



Office of Program Policy Analysis And Government Accountability



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Review of the Provision of Administrative Services in Florida's Health and Human Services Agencies

Abstract

- In Fiscal Year 1996-97, the Agency for Health Care Administration and the Departments of Children and Families, Elder Affairs, Juvenile Justice, and Health reported spending \$277 million for administrative services, excluding administrative costs for agencies' program contractors.
- Managers in the four new agencies reported that the divestiture of programs from the former Department of Health and Rehabilitative Services has improved delivery of administrative services without large increases in staff.
- However, further consolidating administrative services within the Department of Health would improve the efficiency of services and should result in cost avoidance of at least \$460,000 annually and equivalent FTE savings.
- Department of Children and Families administrators see similar internal consolidation as feasible but could not estimate potential cost savings.

support service functions of the Agency for Health Care Administration and the Departments of Children and Families, Elder Affairs, Juvenile Justice, Health, and any other closely related agency;

- a suggested approach for merging all or part of the identified functions into a single entity;
- governance and control options for any post-merger entity including an option for privatization;
- OPPAGA's best estimate of potential savings and FTE reduction as a result of a merger; and,
- if OPPAGA believes this approach may be feasible for other state agencies and institutions.

In addressing these issues, our report considered three questions.

1. How much does it cost to provide administrative services in Florida's health and human services agencies?
2. How did the divestiture of programs from the former Department of Health and Rehabilitative Services (DHRS) and establishment of four new agencies affect the provision of administrative services?
3. Could changing the manner by which agencies provide administrative services result in cost savings and full-time equivalent (FTE) reductions?

Purpose

The Joint Legislative Auditing Committee requested that the Office of Program Policy Analysis and Government Accountability (OPPAGA) examine administrative services in Florida's five health and human services agencies. The committee requested that OPPAGA determine

- estimated baseline costs and the number of full-time equivalent employees of administrative and

Background

Prior to 1991, most of Florida's health and human services programs were administered by a single state

agency, DHRS. In Fiscal Year 1990-91, DHRS was the single largest employer of state workers, with 37,000 FTE employees and an annual budget exceeding \$7.4 billion. DHRS administered a broad range of programs, including the state's Medicaid program; alcohol, drug abuse, and mental health programs; public health services; child protective investigations; services to families and elders; public assistance; and juvenile justice programs.

Since 1991, the Legislature has transferred many of these programs from DHRS and created four new agencies to achieve more effective program management. (See Exhibit 1.) By 1997, five separate agencies were responsible for administering most of Florida's health and human services programs. Each agency's mission and a representative list of its programs are compiled in Appendix A.

Exhibit 1
The Legislature Established Four New Health and Human Services Agencies During the Years from 1991 to 1997

Agency	Year Established
Department of Elder Affairs (DOEA)	1991 ¹
Agency for Health Care Administration (AHCA)	1992
Department of Juvenile Justice (DJJ)	1994
Department of Health (DOH)	1997
DHRS renamed the Department of Children and Families (DCF)	1997

¹Effective January 1, 1992
Source: OPPAGA

At the time it was created, each agency established the infrastructure to accomplish its mission as a separate governmental entity, including development of the agency's various administrative services. For purposes of this review, administrative services included services such as finance and accounting, personnel administration, management information systems, and purchasing. A list of these categories is presented in Appendix B. The review did not include costs associated with agency leadership and management control, such as executive direction, inspector general, general counsel, and other similar functions. The review also did not include positions established through county health departments that are not subject to authorization in annual legislative appropriations. The law specifically excludes the county health departments from the provision that limits authorized positions to positions authorized in the appropriations act.¹

¹ Section 216.341, F.S., provides that the limitations on appropriations provided in s. 216.262(1), F.S., shall not apply to county health department trust funds.

Questions and Answers

Question 1: How much does it cost to provide administrative services in Florida's health and human services agencies?

In Fiscal Year 1996-97, Florida's health and human services agencies reported spending \$277 million for administrative services, which represented 2% of these agencies' total appropriations.

