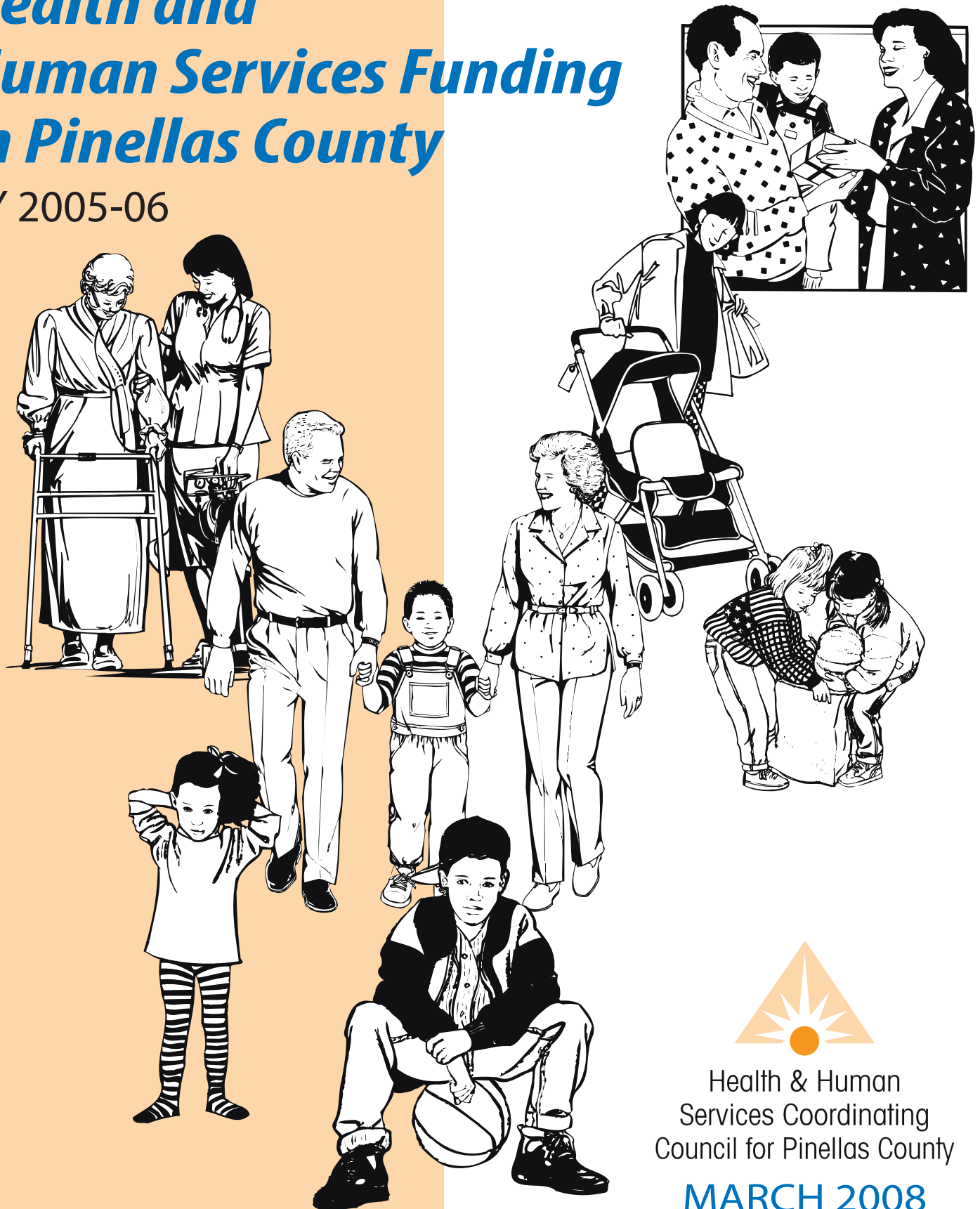


*An Analysis of
Health and
Human Services Funding
in Pinellas County*

FY 2005-06



Health & Human
Services Coordinating
Council for Pinellas County
MARCH 2008

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*The HHSCC gratefully acknowledges the members of the HHSCC Administrative Forum,
the Pinellas County charitable health and human services agencies, funders
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Executive Summary

The Health and Human Services Coordinating Council for Pinellas County (HHSCC) works to improve the health and human services system in Pinellas County. In the latter part of 2007, the HHSCC conducted a study to assess the sources of public funding for health and human services in the county and to describe the services and populations supported by that funding. Focusing on FY 2005-06, a retrospective review and analysis of extant data, as well as a survey of local funders and provider agencies, was carried out to explore sources of revenue and federal, state, and local funding mechanisms.

At the federal level, analysis revealed that total federal dollars to Florida and to Pinellas County have increased over the last ten years. The vast majority of those funds, however, came in the form of direct payments to individuals through programs such as social security, Medicare and federal retirement benefits. Increases in the population of Pinellas County, as well as increases in the number of individuals in the county eligible for entitlement programs over that time period, accounted for much of the increase. This becomes apparent when one looks at Florida federal funds per capita and the state's ranking for selected health and human service related programs. In 1996, Florida's per capita ranking for the percentage of federal funds spent on health and human services was 45 out of 50 states. Florida actually saw an 83.6% increase in the percent of federal funds received over the next ten years. Nonetheless, by 2004, Florida's per capita ranking for the percentage of federal funds spent on health and human services remained at 45. Federal funding in 2005 in the form of direct grants to Pinellas County, a significant source of flexible spending, was below the county's per capita proportion, with the county receiving only 2.7% of the federal grants to the state.

At the state level, results showed that the State of Florida provided a significant level of support for health and human services within the county. The state's support came in the form of direct services provided in the community by state employees; direct contracts with service providers with program locations in the county; direct payments to individuals; direct financial support to local government and quasi-governmental bodies; and by acting as "grantee" for federal dollars passing through to individual counties.

The recent economic downturn, combined with increasing costs for health care services, is creating concern at both the federal and state level, with both considering reductions in Medicaid spending. Florida, which must pass a balanced budget, could soon be in a position of structural imbalance where the projected need for revenue outstrips projected revenue receipts. The state's fear is that unrestrained Medicaid funding will force reductions in other equally important public programs.

At the local level, the study identified thirteen funding entities falling under the category of governmental designee/lead agency and eight organizations identified as local government funders. Governmental designee/lead agencies are organizations with regional or lead agency responsibility for the planning and funding of human services for a particular target population. Within this category of funders, there are unique administrative structures that provide the opportunity to assess new organizational models for fiscal and clinical effectiveness.



Total revenue in FY 2005-06 received by non-profit providers in support of health and human services in Pinellas County was \$1,477,394,563, with approximately two-thirds going toward general medical hospital expenses. \$523,945,354 supported human services, which included \$118,525,220 for hospital-based emergency departments and behavioral health services (see Scope, p.45). Funders providing direct services internally accounted for \$90,709,413, with the Pinellas County Health and Human Service Department and the Pinellas County Health Department providing the most services in this category. The remainder of the money, \$314,710,721, was divided across the 91 human service agencies that participated in the study. The majority of revenue was evenly divided across services that can be broadly classified as education, behavioral health, and individual and family life.

Revenue to agencies for health and human services was largely accounted for by the State of Florida, governmental designees/lead agencies and local funding. The State of Florida accounted for 25.5% of revenue, followed by 24% from governmental designees/lead agencies. Direct local funding accounted for 17% of revenue, closely matched by the agency's own program revenue at 16.4%. The remaining 17.1% was made up of a combination of federal dollars, foundation grants, cash, internal fundraising and miscellaneous funding.

Children were the major beneficiaries of human service revenue. The greatest amount of funding for children was provided by governmental designees/lead agencies; the State of Florida accounted for greatest amount of funding to adults. In general, much of the money is restricted by purpose, population, or by both purpose and population, leaving the community with very little flexibility to design services to meet identified needs. As a result, funders with a high degree of flexibility in the use of their funds will play an increasingly important role in funding gaps in service.

Specific recommendations resulting from this study include:

1. Reviewing the fiscal and clinical effectiveness of new and existing administrative structures;
2. Developing processes for collecting financial information in a uniform manner and in a dynamic fashion (i.e., real time);
3. Reviewing recommendations found in the Florida State Supreme Court report, and developing an implementation strategy for Pinellas County; and
4. Working with law enforcement to develop and implement a plan for reducing the number of individuals with behavioral health problems in the correctional system.

The health and human service industry is clearly a significant element of the local economy and provides the basis for the social safety net. This funding is at both short- and long-term risk. Federal and state governments are concerned that Medicaid funding will force reductions in other important public programs unless restricted and are looking to curtail expenditures. This, coupled with the impact of reduced property tax revenue, will put significant strain on the existing human service system in Pinellas County. There are both risks and opportunities inherent in the current fiscal situation. To face this challenge, it is important that our community identify collective goals, create data-driven strategies, and routinely assess our accomplishments in achieving those goals (Freidman, 2005).



Introduction

Health and Human Services Coordinating Council for Pinellas County

The Health and Human Services Coordinating Council for Pinellas County (HHSCC) was established in June of 2006 through an inter-local agreement between the Pinellas County Board of County Commissioners (BCC) and the Juvenile Welfare Board Children's Services Council of Pinellas County (JWB). The HHSCC works with funders and providers across the community to develop a human service system for citizens that provides seamless, high-quality care based on the best use of available resources.

The structure of the HHSCC, comprised of a Policy Board, Administrative Forum, and four Leadership Networks, is designed to engage the broadest array of stakeholders in the work of the HHSCC. The Policy Board, made up of members of the BCC, JWB and the Sheriff, provides overall policy direction to the HHSCC and represents the perspective of elected or appointed officials. The Administrative Forum (Forum) is comprised of the heads of governmental and quasi-governmental agencies, the United Way of Tampa Bay (UWTB) and private foundations that have made a commitment to human services in Pinellas County. The Forum provides the institutional or administrative perspective. Its role is to provide an administrative perspective, analysis and operational support to facilitate the work of the HHSCC. The four Leadership Networks are: Homeless Leadership Network, Health and Behavioral Health Leadership Network, Low-Income Housing Leadership Network and Disaster Recovery Leadership Network. Leadership Networks have the broadest representation of stakeholders; however, their focus centers on a particular outcome area. They provide the grass-roots perspective and are instrumental in planning and advocacy for their cause. The HHSCC became operational in March of 2007.

Purpose

This study, an initiative identified in the initial HHSCC work plan, examines funding sources and mechanisms supporting the delivery of health and human services in Pinellas County. Specifically, the study was designed to answer the following questions:

- What are the sources of public funding directed to health and human services in the county?
- For a designated financial period, what is the amount of public funding in total and broken out by population and program types?
- How are funds from the various sources leveraged, linked, or dependent upon one another?



Focus in the study was restricted to funding for specific health and human services. Where possible, funding analysis excluded funding sources for assisted living facilities, unsubsidized childcare, nursing home care, economic self-sufficiency programs (other than Medicaid), private health and dental services, correctional facilities, employment programs, veterans' services, schools and other educational institutions. These services were deemed outside of the scope of this study. Sources of information include administrative data from federal, state and local funding entities and funding reports submitted by provider agencies.

This report is divided into five chapters, moving in level of analysis from federal to local. The first chapter examines federal funding to Florida in general and Pinellas County specifically. The second chapter presents an analysis of health and human services funded by the State of Florida. The third chapter explores local funding mechanisms; and the fourth chapter summarizes findings from surveys of local funding entities and funded agencies. The final chapter synthesizes findings from the federal, state, and local analyses, providing recommendations where appropriate.

Federal Funds to Florida and Pinellas County

Background

This chapter presents data on federal funding related to health and human services for Florida in general and Pinellas County specifically. There is no single federal entity that is the sole source of federal funding to states and counties; instead, federal funding flows from a number of sources and in a variety of ways. This chapter describes federal sources and patterns of funding as well as funding amounts. In addition, this chapter provides trend data for federal funding to the state and describes general federal funding processes.

The chapter begins with an overview of the federal funding mechanisms for health and human service related activities. This is followed by estimates of total federal funding for Pinellas County, regardless of whether it is health or human services funding. These estimates are informative because they not only describe the amount of federal funds that arrive via different sources, they provide a perspective on the economic impact of the federal government in the county. Data are then presented from federal agencies that provide services that can be broadly termed as health and human services. This is followed by an analysis of trend data on federal funding to the state.

Federal Funding Mechanisms

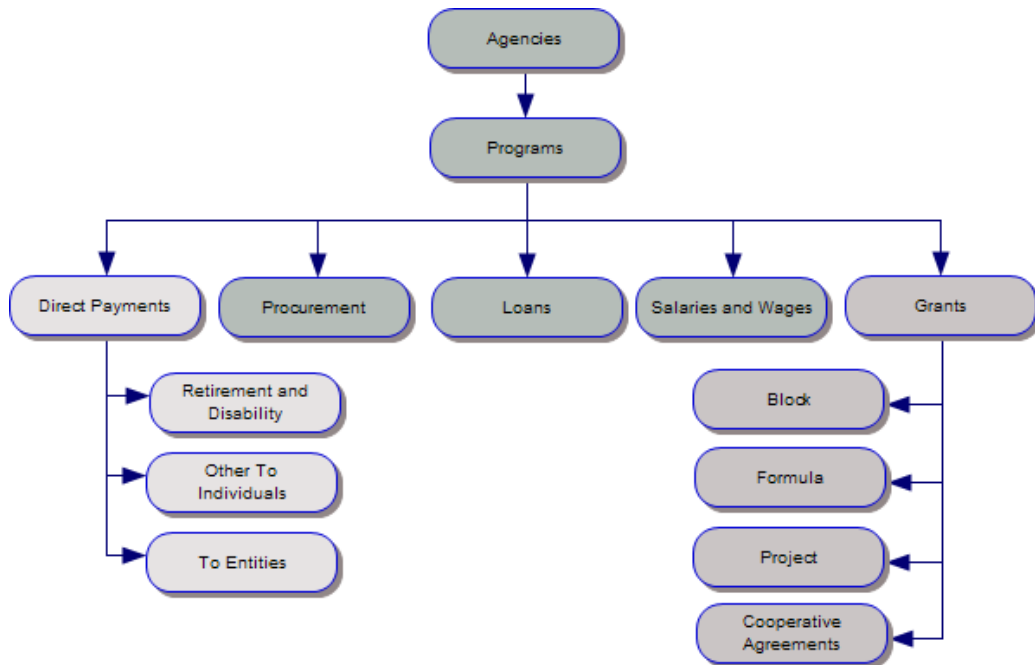
The federal government provides approximately \$4 billion¹ annually in Pinellas County which are health and human service related in a somewhat narrow sense. As one would expect, \$4 billion comes in many ways and under a variety of guises. This section concentrates on providing a high level overview of federal funding mechanisms and no attempt is made to delineate specific program funding cycles, requirements or limitations.

Funding is appropriated by Congress to the programs of various federal agencies. As shown in Figure 1.0, funds are expended through these programs in five major ways: (1) direct payments

¹ Total used is an approximation, given that neither the Federal Aid to States nor the Consolidated Federal Funds Report includes the full federal budget.

to individuals or institutions; (2) procurement (purchases of goods and services for the operation of federal agencies); (3) loans; (4) salaries and wages for federal employees; and (5) grants. Grants take one of four forms: (1) block, (2) formula, (3) project, and (4) cooperative agreements. Direct payments, in turn, take one of three forms: (1) retirement and disability payments to individuals; (2) other payments to individuals; and (3) payments to entities. It should be noted that a program may be funded by one or more of the funding mechanisms illustrated.

Figure 1.0. Federal Funding Mechanisms Showing Five Paths in Which Funds are Expended.



While the number of federal programs is extensive, there are a limited number that provide health and human service programs. If academic research programs that examine health and human service issues are excluded, the number of federal programs that fund direct services is further limited. Seventy-six such programs are listed in Table 1.0 (see Appendix A). Depending on how broadly one defines health and human services, others could be added.

Method

Data in this chapter were, to a great extent, drawn from two annual publications that document federal funding to state and local governments: the *Federal Aid to States (FAS)* (U.S. Census Bureau, 2007b) report and the *Consolidated Federal Funds Report for Fiscal Year 2005, State and County Areas (CFFR)* (U.S. Census Bureau, 2007a). These two publications comprise the Consolidated Federal Funds Report series. In both publications, data were consolidated and tabulated in a standard format by the Census Bureau under the auspices of the U.S. Office of Management and Budget (OMB). In the CFRF, federal grants generally represent obligations, and awards to state



and local governments are not distinguished from grants to nongovernmental recipients. In the FAS, grants to state and local governments represent actual expenditures of the federal government, and only grants to state and local governments are included.

The CFFR and FAS differ in how they categorize federal funding. Unlike the CFFR, there are no sub-state data in the FAS. In the case of FAS, data extrapolations to Pinellas County were made on the basis of two formulas. The first was a per capita formula using the federal populations estimates used in the CFFR and FAS themselves. Using this approach, Pinellas County received 5.2% of the federal funding received by the state. There is no assumption that this is a fully accurate percentage, since there is great variation in federal funding at county levels depending upon the purpose and intent of federal programs. The second formula used CFFR data to calculate the percentage of federal funds received by Pinellas County. In the initial calculation using this approach, Pinellas County receives 10.4% of the federal funding received by the state. This, too, is not a fully defensible method for examining health and human service funding since the CFFR data is dominated by retirement and disability payments as well as federal procurement and salary funds. The categories of *other direct* and *grant funds*, out of which most health and human service funding occurs, makes up a smaller proportion of the CFFR data. In another set of analysis, using a reduced number of categories, Pinellas County receives 4.4% of the federal funds received by the state.

Because the methods used to generate the 5.2% or 4.4% estimates are not fully defensible, a third approach was also employed using funding by agency reported by the Census Bureau. This approach has two limitations. First, it was limited to those agencies that had programs that could be put into a health and human services category. Although this limitation captured the vast majority of federal funding, it did not capture some federal agencies, such as the U.S. Department of Defense (DOD), that often expend funds for the support of their employees that are health and human services related. These funds are not delineated separately in budgets and, as a practical matter, would be insignificant at the county level. A further limitation is that, as extensive as these reports are, they do not capture all federal funds which might have found their way to Pinellas County. Quoting again from the FAS, “*No attempts have been made to account for all federal government grants or outlays as reported in the federal budget*” (U.S. Census Bureau, 2007b, p. 6). As such, there are limitations for all three estimation approaches utilized in this study. Thus, findings should be viewed as approximations keeping in mind the before-mentioned caveats.

Findings

Total Federal Expenditures in Pinellas County

Tables 1.1 and 1.2 present total federal funding using the categories of the CFR which includes payments to individuals, grants and federal government operations.

Table 1.1. Total Federal Funds Expended in Pinellas County FY 2005 Actual

	2005 Actual
Retirement and Disability ¹	\$ 9,345,728,000
Other Direct ²	2,404,975,000
Grants ³	597,815,000
Procurement ⁴	1,091,989,000
Salaries ⁵	465,893,000
Total	\$ 13,906,400,000

¹ Retirement and disability programs include federal employee retirement and disability, social security payments of all types, selected Veterans Administration programs and selected other federal programs.

² Other direct payments include education loans, food stamps, crop insurance payments, legal services, excess earned income tax credits, unemployment compensation, Medicare and other direct payments to individuals or entities that do not fall within retirement and disability.

³ The grants category in the CFR combines two grants categories listed in the Catalogue of Federal Domestic Assistance (CFDA) and four grants categories found in the Federal Assistance Award Data System (FAADS). The CFDA distinguishes two categories of grants: Formula Grants and Project Grants. The FAADS subdivides Formula Grants into two further categories: Block Grant and Formula Grant. The FAADS also subdivides Project Grants into two further categories: Project Grant and Cooperative Agreement.

