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AK-AIMH



DATA TELLS YOUR STORY

One of the most shocking discoveries I've made since moving from a regional Infant Learning Program to the State office is how difficult it is to know what's happening in our local programs. It's nigh impossible for State staff to spend enough time on site with program coordinators and providers to know what the strengths and needs of individual programs are. Just as providers need to be keenly aware of the concerns, priorities and resources of the families they work with, we need to know what the strengths and needs of local programs are.

Data based decision making is a reality in the worlds of both education and government at all levels. The State office has no other means to provide the commissioner, governor, and legislators with information about things like the number of children being served, how frequently they receive services and what type of services they receive. I can't count the number of requests for this type of information I've received since being in this position.

I was recently asked to provide information about the potential impact of funding cuts to Infant Learning Programs. I needed accurate information about the number of service providers, frequency and intensity of services, types of services being provided and numbers of Part C enrolled children. I also had to look at clinical opinion and how it was determined for each child. What I found was often incomplete and sometimes questionable. The stakes were very high and many programs would have been at serious risk of losing funding had the proposed cuts become a reality.

Another concern that has come to light is the accuracy of data submitted. This includes program's self evaluations, descriptions of clinical opinion, school district notification for referrals, and numbers of current employees. There are sometimes significant discrepancies between what is reported in the data base and what is documented in files. During on site visits when such discrepancies come to light, we've been told that programs 'fudged' on their data or self evaluation. The story you tell needs to be based on fact not fiction.

I cannot articulate how important it is for the State office to know what reality is at the program level. We want programs to be successful! This means we need to know what your needs are for resources, training and support. We need to know where the service gaps are for children and families. While local programs are accountable to the State, the State office is accountable to the Federal government. If local programs fail, we have failed as well. This means that the data submitted by local programs needs to be complete, timely and accurate. I can hear my undergraduate professors saying; "Document, document document... If it isn't written it never happened." I might add to that, if it isn't entered timely, it won't be counted.

Due to the critical importance of the accuracy of our data, the State office will be re-establishing a database committee, ramping up database training, and building in systems of accountability that will support programs in effectively meeting their data requirements. We want this story to have a happy ending.

Laurie Thomas, M.Ed
State EI/ILP Manager

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STUMP the STATE

Your Questions and Answers

We didn't receive any questions this month for this column. Either things are going really well - yahoo - OR it's vacation time! If you have questions, please send a quick email to Laurie L using the link below. Happy summer.



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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OUTCOMES

As I travel through the state and talk to ILP Coordinators and staff, I frequently hear "we'd like more training on child outcomes". This is in partial response to that request, as we continue to determine how best to meet this need.

What do the child outcome statements mean?

The outcomes address three areas of child functioning necessary for each child to be an active and successful participant at home, in early care and education settings, and in the community.

Positive social-relationship skills refer to how children get along with others, how they relate with adults and with other children. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children. For toddlers and preschoolers, these skills also include how children follow rules related to interacting with others in group situations such as in a child care center.

The acquisition and use of knowledge and skills refers to the child's ability to think, reason, remember, solve problems, and use symbols and language. The outcome also encompasses the child's understanding of physical and social worlds. It includes understanding of early concepts (e.g., symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, the acquisition of language and communication skills.

The use of appropriate behavior to meet needs refers to the actions that children employ to take care of their basic needs, including getting from place to place, using tools (e.g., fork, toothbrush). The outcome includes how children take care of themselves (e.g., dressing, feeding, hair brushing, toileting), carry out household responsibilities, and act on the world to get what they want. This outcome addresses children's increasing capacity to become independent in interacting with the world and taking care of their needs.



What sources of information can be used to determine a child's level of functioning on each of the three outcomes?

Multiple sources of information can and should be used. The determination of a child's functioning relative to age expectations can be based on observations in the child's home, in early care and education settings, or in other settings where that child usually spends time; on criterion- or curriculum-based instruments, or norm-referenced scales; on interviews with family members, child-care providers, and caregivers; on informed clinical opinion; and on work samples. *It is a requirement that programs use at least one functional anchor tool as a part of their outcome ratings.*

What is a functional outcome?