To identify the administrative costs incurred by Florida's five health and human services agencies, we examined financial data for Fiscal Year 1996-97, the most recent year for which complete data were available. We further worked with the agencies to place these costs in six functional categories: administrative support; general services; personnel administration; management information systems; planning and budgeting; and finance and accounting.

Our review did not include the costs for administrative services incurred by agency contractors. Agencies monitor and review the reasonableness and necessity for these costs through their contracting processes.

Agencies' Administrative Costs Varied. As shown in Exhibit 2, the agencies reported spending \$277 million for administrative services in Fiscal Year 1996-97. The level of expenditures varied by agency. The Department of Children and Families and the Department of Health incurred most of the expenditures for administrative services. Of the \$277 million in total reported expenditures for administrative services, \$243 million or 88% were expended by these two agencies. The percentage of agency appropriations spent on administrative services ranged from 5.7% to less than 1%.

Exhibit 2
Overall the Agencies Spent \$277 Million of Their
Fiscal Year 1996-97 Appropriations for
Administrative Services

Agency	Legislative Appropriations (in millions)	Administrative Services Expenditures (in millions)	Expenditures as Percentage of Appropriation
DCF\DOH ¹	\$ 4,255	\$243	5.7%
DJJ	480	23	4.9%
AHCA	6,912	9	0.1%
DOEA	194	2	1.2%
Total	\$11,841	\$277	2.3%

¹ DOH's budget remained combined with DCF's budget through June 30, 1997; therefore, expenditures could not be reported separately. DOH's expenditures include \$9.6 million for the Medical Quality Assurance Program which the Legislature transferred to DOH from AHCA effective July 1, 1997. OPPAGA adjusted the appropriations figures for DCF/DOH and AHCA to reflect this transfer.

Source: 1996-97 General Appropriations Act and agency data

Exhibit 3 shows that the percentage of agency positions assigned to administrative services also varied substantially, ranging from 5.8% to 14.9%. The agencies that spent the highest percentage of their appropriations on administrative services had the lowest percentage of FTE positions assigned to administrative services.

Exhibit 3
Agencies Assigned From 5.8% to 14.9% of
Their Total Authorized FTE Positions to
Administrative Services

Agency	Total Authorized FTE Positions	Administrative Services FTE	Administrative Services FTE Percentage
DCF/DOH ¹	29,256	1,683	5.8%
DJJ	4,782	366	7.7%
AHCA	1,725	153	8.9%
DOEA	316	47	14.9%
Total	36,079	2,249	6.2%

¹ The FTE count includes 171 positions assigned to the Medical Quality Assurance Program. The Legislature transferred this program from AHCA to DOH effective July 1, 1997. The number of authorized FTE positions does not include 9,681 positions established by county health departments. These positions are not subject to authorization in annual legislative appropriations.

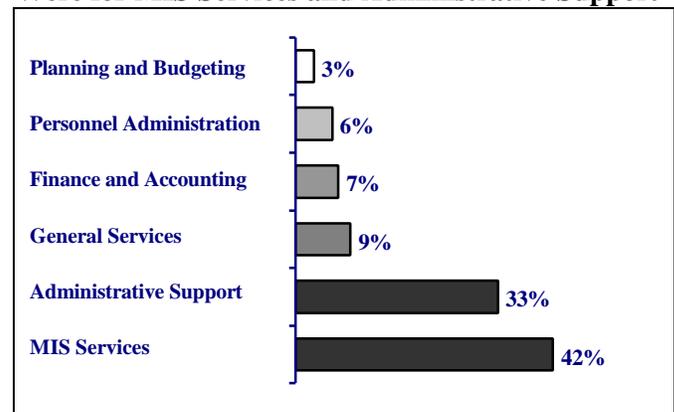
Source: 1996-97 General Appropriations Act and agency data

Spending Varied by Administrative Function. Of the \$277 million total reported expenditures for administrative services, \$117 million (42%) were for management information system services. Management information system services include

computer operations, software development and support, and systems development and training activities. Nearly \$92 million (33%) of total expenditures were spent for administrative support functions. The remaining four administrative services categories represented 25% of total expenditures. Exhibit 4 shows the percentage of total costs the agencies spent by administrative service category.