⁴ Purchases of goods and services for federal government operations.

⁵ Amounts reported for federal government salaries and wages are from five sources: Department of Defense, Postal Service, Federal Bureau of Investigation, U.S. Coast Guard (previously within the U.S. Department of Transportation and now a part of the U.S. Department of Homeland Security), and U.S. Office of Personnel Management. All amounts represent outlays during the federal government's fiscal year.

As Table 1.2 shows, Pinellas County receives a greater proportion of federal funds in total than its per capita proportion of 5.2% would warrant; however, two percentages are remarkable. Pinellas County only receives 2.7% of the federal grants received by the state, a category from which significant health and human service funding flows. However, it does receive 6.6% of the *other direct*, which includes Medicare and Medicaid funds which are also highly significant for health and human service funding.



Table 1.2. Total Federal Funds Expended in Florida with Pinellas County Proportion FY 2005 Actual

	Florida 2005 Actual	Pinellas County 2005 Actual	Pinellas County Proportion
Retirement and Disability	\$ 50,477,147,000	\$ 9,345,728,000	18.5%
Other Direct	36,556,614,000	2,404,975,000	6.6%
Grants	22,552,241,000	597,815,000	2.7%
Procurement	14,295,825,000	1,091,989,000	7.6%
Salaries	10,661,715,000	465,893,000	4.4%
Total	\$ 134,543,542,000	\$ 13,906,400,000	10.3%

Given this range, the two categories were combined in Table 1.3. This table shows the results in an estimation of the health and human service related funding received by Pinellas County as 4.4% of the state’s total. While again, this is not a precise proportion, it does narrow the range of estimates closer to the per capita proportion of 5.2%.

Table 1.3. Total Other Direct and Grant Federal Funds Expended in Florida with Pinellas County Proportion FY 2005 Actual

	Florida	Pinellas County	Pinellas Proportion
Other Direct	\$ 36,556,614,000	\$ 2,404,975,000	6.6%
Grants	22,552,241,000	597,815,000	2.7%
Total	\$59,108,855,000	\$3,002,790,000	4.4%

Finally, it should be noted that the federal government expends nearly \$14 billion annually in Pinellas County.

Federal Expenditures for Health and Human Services

The FAS report, which organizes its data by federal agency, as opposed to the budget category organization of the CFFR, is summarized in Table 1.4 (see Appendix B). It should be noted that CFFR data represents federal obligations as opposed to actual expenditures. This means that the funds reported in Table 1.4 may not be actually expended. However, by using federal agencies as the organizing framework, it is possible to reach a greater degree of precision regarding health and human service funding than can be determined by use of the CFFR data.



However, the FAS does not break data into sub-state levels, requiring estimation procedures to arrive at estimates for Pinellas County. One estimation formula is a simple ratio of county residents to state residents, which is 5.2%. As discussed in the prior section, another approach is to develop an estimate using CFFR data which was done in Table 1.3. This provides another estimation of 4.4%. Both are used in Table 1.4, found in Appendix B.

While these percentage differences are small, they result in large dollar estimate differences given the amount of funds involved. The 5.2% approach estimates annual federal health and human service funding in the county at \$649,151,393. The 4.4% approach estimates annual federal health and human service funding in the county at \$543,848,248. If one arbitrarily splits the difference, federal funding would be estimated at \$596,499,821 or \$600 million for short.

A summary of health and human service related federal grants to Pinellas County in FY 2005 is provided in Table 1.5 in Appendix C. It identifies \$457,424,907 in federal grants. This does not include payments to individuals or other direct payments which are summarized in Tables 1.6 and 1.7 found in Appendices D and E.

The total for all direct payments was \$5,758,421,358 as shown in Table 1.6 (see Appendix D). As Table 1.7 (see Appendix E) demonstrates, direct payments (to individuals or otherwise) which could be considered as health and human service related in FY 2005, totaled \$3,510,453,120. This excludes retirement payments, including social security, with certain exceptions.

Table 1.8 provides a summary of the approximations of federal funding in Pinellas County which may be considered health and human service related. The category intentionally excludes education funding with very limited exceptions. As noted in earlier comments, there are categorical and accounting differences in how federal funds are reported. Table 1.8 summarizes the methods used to estimate federal funding as well as the resultant estimations.



Table 1.8. Summary of Methods for Estimating Federal Funding for Health and Human Services

Source	Type of Funding	Estimation Method	Estimated Funding
U.S. Census Data Base for FY 2005	Grants	Selection of grants based on title relationship to health and human services	\$ 457,424,907
Federal Aid to States, FY 2005	Agency Program which may include grants and other expenditures	4.37%	543,848,248
Federal Aid to States, FY 2005	Agency Program which may include grants and other expenditures	5.22%	649,151,393
U.S. Census Data Base for FY 2005	All Direct Payments	Selection of all direct payments based on relationship to health and human services	3,510,453,120

Trends in Federal Funding and Expenditures for Health and Human Services

Figures 1.1 and 1.2 show a high level view of all federal funding to the state for the years 1996 to 2005. Figure 1.1 shows the absolute dollar amounts which went from approximately \$80 billion in 1996 to \$139 billion in 2005. Figure 1.2 shows this as a set of annual percentage increases which vary greatly depending on a number of factors, including disaster relief. Figure 1.1 depicts total federal funding, much of which is not considered health and human service funding. For a more precise look at federal funding trends related to health and human service funding, Table 1.9 (see Appendix F) was created. This table presents historic data from three federal agencies, U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Justice (DOJ), which fund programs that are traditionally considered health and human service types. Figures 1.3 through 1.5 show the funding trends for each of these agencies respectively.



Figure 1.1. Trend in federal funds to Florida from 1996 to 2005.

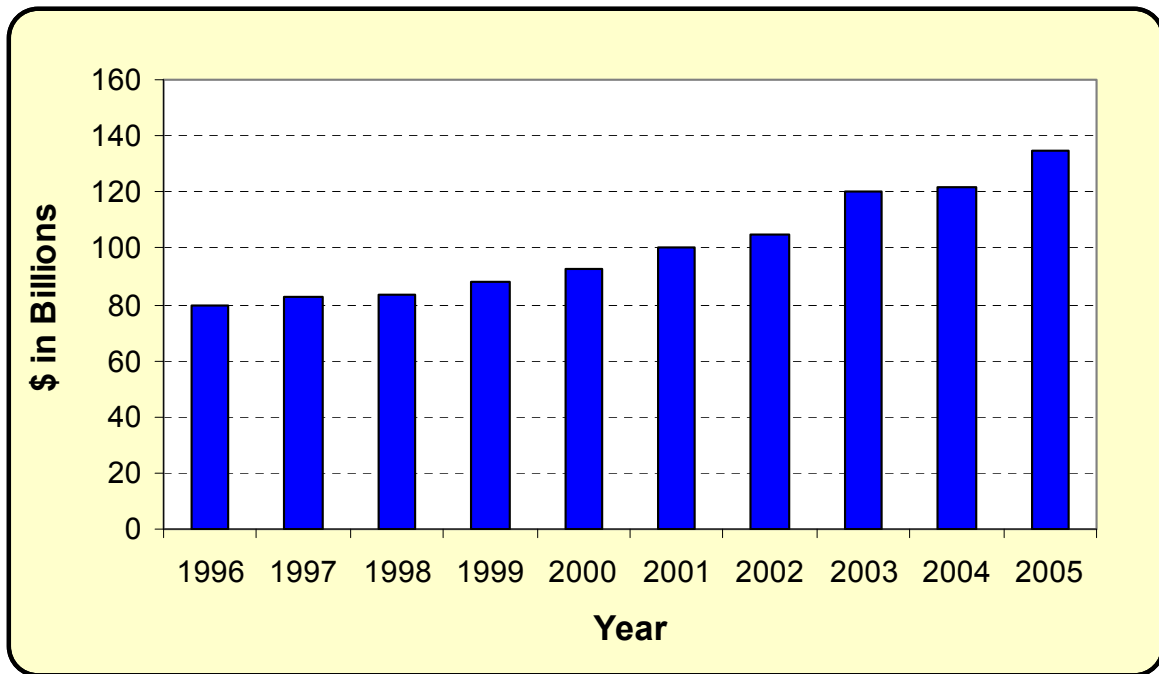


Figure 1.2. Percentage changes in federal funding from 1996 to 2005.

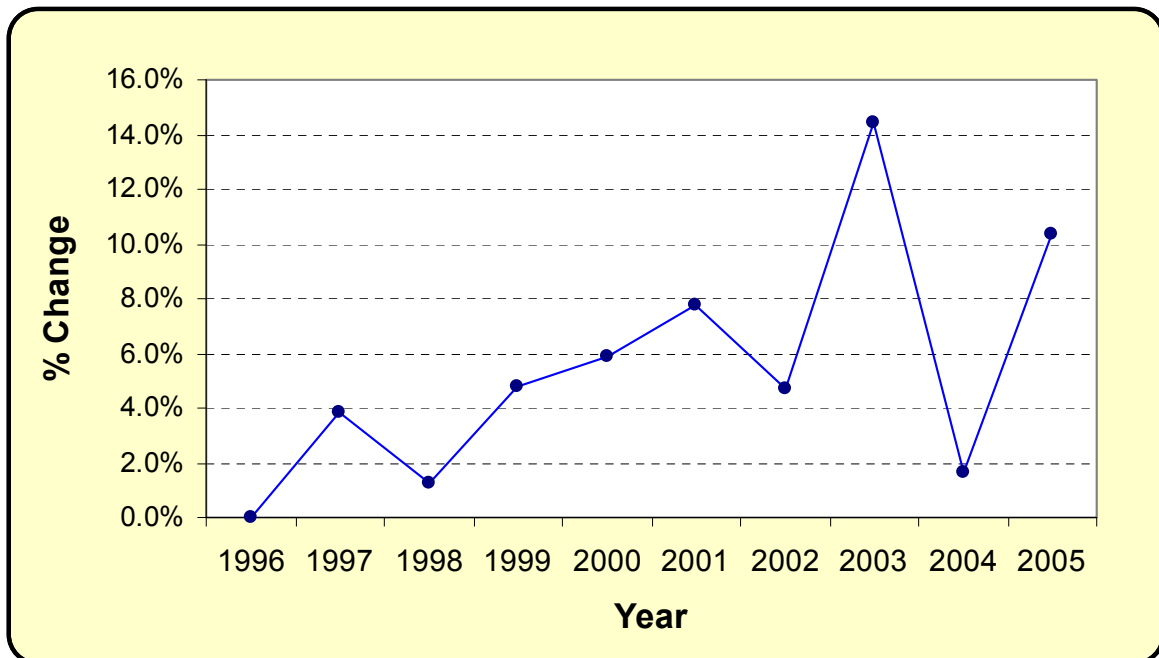




Table 1.9 (see Appendix F) reports data on a per capita basis which adjusts for growth rates in the state; it shows that growth in funding from HHS has been significant and in most years has exceeded inflation indicators. HUD and DOJ funds show increases, but with greater annual variation which reflects the smaller budget amounts involved. So while federal funding has increased, it has not increased to an amount sufficient to significantly change Florida’s status on a comparative basis. Residents of about 45 other states receive more health and human service support from the federal government than do Floridians.

Table 1.10 provides a historic summary of federal health and human service related grant funding in the county. Since federal grant categories vary annually, comparisons across years must be approached carefully. As is obvious from the sum totals, the absolute amount of grant funds has increased from \$350 million to \$450 million. On an annual percentage change basis, the amount has increased annually at a rate to exceed inflation.

Table 1.10. Grant History for Pinellas County

Fiscal Year	Amount Awarded to Pinellas County	Annual % Increase with 1996 as Base
2005	\$ 457,424,907	4.8%
2004	436,531,930	14.1%
2003	382,722,920	9.4%
2002	349,695,903	7.0%
2001	326,963,332	9.5%
2000	298,499,778	14.7%
1999	260,237,016	-31.7%
1998	380,975,390	6.6%
1997	357,429,804	2.0%
1996	350,416,435	
Total	\$ 3,600,897,415	

In the aggregate, the historic trend is that Pinellas County receives more federal funds annually than would be expected on a simply inflation adjustment basis. When an analysis is done at a more discrete level, differing patterns emerge. Three programs were picked randomly, with the sole requirement that they be present in both the 1996 and 2005 data sets. These three programs were Community Health Centers, Head Start and Runaway and Homeless Youth. The data for these programs is presented in Table 1.11. A review of these data indicates differing patterns of federal funding. Community Health Centers has seen significant growth in their federal funding in recent years. Head Start has experienced level funding with the exception of a one-year spike. Runaway and Homeless Youth funding was level, spiked and then dropped to a new level above the original level. The table also demonstrates some of the vagaries of federal data in that no funding is reported for Runaway and Homeless Youth in 2001.



Figure 1.3. Percentage changes in HHS funds to Florida.

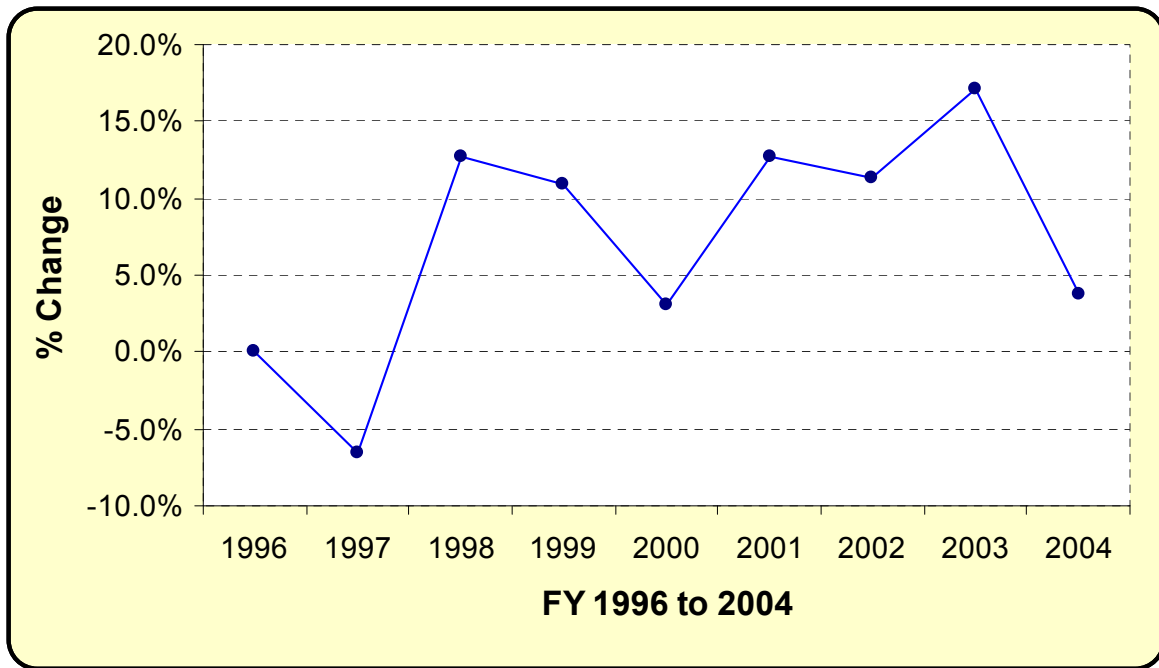


Figure 1.4. Percentage changes in HUD funds to Florida.

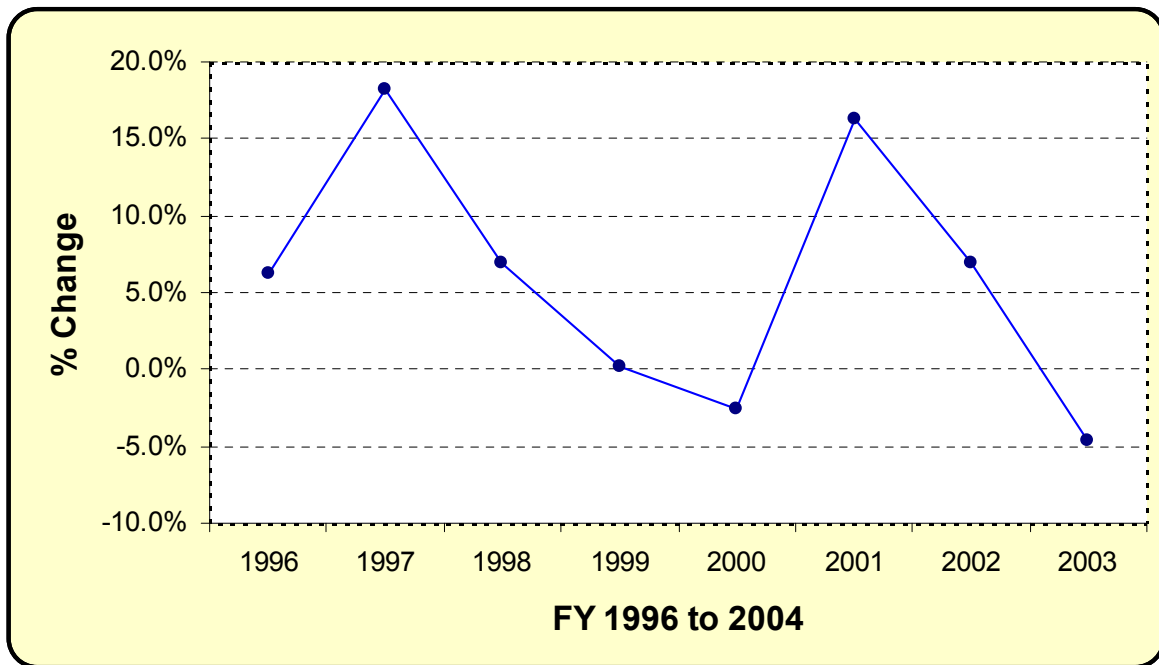




Figure 1.5. Percentage changes in DOJ funds to Florida.

