Achievement is a series of one-at-a-times that bring us toward our life goals. Every day we experience one-at-a-time breakthroughs that lead to mastering a skill or realizing a dream. The RISP staff is dedicated to celebrating each breakthrough during the early intervention journey of children enrolled in the program and their families.

It might be one step, one word, one bite of food, or one successful play session with friends—the kind of breakthrough does not matter. What does matter is that early intervention puts children on a path to realizing their full potential.

This program report provides insight and examples that show the many ways that early intervention can offer children and their families their own pathway to fulfilling their potential.

RISP is a program of the public, nonprofit Middle Peninsula-Northern Neck Community Services Board where the vision is “creating possibilities…changing lives.” As part of the statewide Infant and Toddler Connection of Virginia, RISP works toward this vision for our youngest citizens: babies and toddlers up to three years of age in the ten counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, and Westmoreland. RISP has been providing a wide range of successful developmental and therapeutic services since 1983.
Students from Gloucester High School’s Science, Technology, Engineering and Math (STEM) program teamed with physical therapists from Pivot Physical Therapy and RISP to adapt several battery-operated motor vehicles for children who need assistance exploring their environments. Participants, from left, include Kyleigh Johnson, Lauren Dillon, the car’s new owner Avery Morgan, Vivian Austin, Rebekah Ipock, and Kinsley Zanette.

From the Gloucester-Mathews Gazette Journal.

RISP on the Go

Each child is like a butterfly in the wind. Some fly higher than others, But each one does the best it can. Why compare it to the others? Each one is different; Each one is special; Each one is beautiful.
The motto of Dream Horse Stables, Inc. in Gloucester is “Dreams Really Do Come True.” For the children served by RISP who have taken part in the assisted horseback riding activities at this magical place, many dreams have come true, including achieving developmental goals, meeting other families of children with special needs, and having wonderful new experiences. The bright smiles on the faces of the children, their parents, and their therapists say it all. The name of the stable came about since the owner, Cathy M’Cleod, had wanted a horse of her own so badly when she was a child. While it took a long time, she persevered and never lost this “dream.” She has made this dream come true, not only for her own children and grandchildren but also for many children and families at RISP. The horses at Dream Horse Stable include those that were rescued and now lead productive and happy lives and also some with special needs.

Thanks to the kindness and support of Dream Horse Stables, the RISP physical, occupational, speech and developmental therapists periodically conduct therapy sessions for children enrolled in RISP as part of services in the natural environment. Since each child has different goals, the purpose of a therapy session at the stable will vary for each child and family. For some children, the motor skills to practice can include sitting or walking on a different surface, holding on to a gently moving horse or stepping up on the short steps to climb onto the horse. For children who have speech and language delays, being able to tell the horse “go” or “stop” provides needed practice, as well as following easy and practical directions, such as “hold on.” For children who need help with their overall social emotional skills, waiting to “take a turn” offers a natural opportunity to learn this critical skill. From putting on their helmets to “helping” with some activities with the horses, this setting offers many unique opportunities for young children, but also ones that will be captured and put in many family photo albums, to go over with them and re-live these happy adventures and experiences.

A session at the stable is guaranteed to bring fun and new skills. Horses, tractors, themed activities at holidays such as Halloween, and even pony painting provide therapeutic activities during fun with new friends. The benefits of these activities cover all developmental areas for the children and give parents a chance to see their children happy and gaining new skills. For children who have spent the first months of their lives in a hospital setting or for children whose parents have concerns about how they will do in settings with their peers, these sessions go a long way toward relieving their concerns. This is a dream for many parents and shows that the motto of Dream Horse Stables continues to be achieved: Dreams really do come true.

For Cathy M’Cleod, who has degrees in psychology and education, this is one part of fulfilling her hope of helping children and sharing the message that “horses change lives.” For RISP children and families, it is easy to see the many benefits that come from being with the Dream Horse Stables staff as well as Daisy Mae, Country, Chance, and the many other wonderful animals that live there.
As planned, Caroline was born at the hospital in Richmond two days before Christmas. What was not planned were the very scary events that followed and which set her family on a course that they could not have been anticipated. While Caroline’s mother is a registered nurse who worked in a pediatric practice, even she felt that she had minimal knowledge about Caroline’s condition and what was ahead for their family. In addition to the overwhelming worries about baby Caroline, her parents were worried about Christmas for her older sister. Fortunately, family members stepped in and her big sister did have a wonderful Christmas.

