



# Early Intervention: A Powerful Investment

*Alaska Infant Learning Program 2011*



A special thank you to Sandra Horne for opening her home and family to us. All of the beautiful images in this book are of Sandra and her children, photographed at home in Metlakatla.



# Contents

- 2 *Our mission: how we fulfill our mission*
- 3 *Sandra's story*
- 6 *Educating Alaska — Why is early intervention critical?*
- 8 *Connecting with families — Referral*
- 10 *Intake — Eligible children*
- 12 *Partnering with families — Setting goals, educating families*
- 14 *Supporting families — Advocacy, support groups*
- 15 *Taking the next step — Planning for a successful transition*
- 16 *Celebrating success*
- 18 *Collaboration — Partners in supporting families*
- 19 *Infant Learning services throughout Alaska*



# Our Mission

*To promote positive development and improved outcomes for Alaska's families by creating a culturally responsive, comprehensive and accessible service delivery system that links service providers, empowers families and engages communities.*



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## *Alaska Infant Learning programs are:*

**Locally administered** ILP contracts with agency grantees statewide to ensure services are available across Alaska.

**Family centered** respecting parents' natural leadership role in caregiving and decision making for their children.

**Flexible** recognizing the diversity of Alaska families' strengths, needs, roles, values and cultures.

**Committed to partnerships** facilitating a dynamic partnership between families, agencies, providers and their communities.

**Delivering services in natural settings** natural home and community settings promote the inclusion of the family, and help to maximize a child's development.

## *How we fulfill our mission*

- **Educating Alaskans** — Outreach
- **Connecting with Families** — Referral
- **Partnering with Families** — Setting goals, achieving goals
- **Supporting Families** — Service delivery, forming a support system
- **Taking the Next Step** — Planning for a successful transition



# *Sandra's Story*



As a young first-time mother 25 years ago, Sandra Horne knew that she had a lot to learn. How to breast-feed tiny Danielle, for one thing.

“I wanted to make sure I was giving her the best I could,” Sandra remembers. But how to learn? Sandra, a member of the Ts’msyen (Tsimshian) tribe, lives

Continued on page 4

## *they were just a phone call away...*



in the small Southeast Alaska village where she was born, Metlakatla. Her own mother, while supportive of Sandra's efforts, hadn't breast-fed her children and couldn't advise her. So Sandra turned to the state's Early Intervention/ Infant Learning Program in nearby Ketchikan, which she calls a "great and positive support system."

The program helped Sandra learn all that she needed to know to successfully breast-feed her daughter. And she has looked to EI/ILP for advice and support through all the years — and children — since.

"Early on, I grabbed onto the Early Learning program as a resource," Sandra said. "And I've continued using it with each child I had. I learn something new every single time."

Sandra and her husband have raised nine children now, and the program is still very much a part of her life. In fact, her 11-month-old son, Aaron, was recently referred to a hearing specialist by the program after routine screenings turned up a possible problem.

According to Adrienne O'Brien, ELP's Quality Assurance Coordinator in Ketchikan, Aaron first had what's called an "otoacoustic hearing screening," which he failed. He was rescreened with the same test a few weeks later, and once again didn't pass. Following a visual exam with a physician, Aaron was referred by ILP to an audiologist who travels to Ketchikan once a month. Further testing will determine what, if any, diagnosis is reached and what treatment Aaron should receive.

During similar screenings some years ago, Sandra's 11-year-old, Aubrielle, was found to have obstructive sleep apnea. Aubrielle also received referrals to specialists for treatment and no longer has the problem.

The key is that these problems were detected early, and referrals could be made quickly. Adrienne says without ILP screening Aaron's hearing, his problems might have gone undetected for some time. Clinics in Ketchikan and Metlakatla don't have the equipment, and children are only screened at birth and when they enter school.

That's why the ILP screenings are absolutely vital, as far as Sandra is concerned.