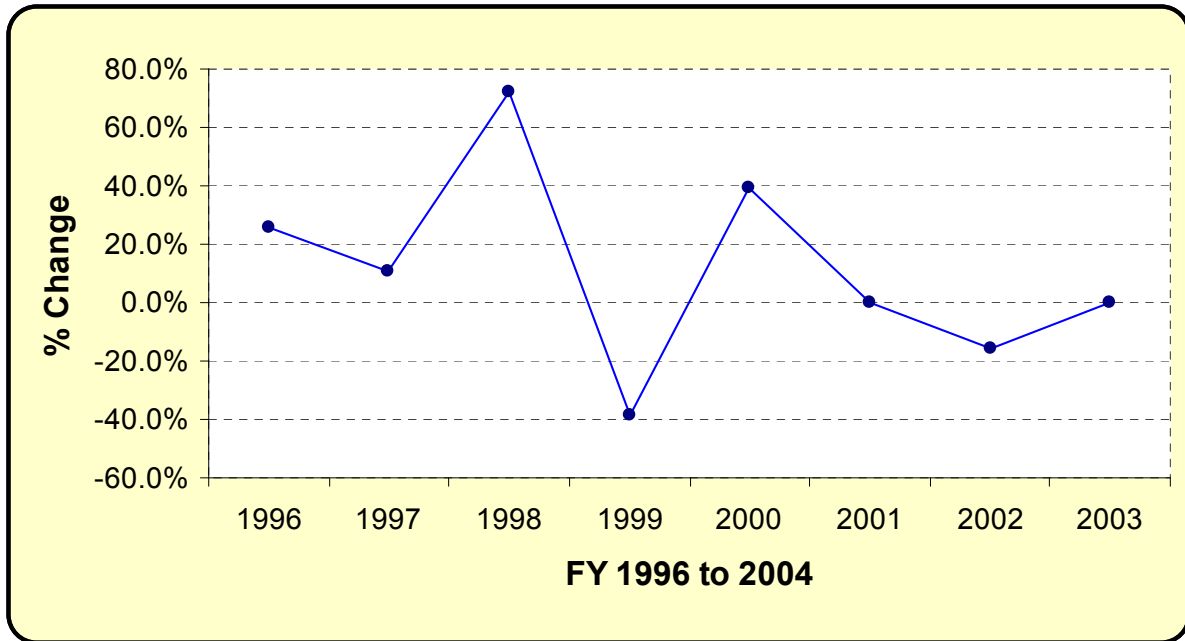


Table 1.11. Federal Funding to Community Health Centers, Head Start, and Runaway, Homeless Youth

Fiscal Year	Community Health Centers	Head Start	Runaway and Homeless Youth
1996	\$ 396,433	\$ 6,080,648	\$ 191,401
1997	396,433	7,317,356	191,401
1998	471,433	8,182,507	191,401
1999	571,433	8,360,526	191,401
2000	671,434	9,192,271	191,401
2001	771,433	14,814,939	
2002	1,542,866	11,379,262	386,050
2003	1,341,890	11,721,974	268,025
2004	2,223,900	11,920,971	257,823
2005	2,237,108	11,839,284	260,308
Total	\$ 10,624,363	\$ 100,809,738	\$ 2,129,211

Discussion

Through a variety of funding streams, the federal government expends somewhere between \$3.96 and \$4.15 billion annually in Pinellas County for programs and services that are related in some manner to health and human service delivery. The vast majority of this, \$3.5 billion, comes in the form of direct



payments to individuals and institutions, while the remainder comes through the variety of federal grant programs.

Historically, federal funding at the local level on the whole has tended to increase over time; in Pinellas County, the trend has exceeded inflation rates. A number of variables determine this trend, such as population growth, demographic patterns, macro-economic forces, Congressional emphasis, and local aggressiveness about grant funds. At the discrete program level, various change patterns emerge ranging from significant growth in budgets to stagnant growth.

Predictions about future revenue growth are always risky. Forecasters, therefore, rely on historical trends for guidance. At this point in time, however, external circumstances at the federal and state level may render historical trends unreliable. There are concerns that the federal deficit and debt will further restrict health and human service funding. As the result of an aging population, there are also concerns that entitlement funding for social security and Medicare may not be sustainable. In addition, much of the federal funding that Pinellas County received, with the exception of payments to individuals, is conditioned on some level of state funding match; and, given the state's budget imbalance, its ability to continue to match at historic levels is in doubt. If the state is not able to match, then grants which are formula-based will decline. While declines in federal funding are not given, automatic assumptions of continued federal funding at historic levels should be questioned. Grants, considered projects from the federal perspective, are at even greater risk.

State of Florida Funding for Health and Human Services

Background

This chapter presents an analysis of health and human services funded by the State of Florida. In addition to its own resources, the state serves as a conduit for most federal funds that are directed to institutional (i.e., non-individual payments) services. The state's funds are generated both from its general fund as well as a broad array of trust funds, each of which has its own distinctive funding sources. In addition to state-generated funding, the state also requires certain of its county governments to contribute to state funding.

The state expends the allocated funds through its various health and human service agencies that, in turn, distribute these funds via a variety of channels, including services directly provided by the agencies themselves, a variety of quasi-governmental entities created by the state, local governments, non-profit entities and individual payments.

This chapter begins with an analysis and description of the funding mechanisms through which funds are distributed. It then provides an analysis of funding levels. It concludes with an analysis of funding trends.

Statewide Funding Mechanisms and Pathways

The State of Florida provides health and human services funding via a complex mixture of general revenue sources and a broad number of trust funds. Some of these trust funds are simply holding funds for federal resources. Others, however, receive funding from a variety of dedicated sources. Table 2.0 (see Appendix G) lists the various trust funds that were drawn upon for HHS or Department of Juvenile Justice (DJJ) funding in the FY 2006 budget.

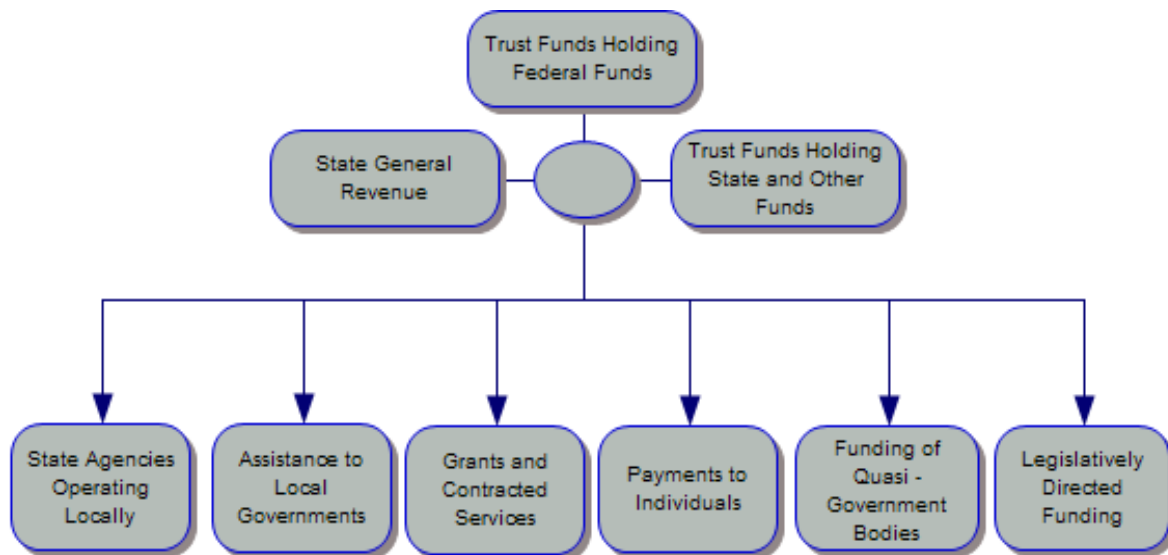
A trust fund analysis is complicated by the fact that some of these trust funds hold or can hold a mixture of federal and state resources, the proportion of which is variable. Whatever the source or sources which comprise the trust funds are, however, they do provide a significant source of funding for health and human services. Of the approximate \$20 billion of funding expended at



the community level, \$13 billion came from trust funds. This includes federal, state, tobacco settlement and other specialized funding sources.

State funds themselves are expended in a variety of forms or pathways, as illustrated in Figure 2.0. Significant funds are expended on delivery of services by state employees. Local governments are provided funds to support their activities. Grants and contracts to agencies provide another mechanism through which funds are expended. In some of these cases, the state is essentially fulfilling a pass-through role. There are also direct payments to individuals. Other funds are allocated and expended through a variety of quasi-governmental entities, such as community-based care systems. In addition, some funds are expended through specific legislative direction that direct a specific expenditure for a specific project in a county.

Figure 2.0. State funding pathways.



It is also important to note that some state funds require local match or local cooperating payment. Table 2.1 lists the various functions that county governments are required to fund in support of state services. Not all of these are directly health and human service programs, but almost all have some impact on the health and human service system. These funds can total to a significant amount, somewhere in the vicinity of 3% of a county government’s pre-Amendment 1 ad valorem revenues.



Table 2.1. Functions County Governments Are Required To Fund In Support of State Services

Programs/Departments	Statutes	Brief Explanation
Division of Juvenile Justice	F.S 985.686	State and the counties have a joint obligation, as provided in this section, to contribute to the financial support of the detention care provided for juveniles.
Justice Center - Facility & Security	F.S 29.0008	Counties are required by s. 14, Art. V of the State Constitution to fund the cost of construction or lease, maintenance, utilities, and security of court facilities.
Criminal Justice Information System	F.S 29.0008	Counties are required by s. 14, Art. V of the State Constitution to fund the cost of existing multiagency criminal justice information systems,
Local Programs: Public Guardianship, Drug Court, Pre-trial, Law Library, etc.	F.S 29.0008	Counties shall pay reasonable and necessary salaries, costs, and expenses of the state courts system, including associated staff and expenses, to meet local requirements.
Court Administration, Probation, SAO, Public Defender	F.S 29.0008	County-funded support staff located in the courts for reporting data to the state for the transmission of revenue, performance accountability, case management, data collection, budgeting, and auditing purposes.
HRCA - Healthcare Responsibility Act	F.S. 154.306	Obligation of the county to pay for indigent hospital services rendered in another county
Medicaid - Hospital & Nursing Home	F.S. 409.915	Requires the county to contribute for Medicaid Care and Services
Medical Services	F.S 39.304(5)	Costs for medical treatment of abused, abandoned, or neglected child is to be paid by the county
Pauper Burials	F.S. 406.50	Indicates unclaimed bodies to be buried or cremated are done at the public expense
Mental Health	F.S. 394.76	Counties shall pay a proportionate share of mental health costs.
Substance Abuse	F.S. 394.76	Counties shall pay a proportionate share of substance abuse costs.

State Support to Counties: Funding Mechanisms and Pathways

The State of Florida provides county level support for health and human services through a variety of funding mechanisms. First, it serves as a conduit for federal funds. Some of these federal funds are passed directly to the county and some are blended with state funds and distributed via the remaining funding mechanisms. Second, it funds state agencies that directly provide services in Pinellas County or that provide services for Pinellas County residents at specialized facilities outside of the county. Third, it contracts with service providers who provide services at locations in Pinellas County. Fourth, it partners with county governments to jointly fund local services. Fifth, it funds quasi-governmental entities that are established to address



specific human service issues and serve as a mechanism through which funds are locally expended. Sixth, some state funds are paid directly to or on behalf of individuals.

State funding for health and human services is generated from a variety of funding sources including sales taxes, various fees, and charges and assessments that it makes. Funds are derived either from the state's general revenue fund or from various trust funds. The trust funds are listed in Table 2.0 (see Appendix G). Some of the trust funds listed in Table 2.0 are a depository for federal funds. Funds received from federal trust funds have already been accounted for in the federal funding analysis and are, therefore, excluded from this section's analysis to avoid double counting. Others funds are comprised solely of non-federal funding; these are included in the analysis. Some, however, represent a complex and variable mixture of state and federal funding and, in these cases, estimations have been made.

Method

Precise determination of the amount of state-generated funding for any Florida county is complicated by a number of variables. These include:

- Payments to or on behalf of individuals vary based on personal mobility or variation in condition which creates variation in direct payment based on eligibility criteria or needed services.
- Formula-based payments are calculated using a point-in-time calculation which will not be accurate at a later point in time.
- Formula-based funding results in differing per capita expenditures per county due to the variables of the formula.
- Counties vary in their social service infrastructure which means some counties have a greater capacity to access state funds.
- The state's organizational structure for the delivery of services is not county-based, but rather, usually based on some multi-county region.
- Federal funds are combined with state funds to provide health and human services. Isolation of federal funds is complicated by two factors. First, in some cases, federal and state funds are merged in some trust funds, but there is no precise formula and it varies based on several factors. Second, federal funds have been estimated.
- State agencies providing services in counties have different overall salary rates based on workforce age, distinctive local positions and local variations in expenses.

Given these limitations, a variety of estimation approaches were used to project state funding in Pinellas County for health and human services. In making these estimates, the FY 2006 House Appropriations Bill was used as the data source based on recommendation by agency budget



officers. The following guidelines were used to determine which elements of the budget were included in this analysis:

1. Central Office budgets (executive, information technology and other state-wide administrative functions) were not included wherever they could be identified;
2. Budgets for state institutions were not included where identified; and
3. Any identifiable capital items were not included.

With these limitations and qualifications, three approaches were used to estimate the amount of state funding provided to Pinellas County. All estimation methods were based the following initial step used to derive the starting budget for further analysis. The total state budget, from all sources, for health and human services was calculated. The state includes veterans’ services in its health and human services budget; however, this was excluded from this analysis because funds are primarily used to provide institutional services for veterans. In addition, the portion of the DJJ budget which provides community services, including probation, was included. This resulted in an estimated \$20,284,477,893 total state-wide investment from all funding sources in the local delivery of health and human services. Based on this initial calculation, five methods for estimation of state funding to Pinellas County were used.

Estimation Method One

This method was calculated in three steps:

1. An estimate of total funding for Pinellas County was determined by calculating the per capita proportion (5.2%) of the state total. This amount was calculated as \$1,058,849,746.
2. The mid-range estimation of federal funds for Pinellas County determined by the federal funds analysis, or \$597,815,000, was subtracted from the Pinellas County total estimate.
3. The remainder, \$461,034,746, is an estimate of non-federal health and human service funding received by entities and persons in the county (see Table 2.2).

Table 2.2. Estimation Method One

Steps	Amount
Total State Budget for Health and Human Services (<i>less Veteran's and plus DJJ community</i>)	\$ 20,284,477,893
Pinellas Population Proportion Estimate (5.2%)	1,058,849,746
Estimated Federal Funding to Pinellas	597,815,000
Estimated State Funding	461,034,746



Estimation Method Two

This method replicated Method One using the high-range estimate of federal funding, \$649,151,393. This resulted in a state funding estimate of \$409,698,353 (see Table 2.3).

Table 2.3. Estimation Method Two

Steps	Amount
Total Federal Trust Funds	\$ 20,284,477,893
Pinellas Estimated Proportion of Federal Trust Funds	1,058,849,746
Pinellas Estimated Proportion of Total Health and Human Services	649,151,393
Estimated State Funding	409,698,353

Estimation Method Three

This method replicated Method One using the low-range estimate of federal funding, \$543,848,248. This resulted in a state funding estimate of \$515,001,498 (see Table 2.4).

Table 2.4. Estimation Method Three

Steps	Amount
Total Federal Trust Funds	\$ 20,284,477,893
Pinellas Estimated Proportion of Federal Trust Funds	1,058,849,746
Pinellas Estimated Proportion of Total Health and Human Services	543,848,248
Estimated State Funding	515,001,498

Estimation Method Four

This method consisted of the following steps:

1. The total amount of funds held in federal trust funds for state-wide distribution was calculated based on the analysis of trust funds reported in Table 2.0 (see Appendix G). This amount equaled \$9,857,480,916;
2. Using a per capita proportion distribution an estimation of federal funds distribution to Pinellas County was determined. This amount equaled \$514,560,504; and



3. This amount was subtracted from the total estimated funding to Pinellas County (\$1,058,849,746) to derive an estimate of state funding. This estimate equaled \$544,289,242 (see Table 2.5).

Table 2.5. Estimation Method Four

Steps	Amount
Total Federal Trust Funds	\$ 9,857,480,916
Pinellas Estimated Proportion of Federal Trust Funds	514,560,504
Pinellas Estimated Proportion of Total Health and Human Services	1,058,849,746
Estimated State Funding	544,289,242

Estimation Method Five

This method utilized the following steps:

1. State expenditures were assigned to the following categories: direct cash assistance; hospital and health services such as in-patient care, out-patient care, medications and insurance; payments to health care professionals such as physicians and dentists; various types of therapeutic treatment; support for programs provided by either contracted providers, local governments, quasi-governmental entities or state agencies themselves and salaries and expenses of state employees in the field.
2. Funds for each of these categories were organized into state general revenue, non-federal trust funds and federal trust funds based on budget details.
3. The state general revenue and non-federal trust fund dollars were then totaled. This generated a state funding estimate of \$498,285,569 (see Table 2.6).



Table 2.6. Estimation Method Five

Funding Types	Total State and Federal Funding	Estimated Federal Proportion	Estimated State Proportion
Cash Assistance to Individuals	\$ 8,128,672	\$ -	\$ 8,128,672
Medical Services - Inpatient, Outpatient, Medications, Insurance	783,160,851.00	438,570,077.00	344,590,775.00
Payments to Health Professions for Services	69,421,251.00	38,875,901.00	30,545,351.00
Services via Programs	136,142,523.00	48,270,558.00	87,871,965.00
Salaries and Expenses for State Agencies	61,996,448.00	8,483,046.00	53,513,402.00
Total	\$1,058,849,746	\$560,564,177	\$498,285,569

Findings

Revenue Estimation

Table 2.7 provides a summary of the state and federal funding estimates from the five estimation methods. Of these five estimates, Estimation Method Three and Estimation Method Five appear the most defensible for the following reasons. First, from a multi-method perspective, Estimation Method Three and Estimation Method Five represent middle ground estimates avoiding the extremes of the other estimates. Second, Estimation Method Five is based on the most detailed analysis available of trust funds and represents a federal funding estimate very close to the 4.4% model from the federal section analysis. Given the possibility that some state funds may be mixed in some of the trust funds, and funding schedule overlaps, federal funding estimates of \$543 million and \$560 million are extremely close.

Table 2.7. Summary of Five Estimation Methods

Method	State Estimate	Federal Estimate
One	\$ 461,034,746	\$ 597,815,000
Two	409,698,353	649,151,393
Three	515,001,498	543,848,248
Four	544,289,242	514,560,504
Five	498,285,569	560,564,177



We may, therefore, conclude that it is likely that federal funding for health and human services was in the range of \$550 million, and it was supplemented by state funding of approximately \$500 million. It is important to note that this \$500 million includes funding for state employees, the state's share of Medicaid costs and other health care costs including payments to health care professionals, direct cash payments and programs which are delivered locally by non-profit providers, local governments, quasi-governmental entities and state agencies themselves. It should also be noted that the \$550 million of federal funds did not include individual payments, salaries for federal employees and operating expenses for federal agencies. All of these funding categories are included in the state funding analysis.

Trends in State Funding of Health and Human Services

The State of Florida annually publishes the *Long-Range Financial Outlook*. The most recent report for Fiscal Year 2008-09 through 2010-11 was published in Fall of 2007 by the Senate Fiscal Policy and Calendar Committee, the House Policy and Budget Council and the Legislative Office of Economic and Demographic Research. While not attempting to predict budgets, this report does provide trend lines under various scenarios. Given the knowledge and expertise of its authorship, it represents the most informed available judgment about funding trends.

There are two conflicting trends pertinent to this analysis. First, revenue requirements for departments that the state categorizes as health and human services (i.e., Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Family Services, Department of Elder Affairs, Department of Health and Department of Veterans Affairs) is projected to increase. The report states:

Recurring general revenue requirements for the Human Services area are projected to increase by \$674.6 million in Fiscal Year 2008-09, \$582.3 million in Fiscal Year 2009-10 and \$622.9 million in Fiscal Year 2010-11. Medicaid services are the primary driver of these increases, requiring additional spending of \$563.4 million of general revenue in Fiscal Year 2008-09, \$489.3 million in Fiscal Year 2009-10, and \$525.1 million in Fiscal Year 2010-11 (State of Florida, 2007, p. 7).

However, while revenue requirements are projected to increase, actual revenues are not projected to keep pace with rising requirements. With respect to the state's total budget, not just health and human services, the report states:

Both recurring and non-recurring general revenue program needs are greater than the available general revenue dollars, thereby creating a shortfall. Recurring needs outstrip recurring dollars by \$2,014.3 million, and non-recurring needs are \$320.2 million greater than the projected revenue, creating a total budget gap of over \$2.3 billion. Overall, projected general revenue growth (recurring plus non-recurring) is insufficient to support anticipated spending and minimal reserve requirements for Fiscal Years 2008-09, 2009-10 and 2010-11. Corrective actions will be required to bring the budget into balance. Furthermore, *recurring* general revenue demands exceed the amount of *recurring* general



revenue available in each year of the forecast. This indicates that a structural imbalance is occurring. (State of Florida, 2007, p. 9)

Unless a structural imbalance is resolved, the state would be in a deficit situation. Since the Florida State Constitution does not allow this, legislators will take whatever actions they must to create a balanced budget. These actions are likely to impact the health and human services budget along with other elements of the state budget.