Four weeks before Caroline was born, the ultrasound had shown a problem, with Caroline having reduced movement. Caroline was born after 25 hours of labor but was not breathing, and she was immediately sent to the Newborn Intensive Care Unit (NICU). When Caroline’s mother finally got to see her, she said she looked like a little rag doll, with tubes helping her breathe and survive. Due to the urgency of her problems, Caroline’s parents arranged for her to be taken by Medivac to Children’s Hospital in Washington D.C.

Caroline was diagnosed with hydrocephalus and a hemorrhage that affected part of her brain that controls vision, and she had a partial shunt placed to help drain the extra fluid in her brain. While Caroline’s mother knew it was not just hydrocephalus and not just a problem with her eyes, she did not know exactly what Caroline’s condition was. It was hard then and it continues to be hard not to know exactly what had happened with Caroline—was it a blood clot or bleeding that affected her brain? Was there any way to have caught the problem earlier? When Dr. Chang, neurologist at Children’s National Medical Center, saw Caroline, she gave her the diagnosis of “cortical vision impairment” (CVI) and told her family about early intervention. (See information about CVI.)

The Path to Making Things Easier

While the time surrounding Caroline’s birth was very difficult, her mother said that some things stand out as very helpful. One nurse (Bobby) at the hospital where Caroline was born asked about Caroline’s nursery at home, which was done in the beautiful colors of coral and aqua. Bobby found a lovely little blanket in aqua, which Caroline still has. Ironically, the color aqua turned out to be the exact color to which Caroline would respond. Children with CVI often have a specific color to which they respond, rather than the typical black/white or red. And aqua had always been Caroline’s mother’s favorite color.

Caroline and her family have a special connection with the animal companions in their lives. The family’s golden retriever, Reba, has actually saved Caroline’s life a number of times. Caroline had been given a partial shunt at birth to drain the extra fluid on her brain. When Caroline was several months old, her family noticed that she was acting differently, but they were not sure of the cause. She seemed healthy, but Reba continued to lick Caroline, stood over her, and barked. Following her instincts, Caroline’s mother called the doctor’s office, and they told her to go to the hospital right away, where she needed immediate surgery for a full shunt. Caroline’s family also has Briar, the dog, who “found” their family one day. Briar is totally blind and has turned out to be Caroline’s constant companion. Other animals in need, including donkeys and other dogs, have also been dropped off for their family to care for, which of course they have done. Due to Caroline’s needs and her connection with her dogs, Caroline’s family is looking into getting her a therapeutic dog to help with her balance in the future.

Caroline’s mother reported that, for a while, she was really angry. Some things helped early on, such as the special aqua blanket, and looking for ways not to feel so caught up in the situation and that things “are not so bad.” Caroline’s mother reported that Kath Walker, her physical therapist from RISP who has a specialization in children with CVI, has been so very helpful to their family.
Caroline’s mother has found ways to deal with her child’s condition, in particular since Caroline still has issues and delays at three years of age, and the long-term is uncertain. Here is what she has shared for other families with special children:

**Find the resources.** They are out there but must be researched. When Caroline was born, their family’s insurance had a large deductible ($16,000). Caroline was able to get on a Waiver that enables her to have Medicaid insurance because of her tremendous needs. There are other options that could also be available for families, but research is needed to see about eligibility. Caroline’s mother recommends that you really look for these resources and persist in accessing them. Being on the Waiver continues to be a very big help to Caroline’s family, and it helps to reduce stress from what could be a tremendous financial burden.

**Be your child’s advocate.** Speak up often. Parents notice the most about their children, both their strengths and their needs. This is especially true for children with the most needs, since they often will need help for their lifetime. It is very important to be assertive in meetings about school services and other services. Good communication is the key in all areas of advocacy.

**It IS hard, but celebrate every minor achievement of your child and truly enjoy it.** Caroline’s mother reports that she celebrates that she gets to have a baby for a little longer; she can observe the smaller things for longer and celebrate each accomplishment. In this area, “The small things are large!”

Caroline’s mother reports that patience has been very important for her. This is something that does not come easy for her and she sees that this trait is something that Caroline works on also, as does their whole family. She describes Caroline as “stubborn like me,” but it is also how they all have gotten through.