"There's that stigma that you don't want to find that anything is wrong with your kiddos," Sandra said. "But the screenings are an important precaution."

And becoming educated through the program about what milestones her children should be reaching at different ages in their social and emotional development has been invaluable, too.

"I learned the basics of where my kiddos should be" at any given age, Sandra said. "That helped me to be more insightful. I learned to sometimes let them take the lead in activities, and observe how they were developing."

Also important to Sandra is how the program has treated her for the past 25 years, from being a nervous 18-year-old first-time mother to today.

"They let me know it was OK to ask questions. I never felt intimidated."



Sandra is also grateful for how easy the program made it to get their help — no small thing for a busy mother.

“They met me where I was,” Sandra said. “Wherever I needed to be — at work or at home — they met me there.”

Today, ask Sandra what her secret is to successfully raising nine children, to instilling in them the respect for self and others she considers so important, and she’ll tell you it’s simple: lots of laughter and humor.

But it’s clear there’s much more to it, too. Their household doesn’t have a television, for example, because it seems to Sandra that watching TV is a waste of time that could be spent in other ways. Instead, she and the children do “fun stuff,” like visiting the library or practicing the Native dancing she’s performed herself since the age of 5, with the Git lax Lik shta’a group.

These days Sandra dances in a multi-generational group with her father, siblings, children and even grandchildren.

“We all do it as a family,” Sandra said. “Growing up, dancing was my safe and happy place. Now I get to share that love with my kids. It means so much to me.”

And some of the women she’s met in those dance groups have become mentors to Sandra, broadening her self-built network of support and wisdom.

“The leaders of the group were women who have made a great impact on my life,” Sandra said.

The goal of all of this reaching out to the experts at ILP and other mentors has been to add to what Sandra calls her “tool kit.”

*“Don’t be scared. Reach out for help and advice. These are your children and you want to give them the very best beginning you can.” — Sandra*



“Everything they’ve taught me, I’ve taken and kept building on. With each tool, I kept building and building. And now I have this strong wall.”

Sandra has never hesitated to reach out to others when she knew it would benefit her family. Whether it was her mentors in the dance group, or the EI/ILP program, the goal has been to raise healthier, happier children.

“Home should be the safest place there is,” Sandra said. “It’s the place you need to be loved and nurtured.”

After all these years, what would Sandra tell other parents, perhaps as young and inexperienced as she once was?

“Don’t be scared,” she said. “Reach out for help and advice. These are your children and you want to give them the very best beginning you can.”

Sandra and her family are proof that EI/ILP can help give children that beginning. “With every one of my kids, they were just a phone call away.”



Gains during the **first three**  
**years** are critical and will continue  
to benefit children ...

**throughout their lifetime**



## *Educating Alaska*

### Why is Early Intervention critical?

The early years of a child's life are critically important: From birth through age 3, rapid learning and brain development takes place. During this time children form the foundation for future learning, problem solving, relationship building and independence. When children experience a developmental delay, early intervention can help guide them through this extraordinary time of growth to maximize their development.











Statewide outreach efforts educate families, providers and the general public about early intervention services available to children ages birth to 3 including:

- Developmental screenings and evaluations
- Hearing and vision screening
- Family service coordination
- Early education services
- Play groups, support groups, and social services
- Developmental, physical, occupational and speech language therapy
- Early childhood mental health services





## How did families learn about the Infant Learning Program?

-  26% EI/ILP
-  20% Physician
-  16% Child Find Publicity
-  17% Other/Unknown
-  6% Friend/Family Member
-  3% Public Health Nurse
-  2% Child Protection
-  2% Child Care/Preschool
-  5% Clinic/Hospital
-  5% Community Program



## Children Referred to EI/ILP

*Fiscal Year	Referrals
2006	2331
2007	2557
2008	2657
2009	2503
2010	2548
2011	2668

Service Summary ILP FY11 (Analyst Reports)

