A special thank you to Mr. & Mrs Johnson for opening their home and family to us. All of the beautiful images in this book were taken of the family in Anchorage, Alaska.
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19 Infant Learning services throughout Alaska
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
When Carla Johnson first met her foster daughter, Tatianna barely moved. An assortment of serious medical problems — spina bifida, hydrocephalus requiring a shunt, and stage one kidney damage — combined with what Carla carefully refers to as “an extensive amount of non-proper care” had taken their toll. The 10-month-old mostly lay on her back, fists clenched to her shoulders, tiny face displaying no sign of emotion.

Continued on page 4
Still, Carla and her Air Force husband Eric immediately bonded with “Tati.”

“We took one look at her and knew she was ours,” Carla remembers. “We just knew. And we knew if anyone tried to take her from us, we’d fight tooth and nail to keep her.”

Now, two years later, Tati is an official member of the Johnson family. Her adoption was finalized Dec. 21, 2011.

“She was our Christmas present,” Carla says.

And that’s not all that’s changed in Tatianna’s young life. Even the barista at Carla’s favorite Starbucks has noticed.

“When I first met Tati, she was the cutest thing you’ve ever seen, but she couldn’t sit up by herself,” recalls barista Pauline Valdez. “Now she can sit, she can talk, she can say her ABCs, she can count, she can say my name.”

Pauline shakes her head at the transformation. “She just makes you melt,” she adds.

Carla and Eric, who also have two biological children, had always talked about fostering. And when Eric’s work in the Air Force brought the family to Elmendorf in Alaska, they lived next door to a foster family. That example convinced them to become foster parents too. Tatianna came into the Johnsons’ life on Sept. 13, 2010.

“We’re not the perfect home, but at least we’re a home,” Carla points out. “It gives me so much joy to be able to impact a child’s life — even for a minute!”

Almost immediately after bringing Tati home, Carla and Eric, who live on base at Elmendorf, had to deal with a medical crisis — the baby’s shunt malfunctioned and she needed surgery. Carla describes receiving a “crash course” in all the ways she would need to care for this child. Rather than daunting the young mother, however, the challenges inspired her.

Key to Carla’s ability to face those challenges was Focus (Family Outreach Center for Understanding Special Needs), an Early Intervention/Infant Learning Program (EI/ILP) provider that serves Eagle River, Chugiak, Cordova, Valdez and Anchorage’s Joint Base Elmendorf Richardson (JBER).

“Without the program, so much of this wouldn’t have happened,” Carla says. “She has overcome a lot.”

Focus connected the family with what Carla calls Tatianna’s list of “ologists.” The toddler, whose lower body is paralyzed, has physical therapy twice a week, speech therapy, occupational therapy and an educator provided by Focus.

The Focus educator, a Developmental Specialist, coordinates with the other specialists, sometimes doing home visits with them and coordinating goals on the family’s Individualized Service Plan to match their work, as well as making suggestions for home-based activities as part of daily routines.
“They taught me about everything,” Carla says. “They were my huge support system.”

In addition, through the ILP, the family has accessed mini-grants to purchase materials and tools to help Tati with her therapies. One is a $1,500 “ready racer,” a pediatric mobility aid which Carla describes as a “comfy wheelchair” in which Tati can learn to propel herself. They’ve also purchased therapy balls and other equipment designed to help Tati interact with the world like any other toddler.

It’s clearly working. In addition to all the sitting up and talking Tati is doing, “she’s even ‘Army crawling’,” Carla says. “And cognitively, she’s just about where she should be at her age.”

Considering where Tati started, that’s huge. But don’t think that means she gets special treatment from her parents.

“Eric and I have never treated her differently than our other children,” Carla says. “We believe that it doesn’t matter what you accomplish, as long as it’s your best.”

With Tatianna, the sky seems to be the limit as to what this little girl will accomplish — with the help of her amazing family and Focus. Carla also gives huge credit to her “very best friend,” Meghan Mustard, who helps her manage the juggling act of taking care of the kids at home while getting Tati and others to necessary appointments. Carla advises other parents in similar situations to do lots of research and learn about programs like Focus.

“Don’t be afraid to reach out to these programs. Someone there is going to hold your hand and walk you through this,” Carla says she would tell another mom. “You have to do this for your child to succeed.”

Speaking of success, Carla hopes that — thanks to new leg braces — little Tati will someday be able to walk. And she’d like to see her start kindergarten in a couple years “in a normal classroom and at a normal age.”

Beyond that, Carla plans to just let Tati be Tati.
Gains during the **first three** years are critical and will continue to **benefit children** throughout their lifetime.