It was not feasible for us to compare the percentages of costs expended by each agency in the various administrative service categories because the agencies used different accounting methods to assign some of their costs. For example, DCF included costs in the administrative support category that it could not readily assign to a specific program, such as statewide maintenance contracts, rent for the central office facility, and purchases for the supply warehouse. Other agencies assigned these costs to programs or to another administrative service category. While each of the agencies used appropriate accounting methods, the differences precluded the comparison of agency costs by administrative service category.

Exhibit 4
Most Administrative Service Expenditures
Were for MIS Services and Administrative Support



Source: Agency data

Several Reasons Account for Variations in Administrative Costs. We identified several reasons that contributed to variations in administrative costs and staffing among the five health and human service agencies. These include differences in how the agencies incur and report administrative costs, differences in the agencies' information system requirements, and differences in the extent to which agencies have centralized their administrative services.

The primary reason the agencies vary in the proportion of costs and staffing incurred for administrative services is that the agencies differ in how they incur

and report these costs. Specifically, differences in how agencies incur and report costs are related to differences in the extent to which they contract for client services. When agencies contract for services, the provider carries out many administrative services that would otherwise have been performed directly by the agency, such as payroll, leasing, and purchasing activities. When the provider carries out such activities, agencies generally report these costs as program rather than administrative services costs and therefore expend a relatively smaller proportion of their budgets for administrative services. Conversely, when agencies contract for most client services and employ few program staff, the ratio of administrative staff to total FTE positions is higher than in agencies that provide services in-house.

While all of the agencies contract for program services, AHCA and DOEA provide client services almost exclusively by contracting with private providers. These providers incur much of the administrative cost of service delivery within these agencies. In contrast, DCF and DOH provided many services in-house using agency employees. DCF and DOH also reported spending proportionately more for administrative services in Fiscal Year 1996-97 than did AHCA and DOEA. As shown in Exhibits 2 and 3, AHCA and DOEA had the lowest percentage of expenditures for administrative services and the highest percentage of FTE positions assigned to administrative functions.

AHCA's Medicaid provider payment system illustrates how differences in program delivery mechanisms affect how agencies incur and report administrative services costs. One of AHCA's major responsibilities is to administer the state's \$7-billion Medicaid program. The agency is responsible for ensuring that Medicaid health care providers are reimbursed for their services. To accomplish this administrative function, AHCA contracts with a fiscal agent to process and pay Medicaid claims. AHCA reported these services, which cost over \$25.7 million in Fiscal Year 1996-97, as a program rather than as an administrative services cost. AHCA thus expended a relatively low percentage of its appropriation for administrative services. However, AHCA assigned a relatively high percentage of FTE positions to administrative services as it employs few staff in program operations.

A second reason for the variations in administrative costs is that some agencies maintain more extensive information systems. Also, expenditures for management information system services frequently represent costs for both administrative services and

program operations, as information systems often support both functions. For example, DCF maintains the FLORIDA System, which contains information on the characteristics of and services provided to each of its economic self-sufficiency clients (over 1.3 million clients per month).² In Fiscal Year 1996-97, DCF together with DOH reported spending \$105 million for management information systems, or 43% of these agencies' total expenditures for administrative services. In contrast, DOEA's total administrative costs included only \$600,000 for management information systems, 27% of its total reported administrative costs.

A third reason for variations in administrative costs is that some agencies provide administrative services at the district level. For example, DCF and DOH are highly decentralized, with both program and administrative functions located within the district offices in order to maximize responsiveness to local needs. The cost of DCF's and DOH's district-level administrative service operations represented 14% of total agency administrative services costs in Fiscal Year 1996-97. District-level administrative services in the Department of Juvenile Justice represented 21% of its total administrative service costs. In contrast, AHCA and DOEA do not provide administrative services at the district level.

Decentralization can result in increased costs due to the need to replicate administrative functions such as purchasing, personnel, and supply management throughout the state. Agencies that operate in a more centralized manner can more easily streamline operations and achieve cost reductions. However, agencies with centralized operations also tend to have fewer employees, offer fewer district-level programs, and rely more on contracted services.

Question 2: How did the divestiture of programs from the former Department of Health and Rehabilitative Services (DHRS) and establishment of four new agencies affect the provision of administrative services?