## Children screened by EI/ILP

*Fiscal Year	Referrals
2006	1185
2007	1220
2008	1316
2009	1230
2010	1149
2011	1287

Screened source: Service Summary FY11 (Analyst Reports)

## Children newly evaluated by EI/ILP

*Fiscal Year	Referrals
2006	1078
2007	1152
2008	1278
2009	1120
2010	1138
2011	1289

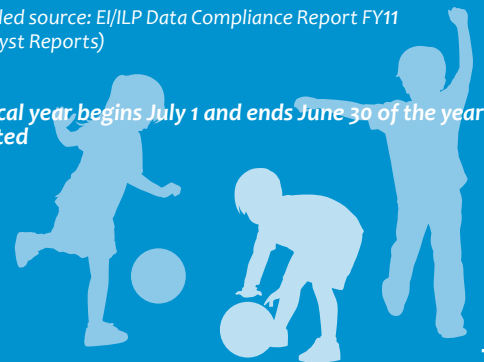
Evaluated source: Service Summary FY11 (Analyst Reports)

## Children enrolled by EI/ILP

*Fiscal Year	Referrals
2006	1777
2007	1834
2008	1892
2009	1831
2010	1788
2011	1873

Enrolled source: EI/ILP Data Compliance Report FY11 (Analyst Reports)

\* Fiscal year begins July 1 and ends June 30 of the year noted





## Connecting with Families

The earlier the referral is made the more successful the outcome

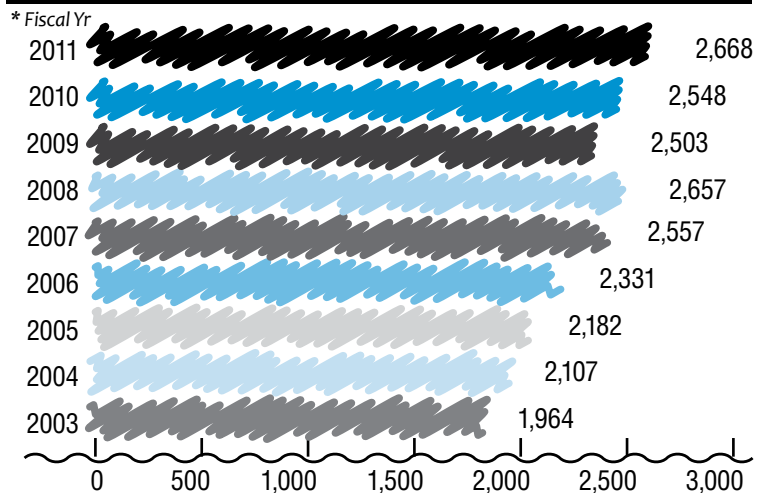
Children and their families are referred to regional Infant Learning Programs via fax, phone and email. Most referrals are made by those who know the child best: their families or health care provider.

*Parents are often the first to know their baby needs a helping hand.*

Referrals to the Infant Learning Program exceeded 2,600 in FY2011, representing an increase of more than 36% since FY2003.

During FY 2010, 2,548 children were referred to an Infant Learning Program and 1,788 children enrolled.

### Total Number of Children Referred



\* Fiscal year begins July 1 and ends June 30 of the year noted. Referral source: Referrals by Status for ILP FY11 (Analyst Reports)

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## The earlier a referral is made, the better.

“Research shows us that starting early has more impact than starting late. As brain circuits are built up and stabilize over time, they become increasingly more difficult to alter.”

