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Training

TRAINING NEEDS

Training... It's complicated. In a dynamic field such as ours and in a state with shrinking resources, our goal is to make every training opportunity relevant, informative, and inspiring. The cost in dollars to provide training and the cost in staff time lost to services needs to add up in a way that makes sense.

At a recent training event (which shall remain nameless) a nationally recognized expert gave an informative and engaging keynote, sharing information that a few of us had heard him share before. The information that was relevant, informative, and inspiring... right up to the point where the speaker started handing out tangibles to the audience; which caused an internal cringe for the TACSEI coach in me. If that was where it stopped it might have been okay. It got worse. With each session the material became disjointed, ill-presented, based on personal opinion, and sometimes downright offensive.

Please accept my apology. I recognize my responsibility as steward of our resources, and truly believed that the totality of the presenter's offerings would be of the quality that several of us in the audience had heard before. Most of it was not.

Identifying training needs and vetting trainers is a task that our professional development

committee will be responsible for from this point forward. They are already working hard to address our statewide system's training needs from competencies to scholarships and supervision. This is a group of folks who are committed to developing systems that will support a highly qualified workforce. Kristin Bradshaw is the committee chair working with Monica Luther, our state training coordinator with the assistance of Gail Trujillo, Victoria Kendall, Deela Lynn Coutu and Jill Zank.

Even a fantastic committee can't do this alone. We need to hear from you. I expect that the professional development committee will be surveying the field (That is all of you) to find out where you are in need of training. When you get a request to respond to a survey, please take the time to provide this most important feedback. We need to hear from you.

Laurie Thomas, M.Ed
State EI/ILP Manager

Here are some statistics that may surprise you:

- In 2011 business in the U.S. spent \$156 billion on training and development (\$1,250 per employee).
- Forgetting varies but, some people forget 50-80 percent after one day and 97-98 percent after a month.
- Only 10 percent of the dollars spent on training results in behavior change in the workplace.
- Successful managers reported that 70 percent of their learning came from doing the job, 20 percent from people, and only 10 percent from training and reading.

If you want a culture in your company where training is valued and the company gains from it, pay attention to what happens after the employee returns from training. Coaching, follow-up, an action orientation and recognition for implementing the new behaviors will help you create a culture where training is not a cost, but rather an investment that gets a return for the company.

From: Sending Employees to Training is a Waste of Time; *Management* November 2014

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Transferring ILP Child Records

Did You Know... there is a feature in the ILP database that allows you to *easily transfer a child ILP record to another instate ILP agency* when an enrolled family moves across state?

This was originally designed to prevent families from having to establish eligibility over again in another part of our state. It is meant to be a seamless and timely continuation of services for the family. Only an updated IFSP is needed to show new service providers. The new ILP agency is then on the same IFSP schedule as the family was with the original ILP agency. Please transfer as soon as possible, don't wait to complete the child record before transferring; additional information can be added (see below); the intention is to have the family move into a new service setting as soon as their move is complete. The receiving agency will need the child records to review the current IFSP, services, evaluations, etc.

Here is the How to:

On the "IFSP/Enroll" tab, Enrollment, there is a drop down called "Transfer To" allowing you to transfer a specific child record access from your agency to the new agency. Here are a few things to know when using this feature:

- The record will become read-only once you select transfer and save the screen.
- The new agency will receive an automated email notifying them that the child record has been transferred.
- The new agency will now be able to enter new data into the child record.
- The originating ILP agency can only modify or enter data if they utilized the MODIFY TRANSFERRED CHILD RECORD (under ADMIN). This will also automate an email to the new agency informing them that you have modified the record.

There has been some confusion about whether this child's record needs to be transferred back to the originating agency in order to modify the record.

- No, the automated 'modify record notification' email is just for information only and no further action is needed. This notification is also a way that family service coordinators can keep in touch about the child's record; feel free to call the originating agency with questions about a transfer or child record modification.
- Another question is about transferring a child record if they have not yet been enrolled. Under ADMIN, select transfer unenrolled child, choose the child name from the drop down and select the receiving agency initials.

