school, both intellectually and in the very practical realm. I applaud the J-Bird and our foreign correspondents for leading the way in this innovation. For these reasons, I encourage you to think seriously about appropriating funds for so worthy a cause-that cause being certain to impact the future of Alaska and this country.

## BAXTER ELEMENTARY SCHOOL

### MEMORANDUM

April 11, 1991

TO: HOUSE OF REPRESENTATIVES  
Health, Education and Social Services Committees

FROM:   
Bruce Lamm, Principal  
Baxter Elementary

SUBJECT: House Bills 203 & 204

Attached find a copy of the testimony which was prepared to give at this morning's audio-conference. Again, I want to urge you to pass these bills through committee as quickly as possible.

Thank you.