(Sam Meisels, Ph.D., EdWeek (vol 25:20, pages 36-44) January 25, 2006)

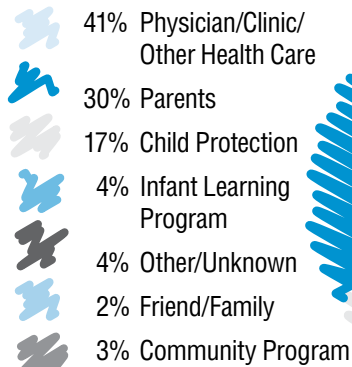
**Referrals to the Infant Learning Program can be made  
by contacting the state office:**

**1-877-HSS-FMLY (477-3659)**

**in Anchorage  
269-8442**

**or by contacting a regional provider  
[www.earlyintervention.alaska.gov](http://www.earlyintervention.alaska.gov)**

### Referral Source





## Intake

### Assessing growth & development

Alaska's Infant Learning Programs serve children across the state from diverse backgrounds.

When a child is referred to an Infant Learning Program, a developmental screening or evaluation is administered to assess the child's growth and development in several areas, including:

- Using large muscles, moving around (*Gross Motor*)
- Using hands and fingers (*Fine Motor*)
- Thinking, learning (*Cognitive*)
- Understanding, talking (*Communication*)
- Getting along with others (*Social/Emotional*)
- Doing things for themselves (*Adaptive*)

*A multidisciplinary assessment will gauge if a child is developing at a similar rate as children of the same age.*







A multidisciplinary assessment will gauge if a child is developing at a similar rate as children of the same age. If a child experiences a delay they may be eligible for early intervention services.

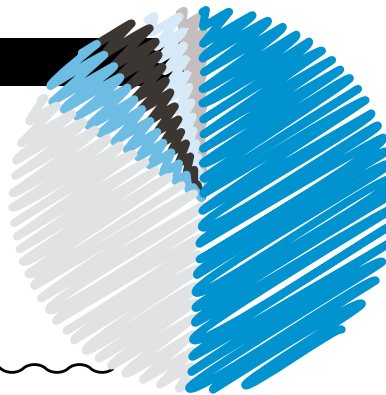
### Age at Referral (Enrolled Children)

48.5%	1 to 12 Months	876
32.1%	12 to 24 Months	580
19.4%	24 to 36 Months	351













## Referral by Ethnic Background

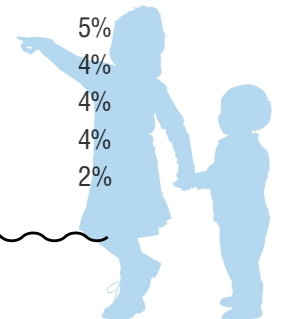
	53% White/Caucasian	964
	39% American Indian/Alaska Native	703
	7% Black or African American	122
	5% Hispanic/Latino	97
	3% Asian	63
	2% Pacific Islander	42



By far, most children qualify due to a developmental delay; children also qualify if they have a diagnosed physical condition likely to result in developmental delay.

## Most Frequently Diagnosed Delays

Down Syndrome	44		20%
Hearing Impairment, Significant/Progressive	36		16%
Cleft Palate with or without Cleft Lip	22		10%
Complex Seizure Disorder	19		9%
Vision Impairment, Significant/Progressive	19		9%
Autism	12		5%
Heart Disease, Congenital	11		5%
Fetal Alcohol Syndrome (FAS)	11		5%
Cerebral Palsy	9		4%
Hydrocephaly	9		4%
Microcephaly	8		4%
Bronchopulmonary Dysplasia (BPD)	5		2%






## Partnering with families

### Setting goals, educating families

Early intervention services are designed to assist families to help their infants/toddlers maximize their development. The child's family plays a crucial role in both planning and delivering early intervention services. Infant Learning Programs embrace each family's unique capacity to support and promote their child's development.

 <b>Individualized Family Services Plan</b> Alaska Early Intervention / Infant Learning Program	
<u>Referral information</u>	
Child's Name: _____	Child Previous Name or Alias: _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: _____
Referral Date: _____	Referral Follow Up Date: _____ (letter/call)
Referral Source: _____	Phone: _____
If parent is referral source, how did parent hear: _____	
Reason for Referral (include any important notes): _____	

Parents decide if they would like their children to participate in early intervention assessments and services, and help set the developmental goals for their children.