Managers in the four new agencies generally reported their agencies improved delivery of administrative services without large increases in staff.

To identify the effects of the divestiture of programs from DHRS, we interviewed agency officials and managers of the various administrative services

² The Florida On-line Recipient Integrated Data Access (FLORIDA) System is a computerized information system that provides information and processing functions for the state's public assistance programs.

functions both at headquarters and local district or county levels. We also reviewed the agencies' appropriations from inception to Fiscal Year 1996-97, agency expenditure reports and other documentation of agency operations, such as organization charts, indirect cost reports, and agency annual reports. We interviewed officials with the Department of Business and Professional Regulation, the Department of Environmental Protection, and the Department of Management Services about the effects of agency mergers on administrative services delivery.

Managers in the New Agencies Generally Reported Improvements in Service Delivery. Program divestiture and the establishment of smaller agencies with more narrowly defined program responsibilities resulted in improved mechanisms for delivering administrative services. At the time of their establishment the new agencies streamlined administrative services by centralizing most or all services within their headquarters. The agencies also used the opportunity to re-engineer the delivery of administrative services and establish new management information systems that provide better support for their agency's specific program and operational requirements. For example, DOEA developed an automated contract management system to support the administrative requirements of its privatized system of program delivery.

The new management information systems in DOEA, AHCA and DJJ, and systems under development in DOH have enabled these agencies to provide on-line administrative services directly to district or service area offices. Functions such as purchasing, personnel administration, and budget and accounting activities are carried out at the agencies' central offices, thus sharply reducing the need for administrative services staff at the local program office.

Managers from the new agencies reported that another major benefit of divestiture has been the capability to develop administrative service systems that provide improved control and accountability over programs, that enable managers to monitor the performance of specific operations and that provide direct support for program managers.

Managers in these agencies also reported that their administrative services are not only more effective, but also more efficient than when the agency's programs operated under the DHRS district office structure. DOEA and AHCA have no administrative services staff located outside of headquarters. DJJ maintains a

limited number of staff at the agency's 15 district offices.

Administrative Staff Positions Have Remained Relatively Constant Since Divestiture. To determine whether the percentage of staff assigned to administrative services functions changed as a result of divestiture of programs from DHRS, we compared agencies' reported FTE for Fiscal Year 1996-97 to our estimate of the administrative services FTE for Fiscal Year 1990-91. We determined that the percentage of administrative services staff to total staff remained constant at 6.2% and concluded that the divestiture of programs from DHRS had not significantly affected administrative staffing levels.

Question 3: Could changing the manner by which agencies provide administrative services result in cost savings and FTE reductions?

Further consolidating administrative services within DOH would improve the efficiency of services and should result in cost avoidance of at least \$460,000 annually and equivalent FTE savings. Similar consolidation by DCF is seen as feasible by its administrators and could result in cost savings.

We assessed four options for reducing costs and staffing in the provision of administrative services within the five health and human services agencies:

- further consolidating administrative services within agencies;
- merging administrative services for all health and human services agencies within a single agency;
- re-engineering administrative services; and
- privatizing administrative services.

Consolidating DCF's and DOH's administrative services within their agencies is the most feasible option at this time and should produce cost savings and FTE reductions. Merging the administrative services of all health and human services agencies within a single entity would result in a loss of the benefits derived from the establishment of separate agencies, and would be unlikely to produce significant savings or FTE reductions. Further, merging administrative services would disrupt operations in the five health and human services agencies and divert the agencies' focus from their primary responsibilities. Re-engineering or privatizing administrative services would provide further opportunities to improve efficiency, but may not be feasible until unit cost data are available to evaluate the potential savings for each activity.

Administrative Services Within Agencies Should Be Further Consolidated. We concluded that the best option at this time is to further consolidate administrative services within DCF and DOH at the regional level. DCF operates through a network of 15 service districts, while DOH provides services through 67 county health departments. For DCF and DOH, increasing the consolidation of administrative services already initiated within each agency could likely attain cost savings. The other three agencies have already streamlined administrative services by centralizing most or all services within their headquarters.