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### 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 take 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

**If you are concerned about a child’s development**

**don’t wait...**

Your referral to the Infant Learning Program is critical. For a list of Alaska’s Infant Learning Programs statewide, log on to: hss.state.ak.us/ocs/InfantLearning or call toll free in Alaska: 1 (877) HSS-FMLY (477-3659) in Anchorage: 269-8442.
Children Referred to EI/ILP
*Fiscal Year Referrals
2006  2331
2007   2557
2008   2657
2009   2503
2010   2548
2011   2668
2012   3008
Service Summary ILP FY12 (Analyst Reports)

Children screened by EI/ILP
*Fiscal Year Referrals
2006   1185
2007   1220
2008   1316
2009   1230
2010   1149
2011   1287
2012   1063
Screened source: Service Summary FY12 (Analyst Reports)

Children newly evaluated by EI/ILP
*Fiscal Year Referrals
2006   1078
2007   1152
2008   1278
2009   1120
2010   1138
2011   1289
2012   1786
Evaluated source: Service Summary FY12 (Analyst Reports)

Children enrolled by EI/ILP
*Fiscal Year Referrals
2006   1777
2007   1834
2008   1892
2009   1831
2010   1788
2011   1873
2012   1952
Enrolled source: EI/ILP Data Compliance Report FY11
(Analyst Reports)

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

How did families learn about the Infant Learning Program?

- Play groups, support groups, and social services
- Developmental, physical, occupational and speech language therapy
- Early childhood mental health services
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.

Referrals to the Infant Learning Program exceeded 3,000 in FY2012, representing an increase of more than 25% since FY2011.

During FY12, 3008 children were referred to an Infant Learning Program and 1,952 were enrolled.

Total Number of Children Referred

<table>
<thead>
<tr>
<th>Fiscal Yr</th>
<th>Number of Children Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3008</td>
</tr>
<tr>
<td>2011</td>
<td>2,668</td>
</tr>
<tr>
<td>2010</td>
<td>2,548</td>
</tr>
<tr>
<td>2009</td>
<td>2,503</td>
</tr>
<tr>
<td>2008</td>
<td>2,657</td>
</tr>
<tr>
<td>2007</td>
<td>2,557</td>
</tr>
<tr>
<td>2006</td>
<td>2,331</td>
</tr>
</tbody>
</table>

* Fiscal year begins July 1 and ends June 30 of the year noted. Referral source: Referrals by Status for ILP FY12 (Analyst Reports)
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

Referral Source

- 39% Physician/Clinic/Other Health Care
- 23% Parents
- 29% Child Protection
- 2% Infant Learning Program
- 2% Other/Unknown
- 1% Friend/Family
- 3% Community Program
**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. If a child experiences a delay they may be eligible for early intervention services.

<table>
<thead>
<tr>
<th>Age at Referral (Enrolled Children)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>42% 1 to 11 Months</td>
<td>1100</td>
</tr>
<tr>
<td>29% 12 to 23 Months</td>
<td>744</td>
</tr>
<tr>
<td>28% 24 to 36 Months</td>
<td>737</td>
</tr>
<tr>
<td>1% Over 36 Months</td>
<td>13</td>
</tr>
</tbody>
</table>

“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.

“Without the program, so much of this wouldn’t have happened,” Carla says. “She has overcome a lot.”
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Down Syndrome</td>
<td>41</td>
<td>12%</td>
</tr>
<tr>
<td>Hearing Impairment, Significant/Progressive</td>
<td>35</td>
<td>11%</td>
</tr>
<tr>
<td>Heart Disease, Congenital</td>
<td>21</td>
<td>6%</td>
</tr>
<tr>
<td>Cleft Palate with or without Cleft Lip</td>
<td>21</td>
<td>6%</td>
</tr>
<tr>
<td>Vision Impairment, Significant/Progressive</td>
<td>17</td>
<td>5%</td>
</tr>
<tr>
<td>Complex Seizure Disorder</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>12</td>
<td>4%</td>
</tr>
<tr>
<td>Bronchopulmonary Dysplasia (BPD)</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>Autism</td>
<td>9</td>
<td>3%</td>
</tr>
<tr>
<td>Hydrocephaly</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome (FAS)</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Microcephaly</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Cytomeglovirus (CMV), Congenital</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>4</td>
<td>1%</td>
</tr>
</tbody>
</table>
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.