Implications of Medicaid Funding Trends

As noted previously, the primary driver of increased health and human service costs is Medicaid. *The Long-Range Financial Outlook* provides this analysis of the state's Medicaid impact. It states:

The Medicaid program (Title XIX of the Social Security Act) provides health care coverage to certain persons who qualify as low-income elderly, disabled, or families with dependent children. Medicaid is a federal and state matching program. The state participation for Florida is 43.1% and the federal participation is 56.9% for Fiscal Year 2007-08. Medicaid is the second largest single program in the state budget behind public education, representing 22.2% of the total budget, and is the largest source of federal funding for the state. Medicaid recurring general revenue expenditures are consuming a growing share of recurring general revenue funds appropriated, increasing to 17.6% in Fiscal Year 2007-08. Medicaid caseload has grown from 1.941 million in Fiscal Year 2001-02 to 2.204 million in Fiscal Year 2005-06, a 3.2% average annual increase. The enrollment growth was attributed to an increase in the number of low-income persons newly eligible for Medicaid, especially children and elders, resulting partially from the impact of a recession beginning in March 2001 and ending in November of that same year. Fiscal Year 2005-06 marked a slowing in Medicaid program enrollment growth to just 2.4%. Slower enrollment was mostly attributable to the improving economy resulting in fewer individuals becoming eligible for the program. Enrollment declined by 4.2% to 2.112 million recipients in Fiscal Year 2006-07 and is projected to decline by 0.9% to 2.094 million recipients in Fiscal Year 2007-08. The last time the program experienced a decline in enrollment was in the mid to late nineties. Over the three year forecast period, Caseload growth is projected to be fairly stable with growth rates of 1.8% for Fiscal Year 2008-09, 1.6% for Fiscal Year 2009-10 and 1.5% for Fiscal Year 2010-11. (State of Florida, 2007, p. 59)

More detailed analysis of Medicaid expenditures identifies the cost drivers internal to Medicaid expenditures. As stated in the report:

Elderly and disabled Medicaid recipients account for an estimated 23% of the total caseload yet they account for almost 70% of Medicaid spending. This reflects the intensive use of acute and long-term care services by this eligibility group. The majority of nursing home residents rely on Medicaid support after the cost of their care exhausts their savings and they qualify for assistance. ... Over the three year forecast period, expenditure growth is projected to be fairly constant at 5.9% for Fiscal Year 2008-09,



6.5% for Fiscal Year 2009-10 and 6.6% for Fiscal Year 2010-11. (State of Florida, 2007, p. 60)

With a growing elderly population, the state has recognized that it is critical to control long-term care spending. It has taken a number of actions to do so which are summarized in *State of Florida Long-Range Financial Outlook: Fiscal Year 2008-09 through 2010-11*. These include pilot managed care projects and integrated fixed-payment delivery programs. Should these pilots prove successful, it is reasonable to assume they will be expanded statewide with respect to long-term care, as well as applied to other service areas where they might be applicable.

Other Implications of a Structural Imbalance, Including Amendment 1

While successful control of the Medicaid expenditures could have the largest monetary impact on the health and human service budget, there are other implications of a structural imbalance for local communities such as Pinellas County. These implications must also account for the potential impacts of the recent amendment to the state constitution regarding property taxes.

The state has essentially three options with respect to resolving its structural imbalance. One, it can increase its revenues. Two, it can reduce its expenditures. Third, it can re-assign some of its work to counties or other subsidiary governments. Both of these latter options will impact Pinellas County.

With respect to option two, the state can reduce its expenditures. It did so in Fall of 2007 by requiring an across-the-board budget reduction for all its departments and a similar reduction is projected for the spring of 2008. Should this strategy be employed for upcoming budgets, at some point, public services will be noticeably reduced. Unfortunately, a reduction in services does not reduce need. Local communities will still have people seeking services and will have to cope with their needs in some way. A reduction in state-provided programs means these individuals will turn to their local governments, local charities, families, friends and neighbors for assistance. Failing to receive assistance some will leave and some may turn to activities that will engage the law enforcement community.

The third option for the state is to assign additional responsibilities to counties or other local governments without providing any funding or only providing partial funding of what the state historically funded. This action is referred to as mandates by local governments and when no or inadequate funding is provided they are referred to as unfunded mandates.

The state has exercised this option in the past and certainly can in the future. In the past, county and local governments have been able to absorb such mandates because they have had the taxing capacity to do so either in terms of millage rate gap room or growing ad valorem revenues. Amendment 1, coupled with last year's legislative revenue cap, significantly changes that capacity. New state mandates that would impact ad valorem revenues are likely to result in service reductions in some other area.



Discussion

Given the structural imbalance in the state budget, continued pressures to provide education funding and hold education harmless from local property tax reduction, and the diminished capacity of local governments to pick up state services, it seems unlikely there will be significant growth in state funding for health and human services across-the-board beyond federally mandated levels. If there are further state budget reductions, the unresolved question is whether they will take the form of across-the-board reductions or targeted reductions. If it is the former, then a future of longer and more stringent eligibility criteria, waiting lists, delays for services and/or service limitations is likely. If it is the latter, then some programs will be severely curtailed or eliminated. Obviously, a dramatic shift in the state's revenue position will render this conclusion irrelevant.



Description of Local Funding Mechanisms

Background

This chapter reviews local funding entities and mechanisms, primarily but not exclusively, at the county level. In addition to providing descriptions of major funding entities and related funding processes, it highlights various creative funding patterns and organizational structures operating in the county that support health and human services.

Method

Information on local funding entities presented in this chapter comes from a variety of sources: administrative data, reports, websites, and personal interviews with senior staff from various agencies. The initial pool of funding entities identified was established by reviewing financial reports provided by large local funding entities (e.g., JWB and Pinellas County Health and Human Services). In the course of researching information on the identified funding entities, other funding mechanisms having an impact on Pinellas County became apparent.

Findings

Governmental Designees/Lead Agencies

Florida has a number of organizations with regional or lead agency responsibility for the planning and funding of human services for particular target populations. Some of these organizations were created by federal legislation, while others are unique to Florida. A portion of these lead agencies was created to administer funds on behalf of the designated regional agency. These organizations were generally formed to ensure consumer-driven decision-making for a particular target group or to create efficiencies in service delivery. The governmental designees/lead agencies originally identified in this study were:



- ❑ The ***Area Agency on Aging of Pasco-Pinellas, Inc.*** (AAAPP), which is the lead agency for social service programs for elders in this community. It was established by federal law in 1974. In 2000, the AAAPP was incorporated as a non-profit agency. In 2005, Florida designated the AAAPP as one of three Aging and Disability Resource Centers (ADRC) in the state. The establishment of ADRC's was a key provision of the 2006 reauthorization of the Older Americans Act. The ADRC in Pasco-Pinellas provides access to services for adults and seniors with severe and persistent mental illness and their caretakers.

The source of most of AAAPP funding originates from the Administration on Aging, an office within the HHS, as well as through the Florida State Department of Elder Services. AAAPP contracts for services with provider agencies in Pinellas and Pasco Counties to deliver programs according to its plan for elder services. Each agency is required to provide a 10% match to the AAAPP funds, either in cash or in-kind. In the past, many of these agencies have secured their match dollars from both Pinellas County and the City of St. Petersburg's Social Action Funds. As these funds have dried up, agencies are pressed to secure their own matches. Increasingly, agencies are providing an in-kind match or are drawing on their own financial resources. Funding to the AAAPP itself has remained static over the past several years.

- ❑ The ***Early Learning Coalition of Pinellas County, Inc.*** is responsible for planning and funding a service delivery system for parents of children from birth through five years of age. It was established by state statute in 1999 with the intent of blending funding from all early childhood education under one umbrella agency. As part of the goal of consolidating funding, the Early Learning Coalition of Pinellas County, Inc. also manages before and after care funds for school age children through 12 years of age and was recently awarded a grant to administer the Voluntary Pre-Kindergarten Program (Early Learning Coalition of Pinellas County, 2006). The Early Learning Coalition's budget is largely made up of federal funds which have seen no increase over the last six years (Early Learning Coalition of Pinellas County, 2007). The funds flow through the State Agency for Workforce Innovation and the Education Department's Vocational Rehabilitation program.
- ❑ ***Coordinated Child Care of Pinellas, Inc.*** is a "private, not-for-profit corporation designated by Florida's Agency for Workforce Innovation and the Early Learning Coalition of Pinellas, as the local service provider for child care scholarships and related family and provider support services for Pinellas County families" (Coordinated Child Care of Pinellas County, 2008). The agency acts as the administrator for child care funds flowing through the Early Learning Coalition. It also administers the state's new Voluntary Pre-Kindergarten Program. Further, it acts as the primary resource for parents seeking referrals for quality child care.
- ❑ The ***Safe Children's Coalition*** (SCC) is the Community-Based Care (CBC) entity for Pinellas and Pasco Counties with lead agency responsibility for child welfare services. Previously, child welfare services were operated by the Florida State Department of Children and Families. "In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a Lead Agency design. The intent of the original



legislation was to strengthen the support and commitment of local communities to the reunification and care of children and their families, and increase the quality, efficiency and accountability of services” (Florida Department of Children and Families, 2006, p. 10). The Sarasota Family YMCA was awarded the contract for five counties, including Pinellas. Through a series of sub-contracts with local providers, the Safe Children’s Coalition provides a range of services for children in the child welfare system, including case management, foster care and adoption services (Sarasota Family YMCA, 2008).

Lead agency responsibility for child welfare services in Pinellas County is currently undergoing change. The Florida Department of Children and Families released an Invitation to Negotiate (ITN) on December 11, 2007. A new provider for Circuit 6/the Suncoast Region, which encompasses Pinellas County, will be selected and assume responsibility for child welfare services sometime in the next year.

- The *Pinellas County Coalition for the Homeless* (PCCH) is an independent community-based not-for-profit organization that was created in 1984 to address the problem of homelessness in the community. The PCCH is comprised of a collaborative group of providers, faith-based organizations, local government representatives, concerned citizens and the homeless themselves (Pinellas County Coalition for the Homeless, 2008). In the year under review, FY 2005-06, the PCCH received a small amount of funding in the sum of \$350,000 from the Department of Children and Families to fund local homeless programs. Funding for homeless services increased significantly in subsequent years. By FY 2007-08, the PCCH had grown to approximately \$1 million in revenue.

While the PCCH functions as a collaborative, currently all U.S. Housing and Urban Development (HUD) funding for homeless services in the county goes directly to agencies. It is anticipated that in future years, the approximately \$3.1 million in revenue in the homeless continuum of care now going to agencies will be required to go through the PCCH. The PCCH would then also assume responsibility for monitoring the funds (S. Snyder, Executive Director, PCCH, personal communication, February 13, 2008).

A total of \$122,311,494 flowed to the county in FY 2005-06 through these governmental designees/lead agencies. Of these funds, the vast majority, were reoccurring funds. Reoccurring funds are dollars that, within certain constraints, can reasonably be expected to be received each year. Two of the funders, AAAPP and CCC, reported that they were required to provide matches to their funds.

Investigation into the funding mechanisms at work in Pinellas County revealed additional organizations that either have statutory designations as lead agencies for planning and/or funding or that act in that capacity.

- *West Central Florida Ryan White Care Council* (The Care Council) has lead responsibility for the planning and evaluation of services to the HIV community. Authority for the Council was established by Congress as part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006. “The Ryan White HIV/AIDS



Treatment Modernization Act of 2006, formally known as the Ryan White CARE Act, was initially enacted by the United States Congress in 1990, in response to the AIDS epidemic...It is the largest federal program that specifically funds HIV/AIDS services in the United States..." (West Central Florida Ryan White Care Council, 2008). The purpose of the Act is to fund medical care and essential support services for individuals living with HIV disease who do not have resources to acquire services on their own. The Act requires the establishment of regional planning bodies to determine how the federal funds should be dispersed. The Care Council is the designated planning body for an eight-county area, which includes Pinellas County. It does not directly provide services; it plans and evaluates them.

- **Provider-Sponsored Networks** are non-profit organizations that have been incorporated as joint ventures to serve a defined population. While they have no statutory authority, they are included in this section as "lead agencies" because, by virtue of their contractual obligations with state offices, they have assumed responsibility for a target population within a regional area. There are two provider-owned networks described in this report: (1) Florida Health Partners; and (2) Central Florida Behavioral Health Network. The funding mechanisms for these entities are discussed further in this chapter under Funding Mechanisms.

Local Governmental Funders

In this study, local government funding is comprised of the Housing Authority and units of government with taxing authority. The units of government involved include: Pinellas County, the JWB, the Pinellas County School Board, the major cities within Pinellas County and the Pinellas County Sheriff's Office.

- **Housing Authority:** The Pinellas County Housing Authority is an independent agency that was created through Florida Statute FS421.04-421.08 and operates with funding from the U.S. Department of Housing and Urban Development (HUD). Its purpose is to provide "decent, safe, and sanitary urban or rural dwellings, apartments or other living accommodations for persons of low income" ("Housing Authorities Law," 2007). The Pinellas County Housing Authority was formed in 1965. The five members of its Board of Commissioners are appointed by the governor of the State of Florida.

The Housing Authority owns four public housing complexes, serving a total of 586 families, which includes 100 individuals in an assisted living facility. In addition, they own three affordable rental housing complexes and operate a rental choice voucher program (Pinellas County Housing Authority, n.d.).

The properties owned by the Housing Authority are an essential part of the community's continuum of affordable housing. Recent HUD policy initiatives and funding cuts have adversely affected the amount of low income housing in this community. Housing Authorities have been allowed to close public housing and move into mixed moderate and low income housing, leading to significantly fewer low income housing units. Additionally,



in the next eight years, very large numbers of low income housing units will convert to market rate housing with the expiration of the 20-year mortgage-funding requirement that the units be used for low income residents. This is anticipated to result in an eighty percent (80%) reduction in low income housing stock across the county (Council of Large Public Housing Authorities, 1997).

- **Pinellas County** Departments in this study included *Health and Human Services*, as well as portions of *Community Development*, and *Justice and Consumer Services*. As the latter two departments operate a range of programs beyond human services, their responses were limited to those programs within the scope of this study.

The Health and Human Service Department and the Justice and Consumer Services Departments act as both funders and providers of services to residents of the county. The bulk of funding in the Health and Human Services Department goes toward health care services for low-income individuals, approximately two-thirds of the Department's budget. The portion of funding going toward health care expenses in the county has steadily increased over the last ten years and by the Department's own admission, the rate of growth in this sector is unsustainable (Freaney, 2007). While some health care services are rendered by its' own employees, the vast majority of county health care funding is linked to individuals eligible for specific insurance-type programs. The money is generally paid to a number of agencies on a fee-for-service basis. Program funding includes Low Income Pool (LIP) funding to hospitals for charity care, the county's own insurance program for low income individuals administered by WellCare Health Plans, Inc., and the required match dollars for Medicaid. The county also has a Social Action Fund which provides a small amount of grants to human service agencies outside of the fee-for-service structure.

Pinellas County Justice and Consumer Services funds only a small amount of human services, primarily to supplement programs designed to divert individuals from further incursion into the criminal justice system. Of these dollars, roughly half, or \$1,289,669, are used to fund non-mandated services.

Only a small portion of the work conducted by the Pinellas County Community Development Department is focused on health and human services. Through its access to federal Community Development Block Grant (CDBG) funding, however, it provides significant resources to local agencies in support of capital projects and housing programs.

- The **Juvenile Welfare Board Children's Service Council for Pinellas County (JWB)** supports "the healthy development of all children and their families in Pinellas County" (Juvenile Welfare Board Children's Services Council of Pinellas County, 2008). JWB is an independent taxing authority in Pinellas County; it does not render services directly, with the exception of its professional training program. Its primary role is that of advocate and funder of services to children and families. In that capacity, it plans for services, evaluates programs, researches best practices, and advocates for resources to improve the services available to children and families in this community. In recent years, the JWB has



focused its funding efforts on the prevention of child maltreatment, school readiness and ensuring that children are successful in school.

- ❑ The *Pinellas County School Board* provides some funding for human services by contracting with some agencies to provide services within the school system. In FY 2005-06, the School Board provided \$1,374,722 to fund programs such as truancy prevention, substance abuse/prevention and programs to individuals with developmental disabilities. They also provided in-kind resources to some agencies that render services within the confines of individual schools such as school health services, where nurses provided through the Pinellas County Health Department, deliver health care to students. In the last year, as governmental funders have been faced with shortfalls due to property tax cuts, the School Board has assumed responsibility for services previously funded by local governmental entities, such as the On-Campus Intervention Program (OCIP), an alternative to school suspension, and the Students Targeted for Achievement, Recognition, and Success (STARS) programs (Juvenile Welfare Board Children's Services Council of Pinellas County, 2007).
- ❑ *Cities:* The cities of Clearwater, Largo, and St. Petersburg are the primary cities providing funding to human services within the county, most through their Community Development Block Grant (CDBG) funding. Among these, the City of St. Petersburg is, by far, the largest contributor to human service funding and the only city with a funded position for social services. Like the other cities, CDBG funds provide the bulk of its human service funding. The City of St. Petersburg, however, also has a Social Action Fund which it uses primarily to support homeless services or the prevention of homelessness. In FY 2005-06, its Social Action Fund was \$610,646. The fund was reduced, by approximately \$200,000, for the 2007-08 fiscal year as a result of the property tax roll-back enacted by state government. Additionally, property tax reform caused the City of St. Petersburg to cut slightly more than \$50,000 to two additional programs, an alcohol and drug program and a shelter, both of which addressed homeless service needs (R. Abbott, Manager of Social Services Planning, City of St. Petersburg, personal communications, June 27, 2007).
- ❑ The *Pinellas County Sheriff's Office*, much like the Pinellas County Departments of Community Development and Justice and Consumer Services, funds only a portion of services deemed to be "human services" within the scope of this study. Additionally, most of the services that fall under the definition of human services are provided by members of the sheriff's staff, including child welfare investigation and victim's assistance programs.

Funding Mechanisms

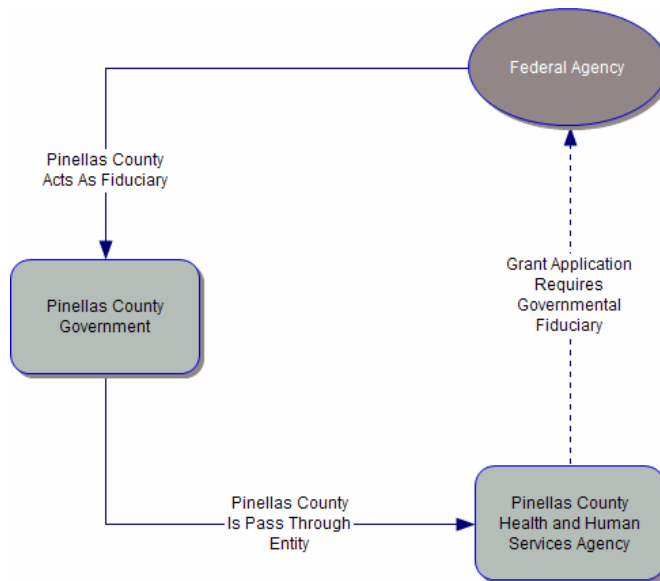
Federal and state funding is typically hierarchical with money flowing from larger to smaller units of government according to preordained formulas or through grant selection. It is at the level of governmental designees/lead agencies that one begins to see a diversity of funding

mechanisms emerge. Lead agencies, local governments, and agencies work collectively to secure additional funds and to move money among organizations in support of services or efficiencies that they have deemed to be crucial to the community. As a result, a number of creative funding patterns and organizational structures operate in the county to support services.