County Health Consortia. Prior to divestiture of the health programs from DHRS in January 1997, DHRS district offices and the county health departments shared some administrative functions and staff. After divestiture, some county health departments established consortia to assist each other with providing administrative support functions previously provided by DHRS, such as fiscal, budget, personnel, and purchasing services. A consortium is a group of two or more county health departments that unite to improve the efficiency and cost-effective delivery of administrative services. The participating counties pay the lead county a pro-rata share of costs for providing the agreed upon administrative services.

Consortia operate in many geographical areas of the state and the specific services offered by each consortium vary widely. For example, some consortia provide only Equal Employment Opportunity services, while others offer payroll, personnel, purchasing, fiscal, and legal services.

Some county health departments belong to more than one consortium. For example, the Alachua County Health Department receives finance and accounting services from one consortium and purchasing services from a second consortium. As of June 1998, 49 of the 67 county health departments in the state obtained at least one administrative service through a consortium. (See Appendix C.)

Consortia appear to be an effective means of reducing administrative services costs. For Fiscal Year 1997-98, the Northeast Florida Administrative Consortium reported that it would have cost the state an additional \$460,000 to provide the same level of services within each of the six participating county health departments. By consolidating administrative services, the participating counties avoided costs equivalent to 12.25 FTE. For Fiscal Year 1998-99, the consortium estimates participating counties will avoid \$600,000 in administrative services costs which equates to 14 FTE.

DOH officials indicated that it would be feasible to attain additional cost savings by increasing the participation of county health departments in administrative services consortia. DOH is in the process of establishing plans to further expand the use of consortia and anticipates providing guidelines for the county health departments to use in determining when membership in a consortium is more cost-effective than providing the same service in-house. As of July 1998, 39 county health departments were providing their own accounting services and 49 were not receiving purchasing services through a consortium. We concluded that further consolidation of administrative services through the use of consortia should result in cost savings and cost avoidance. Although the level of savings attainable is dependent on the cost to provide each service and volume of activity generated by each participating county, savings should be at least comparable to the level achieved by the Northeast Florida Administrative Consortium.

DCF Administrative Service Center. Cost savings could also be attained by further consolidating administrative services within DCF. Officials reported that the delivery of administrative services within DHRS and DCF was disrupted during the divestiture process due to the transfer of staff and funding to the new agencies. After the divestiture was complete, it was impractical for DCF's four smallest district offices to provide their own administrative services. Therefore, DCF established an administrative support center within District 2 (Tallahassee) to provide consolidated services for the district offices most in need of assistance. The center provides general accounting services, disbursement processing, payroll services, and centralized employee time and attendance records for five districts.

DCF administrators reported that it would be feasible to consolidate administrative services of other districts by establishing additional centers. The administrators indicated that DCF would need to establish from three to five centers statewide to meet current district workload. Managers could not estimate the potential cost savings from this consolidation because the agency does not maintain data on the cost of selected administrative services in each district. DCF has not yet developed plans to establish more centers throughout the state.

Consolidating administrative services within DCF and DOH would provide cost savings but avoid the disruptions that would likely result from merging the administrative functions within a single agency. Each agency would retain responsibility for providing its

own administrative services, but avoid the governance issues that could arise with a multi-agency merger.

Merging Administrative Services into a Single Agency Is Feasible but Would Be Strongly Opposed by Agencies. OPPAGA concluded that it would be feasible to merge some, but not all, administrative services functions and activities into a single agency, which would provide the selected administrative services to all of the health and human services agencies. Services that are potential candidates for merging include general accounting and personnel activities, such as payroll, attendance and leave, employee benefits, and records retention for terminated employees. These functions are not directly linked to program operations and policy making. Certain administrative services do not appear to be as amenable to merging into a single agency. These include services that are more directly related to program operations and decision-making, and that involve less transaction processing, such as planning and budgeting, and certain functions within finance and accounting, such as revenue management.

Merging selected administrative functions into a single agency may produce some cost savings and FTE reductions. For example, establishing a single personnel office serving all five health and human service agencies would be less expensive because fewer managers would be needed than staffing personnel offices in five separate agencies. However, cost savings probably would not be significant because the same number of line staff would be needed since workload would not decrease as a result of the merger. Further, our analysis found that the divestiture of programs from DHRS and resultant division of administration functions did not result in increased administrative FTE.