Functional outcomes describe children's mastery and appropriate application of behaviors, knowledge, and skills in a meaningful way in their everyday lives. The three child outcomes refer to actions that children need to be able to carry out and knowledge that children need to use in order to function successfully across a variety of settings. To be successful in these settings, it is important for children to be able to, for example, get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way. Ultimately, achieving these outcomes will help children thrive at home, in school, and in many settings throughout their communities.

How are the functional outcomes different from domains?

Many assessment tools examine children's development in domains. Domains describe children's skills and abilities within areas of development such as social, fine motor, gross motor, cognitive, and language. The skills and abilities described by domains are a necessary but not sufficient component of functioning within the routines and activities of early childhood like toileting, feeding, and playing with peers. Functioning within these routines and activities requires the integration of skills across the various domains. For example, playing with peers

requires a social desire to play with peers; expressive communication to initiate, maintain, and direct the peers' attention; cognitive skills to sequence actions in play; and fine and gross motor skills to manipulate objects. Functional outcomes look at the integration of behaviors across domains that children need to participate in developmentally appropriate routines and activities. The three child outcomes focus on functioning rather than traditional domains.

A short Video: Child Outcomes Step-by-Step, provides additional information about the three outcomes and is available on the ECTA website at: ectacenter.org/eco

Kim Mix, M.A.

Program Specialist-Technical Assistant

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Frontier Community Services Hosts HANEN TRAINING



In June Frontier Community Services hosted a Hanen SPARK Communication Training. The training was specifically created with the needs of home visitor's in mind. Participants learned about what Hanen describes as research-based responsive interaction strategies-drawn from Hanen's It Takes Two to Talk program and guidebook. They also learned how to coach parents in applying these strategies during everyday interactions with their child to make language learning a natural, ongoing process for their child.

Based on current research and best practice, *SPARK Communication* offers the framework early intervention providers need to effectively support children's early communication development by making parents a central part of the intervention process. By taking this training, providers learn:

1. The four early communication stages and styles, and how the various interactive roles parents play affect their child's opportunities to interact and learn
2. The evidence-based interaction and language-building strategies that accelerate early communication development
3. A coaching framework for involving and teaching parents so they play a key role in facilitating their child's early communication development
4. A concrete plan for applying the SPARK coaching framework and interaction strategies with the families on their caseload
5. A set of invaluable resources to support their daily work with families (valued at \$109 USD)
6. A common language and approach to use with other members of multidisciplinary teams in order to provide consistent



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7 KEY PRINCIPLES

Looks Like/Doesn't Look Like



7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Key Concepts

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

This principle **DOES** look like this

This principle **DOES NOT** look like

	this
Updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective
Refining practices based on introspection to continually clarify principles and values	Using practices without considering the values and beliefs they reflect
Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation	Using practices that "feel good" or "sound good" or are promoted as the latest "cure-all"
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws

Workgroup on Principles and Practices in Natural Environments

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PROGRAM HIGHLIGHTS

Center for Community

The Early Learning Program was one of the first services offered by the Center for Community (CFC). In 1978 a small group of parents and advocates of children who were experiencing a disability saw a need to organize their efforts to give emotional support to each other and share ideas about raising children who needs were often very complex. After meeting for a year, this group of concerned Sitka residents became more organized, founded a non-profit corporation and applied for a state grant to develop and operate an infant learning program.

The Early Learning Program serves Sitka (pop. 9,061), Kake (pop. 557) and Angoon (pop. 459). Kake and Angoon are accessible by float plane or ferry only. Like many other programs, one our greatest challenges is providing equitable services to children in rural communities. Given the high cost of travel, alternate means of service delivery are often necessary but the lack of resources needed to provide tele-practice is a barrier.

ELP partners with the Parents as Teachers program in Kake in providing services to children and families.