Pinellas County as Grantee

A number of non-profit agencies apply to the federal government for funds for specific purposes. The federal government sometimes requires a governmental “grantee agency” to administer the funds or may limit eligibility to governmental entities, such as, states, Indian tribal governments, and units of local government (U.S. Department of Justice, 2008). In the latter case, the non-profit would partner with local government in applying for the grant. After an award is made federal funds may flow directly to an agency or may “pass through” the local governmental unit who administers the grant. Pinellas County Human Services, Justice and Consumer Services, and Community Development departments all serve in this capacity for local agencies (see Figure 3.0).

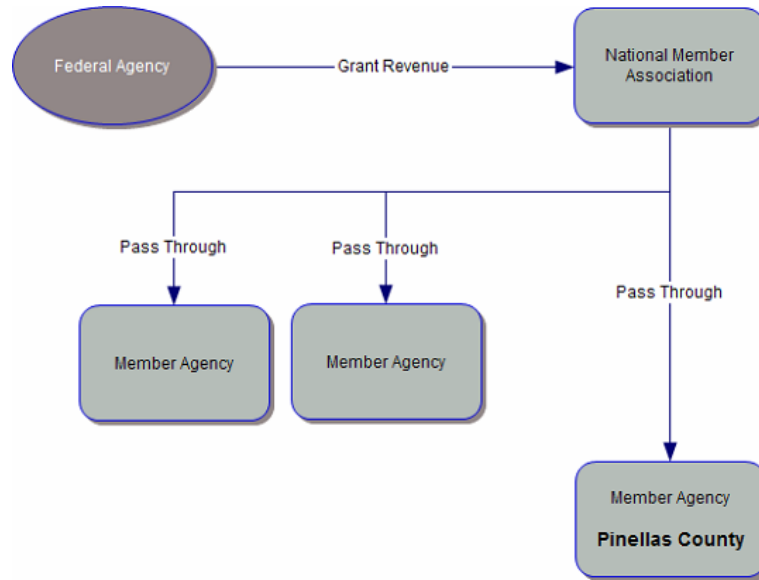
Figure 3.0. Pinellas County as grantee.



Member Agency of an Association.

Some agencies are members of larger national or state associations. At times, the parent agency applies for federal funding on behalf of its members. Once an award is received, the national or state association, “passes through” funds to its member agencies. In this case, Pinellas County residents are the direct beneficiaries of national advocacy efforts through increased funding to support specific populations or services (see Figure 3.1).

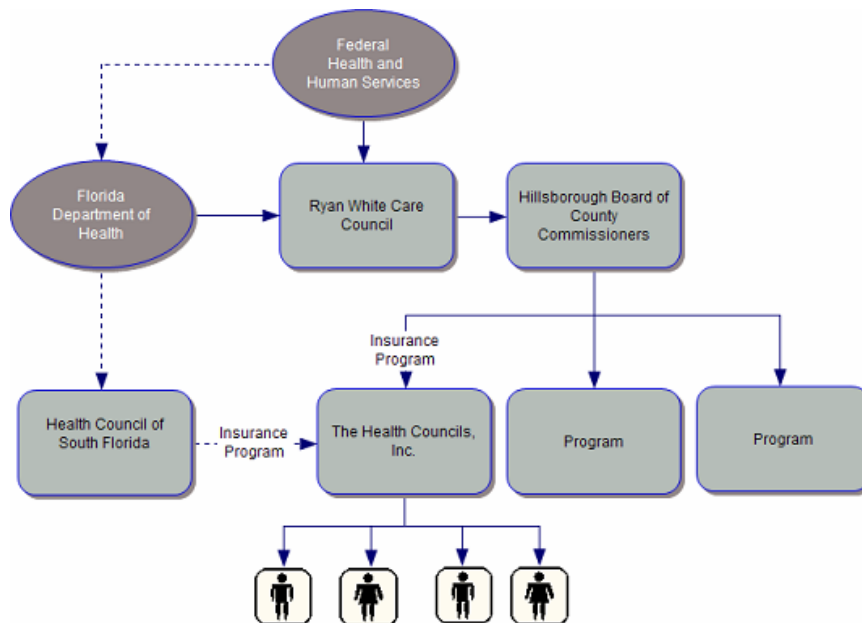
Figure 3.1. Member agency of an association.



Quasi-Governmental Bodies with Statutory Authority for Funding

HIV funding to support the insurance needs of individuals in Pinellas County is an example of federal funding flowing through a regional intermediary (see Figure 3.2).

Figure 3.2. Quasi-governmental bodies with statutory authority for funding.





The ***West Central Florida Ryan White Care Council*** is the designated planning body for HIV services for an eight-county area, which includes Pinellas County. The Care Council's role is to conduct needs assessments, prioritize needs and evaluate services. It does not directly administer the federal CARE funds. The Hillsborough County Board of County Commissioners (Hillsborough BOCC) has been designated as the federal grantee agency for the Care Council. The Hillsborough BOCC has also been designated as the lead agency to administer three additional grants from the Florida State Department of Health. They are: Ryan White CARE Act Part B, State General Revenue and Housing Opportunities for Persons with AIDS (HOPWA).

Annually, the Care Council conducts its needs assessments, prioritizes those needs, and gives its list of priorities to the Hillsborough BOCC. The Hillsborough BOCC manages the commingled funds within the constraints of each funding stream to contract with individual providers for services in accordance with the identified priorities of the Care Council. In this manner, the Care Council administers approximately \$14 million annually in HIV funding and manages 52 separate contracts with approximately 30 agencies throughout its region (West Central Florida Ryan White Care Council, 2008). One of the contracts managed under this arrangement is the *Insurance Services Program*.

The *Insurance Services Program* is administered by The Health Council, Inc., an umbrella organization for the Suncoast Health Council (representing Pinellas and Pasco counties) and the Health Council of West Central Florida, Inc. (representing Hardee, Highlands, Hillsborough, Manatee and Polk counties), which are separate 501(c)(3) organizations with statutorily required jurisdiction. For eligible individuals, the *Insurance Services Program* (ISP) pays up to \$400 per person per month for premiums for people who otherwise would be at-risk of losing their health insurance. It also pays up to \$175 per person per month for prescription drug co-payments. Approximately 95% of ISP funds go to drug co-payments for Persons Living With Aids (PLWA), including PLWA residing in Pinellas County.

In addition to Insurance Services funded by the CARE Act, The Health Council administers a look-alike program funded in part with federal and state dollars that flow to the area via the Health Council of South Florida. The look-alike program, known as the AIDS Insurance Continuation Program (or AICP) was created in the early 90's to spread the risk of HIV/AIDS care between the public and private sectors.

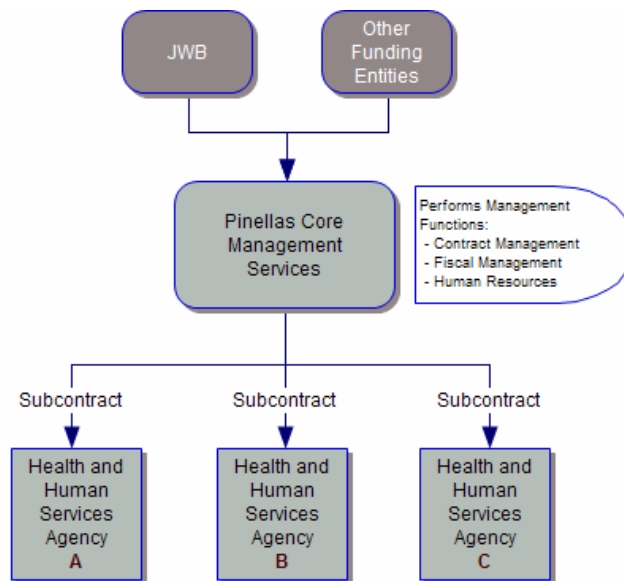
Collectively across the two programs (and multiple funding sources), The Health Council receives approximately \$1.7 million annually to fund health insurance services for PLWA in a seven-county service area that includes Pinellas County.

The ***Early Learning Coalition*** (ELC) is another example, albeit a less complex model, of this type of funding. As mentioned previously, the ELC has been given statutory responsibility for planning and funding for services for children birth to five years of age. This includes child care funding. The ELC, in turn, has contracted with Coordinated Child Care of Pinellas, Inc (CCC) to administer that program for them.

Management or Administrative Services Organizations

Management or Administrative Services Organizations are organizational structures that seek to minimize costs by consolidating administrative functions within one entity. They then provide those functions to smaller non-profit organizations that, otherwise, might not have the resources to hire the level of qualified staff needed to manage the operation efficiently. Pinellas Core Management Services is an example of such an organization. The JWB facilitated the development of this entity to support a number of Neighborhood Family Centers, the Greater Ridgecrest Youth Development Initiative and several other human service agencies. JWB provides most of the revenue flowing to these agencies through Pinellas Core Management Services through a vendor contract. Pinellas Core Management Services then sub-contracts with a group of agencies that have continued to maintain their autonomy by retaining their own Executive Director and board structure. Pinellas Core Management Services provides administrative support, including financial management; human resource functions and contract management services (see Figure 3.3).

Figure 3.3. Management or administrative services organizations.



Provider Sponsored Networks

Florida Health Partners (Florida Health Partners Inc., 2008) is an umbrella organization owned by ValueOptions, Inc., a managed behavioral health care company and Florida Behavioral Health, Inc., a non-profit joint venture created by local mental health and substance abuse providers to render care to Medicaid clients. Florida Health Partners has been operating in Pinellas County since 2004 when the Agency for Health Care Administration (AHCA) decided to award Prepaid Mental Health Plan contracts for clients previously served through fee-for-service Medicaid programs. Prepaid Mental Health Plans are a capitated payment mechanism. Under this arrangement, providers get paid a Per Member Per Month (PMPM) fee to assume the

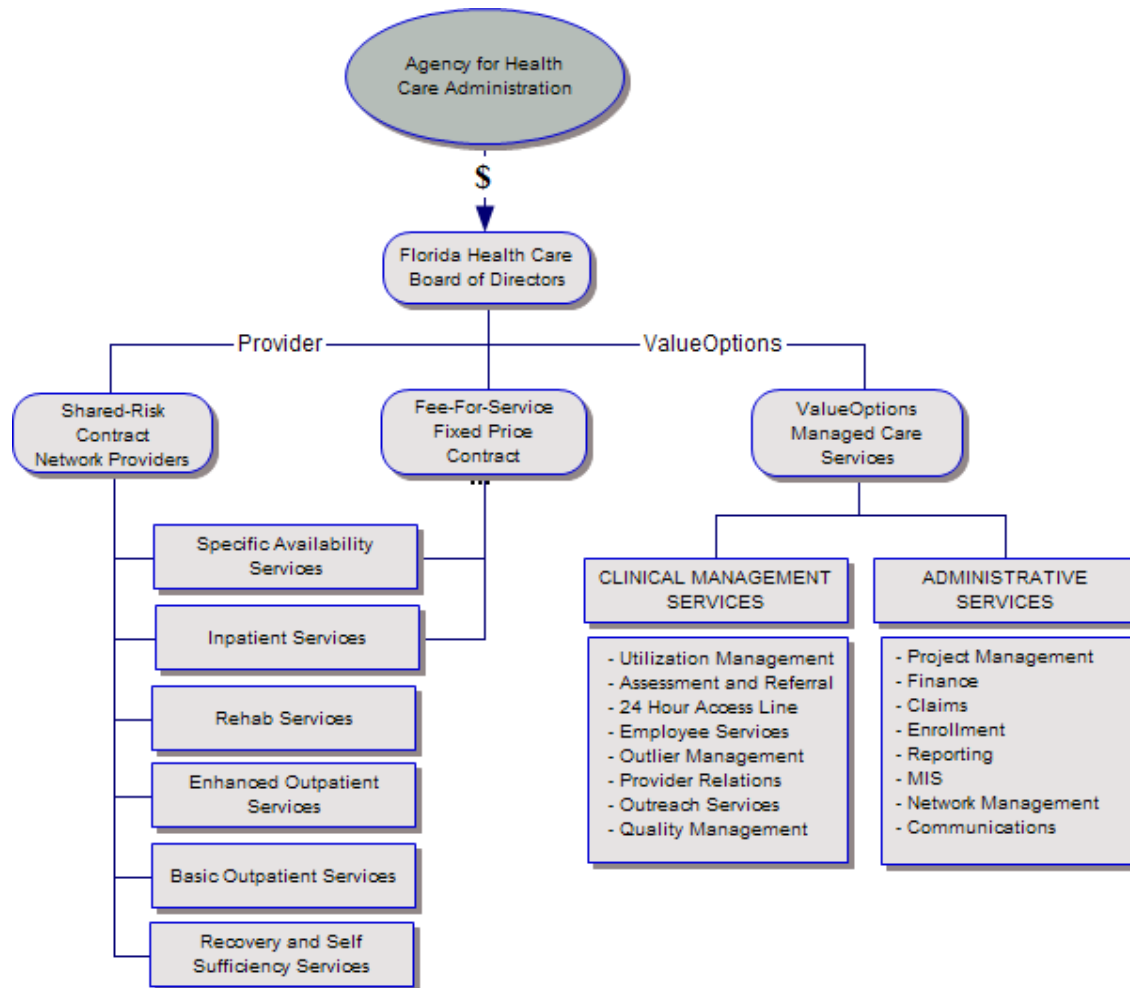


care for a population of clients. They then assume the risk for all care needed by those clients within a defined set of benefits. Ideally, “Capitation and at-risk contracting...create a vehicle that will allow necessary and appropriate care to be provided in an integrated and accountable manner that optimizes the functions of the system as a whole, even if it means sub-optimizing the functions of a specific service, facility or subsystem” (Zieman, 1995). Capitation accomplishes this by aligning fiscal incentives for providers to keep individuals well or to deliver the most appropriate, least restrictive level of care (see Figure 3.4).

The Florida Health Partner providers in Pinellas-Pasco are: Boley Centers, Directions for Mental Health, Suncoast Center for Community Mental Health, The Harbor Behavioral Healthcare Institute, Gulf Coast Jewish Family Services and Personal Enrichment for Mental Health (PEMHS). The population served under this arrangement are Seriously and Persistently Mentally Ill (SPMI) adults and Seriously Emotionally Disturbed (SED) children. Clients dually enrolled in Medicaid and Medicare are excluded.

When AHCA implemented the Prepaid Mental Health Plans, it retained ten percent (10%) of the dollars previously going toward this pool of funds. The network currently receives a fee of \$34.53 PMPM to care for approximately 27,760 SPMI and SED clients in Pinellas and Pasco Counties. ValueOptions, Inc., as the managed care company, originally took 16% of the funds to administer the program. Administrative costs have steadily decreased. This year, those administrative costs represent only 12.5% of the total pool. Members apply an additional 2% of the budget each month to the risk pool to cover the costs for extraordinary care. The members of Florida Behavioral Health, Inc. offer a range of services which include: acute inpatient, rehabilitation, outpatient medication, outpatient mental health, and case management. Their network is unique in that the members have opted to share a common risk pool, rather than bearing risk individually (G. MacMath, Executive Director, Boley Centers, Inc., personal communications, February 4, 2008). Consequently, they have an incentive to work together as a system of care for the people who have been entrusted to them.

Figure 3.4 Provider networks.

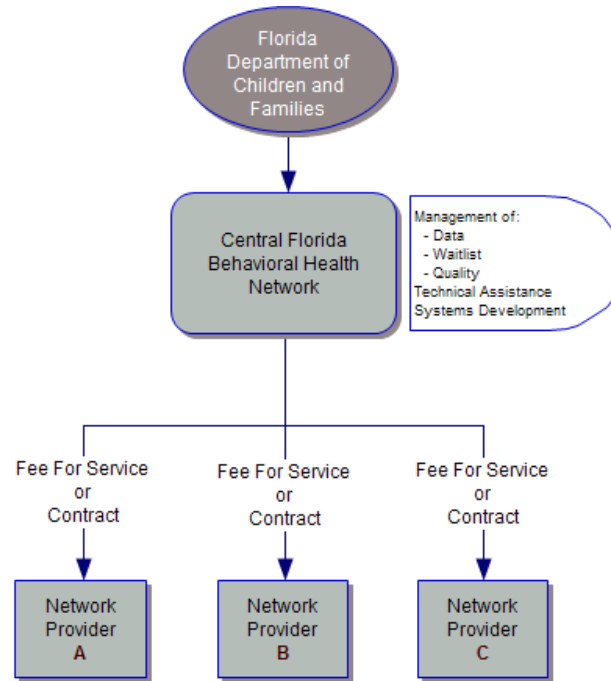


The *Central Florida Behavioral Health Network* (CFBHN) is an example of another provider-owned network (see Figure 3.5). It was incorporated in 1997, in this instance, to render substance abuse treatment to individuals in the Hillsborough County area. Subsequently, the network’s mission expanded to encompass mental health care and care to individuals with co-occurring disorders across a ten (10) county area of central Florida, including Pinellas County (Central Florida Behavioral Health Network, n.d.). In 2006-07 the network of providers served 112,071 persons with substance abuse and co-occurring disorders in Florida through multiple contracts. Approximately 35,000 adults and children are served annually through DCF-appropriated funds targeted to prevention, treatment and recovery support in the Suncoast Region through CFBHN. Services in Pinellas County through CFBHN are limited to substance abuse treatment and prevention. In 2005, the Network added 275 faith- and community-based providers throughout several counties, including Pinellas, to their Network under a federal faith-based grant initiative called “Access to Recovery” (Substance Abuse and Mental Health Services Administration, 2007). The Access to Recovery Grant funded services for 5,595 people who had not been eligible for treatment prior to the grant. It is important to note that this grant ended on



December 31, 2007 which will reduce funding and capacity throughout Florida and, specifically, in Pinellas County. Those funds were primarily used to support a range of homeless services.

Figure 3.5. Central Florida Behavioral Health Network.



CFBHN (Central Florida Behavioral Health Network, n.d.) was created as a partnership between the Department of Children and Families and the not-for-profit safety net providers. The intent was to create a seamless system of high quality substance abuse care and prevention for children and adults who often require services from multiple agencies. In its contract with the Department of Children and Families (DCF), CFBHN is charged with contract oversight and administration, systems development and management, data management and reporting, quality management, monitoring of access to care issues and waitlist, provision of technical assistance to providers and assurance of stakeholder and consumer input and oversight of local community service delivery design.

Additionally, CFBHN is charged with maximizing the revenue used to support substance abuse recovery. Where possible, CFBHN uses its network structure to blend funds from different sources to support services. County health care funds have been contracted through the Network as a defined health benefit, as well as funds from the Department of Health, Department of Labor and specific grants. DCF remains CFBHN's major funder. In 2005, this organization generated \$39,737,707 in revenue, the bulk of which came in the form of government grants (L. McKinnon, Chief Executive Officer, Central Florida Behavioral Health Network, personal communications, February 18, 2008).



Locally, the agencies participating in this network include: Boley Centers, Inc., Directions for Mental Health, Gulf Coast, Operation PAR, PEMHS, Suncoast Center, and Westcare. These agencies were required to provide \$853,031 in match dollars. Sources of match funds included Pinellas County Human Services, client fees, the UWTB, and the Department of Corrections.