Through the Infant Learning Program, families partner with providers to develop a written Individual Family Services Plan (IFSP). The IFSP outlines the child's strengths and current levels of functioning; the plan clearly outlines the developmental goals for the child and the specific early intervention steps that will be taken to help the child achieve his or her goals.



Infant Learning Programs educate families about the developmental steps they will see their child move through.

Families learn specific techniques they can use daily to support the developmental goals of their child. When a child reaches a goal, the family will receive additional support as the child works toward the next developmental goal.

*Parents are a child's first and most important teacher.*

*Early intervention services are most effective when the family is directly involved in their delivery.*

Early intervention services are most effective when delivered in a child's natural settings such as: home, preschool, childcare or other community settings. Delivery in these natural settings helps to educate everyone who interacts with the child, and strengthens the community's ability to support the child's growth and development.





## Supporting families

### Advocacy, support groups

Raising a young child with special needs presents both joys and challenges. Alaska's ILP believes supporting the family is a critical component to supporting the child's development.

Alaska's Infant Learning programs endeavor to:

- Ensure families feel respected and in control of their child's participation in the Infant Learning Program
- Educate families about the unique developmental steps they can expect their child to move through
- Teach families specific skills and techniques to promote their child's development
- Assist families to develop a strong support system including: extended family, neighbors, other families with special needs children and community resources
- Support families to become effective, lifelong advocates for their children

As a child enters each new learning opportunity, the family will need to advocate and educate on behalf of their child.

Research shows that family education and support can directly reduce the incidence of child abuse.

*Families will guide their children through a lifetime of growth and learning. All parents benefit from a strong network of support, especially parents raising children with special needs.*



## Taking the next step

When a child reaches his or her third birthday, or no longer needs early intervention services, it is time for the child to transition out of the Infant Learning Program.

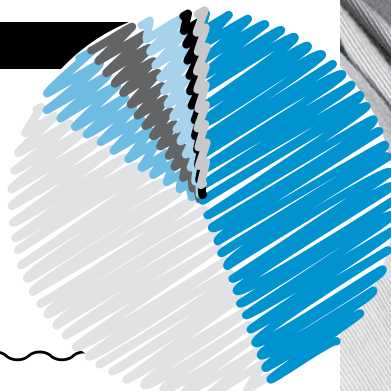
Most children will continue to receive services at home or in a preschool setting. Great care is taken to plan for a graceful and effective transition. Transition meetings will bring the family together with the child's current and future service providers to plan for the child's continued growth and development.

### Reasons for Leaving ILP

Part B Eligible	343	
Attempts to Contact Unsuccessful	141	
Withdrawal by Parent/Guardian	111	
Completion of IFSP Prior to Age 3	84	
Moved Out of State	79	
Not Part B Eligible, Exit No Referrals	46	
Part B eligibility not determined	36	
Not Part B Eligible, Exit Other Program	25	
Deceased	2	

### Where do children go after ILP?

42% Home	363
36% Preschool Special Education	321
9% Other Settings	53
6% Child Care/Preschool	38
4% Head Start	29
2% Outpatient Therapy	12
1% Transfer to Another ILP in Alaska	1





