

**Testimony before the Human Services Committee
Infant Development Program Study
January 9, 2008**

Chairman Delzer, members of the committee, I am Debra Balsdon, Administrator of Children and Family Supports within the Developmental Disabilities Division of the Department of Human Services. I appear before you to provide information regarding the Infant Development Program Study.

The portion of the Individuals with Disabilities Education Act (IDEA) that addresses supports for infants and toddlers with delays or disabilities and their families (Part C) was designed to facilitate collaboration. The funding was not meant to be new money for new services, but rather to develop and enhance collaborative efforts while maintaining existing service delivery funding sources. In North Dakota, many of the components required in Part C were already in place and funded through a Title XIX Home and Community Based Waiver. The Department developed agreements with external partners to assure smooth and efficient delivery of early intervention services. Memorandums of Understanding have been developed with the Department of Public Instruction, the Department of Health, and the North Dakota Center for Persons with Disabilities. The agreement with the Department of Health addresses sharing of Birth Certificate information and facilitates mailing information regarding developmental risk factors to new parents and how to access screenings to track their child's development. The agreement with the North Dakota Center for Persons with Disabilities addresses follow-up activities for newborns that failed their newborn hearing screening. **Attachment A** is a copy of the Memorandum of Understanding with

the Department of Public Instruction. It addresses the collaboration of advisory committees, the development of joint guidelines, coordinated training activities, and steps to assure a smooth transition for families, if their child enters Special Education.

Currently this biennium, the average cost per client for Infant Development is \$532.41 per month. The average cost per unit (day enrolled in program) is \$24.24.

The number of children receiving early intervention services continues to increase. On July 1, 2005, 675 infants and toddlers were receiving Infant Development services. On January 1, 2008, 852 were served.

Attachment B is a map showing the number of infants and toddlers served by Infant Development Programs on December 1, 2007. The data is presented by county and indicates the percentage of children receiving Infant Development compared to the total number of children less than three years of age living in the county.

The North Dakota early intervention system developed processes to measure child and family outcomes as required by new federal regulations. To determine the effectiveness of early intervention supports, an assessment is completed when a child enters services and again when they leave. Data has been collected since July 1, 2006. At this time, the number of children with initial and exit assessment data is too limited to analyze.

To determine how early intervention supports have assisted families; a survey is mailed to all families receiving early intervention services.

Attachment C displays the results from calendar year 2007. The data has not been disaggregated to reflect the length of time early intervention services were provided.

The North Dakota Infant Development service delivery model is a transdisciplinary primary coach model that supports families in enhancing their child's development through natural learning opportunities that occur within home and community based routines. Infant Development staff are adult educators/coaches that work with the caregivers. Infant Development programs must employ or have contracts with Physical Therapists, Occupational Therapists, Speech Language Pathologists, Educators, Social Workers and other specialized early intervention consultants. An example of a transdisciplinary primary coach model would be a Speech Language Pathologist who is assigned to work with a family to maximize the child's participation and learning opportunities across all routines and environments, but consults with a physical therapist when questions arise concerning the child's motor skills. Research has shown that this is the most effective approach to enhance the development of young children. In addition to their field of expertise, Infant Development staff must demonstrate:

- competency in research based pediatric interventions for infants and toddlers with developmental delays or disabilities,
- a thorough understanding of Part C regulations,
- knowledge of adult learning principles, and
- skills in working independently with families and systems.

Infant Development is a non-facility based support that needs to be flexible to respond to family schedules that require home visits before 8:00 am, after 5:00 pm, and on week-ends. Because supports are delivered to the child's caregivers in the family home or community settings such as childcare facilities, travel time is significant.

Attachment D contains data regarding Full Time Equivalencies (FTEs) employed or contracted through the nine licensed Infant Development programs.

Developmental Disabilities Case Management through Regional Human Service Centers determine eligibility, supports the family in identifying and accessing services that will meet their needs, authorizes Title XIX Home and Community Based Waiver services and state funded supports, assists the family in applying for Medicaid, and monitors the quality of services provided. Approximately, 41 percent of children who receive Developmental Disabilities Case Management prior to age three continue to receive Developmental Disabilities Case Management after their third birthday.

This concludes my testimony.