Local Resources as In-Kind Services to the State. This last model is an example of the use of local resources to bolster a program at the state level. In the Justice and Consumer Services budget, the county has made the decision to hire three staff to work as “shared staff” in the state-operated Guardian Ad Litem’s office in order to enhance services to Pinellas County residents.

Discussion

Models of Program Administration

The funding mechanisms section of this study describes a number of agency administrative structures that have evolved over the last ten years to meet local needs. In the county’s current fiscal situation, with shrinking resources at all levels of government, most policy makers agree that changes to the existing service delivery system are needed to maintain essential community services. These administrative models provide an opportunity to study the types of organizational structures that work best in Pinellas County to provide optimal outcomes in the most fiscally prudent way.

Survey Results

Background

As indicated previously in this document, the HHSCC was asked to conduct a study to answer three questions:

1. What are the sources of public funding directed to health and human services in the county?
2. For a designated financial period, what is the amount of public funding in total and broken out by population and program types?
3. How are funds from the various sources leveraged, linked, or dependent upon one another?

To help answer these questions, the HHSCC surveyed governmental designees/lead agencies, local governmental funding entities, human service agencies and hospitals meeting inclusion criteria for this study. This chapter discusses the survey methodology and findings from the three surveys deployed by the HHSCC.

Method

Scope

Surveys focused on revenue for health and human services provided by agencies that had program locations in Pinellas County and served Pinellas County clients. It did *not* include:

- Assisted living facilities
- Unsubsidized child care
- Nursing home care
- Economic self-sufficiency programs (other than Medicaid)



- Private health and dental services
- Correctional facilities
- Pinellas County schools or other educational institutions
- Hospice
- Employment programs
- Veterans' services

Procedures

Data were gathered from agencies, funders, and select hospitals. The initial pool of 127 agencies, identified for inclusion in this study, resulted from a query of 2-1-1 Tampa Bay Cares' ServicePoint database. Through an iterative process, involving input from both the Policy Board and the Forum, the universe of potential agencies eligible for inclusion in the study was refined. This process resulted in 27 agencies being removed and three (3) being added. Thus, the final pool of agencies was 103; data were collected on 91 agencies, resulting in an effective response rate of 88.3%.

Efforts were made to increase participation and minimize the impact of missing data during all facets of this study. However, because the landscape of funded agencies has changed somewhat since FY 2005-06, in a very small number of cases (e.g., Neighborhood Family Centers Coalition), inferences had to be made based on available data and input from agency staff.

Agencies identified in the aforementioned process were invited to participate in the study via U.S. mail and e-mail. Included in the correspondence were links to study-related electronic documents, which were available for download at www.pinellasindicators.org. Agencies were asked to submit an Agency Funding Study Report Form (see Appendix H), summarizing revenue for programs and/or projects for FY 2005-06. Information provided was for the funding entity that directly paid the agency for program services, regardless of the original source of the revenue. Agencies with program locations in multiple counties were asked to report revenue for only Pinellas County programs.

Information was analyzed at the agency and program level using information provided on the Agency Funding Study Report Forms. When this was not possible, attempts were made to derive data from audited statements and/or IRS Form 990s. The total revenue was computed by removing subcontract revenue to minimize the potential for accounting for revenue more than once. Total revenue does not include in-kind revenue; however, where appropriate, in-kind revenue is reported to provide a better indication of the costs associated with providing a particular category of service.

Funders were also invited to participate in the study via U.S. mail and e-mail, with links to study-related electronic documents, available for download at www.hhscc-pinellas.org. Funders were asked to complete a Funder Funding Study Report Form (see Appendix I) summarizing revenue for programs and/or projects for FY 2005-06. In addition to providing revenue amounts from federal, state, and local sources, funders were asked to report the amount of one-time revenue as well as any money that was considered to be "pass through" revenue or matching revenue. They were also asked to rank the level of restrictions on funds, using high, moderate or low.



To supplement revenue data, agencies and funders were asked to choose one (1) of 25 program service descriptors that best reflected the program's primary purpose. The service descriptors can be broadly classified into nine categories:

1. Basic Needs
2. Criminal Justice and Legal Services
3. Income Support and Employment
4. Mental Health Care and Counseling
5. Consumer Services and Protection
6. Educational Services
7. Health Care
8. Individual and Family Life
9. Organizational/Community

Agencies and funders were also asked to select the population descriptor that best reflected the primary target population for the program: children (birth to 17 years of age), adults (18 years of age or older), or both.

Data were collected on 13 funding entities falling under the categories of governmental designee/lead agency and local funders. All governmental designee/lead agencies originally identified as funders submitted information. Those organizations were: The Area Agency on Aging, Coordinated Child Care, the Early Learning Coalition, the YMCA of Sarasota (Safe Children's Coalition) and the Pinellas County Coalition for the Homeless.

Data were collected from eight organizations identified as local governmental funders. These organizations represent the major funders of health and human services at the local level. They included: The City of St. Petersburg, the JWB, Pinellas County Community Development, Pinellas County Health and Human Services, Pinellas County Justice and Consumer Services, Pinellas County Sheriff's Office, the state-operated Pinellas County Health Department and the United Way of Tampa Bay.

Hospitals were invited to participate in the study via personal communication and e-mail and they were provided with a packet that included instructions for completing the Hospital Funding Study Report Form (see Appendix J). Their reports summarized FY 2005-06 revenue in three broad categories: emergency department, behavioral health and other general medical.



Findings

Total Revenue for Health and Human Services: \$1,477,394,563

The *Florida Non-Profit Employment Report* (Salamon, Geller, & Sokolowski, 2007) indicates that total revenue for Pinellas County non-profits in 2005 was \$2,381,343,139, with per capita expenditures of \$2,427. The total portion of that revenue in FY 2005-06 received by non-profit providers in support of health and human services in Pinellas County was \$1,477,394,563 (see Table 4.0). A little less than \$1 billion of that revenue went to general medical hospital expenses, leaving the remainder, \$523,945,354 for human services. Included in the figure for human services is \$118,525,220 for hospital-based emergency departments and behavioral health services. Funders who provide direct services internally account for an additional \$90,709,413. The Pinellas County Health and Human Service Department and the Pinellas County Health Department provide the most services in this category. The remainder of the money, \$314,710,721, was divided across the 91 human service agencies that participated in this study.

Table 4.0. Revenue for Health and Human Services

Total Revenues ¹	
Total Nonprofit Health and Human Services	\$ 1,477,394,563
Total Nonprofit Health and Human Services, excluding hospital general medical	523,945,354
Hospital Emergency Departments and Behavioral Health	118,525,220
Funders	90,709,413
Agencies	314,710,721

¹ Figure does not include the four HCA for-profit hospitals operating in Pinellas County. Those hospitals reported revenue of \$2,184,233,906 in 2006 (Agency for Health Care Administration, 2006). This figure includes all individuals served in those hospitals, while other hospital figures were adjusted for Pinellas County residents.



Governmental Designee/Lead Agencies: Total Dollars and Restrictions on Use

The *Area Agency on Aging* reported \$20,781,973 in revenue, most of which came from federal sources through the state. Other than restriction to the elder population, they reported few limitations on the use of their funds. *Coordinated Child Care* reported \$56,518,965 in revenue. Most of the organization's revenue, or 80.8%, came from the *Early Learning Coalition*. Coordinated Child Care reported that their revenue was highly restricted. The *Early Learning Coalition* reported \$45,808,165 in revenue. They pass all but \$122,279 of this revenue on to Coordinated Child Care for subsidized Child Care and Voluntary PreKindergarten services. Their dollars are also highly restricted

The *YMCA of Sarasota (Safe Children's Coalition)* reported revenue of \$33,133,744, most of which came from the Florida State Department of Children and Families. Again, revenue was highly restricted. The *Pinellas County Coalition for the Homeless*, as noted in an earlier section of this report, had limited funds in FY 2005-06, a total of \$345,000. All of this money came from the State of Florida and it had few restrictions on its use.

Local Governmental Funders: Total Dollars and Restrictions on Use

The source of local funding is relatively straightforward for most governmental funders.

Pinellas County Department of Justice and Consumer Services reported a total of \$2,039,669 in revenue supporting health and human services. Over half of that money was in the form of local tax dollars. The remainder was split evenly between state and federal sources and was simply passed through Justice and Consumer Services to agencies offering programs to individuals. These funds constituted the majority of the mandated services offered through Justice and Consumer Services. The only non-mandated services funded through the department were the Drug Court and the Juvenile Assessment Center. In total, roughly half of all the available dollars, \$1,289,669 were used to fund non-mandated services. There were no match requirements reported for any of these funds. There was no one-time revenue in the total dollar pool.

The *Pinellas County Sheriff's Office* reported \$13,442,441 in revenue for FY 2005-06 to provide services considered to be "human services". The bulk of those services, \$11,725,770, were child welfare investigation services funded through the Department of Children and Families. The remaining dollars went to boot camp and victim assistance programs largely funded through the DJJ. There were no match requirements reported and no "pass through" dollars. The use of the dollars was highly restricted. There was no one-time revenue in the total dollar pool.



In FY 2005-06, the *Juvenile Welfare Board* reported total revenue of \$49,909,287. This revenue was almost exclusively raised through local tax dollars. None of their funds were in the form of “pass through” dollars to agencies and there were no match requirements. Their revenue did include \$518,877 in one-time revenue. One-time revenue is often earmarked for capital expenses, although JWB does occasionally allocate one-time funding to programs for organizational change efforts. JWB revenue has few restrictions on its use. JWB provides more direct grants to programs in the county than any other local funding body.

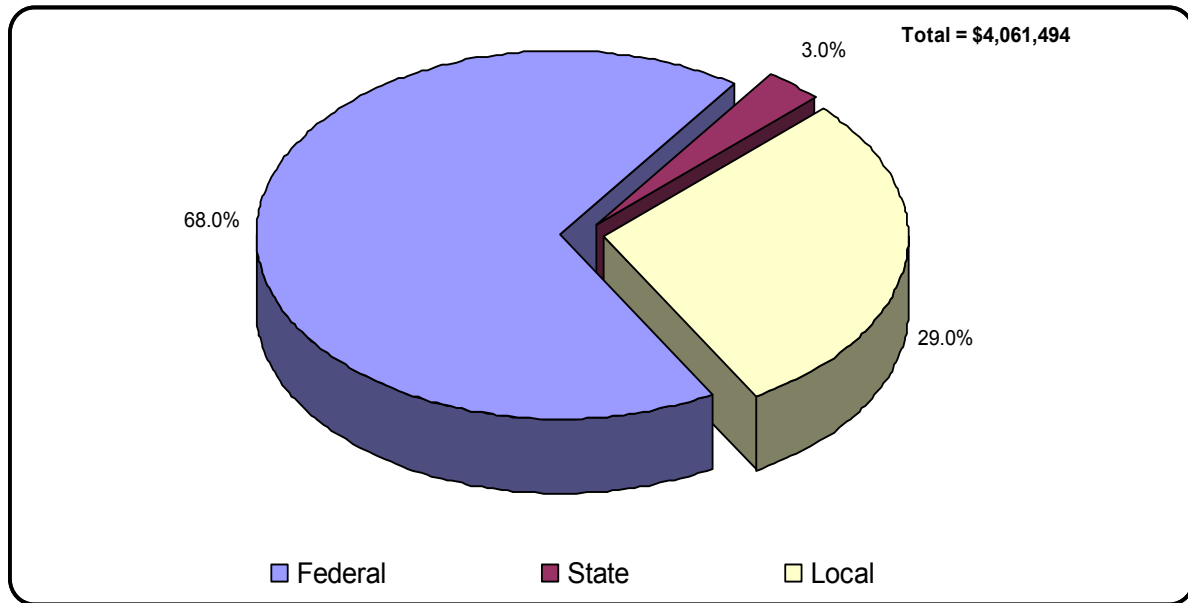
The *United Way of Tampa Bay* reported revenue of \$3,936,438 to support services in Pinellas County. There were no “pass through” dollars in this revenue and no match funding was required. Like the JWB, use of these funds is very flexible.

Sources of funding are more complex for the following funders:

The *City of St. Petersburg* reported \$4,061,494 in revenue to support health and human services in FY 2005-06. The majority of these funds, \$2,763,713, were funds that “passed through” the city from the federal government, largely for programs to benefit the homeless population. HUD accounted for \$2,563,713 of these funds through its CDBG funds. The city secured a small amount of DOJ funds, \$200,000. The city also “passed through” a small amount of DJJ funds, \$120,059, to other agencies. The city itself contributed \$1,177,722 in local tax dollars. There was no one-time funding reported and no match requirement reported. As 71% of the funds flowing through the City of St. Petersburg were “pass through” dollars, the city itself had little discretion regarding their use. Thus, these funds were highly restricted. The funds raised through local tax dollars, however, were highly flexible. The majority of those dollars were used for the city’s Social Action Funding in FY 2005-06 in the amount of \$610,646. These funds were distributed in small grants to 51 different agencies in amounts ranging from \$2,000 to \$67,000 (see Figure 4.0).



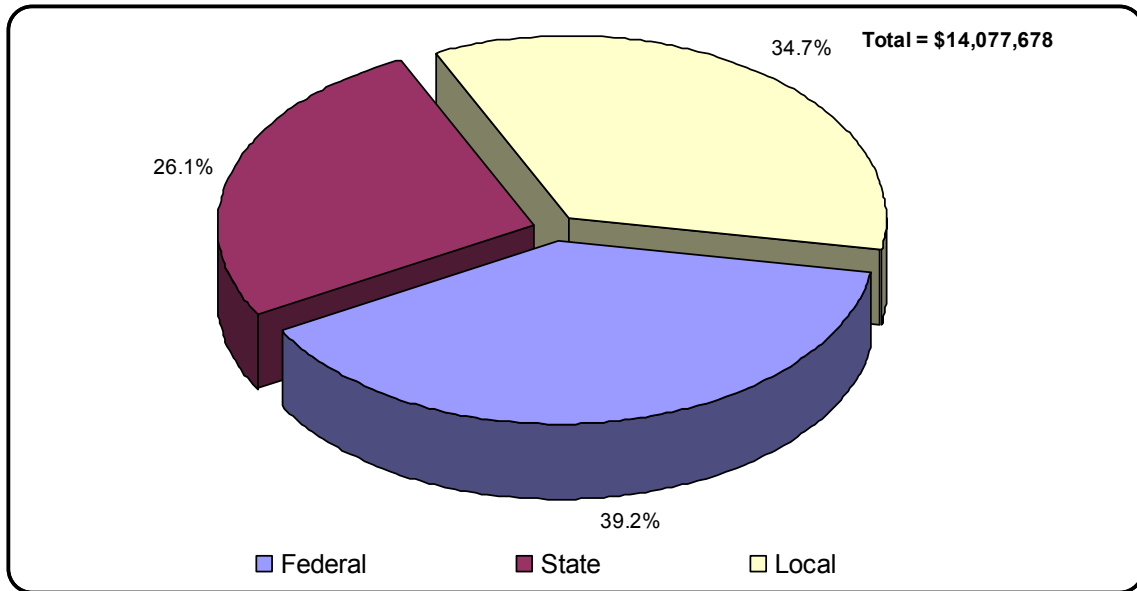
Figure 4.0. Percentage of revenue attributed to source for City of St. Petersburg.



Pinellas County Community Development reported revenue of \$14,077,678 in FY 2005-06 in support of health and human services. The source of revenue was evenly mixed, with roughly a third coming from federal sources, a third from state sources and a third from local sources. Federal and state funding combined equaled \$9,193,444 in reoccurring funds of which \$285,909 was required to match the \$5,516,889 in federal dollars. There was \$4,884,234 in program fees reported as one-time funds. In FY 2005-06, the Pinellas County Community Development Department provided \$3,899,144 dollars in discretionary one-time funds to fifteen programs operated by 11 agencies. All of these funds were “pass through” dollars and included capital projects, as well as programs such as homebuyer education, home repair, and foreclosure prevention (see Figure 4.1).

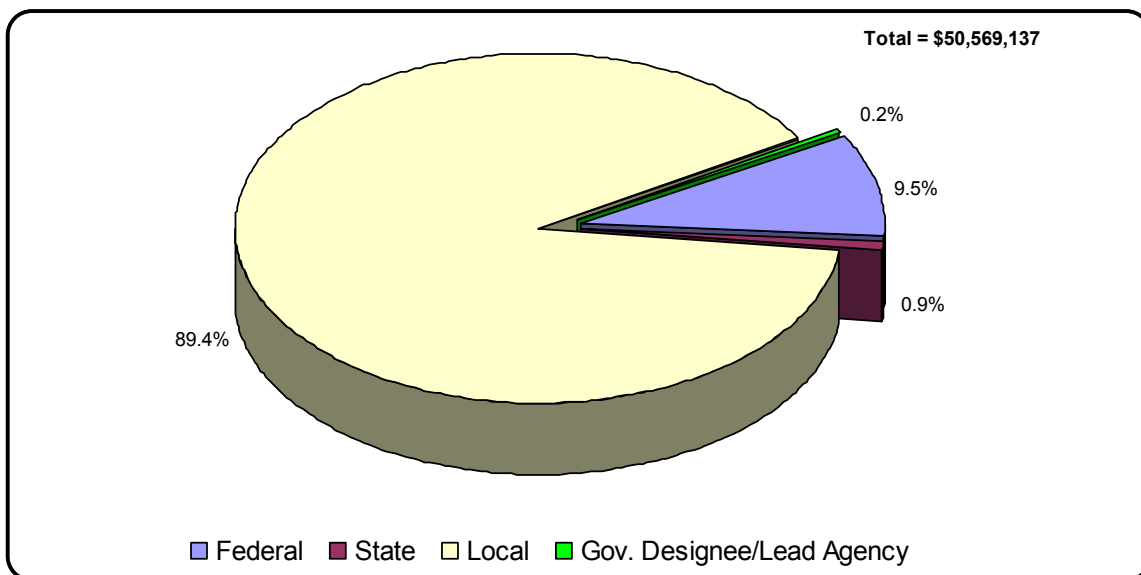


Figure 4.1. Percentage of revenue attributed to source for Pinellas County Community Development Department.



Pinellas County Health and Human Services reported \$50,659,137 in revenue in FY 2005-06. Most of the revenue reported, \$45,290,528, represented local tax dollars. The second largest source of revenue, \$4,804,304, came from the federal government. All of those funds, except for \$157,960, came from HHS. The \$157,960 came from the DOJ and was “passed-through” to another agency (see Figure 4.2).

Figure 4.2. Percentage of revenue attributed to source for Pinellas County Health and Human Services.