Best Practice suggestions:

- An in-state transfer should be planned for on the IFSP if the family knows or anticipates that it is going to happen.
- Always CALL the receiving agency to discuss the child's needs prior to the transfer and FAX the receiving agency records to include most recent evaluation reports and IFSP.
- Please be sure to gather and provide as much contact information as possible for the new provider, including phone numbers, addresses and message numbers.

Please note, this is not the same with a child transferring in from another State. If a family moves to Alaska with an active IFSP, they need to establish eligibility in Alaska in order to continue to receive Part C services. Eligibility varies across the nation.

For more information on eligibility see: [ectacenter.org partc eligibility](http://ectacenter.org/partc/eligibility)

Lisa Balivet

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STUMP the STATE

Your Questions and Answers



QUESTION: Is a Release of Information needed when a child transfers from when EI/ILP agency to another?

ANSWER: The answer is yes. The responsibility for obtaining the release differs depending on how the transfer evolves.

1. when a child transfers from one ILP agency to another, the parents sign a release of information prior to the automated db transfer; Or
2. in the case of children who move without the initial ILP agency awareness of it; the receiving ILP agency provides the family with a consent from the first ILP agency and then have them transfer the child record electronically.

Alaska Part C Data FY13-14 (Federal Fiscal Years 12-13)

In accordance with 20 U.S.C. 1416(b)(2)(C)(ii) the Alaska Part C shall report annually to the public on the performance of each of its early intervention service (EIS) programs according to the targets identified in its SPP, and post this report on its Web site.

You can link through our state EI/ILP web site under Public Reporting:

dhss.alaska.gov/ocs/Pages/infantlearning/reports/default.aspx

Or for a direct link:

ed.gov/fund/data/report/idea/partcspap/2014/ak-acc-statedatadisplay-part-c-12-13-2.pdf

Questions for this column are considered and responded to through a review of statute, regulation and policy and other supporting documents and vetted by the State team through a consensus process.

Please submit questions for "Stump the State" to:

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Natural Environment

Why is the Natural Environment Important?



Have you ever noticed that "home field advantage" plays a major role in who wins a sporting event? Or that a football team in Colorado has the endurance to play strong for the whole game while a visiting team from Florida is fatigued after the first quarter and has to receive oxygen on the sideline?

Have you ever tried cooking a meal in someone else's kitchen? The oven doesn't heat as quickly, there is not enough counter space, and you can't figure out where they keep the sugar. You probably wish you were in your own home where you know where everything is kept and the intricacies of the appliances are just the way you like them.

These situations illustrate the importance of the natural environment in everyday events. The natural environment is also important in therapeutic intervention for young children. When the therapist comes to the home or childcare center and integrates the intervention activities into the normal, everyday life of the child, the child's natural environment is not significantly altered. The child and the caregiver do what they do, the way they want to do it. The family does not have to purchase hundreds of dollars worth of equipment either. The therapist simply guides the caregiver to select pieces of furniture or toys that the child is already used to, and incorporates them into the intervention activities. These activities are selected from the things the family does... watching football, cooking, or whatever.

The natural environment is more than the place that activities occur... it's also how the caregivers and the child do them. It's much easier for the caregiver and the child to regularly perform the intervention activities when the activities do not significantly alter their natural environment or their normal daily routine. Incorporating activities into daily events such as bath time or mealtime is a way that therapists introduce intervention activities without altering the natural environment or the normal daily routine of both the child and the caregiver. Therapists join the child and families natural environment supporting their "home field advantage."

Natural environments are so important in the therapeutic intervention of young children that Part C of the Individuals with Disabilities Act states that to the maximum extent, early intervention services, which includes therapies must be provided in the natural environments of the child.

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Mission, Vision and Key Principles

The Alaska Infant Learning Program is a statewide system of professionals dedicated to serving all Alaskan families with children who are at risk for or experience developmental delay.



The Alaska Infant Learning Program envisions a system where all Alaskan families have access to the services and resources to help their children thrive.

Our mission is to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

To accomplish this, Alaska has adopted these seven key principles for providing early intervention services in natural environments:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be

dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.