We concluded that merging administrative services across agencies could result in governance problems and less responsive services. A primary concern is that merging administrative services could lead to an inflexible bureaucracy such as existed prior to divestiture. The agency managers expressed concern that whatever agency was selected to provide administrative services for the five agencies would tend to give the highest priority to transactions it needed for its own operations, causing delays for the other agencies. Agency officials also asserted that a multi-agency merger would result in a loss of direct control over administrative services and less effective management of department resources.

These concerns could be partly ameliorated through governance structures such as interagency agreements. However, it would be difficult to eliminate potential

interagency conflicts because the individual agencies would lack the ability to direct the central administrative unit to provide desired service levels and priorities. The limited cost savings that would likely be produced by merging administrative services across agencies make this option less desirable than merging services within agencies and/or re-engineering these functions.

Re-Engineering Could Streamline Administrative Services. A third option for reducing costs would be to streamline administrative services through a re-engineering effort. Managers in the five agencies agreed that changing the way the state provides administrative services could achieve cost savings. These managers indicated that functions such as payroll are labor intensive and have procedural requirements that hinder efficiency. Re-engineering, which seeks to restructure activities to resolve procedural problems and better match services with current needs, can produce significant improvements. Re-engineering often starts with identifying benchmarks (characteristics and performance levels of high-performing units that can be emulated). OPPAGA will issue a report before 2000 that examines the staffing and funding resources allocated to administrative functions in state agencies. The report will identify potential staffing and efficiency ratios, and options for evaluating staff and costs.

Privatizing Administrative Services Often Reduces Costs. A final option is to privatize some or all administrative services. Privatization is often seen as a way to reduce costs due to the great flexibility of private vendors and the innovation that can result from market competition. Private vendors exist that provide many of the administrative services needed by the state, such as certain personnel, accounting, information technology, and revenue collection activities.

The state has experimented with using private vendors to provide certain administrative services. For example, the Department of Banking and Finance uses private collection agencies to pursue recovery of some unpaid fees and taxes, and the Department of Revenue contracts with private CPA firms for certain tax audits. However, we did not identify any agencies or states that had fully privatized broad administrative functions such as purchasing, personnel management, or budget administration. Experts indicated that private providers are not yet available that can provide the full range of administrative services required by state entities.

Privatizing administrative services may be a more feasible option in the future, as more private sector

providers become available. However, it will be critical for agencies to have a method to assess privatization proposals before implementing this option. Specifically, agencies must be able to identify the current cost of service provision and assess factors that can complicate privatization before obtaining price bids from vendors. For administrative services, it would be important to select functions for which at least three vendors would be expected to compete to avoid simply replacing an inefficient agency operation with a private sector monopoly. If privatization is used, the health and human services agencies should be authorized to participate in the process. This would create an incentive for the agencies to re-engineer their administrative services and reduce costs in order to compete for the contract.

The most appropriate method for implementing privatization would be through the Council on Competitive Government within the Governor's Office. The council is charged with evaluating privatization proposals and soliciting bids for these services. It has a process in place to assess privatization proposals, including identifying the current state cost of service provision, assessing factors that can complicate privatization, and issuing requests for proposals to obtain price estimates from vendors.

In order to determine the potential cost savings of privatization and the other options, it is critical for agencies to develop better cost data and establish performance measures to assess their administrative efficiency. The agencies do not currently have readily available the information necessary to make a valid comparison of providing in-house administrative services versus the cost of re-engineering or privatizing these services. The implementation of performance-based program budgeting provides an opportunity for agencies to establish valid cost and performance measurement systems.

OPPAGA believes that re-engineering and privatization can be powerful tools to improve the efficiency of administrative services throughout state government. Our future work to establish efficiency ratios and identify best practices for agency administrative functions will help provide a basis for these actions.

Conclusions and Recommendations

In Fiscal Year 1996-97, Florida's health and human services agencies reported spending \$277 million for administrative services. Managers report that the divestiture of programs from DHRS has produced positive effects in that it afforded the new agencies the

opportunity to develop better systems for delivering administrative services. The primary benefits reported by managers include improved management control and management information systems that are more responsive to each agency's needs.