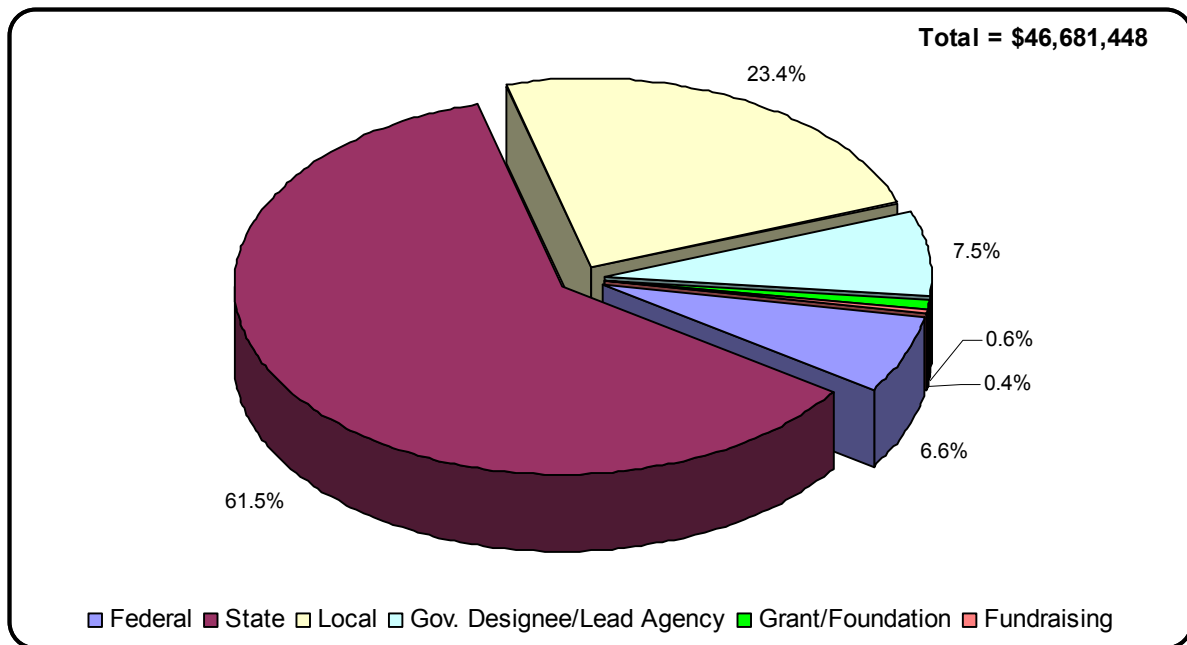
At the state level, Pinellas County Health and Human Services received \$380,848 from the Department of Education’s Vocational Rehabilitation Office and \$73,446 from the Department of Health. The money from the Department of Health was “pass through” funding to another agency, with the county acting as “grantee”. Additionally, Pinellas County Health and Human Services received \$110,011 from the Area Agency on Aging.

Pinellas County Health and Human Services is both a provider and a funder of services. As a provider, the majority of its programs are health-related, such as its mobile medical van. As a funder, it supported a range of social service and health-related programs, such as public assistance, a summer food program, homeless services and community health centers. It also managed a pool of discretionary dollars in a Social Action Fund. In FY 2005-06, the Social Action Fund totaled \$950,000 which was awarded to 47 different agencies operating a total of 60 different programs in amounts ranging from \$2,500 to \$34,000.

Pinellas County Health Department reported \$46,681,448 in revenue in FY 2005-06. The Health Department has the most complex funding picture (see Figure 4.3). They reported their revenue as moderately restricted.

The Pinellas County Health Department received most of its funding, \$28,712,522, directly from the state. All of those dollars were reoccurring funds, with \$27,691,392 coming directly from the Florida Department of Health.

Figure 4.3. Percentage of revenue attributed to source for Pinellas County Health Department.



Local funding comprised the next largest source of funds, \$10,931,861. Of the almost \$11 million in local funds, slightly more than half (\$5,660,703) came from the JWB. An additional



40% (\$4,342,380) came from a Pinellas County department other than Health and Human Services. The Pinellas County Health and Human Services Department provided \$176,000 in revenue. The Health Department also received \$752,778 from Hillsborough County to provide HIV/Aids services under the arrangement described in the Funding Mechanisms section of this report.

Additionally, the Health Department received \$3,479,713 in funding from governmental designees/lead agencies, of which \$958,788 was a required match and \$ 66,552 of the total was one-time funding. The Health Department was also the only funder to report revenue from a member association. They received \$275,824 from this source of which \$110,985 was one-time revenue and \$116,071 was matching funds.

As noted earlier, the Pinellas County Health Department is both a funder and a direct provider of services. In FY 2005-06, the Department awarded \$6,049,984 in revenue to 50 agencies ranging in amounts from \$480 to \$1,301,984.

Revenue to Hospitals: \$1,071,974,429

Hospitals reported total revenue of \$1,071,974,429 for Pinellas County residents in FY 2005-06. Their largest source of funding came from Program Revenue, \$1,041,842,648 (see Table 4.1). They received \$13,378,958 in state revenue, mostly from the Department of Health. They received smaller amounts from the Agency for Persons with Disabilities and from the Department of Education, Division of Vocational Rehabilitation. The third major source of funding for hospitals was federal revenue at \$11,056,174.

Table 4.1. Hospital Program Revenue Sources

Revenue Source	Sum
Self Pay	\$ 12,370,865
Interest Income	109,448
Medicaid	105,237,587
Medicaid HMO	26,594,999
Medicare	282,034,680
Medicare HMO	78,318,407
FLA State Healthy Kids/Stayewell	5,236,198
HMO PPO Insurance	438,445,763
Commercial Insurance	9,717,985
Auto Insurance	39,122,851
Workers Compensation Insurance	14,877,237
Other Insurance	26,672,897
Sales	3,103,732
Total	\$ 1,041,842,648

Money received directly from local funders comprised only a small portion of revenue reported by hospitals. Within the local funder category, Pinellas County departments provided the most



funding, a total of \$3,454,864. The Pinellas County Health and Human Services Department provided \$1,391,749 of those funds. The Pinellas County Sheriff's Office contributed an additional \$114,872 in revenue. The remainder was provided by another department within the county.

Hospitals themselves raised \$1,375,988 in the “Individual and Corporate Donations” category, and \$88,248 from foundations. The remainder of their revenue was comprised of items such as interest income and other sub-contracts. Hospitals received no money from governmental designees/lead agencies. Hospitals also reported that they delivered \$57,729,910 worth of Charity Care.

General Medical services constituted the largest share of hospital revenue. Behavioral Health and Emergency Departments generated revenue in roughly equal amounts. Behavioral Health revenue amounted to \$52,559,557 and Emergency Department revenue was \$65,965,663.

Revenue to Agencies: \$314,710,721

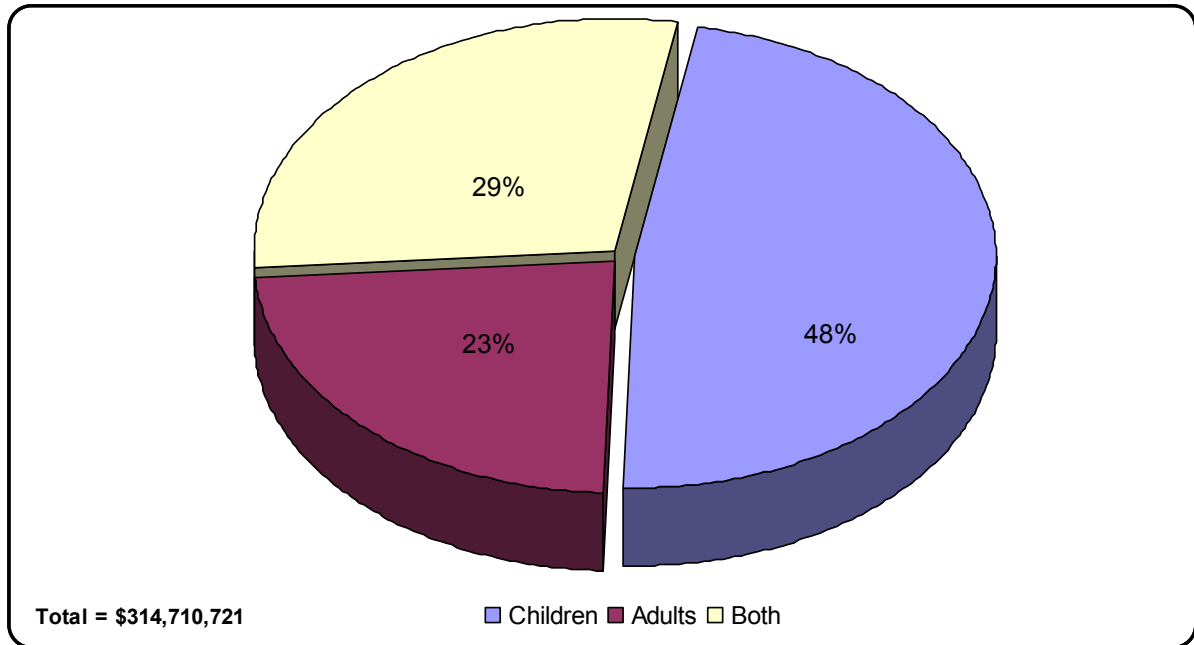
The greatest amount of revenue to agencies for health and human services, \$80,399,330 or 25.5%, came from the State of Florida. Agencies' second largest source of income, \$75,398,649 or 24%, came through governmental designees/lead agencies. These organizations receive almost all of their funding from federal and state sources. Direct local funding accounted for only 17% of revenue, closely matched by the agency's own program revenue at 16.4%. The remaining 17.1% was made up of a combination of federal dollars, foundation grants, cash, internal fundraising, and miscellaneous funding.

Health and Human Service Revenue by Population

Children were the major beneficiaries of human service revenue. Agencies were asked to indicate the population served in their programs in three categories: Children, Adults, Both (children and adults). The results were: Children - 48%; Adults - 23% and Both - 29% (see Figure 4.4). It should be noted here that children also benefited from programs that served both populations, so the percentage of services available to children was actually higher. This shows a substantial community investment in children's services, as children represented only 19.3% of the population in 2006 (U.S. Census Bureau, n.d.).



Figure 4.4. Percentage of revenue by primary age group.

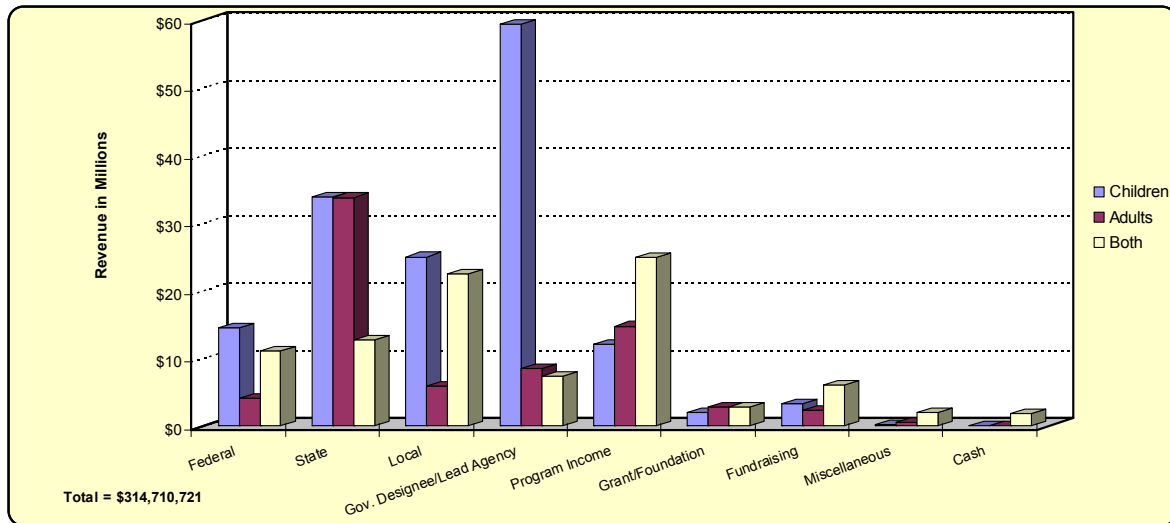


Analysis of revenue by population and funding source, however, showed substantial variation with respect to the funders that were supporting specific populations. The greatest amount of funding to children came through the governmental designees/lead agencies, \$59,487,503, the vast majority of which is dedicated to child care and early education programs.¹ State funding was the second most frequent source of revenue for children’s programs. State revenue was almost entirely Department of Children and Family’s funding to the Safe Children’s Coalition for child welfare services. The third greatest source of support for children’s services was local revenue at \$25,016,283. JWB provided the bulk of that revenue. Overall, JWB provided 14.6% of all funds in Pinellas County going solely to support children’s services (see Figure 4.5).

¹ It should be noted here that JWB gives substantial funding to governmental designees/lead agencies for child care and early education. In these instances, the funding is displayed under the receiving funder, the governmental designee/lead agency.



Figure 4.5. Revenue source by primary age group.



The State of Florida bore the brunt of funding services to adults, \$33,844,309. Program revenue, at roughly half the amount of state funding, provided the next most common source of funding for adult services. Program revenue reported for adult services was almost evenly divided between Medicaid, \$5,867,375, and Fees for Service, \$5,953,875.

Programs that serviced both children and adults were primarily funded through local revenue streams and program income. They received approximately 52% of their revenue from these sources.

The collection of program revenue by agencies reveals differences in the personal resources available to populations. Across programs serving primarily adults, program revenue accounted for a total of \$14,788,428. Across programs serving primarily children, program revenue accounted for a total of \$12,048,496. While slightly more program revenue was collected for adults than children, adults made up over 80% of the population, indicating that program revenue is heavily skewed toward children. This disparity is due, no doubt, in part to the fact that children are far more likely to be insured, either through Medicaid or the Florida State Healthy Kids/Staywell program. Additionally, many “individual and family life services” included in the study are summer camps, recreation programs, and groups such as the Girl Scouts, where parents pay either a full fee or a reduced fee based on income. In either case, program participants are more likely to personally contribute to services for children.

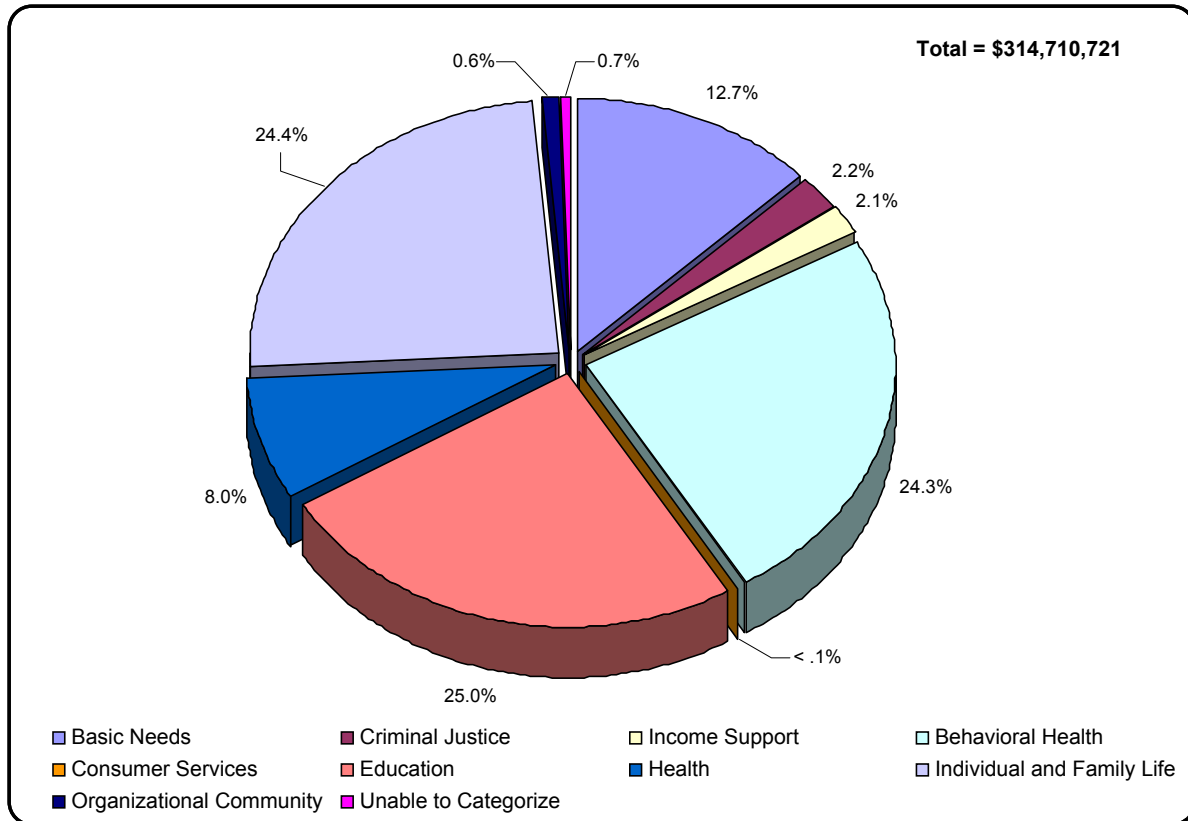
Total Revenue by Service Category

Services were classified into nine macro-level categories: Basic Needs, Behavioral Health, Health, Criminal Justice, Consumer Services, Individual and Family Life, Income Support, Education,



and Organizational/Community. Figure 4.6 shows the breakdown in human service revenue for FY 2005-06 by those service categories. The majority of revenue was evenly divided across education, behavioral health, and individual and family life.

Figure 4.6. Percentage of revenue by service category.



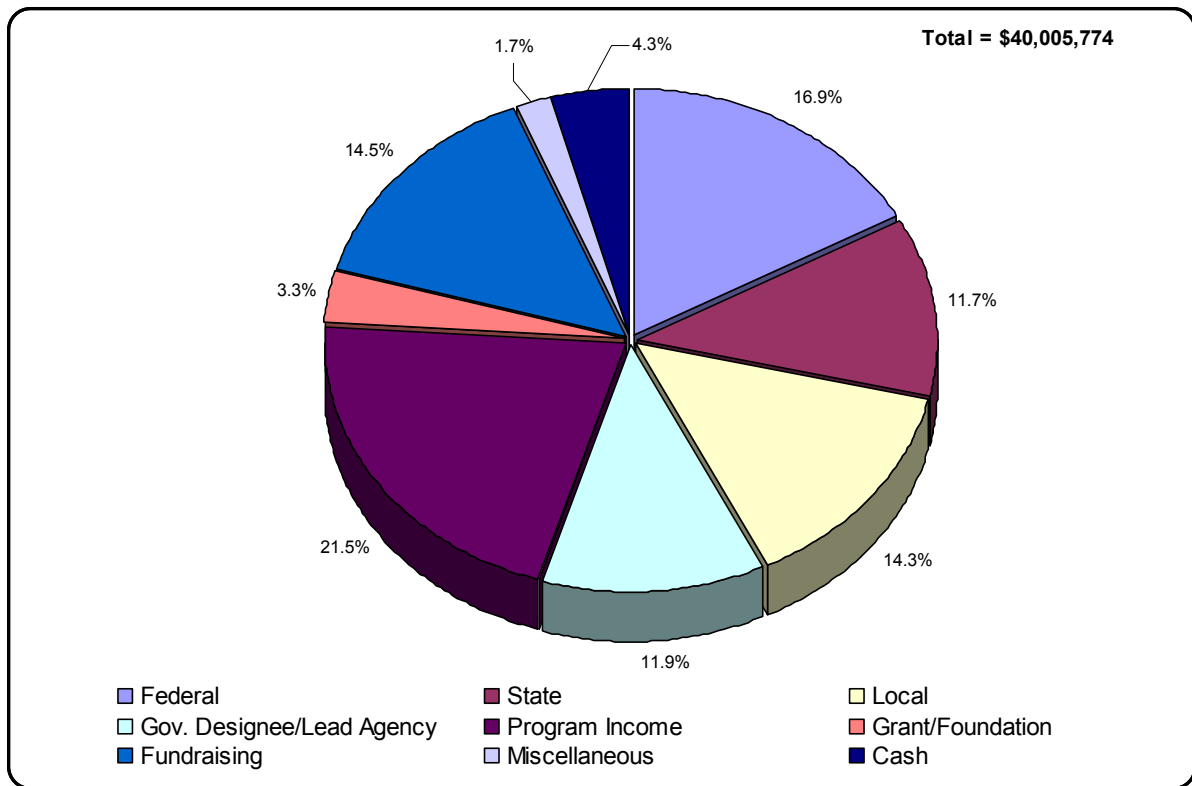
NOTE: Three programs could not be placed in a service category and these accounted for \$2,152,340.