## *Celebrating success*

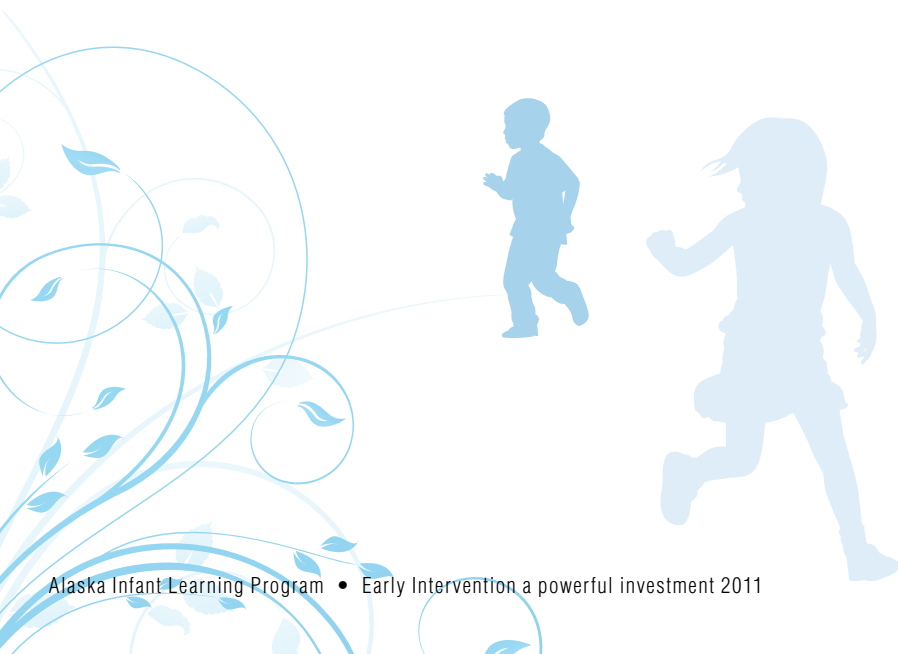
Alaska Early Intervention/Infant Learning Program measures child outcomes by comparing how children are functioning before and after receiving early intervention services. The child outcomes focus on children's abilities to be successful in everyday activities and routines, and skills children need to be successful in future school settings. Three outcome areas are measured:

- Children have positive social relationships.
- Children acquire and use knowledge and skills.
- Children take appropriate action to meet their needs.

Percentage of Part C Children falling in each of five OSEP Categories FY 11 7/1/2010 - 6/30/2011			
OSEP Improvement Category Percent	Emotional	Knowledge	Action
Number of Children	391	391	391
e. Children who maintained functioning at a level comparable to same-age peers	24.30%	12.53%	13.55%
d. Children who improved functioning to reach a level comparable to same-age peers	30.18%	32.74%	34.27%
c. Children who improved functioning to a level nearer to same-age peers but did not reach it	22.25%	28.64%	29.16%
b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers	20.46%	21.99%	18.93%
a. Children who did not improve functioning	2.81%	4.09%	4.09%



Summary Statements for Part C Children FY 11 7/1/2010 - 6/30/2011			
Summary Statement 1	Emotional	Knowledge	Action
Of those children who entered the program below age expectations in the Outcome Area, the percent who substantially increased their rate of growth by the time they exit the program.	69.26% (205 of 296)	70.18% (240 of 342)	73.37% (248 of 338)
Summary Statement 2			
The percent of children who are functioning within age expectations in the Outcome Area by the time they exit the program.	54.48% (213 of 391)	45.27% (177 of 391)	47.83% (187 of 391)