While long-term savings may be attainable through re-engineering or privatizing agency administrative functions, the agencies should not make decisions regarding privatization until they have the information needed to determine the cost-effectiveness of these options. In the meantime, we concluded that consolidating administrative services at the regional level within DCF and DOH has the best potential for attaining cost savings.

We recommend that the Legislature mandate that DOH and DCF develop plans for and implement further consolidation of administrative services within those agencies. Specifically, the Legislature should require the two agencies to submit a consolidation plan by October 1, 1999, that identifies specific administrative services that should be provided through regional administrative services centers and consortia, implementation schedules, and anticipated cost savings.

We also recommend that each of the five health and human services agencies establish baseline information on their current costs of providing administrative services. The agencies should also establish performance measures to assess the effectiveness and efficiency of their administrative services. As private sector providers for these services become available, the agencies and/or the Council on Competitive Government should issue invitations to bid to determine whether it would be cost-effective to privatize these functions. Under the Council on Competitive Government law, the agencies could compete against private bidders. OPPAGA's subsequent report on agency staffing for administrative functions will aid in these evaluations.

Agency Response

The Director of the Agency for Health Care Administration, the Secretary of the Department of Children and Families, the Secretary of the Department of Elder Affairs, the Secretary of the Department of Health, and the Secretary of the Department of Juvenile Justice generally agreed with our findings and conclusions. Each described actions being taken to address or resolve the issues identified in OPPAGA's report. Complete copies of their responses are available upon request.

Appendix A
Overview of Programs and Services Provided by Florida’s Health and Human Service Agencies

Agencies	Programs and Services Provided
Agency for Health Care Administration	<p>Ensures that all Floridians have access to affordable, quality health care services. Programs include:</p> <ul style="list-style-type: none"> • Medicaid services • Regulation and licensing of health care facilities • Community Health Purchasing Alliances • Florida Healthy Kids Program
Department of Children and Families	<p>Works in partnership with local communities to help people be self-sufficient and live in stable families and communities. Programs include:</p> <ul style="list-style-type: none"> • Alcohol, drug abuse and mental health services for children and adults • Economic self-sufficiency services • Family safety services, including programs for abused or neglected children and adults, and domestic violence programs • Developmental disabilities programs
Department of Elder Affairs	<p>Exercises responsibility for maximizing opportunities for self-sufficiency and personal independence of Florida’s elders. Programs include:</p> <ul style="list-style-type: none"> • Nutrition, in-home and support services provided through the Older American’s Act • Assisted Living for the Elderly • Alzheimer’s Disease Initiative • Home Care for the Elderly • Community Care for the Elderly • Long-term Care Community Diversion Program • Comprehensive Assessment and Review for Long-term Care Services (CARES)
Department of Health	<p>Promotes and protects the public’s safety and health by establishing and maintaining high standards for the public health environment and the delivery of public health services. Programs include:</p> <ul style="list-style-type: none"> • Public Health Services • Children’s Medical Services • Medical Quality Assurance Program
Department of Juvenile Justice	<p>Provides a range of programs and services to prevent and reduce juvenile delinquency. Programs include:</p> <ul style="list-style-type: none"> • Prevention and early intervention programs, such as programs for children and families in need of services; assessment centers; and diversion programs • Detention programs • Programs for juvenile offenders, including community control; commitment programs; and aftercare programs

Source: Developed by OPPAGA

Appendix B
Administrative Service Functions and Activities by Major Category¹

Administrative Support:

- Evaluation
- General Services Managerial Support
(e.g., Administrative Services director, staff)

General Services:

- Purchasing
- Contract Administration
- Central Support Services:
 - Phone service/maintenance
 - Copy shop
 - Property
 - Supply warehouse
 - Forms warehouse
 - Mailroom
 - Other
- Design and Construction
- Central/Department-wide Office Coordination

Personnel Administration:

- General Personnel (payroll, leave, etc.)
- EEO Functions
- Staff Development and Training

Management Information Systems:

- Administrative Support
- Computer Operations
- Customer Support
- Agency Specific Client System
- Software Development and Support
- Systems Support
- Systems Development and Training
- Other

Planning and Budgeting:

- Central Budgeting
- District Budgeting
- Planning

Finance and Accounting:

- General Accounting Functions
- Revenue Management
- Accounting Services and Systems
- Grant Management
- Other

¹ Costs associated with agency leadership and management control, such as executive direction, inspector general, general counsel, and other similar functions are not included.

