

Workgroup Budget Ideas

Proposal: Restrict Eligibility Criteria for Early Start

Prospectively limit eligibility for Early Start services to only those infants/toddlers at the highest risk of a developmental disability in most need of program services entering Early Start at 24 months of age or older.

- a. **Current:** Those who are determined 'at risk' can enter the Early Start Program at any age.

Proposed: Those who are determined 'at risk' and are aged 24 months or older would not be eligible for the Early Start Program.

- b. **Current:** Those who have a 'developmental delay' of 33% or greater in one of five domains can enter the Early Start Program at any age.

Proposed: Those who have a 'developmental delay' in only one domain and are aged 24 months or older would need to have a 'developmental delay' of 50% or greater.

Background Information on Program Area:

Early Start is California's system of interagency, coordinated early intervention services provided to infants and toddlers and their families with or at risk for developmental delays or disabilities. Early Start is available statewide through regional centers, local education agencies and family resource centers. Currently, Early Start serves children who are at risk for developmental disability, who manifest established risks for developmental delay, or who have developmental delays in one or more of five domains: cognitive, self-help, physical, communication and social-emotional. Of the 60,000+ infants and toddlers served annually in Early Start, approximately 23% enter the regional center caseload at age 36 months as ongoing regional center consumers. POS expenditures totaled \$278 million in FY 2007/08 (\$39 million federal funding for POS). FY 2009/10 Early Start budget projects expenditures of \$50,674,000 Federal Grant and \$349,567,000 General Fund.

Please check box if proposal requires:

- Trailer bill language/State Application Amendment
 Regulation change
 Waiver amendment/New waiver

Pros:

- This proposal does not impact the eligibility of any infant or toddler under the age of 24 months
- Promotes regional center Early Start focus and resources on those infants with delays or with established risk conditions who are at greatest risk for developmental disability.

- May result in fewer children transitioning to regional center caseloads at age 36 months.

Cons:

- Without early intervention, some infants and toddlers may enter the regional center system and/or special education at an older age.
- Costs saving in Early Start may be shifted to special education and other public programs for long term services.

Fiscal :

Purchase of Services

2009/10 Savings \$13.4 million TF (\$13.4 million GF)

Annual Savings \$13.4 million TF (\$13.4 million GF)

Regional Center Operations

2009/10 Savings \$2.1 million TF (\$2.1 million GF)

Annual Savings \$2.1 million TF (\$2.1 million GF)

Assumptions:

Fiscal based on half-year savings to account for on-going intake and assessment of new consumers.

- a. Restrict at high risk eligibility at 24 months or older = \$333,740
 1. FY 2009/10 population “at risk” and 24 months of age or older: 244.
 2. Number of above who do not go on to Lanterman Act services: 205.
 3. FY 2009/10 average annual cost for “at risk” and 24 months of age or older: \$3,256.
 4. $(205 * \$3,256)/2 = \$333,740$

- b. Restrict developmental delay eligibility at 24 months or older = \$13,107,166
 1. FY 2009/10 population “developmental delay” and 24 months of age or older: 17,174.
 - a) Number with delay in one domain only: 11,373 (93% in the speech delay domain)
 - 1) DDS random sample of 650 records indicates 94% of those who enter at age 24 months or older did not have a delay of 50% or greater in one domain.
 2. FY 2009/10 average annual cost for “developmental delay” and 24 months of age or older: \$2,452.
 3. $(10,691 * \$2,452)/2 = \$13,107,166$

- c. Reduction in regional center positions due to decreased Early Start Program caseload. Reduction of regional center positions is based on core staffing formula and ratios and upon a mid-year caseload reduction of 5,346 = \$2,145,000.