Percent of infants and toddlers enrolled birth to 3 with IFSPs December		Community	Percent Enrolled
Alaska Center for Children and Adults	Fairbanks, Barrow, Copper River, Delta Junction		2.6%
Bristol Bay Area Health Corporation	Dillingham		6.3%
Center for the Community	Sitka, Kake, Angoon		3.3%
Community Connections Ketchikan	Ketchikan		3.5%
Family Outreach Center for Understanding Special Needs Programs for Infants & Children	Eagle River, Chugiak, Cordova, Valdez, Anchorage		1.9%
Frontier Community Services	Soldotna, Kenai, Sterling, Nikiski, Tyonek		2.3%
Homer Community Services	Homer, Anchor Point, Nikolaevsk, Ninilchik, Clam Gulch, Port Graham, Nanwalek, Seldovia, Vosnesanka, Kachemak Selo, Razdolna		
SeaView Community Services			
Kodiak Area Native Association	Kodiak City, USCG Support Center Kodiak, Kodiak road system, villages: Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie, Port Lions		1.6%
Mat-Su Services for Children and Adults	Big Lake, Buffalo/Soapstone, Butte, Chase, Chickaloon, Farm Loop, Fishhook, Gateway, Glacier View, Houston, Knik-Fairview, Knik River, Lake Louise, Lakes, Lazy Mountain, Meadow Lakes, Palmer, Petersburg, Point MacKenzie, Skwentna, Susitna, Sutton-Alpine, Talkeetna, Tanaina, Trapper Creek, Wasilla, Willow		1.8%
Northwest Arctic Borough School District	Kotzebue		1.3%
Norton Sound Health Corporation	Nome		1.1%
REACH Inc.	Juneau, Haines, Skagway, Hoonah, Yakutat, Gustavus, Pelican, Tenakee Springs. Our Petersburg office serves Petersburg and Wrangell		2.5%
Southeast Regional Resource Center	Aleutian, Pribilof Islands		0%
Tanana Chiefs Conference	Allakaket, Bettles, Hughes, Kaktovik, Manley, Minot, Nenana, Rampart, Stevens Village, Tanana, Arctic Village, Beaver, Ft. Yukon, Chalkyitsik, Circle, Venetie, Dot Lake, Eagle, Healy, Northway, Tanacross, Tetlin, Tok, Metasta, Galena, Hulsia, Kaltag, Koyukuk, Nulato, Ruby, McGrath, Nikolai, Takotna, Anvik, Grayling, Holy Cross, Shageluk		1.1%
Yukon Kuskokwim Health Corporation	Akiachak, Akiak, Alakanuk, Aniak, Anvik, Atmuauluak, Chefornak, Chevak, Chuathbaluk, Crooked Creek, Eek, Emmonak, Grayling, Holy Cross, Hooper Bay, Kasigluk, Kipnuk, Kongiganank, Kotlik, Kwethluk, Kwigillingok, Lime Village, Lower Kalskag, Marshall, Mekoryuk, Mountain Village, Napaskiak, Newtok, Nightmute, Nunapitchuk, Oscarville, Pilot Station, Pitka's Point, Quinhagak, Russian Mission, St. Mary's, Scammon Bay, Shageluk, Sheldon's Point, Sleetmute, Stony River, Toksook Bay, Tuluksak, Tuntutuliak, Tununak, Upper Kalskag		1.7%

Data Source: Alaska Part C Data System (December 1 Child Count)

