



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Health and Social Services

Senior and Disabilities Services
Governor's Council on Disabilities & Special
Education
Patrick J. Reinhart, Executive Director

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January, 28, 2016

Lisa Balivet
Acting Program Manager, Part C Coordinator
P.O. Box 240249
Anchorage, AK 99501

Dear Ms. Balivet,

The Governor's Council on Disabilities and Special Education (the Council) is the State Interagency Coordinating Council (ICC) for Alaska as required under Part C of the Individuals with Disabilities Education Act (IDEA). The Council is composed of the members required under 34 CFR §303.60 and the Early Intervention Committee (EIC) is responsible for the ICC-required duties and authorized activities. The Council works on issues and activities of concern to create systems change that improves the lives of infants and toddlers with disabilities. We appreciate that the state Early Intervention/Infant Learning Program (EI/ILP) is an active member of the EIC and contributes a report to the committee at each meeting. In addition, EI/ILP has actively involved ICC members, especially parents, in the planning and development of our new performance indicator as part of the development of the State Systemic Improvement Plan (SSIP).

There have been some compliance and leadership challenges this year, but the Council would like to recognize the EI/ILP staff on their continuing efforts to work with the Council to improve the early intervention system. We appreciate all the efforts made to keep the ICC involved and abreast of challenges and changes within the program, and we look forward to partnering with EI/ILP as it works through recent and pending changes in management and department staffing where Part C is administered. We anticipate these changes will do nothing but strengthen the relationship between EI/ILP and the Council; we also want to thank you for stepping in to provide leadership and continuity during this time of transition. It cannot be easy as you are also the program data manager. For several years now, rather than reviewing the performance indicators throughout the year, you have developed an overview of this annual report for the Council and presented it to us. We have taken our data off of that presentation from January 13, 2016. Following are our comments and recommendations.

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

The data for this indicator has held steady right around 99% for several years now. While it falls slightly short of the 100% target, we commend the program for correcting the few cases where timely service was not possible. As mentioned last year, the Council is very committed to improving the scope and delivery of EI/ILP services and is eager to assist EI/ILP in overcoming some of the technical, infrastructure, reimbursement, and workforce development barriers to using technology to expand ILP services in Alaska. The Council is taking an active role in facilitating a collaborative effort to expand and improve telepractice efforts in the state. This statewide collaborative began with identifying how telepractice could best be utilized in EI/ILP. A presentation to the EIC from the Alaska Native Tribal Health Consortium on early intervention telehealth practices and successes in their programs led to a request for the Council to take an active and expanded role. The Council agreed to facilitate this effort. Stakeholders from EI/ILP are actively participating in this initiative.

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

This year, as in previous years, EI/ILP has exceeded the target of 95% with 99% of ILP services being delivered in a natural environment. This is optimal as it actively engages the family in these early interventions. We are very proud of our state for working to overcome the barriers that distance and weather play in service delivery. Once again, we see telepractice as a way of expanding this pattern.

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs.

The Council congratulates EI/ILP for your work in this qualitative indicator that measures three areas for improvement for infants and toddlers in Part C: social-emotional, knowledge and skills, and behavior. This is an indicator that the Council is particularly interested in. Indicators that show compliance with Federal law are important, but we are keenly aware that the important issue is how well the programs are working for improving outcomes for infants and toddlers. Infants and toddlers who are Part C eligible in Alaska must have a delay of 50%. While falling slightly short of targets in knowledge, skills, and behaviors to meet their needs, we are very pleased that almost half of the toddlers exiting the program are functioning at a level comparable to same-age peers. This speaks well of the quality of EI/ILP services.

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family: know their rights, effectively communicate their children's needs, and help their children develop and learn.

The Council has had strong concerns about families knowing about their rights and procedural safeguards. While families of children and toddlers with special needs feel comfortable talking about their children's needs and participate actively in helping their children learn, data shows that families do not understand their rights outside of "opting out." The Council used stakeholder input from parents, data collected in Alaska's *EI/ILP Program 2014 Family Outcomes Survey*, and conducted our own study on the perceptions of ILP providers in the [2014 Infant Learning](#)

Program Parental Rights and Procedural Safeguards Report. This mixed-methods research analysis indicated that there was a real gap in understanding by both ILP providers and families in the programs of parent rights and procedural safeguards. The Council research analyst surveyed the ILP programs on their experiences and obstacles with informing parents of their rights. The survey found that programs had widely varying comfort levels with discussing these rights with parents and no consistent training or guidance on what program staff needed to make these discussions less like “reading them their rights” (ILP Report, 2014:2). The programs specifically asked for the State Office to provide professional development on best practices for informing parents of their rights and protections. The Council made recommendations to EI/ILP on improvements and OSEP recommended practices. The EI/ILP appreciated the Council’s efforts on this important problem but indicated they had neither the resources nor staff to implement some of this necessary training for parents and providers. The Council provided support letters for independent grant funding for one of the Infant Learning Programs to develop this training on their own, which they would share with the EI/ILP. We are currently involved in helping this program in writing scripts for video modules. The Council also presented on parent rights and procedural responsibilities, along with the State ILP Director at a Parent Conference. We strongly recommend that the EI/ILP continue to collaborate with stakeholders in improving parents and professional’s knowledge of rights and safeguards.