Caroline’s mother reports that her daughter is her inspiration. She reports that Caroline has been a blessing, and her mother believes that her purpose will be revealed. “Maybe she will inspire someone or maybe Caroline herself will achieve something that will make a difference”. Many important questions remain: will she walk, will she continue to progress, etc? Caroline now easily gets around with no fear at all, and she is described as having come “leaps and bounds” since her early days. And the future certainly is brighter.

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**Cortical Vision Impairment**

Cortical vision impairment (CVI) is a term used to describe visual impairment that occurs due to brain injury. CVI differs from other types of visual impairment which are due to physical problems with the eyes.

CVI is caused by damage to the visual centers of the brain, which interferes with communication between the brain and the eyes. The eyes are able to see, but the brain is not interpreting what is being seen.

Frequently, parents are the first to notice some visual responses in their children. There is hope! The wonderful reality of CVI is that it can, and usually does, get better with appropriate intervention.

**Typical characteristics of CVI include:**

- Preference for a specific color. Need or preference for movement. Delayed response when looking at objects (visual latency). Difficulty with visual complexity.
- Light-gazing and nonpurposeful gazing.
- Visual field preferences.
- Distance vision impaired.
- Visual blink reflex is absent or impaired.
- Preference for familiar objects.
- Impaired visually guided reach.

From: www.LittleBearSees.com
HOW ARE THE CHILDREN?

Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Maasai. It is perhaps surprising then to learn the traditional greeting that passed between Maasai warriors. “Kasserian ingera,” one would always say to another. It means, “and how are the children?”

It is still the traditional greeting among the Maasai, acknowledging the high value that the Maasai always place on their children’s well-being. Even warriors without children of their own would always give the traditional answer, “All the children are well.” Meaning, of course, that peace and safety prevail, that the priorities of protecting the young, the powerless, are in place—that Maasai society has not forgotten its reason for being, its proper functions and responsibilities. “All the children are well” means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for its young.

I wonder how it might affect our consciousness of our own children’s welfare if in our culture we took to greeting each other with this same daily question: “And how are the children?” I wonder if we heard that question and passed it along to each other a dozen times a day, if it would begin to make a difference in the reality of how children are thought of or cared for in this country?

I wonder if every adult among us, parent and non-parent alike, felt an equal weight for the daily care and protection of all children in our town, in our state, in our country… I wonder if we could truly say without any hesitation, “the children are well, yes, all the children are well.”

FAMILY SURVEY RESULTS FROM PART C

Special review of early intervention services at the Middle Peninsula-Northern Neck Community Services Board was conducted by the Virginia Department of Behavioral Health and Developmental Services in May 2017. The executive summary describes both the “favorable outcomes which exceeded the projected Part C targets for the population” and also “support the need for the additional funding requests.”

All Part C early intervention programs in Virginia are required to report annually on the following three specific outcomes for children birth to three years old enrolled in early intervention:

- Develop social relationships, which includes getting along with other children and relating well with adults.
- Use knowledge and skills, which means how a child learns, thinks, problem-solves, and uses language.
- Use appropriate behaviors to meet needs, including feeding, dressing, moving from one place to another, and following directions about safety.

Documentation is gathered at each child’s initial developmental evaluation and then at discharge. Following are our local data compared to early intervention programs across the state for 2017 for these outcomes:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>STATE</th>
<th>MPNN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive social-emotional relationships:</td>
<td>66.1%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Acquiring and using new knowledge and skills:</td>
<td>70.1%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Ability to take actions to meet their needs:</td>
<td>70.4%</td>
<td>77.0%</td>
</tr>
</tbody>
</table>

The following, excerpted from a speech by the Rev. Dr. Patrick T. O’Neill, Framingham, Massachusetts, expresses the sentiments of the staff of the Rural Infant Services Program:

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I wonder if every adult among us, parent and non-parent alike, felt an equal weight for the daily care and protection of all children in our town, in our state, in our country… I wonder if we could truly say without any hesitation, “the children are well, yes, all the children are well.”

COMMENTS FROM RISP PARENTS

“Words cannot express our gratitude! You have been a blessing for [our son], but even more for me. I’m not sure if I would have made it through the many medical challenges my family has faced over the past two years. Your guidance and friendship has been invaluable. We will miss you tons!”