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## *Collaboration*

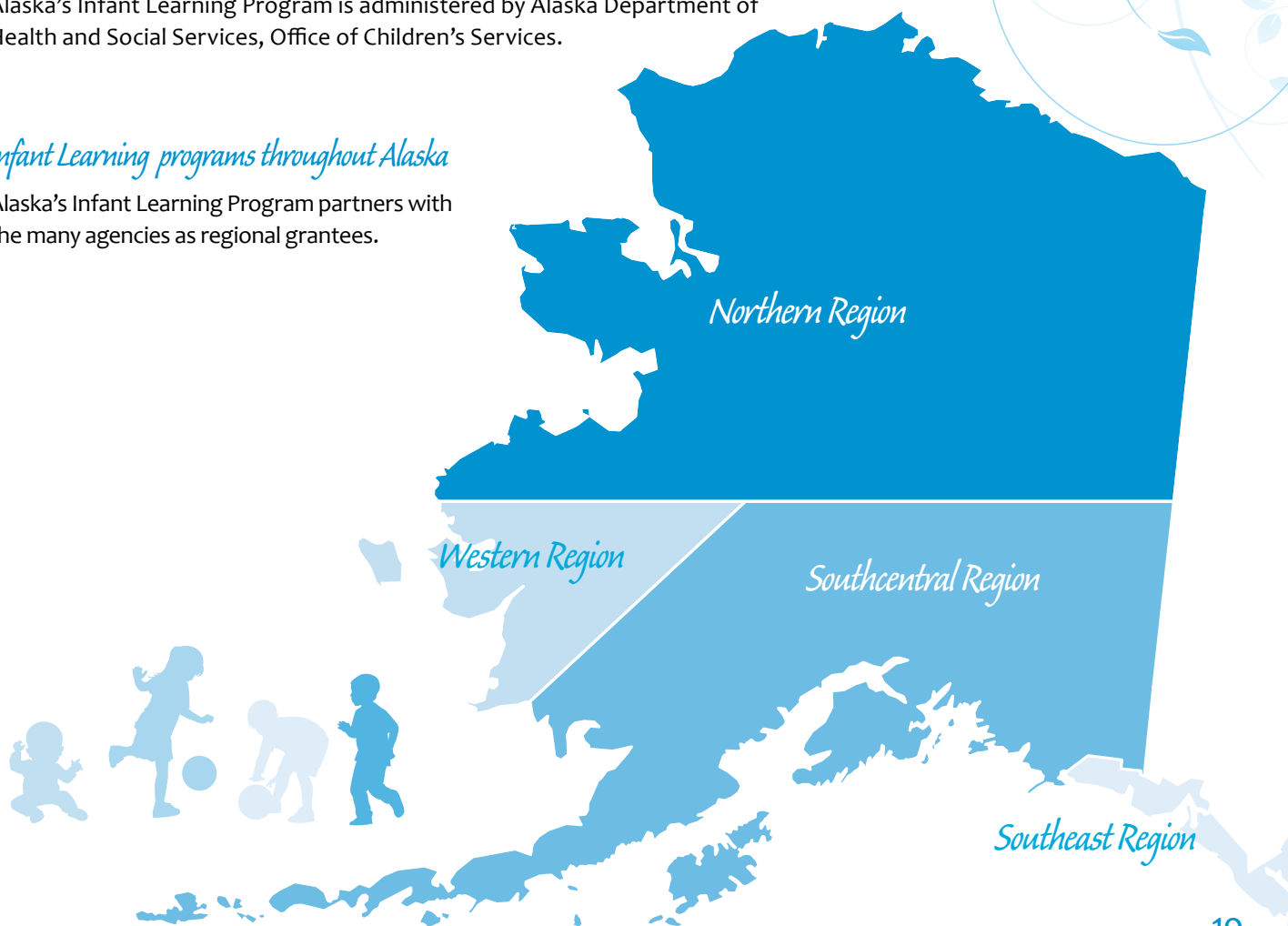
### **Partners in supporting families**

Alaska's Infant Learning Program is grateful to the many partners who join together to serve Alaska's children with special needs: the children and their families, regional grantee agencies, health care providers, early intervention service providers, and the communities that support them.

Alaska's Infant Learning Program is administered by Alaska Department of Health and Social Services, Office of Children's Services.

### *Infant Learning programs throughout Alaska*

Alaska's Infant Learning Program partners with the many agencies as regional grantees.





Sean Parnell, *Governor*  
**State of Alaska**

William J. Streur, *Commissioner*  
**Department of Health and Social Services**

Christy Lawton, *Director*  
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*The Alaska Infant Learning Program  
is administered by the Alaska Department of Health & Social Services, Office of Children's Services*



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*Collaboration*

# *Alaska Infant Learning Program*

This report, historical data and other publications available at [hss.state.ak.us/ocs/InfantLearning](http://hss.state.ak.us/ocs/InfantLearning)

Call toll free in Alaska: 1 (877) HSS-FMLY (477-3659); In Anchorage 269-8442

INFANT LEARNING PROGRAMS THROUGHOUT ALASKA



The Alaska Infant Learning Program offers developmental services to families of children birth to 3. If you have concerns about your child's development make a referral to your local Infant Learning Program. Our Mission is to promote positive development and improved outcomes for Alaska's children birth to 3 by creating a culturally responsive, comprehensive and accessible service delivery system that links service providers, empowers families and engages communities.