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.
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**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B eligible</td>
<td>329</td>
</tr>
<tr>
<td>Withdrawal by parent/guardian</td>
<td>140</td>
</tr>
<tr>
<td>Attempts to contact unsuccessful</td>
<td>134</td>
</tr>
<tr>
<td>Moved out of state</td>
<td>88</td>
</tr>
<tr>
<td>Completion of IFSP prior to age 3</td>
<td>79</td>
</tr>
<tr>
<td>Part B eligibility not determined</td>
<td>55</td>
</tr>
<tr>
<td>Not Part B eligible, exit w/no ref.</td>
<td>43</td>
</tr>
<tr>
<td>Not Part B eligible, exit to other prog.</td>
<td>39</td>
</tr>
<tr>
<td>Deceased</td>
<td>4</td>
</tr>
</tbody>
</table>

**Where do children go after ILP?**

- 41% Home 357
- 35% Preschool Special Education 303
- 10% Other Setting 83
- 7% Child Care/Preschool 60
- 5% Head Start 44
- 2% Outpatient Therapy 14
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 FY12 7/1/2011-6/30/2012

<table>
<thead>
<tr>
<th>OSEP Improvement Category</th>
<th>Emotional</th>
<th>Knowledge</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children</td>
<td>434</td>
<td>438</td>
<td>433</td>
</tr>
<tr>
<td>e. Children who maintained functioning at a level comparable to same-age peers</td>
<td>24.88%</td>
<td>13.24%</td>
<td>15.01%</td>
</tr>
<tr>
<td>d. Children who improved functioning to reach a level comparable to same-age peers</td>
<td>25.35%</td>
<td>32.65%</td>
<td>35.10%</td>
</tr>
<tr>
<td>c. Children who improved functioning to a level nearer to same-age peers but did not reach it</td>
<td>22.81%</td>
<td>28.77%</td>
<td>27.02%</td>
</tr>
<tr>
<td>b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers</td>
<td>22.35%</td>
<td>22.60%</td>
<td>18.94%</td>
</tr>
<tr>
<td>a. Children who did not improve functioning</td>
<td>4.61%</td>
<td>2.74%</td>
<td>3.93%</td>
</tr>
</tbody>
</table>
### Summary Statements for Part C Children
**FY12 7/1/2011-6/30/2012**

<table>
<thead>
<tr>
<th>Summary Statement 1</th>
<th>Emotional</th>
<th>Knowledge</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>64.11% 209 of 326</td>
<td>70.79% 269 of 380</td>
<td>73.10% 269 of 368</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary Statement 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percent of children who are functioning within age expectations in the Outcome Area by the time they exit the program.</td>
</tr>
<tr>
<td>Community</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Alaska Center for Children and Adults</td>
</tr>
<tr>
<td>Bristol Bay Area Health Corporation</td>
</tr>
<tr>
<td>Center for the Community</td>
</tr>
<tr>
<td>Community Connections Ketchikan</td>
</tr>
<tr>
<td>FOCUS Inc. Program for Infants &amp; Children</td>
</tr>
<tr>
<td>Frontier Community Services</td>
</tr>
<tr>
<td>Homer Community Services</td>
</tr>
<tr>
<td></td>
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<tr>
<td>SeaView Community Services</td>
</tr>
<tr>
<td>Kodiak Area Native Association</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Mat-Su Services for Children and Adults</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Northwest Arctic Borough School District</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Norton Sound Health Corporation</td>
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<tr>
<td></td>
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<tr>
<td>REACH Inc.</td>
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<tr>
<td></td>
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<tr>
<td>Southeast Regional Resource Center</td>
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<tr>
<td>Tanana Chiefs Conference</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Yukon Kuskokwim Health Corporation</td>
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<tr>
<td></td>
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<tr>
<td>Statewide Total</td>
</tr>
</tbody>
</table>
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.
The Alaska Infant Learning Program is administered by the Alaska Department of Health & Social Services, Office of Children’s Services.

Sean Parnell, Governor
State of Alaska

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

Christy Lawton, Director
Office of Children’s Services

Early Intervention/Infant Learning Program
323 East 4th Avenue
PO Box 240249
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1-877-477-3659 Long Distance in Alaska
1-877-HSS-FMLY

Fax: (907) 269-3497

Website: earlyintervention.alaska.gov

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Melora Gaber – DEED Headstart
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Margaret Kossler – Parent
Diana Marsh – Intiterate SLP, Barrow
Amy Simpson – ILP Provider
Lizette Stiehr – AILPA Chair
Carla Abild – Stone Soup Group
Meredith Jaecks – EED 619 Coordinator
Karli Lopez – ILP
Beth Snieder - Parent

Collaboration
Alaska Infant Learning Program

This report, historical data and other publications available at earlyintervention.alaska.gov

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.