

Blind Babies Program Improves Several Primary Functions, But Monitoring Is Still Weak

at a glance

The Division of Blind Services has implemented several of our recommendations. However, the division needs to take additional steps to publicize its services, although program utilization has increased. Also, while the division has developed performance measures and included them in Fiscal Year 2003-04 contracts with providers, its monitoring of providers is weak and provider performance on key measures varies substantially.

Background

In 1996, the Division of Blind Services began a pilot project to allocate funds to support early intervention services for infants, toddlers, and young children with visual impairments. The pilot program provided assessment, educational instruction, and home teaching services to eligible children and offered training and support services to their families to facilitate the development of the visually impaired pre-schooler within the family, community, and educational settings.

The 2000 Legislature implemented the program statewide. Chapter 2000-359, *Laws of Florida*, created the Blind Babies Program and required that the program provide community-based, early-intervention education to visually impaired or blind children from birth through five years of age and to their parents, families, and caregivers.

The Legislature appropriated \$1 million of state General Revenue to the program for Fiscal Year 2000-01 and 2001-02. In Fiscal Years 2002-03 and 2003-04 funding was reduced to \$937,600.

Prior Findings

In our [previous report](#), we identified several concerns with the division's management of the program. Due to these problems, there was little data to support a conclusion that program services were needed, provided a benefit, or should be continued.

The division had not developed an adequate accountability system

As noted in our prior review, the division had failed to develop an accountability system for the program, as required by law, and had actually decreased its accountability efforts since implementing the pilot project. As a result, there was very limited information available about the effects of program services.

The division had not used the pilot project for program development

Our prior review also determined that the division had not used the results of the pilot project when it expanded the program. The division had not adequately monitored the pilot project to assess and verify provider performances, identify best practices, or assess the impact of varying program designs. Nor had the

division used the results of a Florida State University evaluation of pilot providers to guide statewide program implementation. These failures increased the risk of large statewide variations in program activities and outcomes.

The division was slow to implement the program statewide

Our prior review further determined that the division had been slow to implement the program statewide due to poor administration, including lack of communication with district staff and providers and limited monitoring and technical assistance to providers. Although the division had contracted with service providers in all counties but Monroe, it had not established formal procedures for identifying and enrolling program clients, coordinating services with other state programs that serve the same population, assessing the performance of providers, or distributing funds.

Due to these problems, we were unable to assure the Legislature that the program was not duplicating existing programs, was having the desired impacts, or was cost-effective. We made several recommendations to improve program management.

Current Status—————

The Legislature has continued funding the Blind Babies Program, and the division has implemented several of our recommendations that serve to improve statewide implementation of services.¹ However, our recommendations to increase awareness of the program and establish a useful accountability system have not been fully implemented.

The division has developed interagency agreements to improve coordination of services

In July 2002, the Division of Blind Services completed state-level interagency agreements as part of its Early Intervention Workgroup with the Florida Department of Health, Children's Medical

¹ Monroe County is still not being served by the Blind Babies Program. Division officials have not been able to solicit a local provider for early intervention services for visually impaired children.

Services, Infants and Toddlers Early Intervention Program (EIP) and the Florida Department of Education, Division of Public Schools and Community Education, Bureau of Instructional Support and Community Services. In addition, Florida Families of Children with Visual Impairments joined the interagency collaboration in April 2002.

In addition to interagency agreements at the state level, the division is also engaged in efforts to establish interagency collaborations at the local level for each of the 16 EIP districts. For example, the Orlando EIP, Orlando Division of Blind Services, two community-based providers, and the Orange County Public Schools Parent-Infant-Toddler Program, formed the first local interagency agreement to address the provision of services to families of children with visual impairments in Orange County. However, participants have described these efforts as slow moving because of difficulties with arranging meetings and establishing agreements suitable to all partners. We recommend that the division continue its efforts to provide guidance and support to partners through local and state interagency agreements.

Although program utilization has increased, the division has not developed a program brochure nor is the program included in a national registry

The division has engaged in several activities to increase public awareness and participation in the program. The division's established collaborative agreements with other agencies should make these agencies more aware of and sensitive to program services. In 2001, the division moved its summer camp for families with visually impaired children to the Florida School for the Deaf and Blind near Lake Wells, which could accommodate more families. In addition, the division participated in events promoting vision awareness. As shown in Exhibit 1, program participation has increased over previous years.

In recent months, the division has included the program in various information and referral sources, such as the Center for Florida's Children, Children's Medical Services Infant and Toddler's Program, Florida Diagnostic and Learning

Resource System, and the Family Network on Disabilities of Florida. However, although the division published a new brochure on the Children and Families Program, the Blind Babies Program and its target population are not specifically mentioned. In addition, the program is still not included in the National Registry for Children with Visual Impairment. We continue to recommend that the division develop a Blind Babies Program brochure and ensure that the program is included in the national registry.

**Exhibit 1
Program Participation and Expenditures Have Increased**

	Fiscal Year		
	2000-01	2001-02	2002-03
Expenditures	\$555,648 ³	\$753,459 ¹	\$943,458 ²
Children served	171 ³	286	316
Family members served	364	526	730
Children who completed services	40	71	80
Family members who completed services	76	112	No longer available

¹ Only \$753,459 of the \$1 million appropriated was used for the Blind Babies Program. The remainder was allocated to client services in other division programs to avoid reversion of funding.