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

We commend the State ILP for continuing to effectively identify and begin providing services to infants and toddlers birth to one year of age. Once again, we exceeded the target. Child Find is a challenge and requires continuous education of doctors, nurses, tribal and community health clinics, preschools, Head Start providers, and parents. While the newborn data exceeds the target, the birth to three data falls short of the target. The Council appreciates that the State Office has become increasingly more involved in statewide initiatives in improving the screening, diagnosis, and treatment of children with special health care needs. The EI/ILP has an important role in these statewide initiatives and has stepped up to the table to be a part of the Children and Youth with Special Healthcare Needs (CYSHCN) strategic planning, *Help Me Grow* community meetings, and the Patient-Centered Medical Home Steering Committee. In particular we appreciate the EI/ILP’s participation in the Council’s Autism Ad Hoc Committee. This collaborative multi-agency committee has developed an Autism Five Year Plan: Phase II for the state and early intervention is an important partner in this plan. Currently, Alaska falls short of the national averages for infants and toddlers enrolled in Part C with an autism diagnosis. Alaska also exceeds the national average for children in programs with a developmental delay. We hope that the EI/ILP continues to be actively involved in improving the screening and diagnosis of children under three for autism spectrum disorders. We anticipate that as we change our diagnostic procedures and practices that these numbers will more closely approach the national rates so that the intense early interventions for autism that are recommended best practices can be started at a younger age.

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part Cs 45-day timeline.

The Council wants to commend the EI/ILP on holding steady on this indicator considering the unique challenges in providing ILP services in the remote rural regions of Alaska.

Indicator 8: Percent of all children exiting Part C who received timely transition planning for whom the Lead Agency has: (a) developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than 9 months, prior to the toddler's third birthday; (b) notified the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and (c) conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than 9 months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

This is an indicator that this year has needed significant improvement. While Part C reported 100% on reporting to the local and state Part B partners, Part B data only showed 70%. This is a significant gap. The Council is very encouraged that this is just a temporary setback as steps have been taken by both Part C and Part B to improve transition. The Council supports EI/ILP's steps in improving the notification process and to provide guidance, technical assistance, and monitoring of programs to ensure timely notification. We anticipate that with guidance from OSEP, that this problem will be corrected.

Indicator 9: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

Indicator 10: Percent of mediations held that resulted in mediation agreements.

Once again, there have been no hearings or mediations. While disputes are not encouraged, they are part of the checks and balances that keep a system healthy and accountable. As mentioned in our discussion of indicator 4, the lack of understanding of these procedures has been a concern of the Council. While there were no hearings, the *2014 Parent Outcomes Survey* indicated that many families do not know how to initiate or resolve complaints and our own research concluded that many ILP providers need assistance with understanding how to best inform parents of their rights. The Council is committed to continue assisting EI/ILP with this task.

Indicator 11: State Systemic Improvement Plan/State-identified Measurable Result (SSIP/SiMR): The percent of Alaska Part C infants and toddlers who show greater than expected social-emotional growth will substantially increase from 65% to 71% by Federal Fiscal Year 2018.

The Council has been very involved in this second year of the five-year State Systemic Improvement Plan (SSIP) and the development of the State-identified Measurable Result (SiMR). This new performance indicator required by the federal Office of Special Education Programs (OSEP) is focusing on improving the social and emotional outcomes of infants and toddlers leaving Alaska's Early Intervention/Infant Learning Program (EI/ILP). Last year the Council participated in the leadership team developing the SSIP. This included participation by Council staff and stakeholder representatives, in particular parent input. This year the Council has continued this work. The Council continues to be actively involved in the SSIP/SiMR

planning including having staff and parent stakeholders collaborate with State office and ILP program staff in the Social-Emotional Outcomes Focus Area Cross-State Learning Collaborative and the DaSy Family Data Institute. In particular that the Council is interested in the standardizing of tools and wants to see them aligned with the tools used by other agencies and programs that screen infants and toddlers. We are also very excited about participating in the professional development and training that is an important part of Alaska's SiMr.

The Council wants to thank the Alaska's EI/ILP staff in working hard to complete the Annual Performance Report. Thank you for the many opportunities you provide for the Council as Alaska's ICC to be involved in changes in the early intervention system. The Council looks forward to collaborating with the state EI/ILP office to implement these recommendations as we work together to improve the lives of infants and toddlers with disabilities in Alaska. Please let us know if you have any questions about these recommendations.

Sincerely,

A handwritten signature in black ink that reads "Angie Fraize". The signature is written in a cursive, flowing style with a large initial "A".

Angie Fraize, Chair
Early Intervention Committee