5. IFSP outcomes must be functional and based on children's and families needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Workgroup on Principles and Practices in Natural Environments: Susan Addision, Betsy Ayankoya, Mery Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Jociey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

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7 KEY PRINCIPLES

Looks Like/Doesn't Look Like



3. The Primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

Key Concepts	<ul style="list-style-type: none"> • EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development • Families are equal partners in the relationship with service providers • Mutual trust, respect, honesty and open communication characterize the family-provider relationship 	
This principle DOES look like this:	This principle DOES NOT look like this:	
Using professional behaviors that build trust and rapport and establish a working "partnership" with families	Being "nice" to families and becoming their friends	
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child	

learning styles	
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be "mini" therapists or interventionists
Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the provider's visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they and want	Taking over or overwhelming family confidence and competence by stressing "expert" services

Workgroup on Principles and Practices in Natural Environments

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PROGRAM HIGHLIGHT

Frontier Community Services

Since 1993, Frontier Community Services (FCS) has housed the EI/ILP grant and has provided comprehensive services for the approximately 2,200 children birth to age three in the Central Kenai Peninsula service area, which includes Clam Gulch, Kasilof, Kenai, Funny River, Nikiski, Soldotna, Sterling, and Tyonek. These areas represent 255.8 square land miles with a total population around 25,000, according to the 2010 Census.



We have a full-time staff of 12, which includes our contracted therapists. They are: Deniia DeVolld, Kerri Roe, Suzanne Martin, Sami Brantley, and Lora Sterling as our Developmental Specialists; Vicki Siter, our speech therapist; our program associate for the entire department, Tatyana Stott, and our department director, who also serves as the ILP Coordinator, Amy Hagen. Our contracted team consists of Noah Shields as our Child and Family Therapists, Betty Mascarenas and Erin Brinkley as our Physical Therapists, and Susan Matthews as our Occupational Therapist.

The Family Services Coordinator also serves as a Developmental Specialist and provides services in accordance to the IFSP as well the family's need. The IFSP serves as a minimum of service delivery, but Developmental Specialists typically see enrolled children on average 2-3 times per month. This truly depends on the needs of the child and family. Our therapists typically see children weekly, but again, it depends on the need and what that families agree to. Our therapist collaborate weekly; (if not more often) with the Developmental Specialist to create home program and continuity of service delivery.

FCS's Infant Learning Program's greatest challenge is the capacity to carry out all of the initiatives and ideas that they have to help refine and grow the program. The program at times can have turnover and not be fully staffed. This not only poses a problem in carrying out day to day duties but in expanding the brilliant ideas the program has.

Community collaboration and relationships is one of our greatest successes. The Infant Learning Program at Frontier Community Services has worked hard on its quality reputation and effective service delivery. The program is always striving for better outcomes for their children and families. With this drive came the inception of our contracted child and family therapist, Noah Shields. His infant mental health expertise had been a wonderful addition to FCS's ILP program. His Filial Therapy (Play Therapy) for our community's youngest population has been a blessing.

Another success is the growth of the Family Services Department at Frontier Community Services (FCS) which houses the ILP program. The Department has a variety of services in-house to support families, including FASD diagnostic team, developmental clinic, behavioral health services, family support specialist, disability services and senior services. In addition to in-house referrals, the program works closely with community providers to ensure that all options are provided to families. This in-house referral base allows for continued and ongoing services to occur seamlessly. We are able to help link children and families with other services they may need before they turn 3 and exit our program.

Lastly, the program's continued movement and success with providing developmental screening opportunities for all children through our *Watch Me Grow* program, utilizing the *Ages and Stages* questionnaires is a wonderful success. This opportunity is offered to anyone in the community with children ages birth to 5. Our outreach with this program starts out within the first few days of life. Information on *Watch Me Grow*, as well as other services ILP can provide, is disseminated to all parents who deliver their baby at the community's local hospital. These newborn folders provided by ILP contain a wealth of developmental milestones and information. The *Watch Me Grow* program can also be done electronically with a scan of the QR (Quick Read) code. We continue to present to community providers and have now added several pediatric and family practices to our *Ages and Stages* online enterprise.



Amy Hagen, FCS Infant Learning Program Director

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"Team means Together Everyone Achieves More!" - Author Unknown

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