² The division used \$5,858 from division funds to meet program expenses that exceeded appropriations.

³ Numbers were updated from our previous report based on current information made available by the division.

Source: Division of Blind Services.

The division has developed a formula to determine contract awards

The division has strengthened its administration of the program by developing a funding formula for provider contracts. The pilot formula incorporates elements of frequency and duration of services, service setting, and whether the provider is on contract.² The contract amounts are based on a fixed rate per unit method of payment of one hour established in the formula. The application of the pilot formula will be tracked during Fiscal Year 2003-04 to guide equitable contract amounts for the following fiscal year.

² Contracted providers receive \$45 per hour while individual vendors receive \$37.50 per hour for center-based services. Payments for contracted providers include cost for overhead. Payments for itinerant services are \$70 per service hour for contracted as well as non-contracted providers.

The division developed performance measures, but provider monitoring is still weak

In June 2002, the division adopted performance measures developed by its Early Intervention Work Group. The division incorporated 10 basic measures into provider contracts and required their reporting in providers' annual reports for the Fiscal Year 2003-04. The division intends to use this information to establish a performance baseline. One of the division's core performance measures for the blind babies population is the successful transition of children to school programs or other community providers. As shown in Exhibit 2, the successful transition across providers varies greatly, ranging from 0% to 67%.

**Exhibit 2
The Successful Transition of Children to School Programs or other Community Providers Varied Substantially Among Providers During FY 2002-03**

Provider Name	Number of Children Served	Percentage Transitioned
CITE	59	3.4%
Conklin	36	30.6%
FSDB - Region 3 ¹	13	23.1%
FSDB - Region 4	21	19.0%
FSDB - Region 10	23	21.7%
Lighthouse of Broward County	12	33.3%
Miami Lighthouse	25	36.0%
Tampa Lighthouse for the Blind	32	0.0%
Lighthouse for the Visually Impaired and Blind	15	66.7%
Mana-Sota Lighthouse	25	16.0%
Lighthouse for the Blind of the Palm Beaches	29	6.9%
Watson Center	26	7.7%
Statewide	316	17.7%

¹ FSDB refers to the Florida School for the Deaf and Blind.

Source: OPPAGA analysis of data reported in the 2002-03 Early Intervention Annual Reports of providers to the division.

These variations may in part be due to problems in how the division has implemented the performance measure. The division has not specified the age of children to whom this measure should be applied, and interpretations provided to OPPAGA by providers varied from children age five and older to children age three and older. Also, the measure includes both children who are transitioned to school programs

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as well as those being transferred between providers. Providing transition information for children who continue to need and receive the same services from the initial provider is not meaningful. Interpretations of this part of the measure varied as well. For example, one provider interpreted this measure to mean that they should report the transition of children to another provider although they continued to serve the child, while the division understood this measure to mean that the client left the reporting provider to receive services elsewhere.

We recommend that the division revise the measure to differentiate between the type of transition (to preschool/school or to another provider) and specify the age of clients to be included in reporting.³ For example, the division could add separate measures for transitions to pre-school for the population of children through age 3, transitions from pre-school to school for children age 5, and transitions from one community provider with whom services are discontinued to another.

Although the division has offered providers and district staff initial training on the new performance requirements and formula-driven contract management, it has not developed a system to monitor providers effectively and consistently. The lack of training in the standard application of monitoring tools further hinders consistency of quarterly monitoring efforts of district administrators.

Our interviews of district administrators revealed that monitoring varies substantially across districts. For example, one district has no formal procedure in place and merely ensures that eligibility determinations and family contacts are completed in a timely manner. Other districts

³ For example, the collaborative agreement describes federal and state regulations requiring transition planning six months prior to the child's birthday.

monitor providers on a quarterly basis using the standard monitoring and review instrument developed by the state office.⁴ However, the checklist does not include any of the most recently adopted contractual outcome measures and standards for Fiscal Year 2003-04. Several district administrators indicated that they were not sure whether and to what extent they should include these new outcomes and standards in their monitoring efforts or that they would only do so if they were included in the standard review form issued by the state office.

Further, the quarterly district monitoring reports are not shared with the state office or another state-level entity, resulting in a lack of state oversight and consistency across districts. The division's expectation that the Department of Education's inspector general would carry out the overall monitoring of the program after its merger with the department has not been met. Although the division's Operations and Compliance Bureau has recently initiated plans to develop an internal auditing process to review contracts, this initiative is still in the planning phase

To improve the consistency and usefulness of monitoring across districts, we recommend that the division continue with its plans to develop an internal auditing process. Plans should include training for district managers on the use of the outcome measures and standards that are now part of provider contracts, being reinforced through a revised state standard review form. For example, since performance among providers against the standard for customer transitioning varied widely, the division may consider emphasizing this measure as one central component of monitoring.

⁴ The instrument directs the review of 25% of active case files for a completed application; requires documentation of eligibility and that client was informed of rights; that planned services are being provided and progress achieved; identification and assessment of needs, interests, and abilities; and a plan of services.

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