“Thank you so much to the Rural Infant Services Program, such a blessing to have a service like this. May God bless the program! Thank you so much for all the help and teaching, Ms. Sarah. Not a goodbye and we definitely keep in touch! God bless you!” Love, [Parents]
FUNDING AND SPECIAL GRANTS 2017

The funding that makes early intervention services possible in our community comes from a wide range of public and private sources, including the Middle Peninsula-Northern Neck Community Services Board, Part C of the Individuals with Disabilities Education Act, local tax dollars, reimbursement from private health insurance and Medicaid, family fees, and private contributions from many generous and caring individuals.

RISP also received many supportive financial grants and donations to help provide additional services and equipment in 2016–17. It would not have been possible to provide these needed services without the generous assistance from the following community organizations and foundations:

Anonymous
Abingdon Episcopal Church, White Marsh
Abingdon Ruritan Club
Bay Aging
Bay Quilters
Bethany United Methodist Church
Elis Olsson Memorial Foundation
Family and Friends of Aria Chatham
Felicia and Joan’s Angel Fund
Gloria M. and Paul D. Hare Early Intervention Fund
Grace Episcopal Church, Kilmarnock
Groves Memorial Presbyterian Church, Shelby Friend Circle
Kids First Foundation
King William County Department of Social Services
Middlesex County Women’s Club
Peace Frogs Bank to Bank Swim Fund of the Gloucester Community Foundation
William F. and Catherine K. Owens Foundation
The Samaritan Group, Gloucester
Target Store, Newport News
J. Edwin Treakle Foundation
United Way of Greater Williamsburg (Donor’s Choice)

This past year, RISP has been able to enhance services and supports for children and families in ways that would not have otherwise been possible without additional community support. Wonderful items provided for RISP children have included special toys and books, quilts, equipment, mobility aides, as well as training materials for families and child care providers. RISP staff and families are also very grateful for the donation of other needed services and “extra hands,” which provide invaluable help such as toy repairs and volunteer help at program events.

Support for RISP services has also come in the form of amazing talents that have been shared with the program. Very special thanks to Helen Worthington for the generous donation of her time and talents in designing and editing the RISP Program Report again this year. Thanks for the beautiful photographs from Cullen Walker, which are used throughout the report.

Tax-deductible gifts of financial contributions to RISP are needed to help expand early intervention services to infants and toddlers with special needs throughout the Middle Peninsula and Northern Neck. For additional information, please call 800-305-2229.
**Total Children Served in 2016-2017, by County (467)**

- Essex—27
- Gloucester—123
- King & Queen—32
- King William—57
- Lancaster—28
- Mathews—31
- Middlesex—35
- Northumberland—39
- Richmond—34
- Westmoreland—61

**Services When Children Leave RISP:**

A total of 181 enrolled children were discharged from RISP during 2016-2017 to the following settings:

- Preschool special education class—79
- No additional services needed/community preschool—63
- Moved from area (referred for continuing infant services)—20
- Therapy only from school or private agency—11
- Declined services/lost contact—8

**Insurance Coverage of Children Enrolled in 2016-2017 (390)**

- Medicaid (including HMO)—272
- Private insurance—82
- Tricare—21
- None—8
- Private insurance and Medicaid—7

**Referrals by Source: In 2016-2017, RISP received 307 new referrals of children from the following sources:**

- Physicians—99
- Parents/family—93
- Department of Social Services—47
- Hospitals—29
- Parent/child programs—16
- Infant-Toddler Connection—8
- Shelter—8
- Mental Health—6
- Other agencies—1

**Children enrolled for full developmental services (Part C)—390**

**Additional children screened/monitored—77**

**Race:**

- White—272
- Hispanic—32
- Black—107
- Asian—7
- Other—47
- Native American—2

**Gender:**

- Male—303
- Female—164

**Diagnoses 2017**

**Diagnoses/conditions of children enrolled for full services (some children are in more than one category):**

- Developmental delay—278
- Speech delay—43
- Motor impairment (includes torticollis)—22
- Prematurity—73
- Extreme prematurity (less than 28 weeks)—30
- Communication disorder (includes autism)—24
- Medically fragile/health impairment—23
- Feeding disorder—14
- Sensory integration disorder—14
- Other genetic disorders—11
- Vision impairment—10
- Hearing impairment—7
- Down syndrome—7
- Cerebral palsy—6
- Spina bifida—5
- Cleft palate—3

**ABOUT EARLY INTERVENTION...**

Zero to Three: “One in three infants and toddlers who received early intervention services did not later present with a disability or require special education in preschool.”

“During the earliest months and years of life, the architecture of the brain is being built at an unparalleled rate in response to nurturing early experiences.”