Our program currently has 2 full-time staff and 2 part-time staff. Gail Trujillo (1.0 FTE) is the program coordinator and carries a case load as a Family Service Coordinator/Developmental Specialist III Lisa Hodges (1.0 FTE) is a Family Service Coordinator/Developmental Specialist III. Tori Hay (.5 FTE) is a Family Service Coordinator/Occupational Therapist and Breanne



Erickson (.05 FTE) is our Program Assistant. The Early Learning Program also contracts with Steve Morse and Michael Boyle for SLP services and Mo McBride for additional OT services. We also contract for reflective supervision for our staff.

We use more than one service-delivery model. We view families as different and unique as their children and on one size fits all. The model that we use for each family is based on the child and family's specific needs and desires. The most common service delivery model used is the Primary Service Provider (PSP) model. However, since the PSP might be a contract therapist, an ELP staff member will be assigned as the Family Service Coordinator and work alongside of the PSP to ensure the family's needs are met. However, for some of our children requiring services from different disciplines, a family may receive services from more than one therapist and many of our therapists will co-treat. Regardless of the service delivery model used with families, all of our service delivery strategies are all grounded in relationship-based practices and focus on the parent/caregiver relationship as the foundation for development. The number of visits a child/family receives is based on their needs and the family's preference.

One of our program's greatest successes is that we have very low staff turnover. This has allowed us to grow as a team and develop a common philosophy and continually improve our services for children and their families. Everyone, including our contractors' works as a team based on a philosophy that children develop within the context of relationships. We come together as a team 2 times per month, including our contractors (the best lunch pot lucks in the State!), to review children and families and to support each other in our work.

We have great relationships with our community partners. We meet monthly with the Office of Children's Services to review IFSP's and Family Case Plans and merge the two plans when possible. We also meet with the school district Special Education Coordinator and preschool teachers to plan smooth transitions for all of our eligible Part B children. For some children, the transition process involves carrying out evaluations with the School District staff and joint home visits prior to the IEP so that the receiving staff develops a better

understanding of the transitioning child and family. Being a small community, our physicians call and make referrals directly which allows them to provide great background information.

The ELP often spearheads community initiatives such as Community Cafés, TACSEI and most recently organized the training for 18 practitioners in the Triple P Parenting Program.

The initiative that we are most proud of is our commitment to integrate Infant Mental Health practices into our service delivery and our work with children and families. Two of our staff has acquired AK-AIMH Endorsement and all staff including our contractors are continually engaged in professional development around the social-emotional development of young children. We work as a team to incorporate IMH principles and strategies into our daily work with children and families. It has been very rewarding to have our contractors attend the Early Childhood Mental Health Institute so that they can learn more to become a true transdisciplinary team member.

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Alaska Association for Infant and Early Childhood Mental Health

AKAIMH is now accepting applications for Level I and Level II Endorsement (IMH-EI½) candidates. The deadline to apply is Sept. 30, 2015. Advisors are available to assist with the application process. To apply, please go to: easy.mi-aimh.org/akaimh. For more information please visit our website at: www.akaimh.org or contact the Endorsement coordinator at: endorsement@akaimh.org



Please join us for a webinar on the Endorsement process for Level I and Level II on July 17 from 12 - 1:30 pm.

1. Please join my meeting. global.gotomeeting.com/join/817047381
2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

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FREE TRAINING AVAILABLE!

Are you looking for training to help you meet Level I and Level II competencies for Endorsement?

Check out this web-based Infant Mental Health Community Training Institute offered by the Infant Mental Health Promotion (IMPH). It is a 15 part training program that aims to raise awareness and understanding of the unique needs of infants and toddlers in order to promote healthy social emotional development in the early years and reduce the likelihood of poor mental and physical health outcomes in the later years.

Go to www.IMHPromotion.ca for more information on the sessions. The sessions will be available until May, 2016. To gain access to the trainings, you must be a member of AKAIMH. To become a member, please go to www.akaimh.org . Once you are a member, send an email to alaska.aimh@gmail.com requesting the link to the trainings.

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"Family means no one gets left behind or forgotten." - David Ogden Stiers

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STAY CONNECTED