Source: Developed by OPPAGA

Appendix C
Many County Health Departments Participate in One or More Administrative Services Consortia

County	Type of Administrative Service						
	Accounting	Purchasing	Personnel				Grievances Labor Relations
			Payroll, Leave, Benefits	Advertise- ments	EEO/ Civil Rights	Eligibility	
Alachua	✓	✓	✓	✓	✓	✓	✓
Baker	✓	✓	✓	✓	✓	✓	✓
Bay	✓		✓	✓		✓	✓
Bradford	✓		✓	✓	✓	✓	✓
Brevard					✓		✓
Broward					✓		
Calhoun	✓		✓	✓		✓	✓
Charlotte							
Citrus							✓
Clay	✓	✓			✓		✓
Collier			✓				
Columbia	✓			✓	✓	✓	✓
Dade					✓		
DeSoto			✓	✓	✓	✓	✓
Dixie	✓		✓	✓	✓	✓	✓
Duval							
Escambia							✓
Flagler	✓	✓	✓	✓	✓	✓	✓
Franklin	✓	✓	✓	✓		✓	✓
Gadsden	✓	✓	✓	✓		✓	✓
Gilchrist	✓		✓	✓	✓	✓	✓
Glades		✓	✓	✓	✓	✓	✓
Gulf	✓	✓	✓	✓		✓	✓
Hamilton	✓		✓	✓	✓	✓	✓
Hardee			✓	✓	✓		✓
Hendry		✓	✓	✓	✓	✓	✓
Hernando				✓	✓		
Highlands				✓	✓		✓
Hillsborough					✓		
Holmes	✓	✓	✓	✓		✓	✓
Indian River							
Jackson			✓	✓		✓	✓
Jefferson	✓	✓	✓	✓		✓	✓
Lafayette	✓		✓	✓	✓	✓	✓
Lake							✓
Lee			✓	✓	✓	✓	✓
Leon	✓	✓	✓	✓		✓	✓
Levy	✓		✓	✓	✓	✓	✓
Liberty	✓		✓	✓		✓	✓
Madison	✓	✓	✓	✓		✓	✓
Manatee							

County	Type of Administrative Service							
	Accounting	Purchasing	Personnel					Grievances Labor Relations
			Payroll, Leave, Benefits	Advertise- ments	EEO/ Civil Rights	Eligibility		
Marion							✓	
Martin								
Monroe					✓			
Nassau	✓	✓	✓	✓	✓	✓	✓	
Okaloosa			✓	✓		✓	✓	
Okeechobee								
Orange					✓		✓	
Osceola					✓		✓	
Pasco								
Palm Beach					✓			
Pinellas								
Polk			✓	✓	✓		✓	
Putnam			✓	✓	✓	✓	✓	
Santa Rosa			✓	✓		✓	✓	
Sarasota								
Seminole				✓	✓		✓	
St. Johns	✓	✓			✓		✓	
St. Lucie								
Sumter			✓	✓	✓			
Suwannee	✓		✓	✓	✓	✓	✓	
Taylor			✓	✓			✓	
Union	✓		✓	✓	✓	✓	✓	
Volusia	✓	✓	✓	✓	✓	✓	✓	
Wakulla	✓	✓	✓	✓		✓	✓	
Walton			✓	✓		✓	✓	
Washington	✓	✓	✓	✓		✓	✓	
<i>Counties Participating in a Consortium</i>	28	18	39	42	35	35	49	
<i>Counties Not Participating in a Consortium</i>	39	49	28	25	32	32	18	

Note: The highlighted counties were not participating in a consortium as of April 1997.

Source: Department of Health

OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision-making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person (Claude Pepper Building, Room 312, 111 W. Madison St.), or by mail (OPPAGA Report Production, P.O. Box 1735, Tallahassee, FL 32302).

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