Basic Needs

For FY 2005-06, agencies reported receiving \$40,005,774 in revenue for basic services to residents of Pinellas County. Basic needs includes food, housing, material goods, transportation, and temporary financial assistance for individuals with low or fixed incomes. Agencies rendering shelter, supportive housing and transitional housing constitute the largest number of providers in this category. They are predominantly funded through program income made up of Medicaid and program fees such as rental income from vouchers or social security and disability payments. The federal government, through HUD, provides the largest governmental source of funding. Interestingly, in support of their programs, agencies secure as much revenue from their own fundraising efforts as they do from local government, about 14% (see Figure 4.7).



Figure 4.7. Percentage of revenue for basic needs services attributed to funding source.



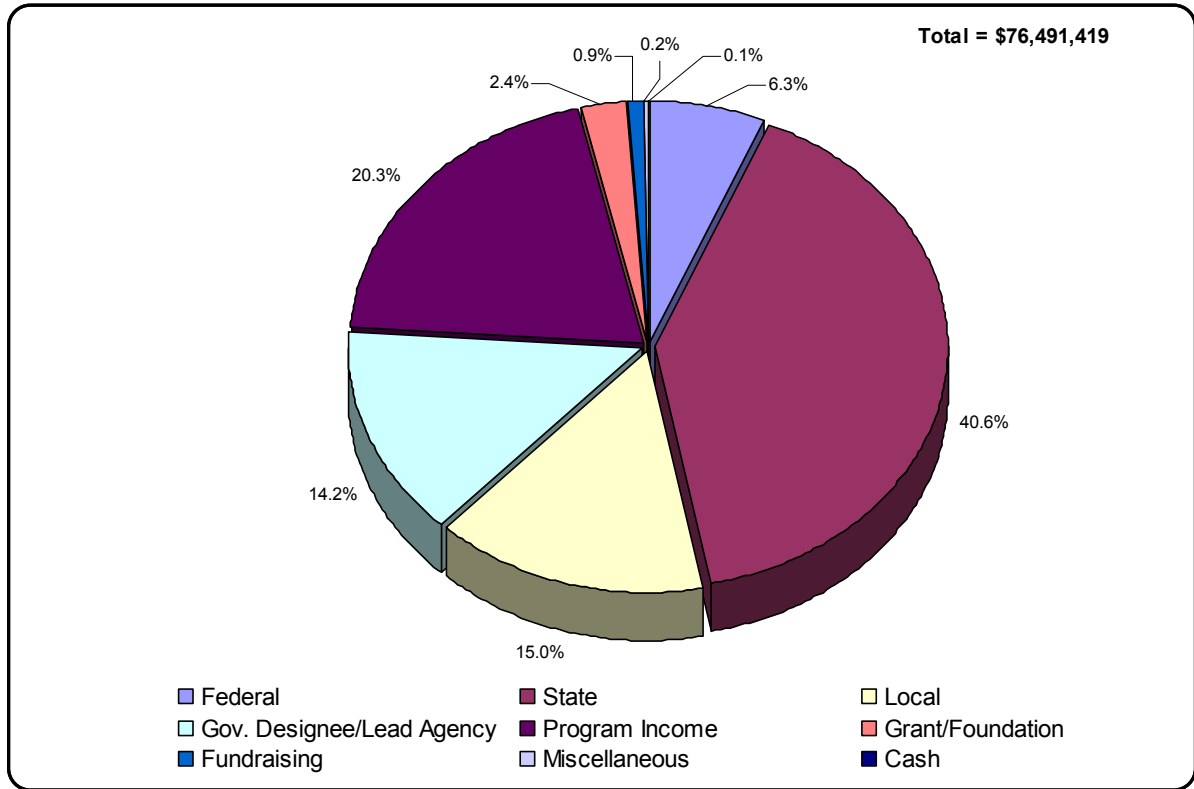
Behavioral Health Care

The Behavioral Health Care category includes agency-based inpatient, outpatient and residential mental health and substance abuse treatment services, counseling services and hospital-based behavioral health programs.

For agencies, the total amount of funding for behavioral health services was \$76,491,419 (see Figure 4.8). The state provided almost half of that funding at 40.6%. Not surprisingly, program revenue contributed the next largest share, 20.3%.

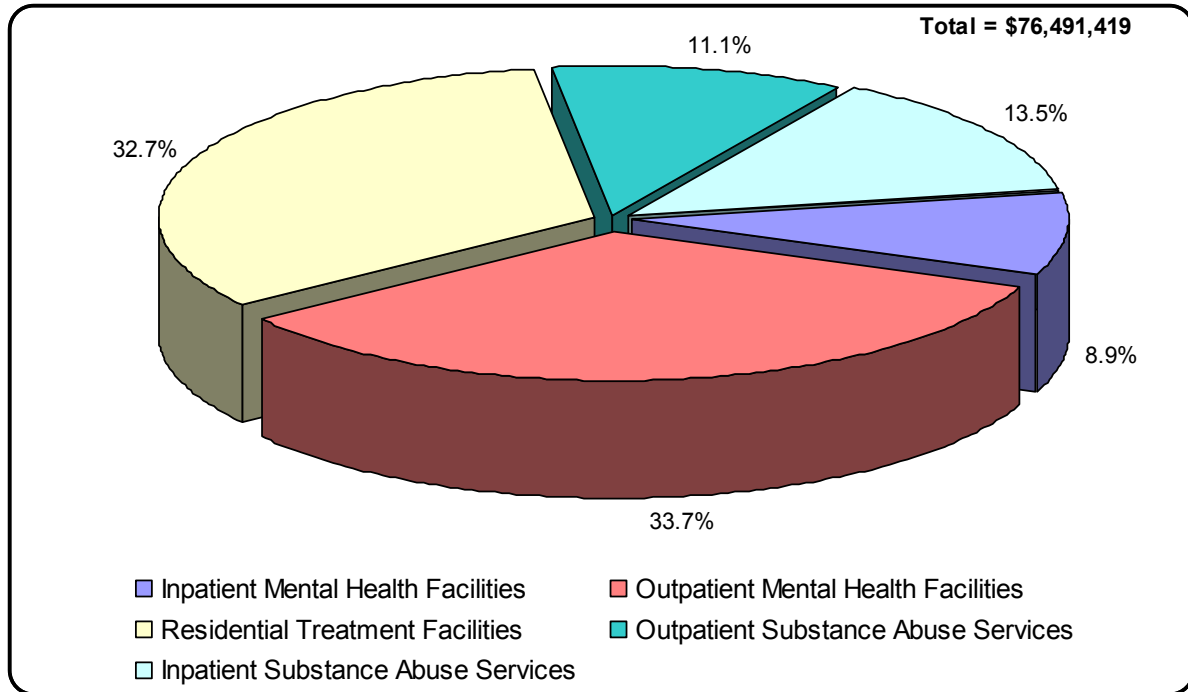


Figure 4.8. Percentage of revenue for behavioral health services attributed to funding source.



Substance abuse and mental health services have been combined into a single behavioral health category due to the recognition that within each service area, there are a high number of dually-diagnosed individuals. Consequently, programs that are primarily categorized under either the mental health or substance abuse label, often deal with both disorders. Nonetheless, for the sake of illustrating the local service structure, within behavioral health in FY 2005-06, 75.6% of revenue went to mental health services and 24.6% went to substance abuse services (see Figure 4.9).

Figure 4.9. Percentage of agency funding supporting behavioral health services by service type.

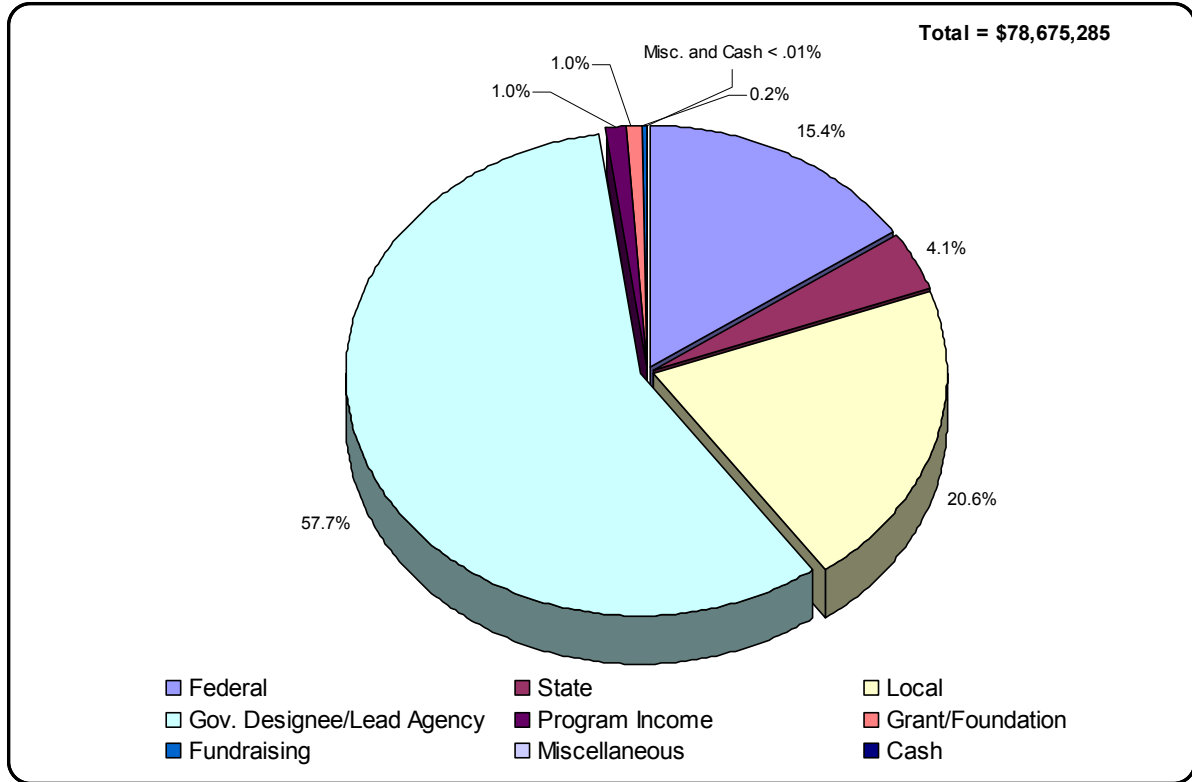


Hospital-based behavioral health programs added an additional \$52,559,557 for a total behavioral health pool of \$129,050,976. This figure does not count behavioral health services that may have been delivered as part of an emergency room contact. Hospital-based programs accounted for approximately 41% of all behavioral health care revenue.

Education

Funding for school district programs and academic institutions were beyond the scope of this study. The educational services captured in this section are primarily subsidized child care and early childhood education. Agencies reported revenue of \$78,675,285 in this category. As noted earlier, governmental designees/lead agencies provide the most funding in the area of educational services (57%). Other types of educational services captured here include parenting training and skills training to specialized populations (see Figure 4.10).

Figure 4.10. Percentage of revenue for educational services attributed to funding source.

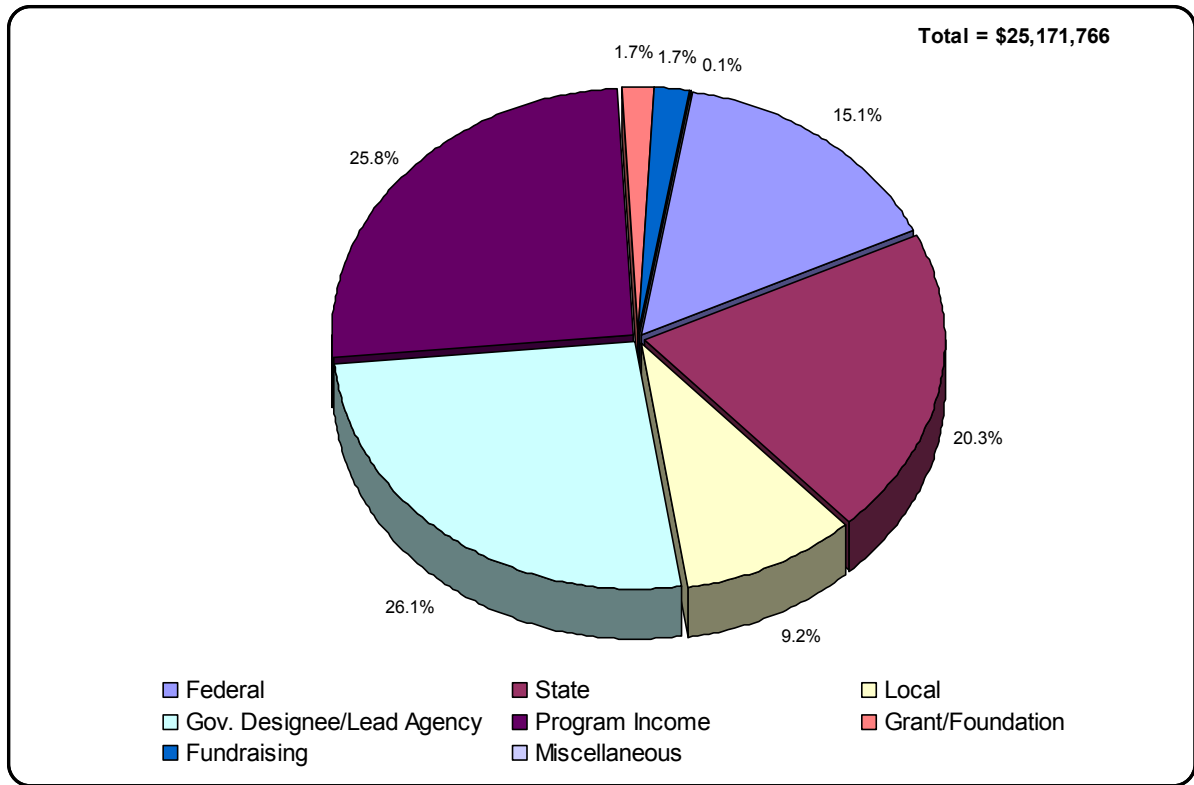


Health Care

Health care services comprised 8% of the total services captured in this study. There were significantly more health care services provided to the community in the private, for-profit realm. The health care services in this study include outpatient, inpatient, diagnostic and health supportive services, but they generally are targeted to the uninsured and under-insured population in our community. In total, \$25,171,766 in revenue was directed to agencies for health care services in FY 2005-06 (see Figure 4.11). Roughly one-quarter of the revenue came from state sources, another quarter from program income and a third quarter through governmental designees/lead agencies. This funding was primarily for child welfare health services through the YMCA of Sarasota (Safe Children’s Coalition). The final quarter was largely made up of federal and local funds. Federal funds directly provide major support to Community Health Centers. Federal funds, however, are also a significant source of funding to the HIV/Aids population in our county. In this instance, federal dollars flow through several organizations before being distributed to individuals in the form of services (See Chapter 3: Quasi-governmental bodies with statutory authority for funding).



Figure 4.11. Percentage of revenue for health care services attributed to funding source.



Pinellas County contributes a substantial amount of money to provide health care services to low income individuals through its various health insurance programs and Medicaid match requirements. In this study, those funds are not attributed to Pinellas County, but rather show up as program revenue in individual agency’s funding reports. The bulk of Pinellas County revenue for health services is beyond the scope of this study, as it supports general medical expenditures in hospitals and private medical offices.

The Pinellas County Health and Human Services Department, however, does offer direct health care services in addition to what it provides through funding to agencies. In FY 2005-06, the department contributed an additional \$38,247,841 in revenue to render health care services through its internal programs.

The Pinellas County Health Department also provides a substantial amount of direct health care services through its internal programs. In FY 2005-06, the Health Department used \$36,994,218 in revenue to support programs such as its immunization, dental, family planning, and school health programs. In all, the Department provided 25 different health care programs, through its own employees.

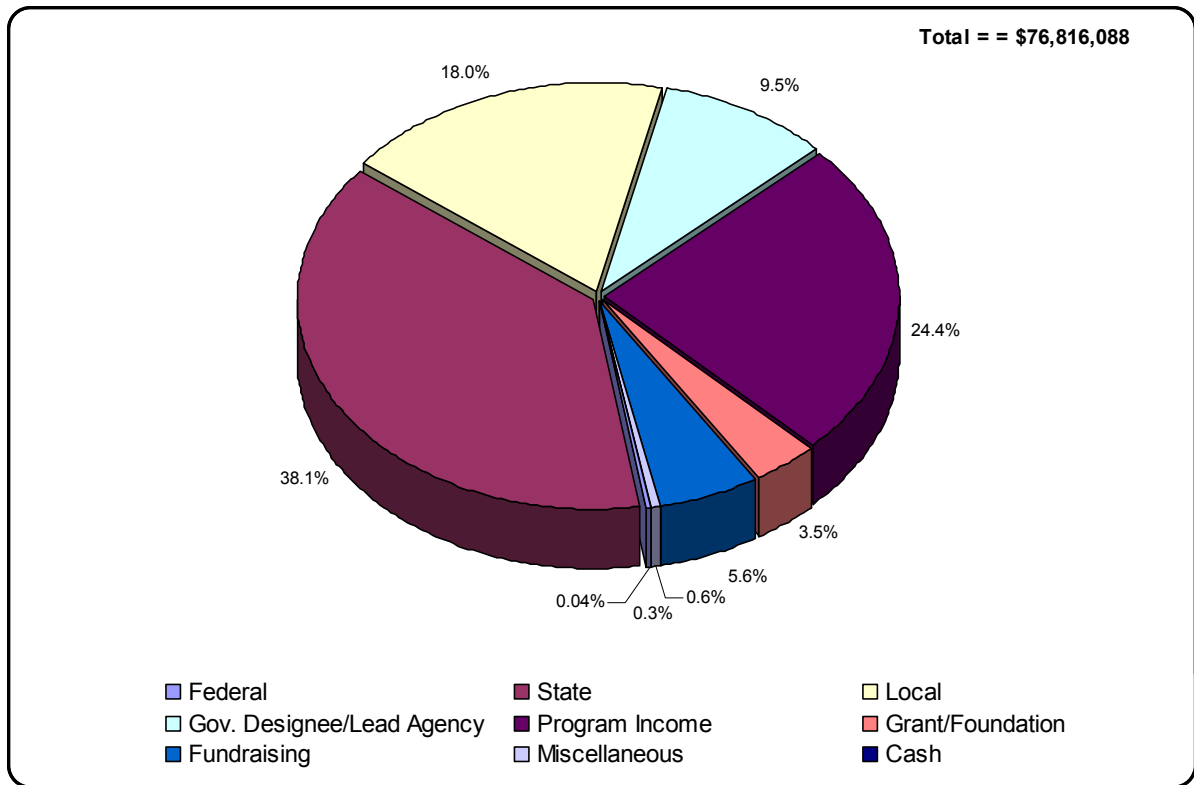
Total health care revenue for FY 2005-06, for programs provided by agencies and directly by local funders, amounted to \$100,413,825.



Individual and Family Life

Programs categorized in this area are a mix of social development programs and recreational programs. Agencies reported a total of \$76,816,088 in revenue in this category for FY 2005-06 (see Figure 4.12). The largest portion of that revenue, \$29,228,587, came directly from the state. State funding tended to support social development programs for special populations.

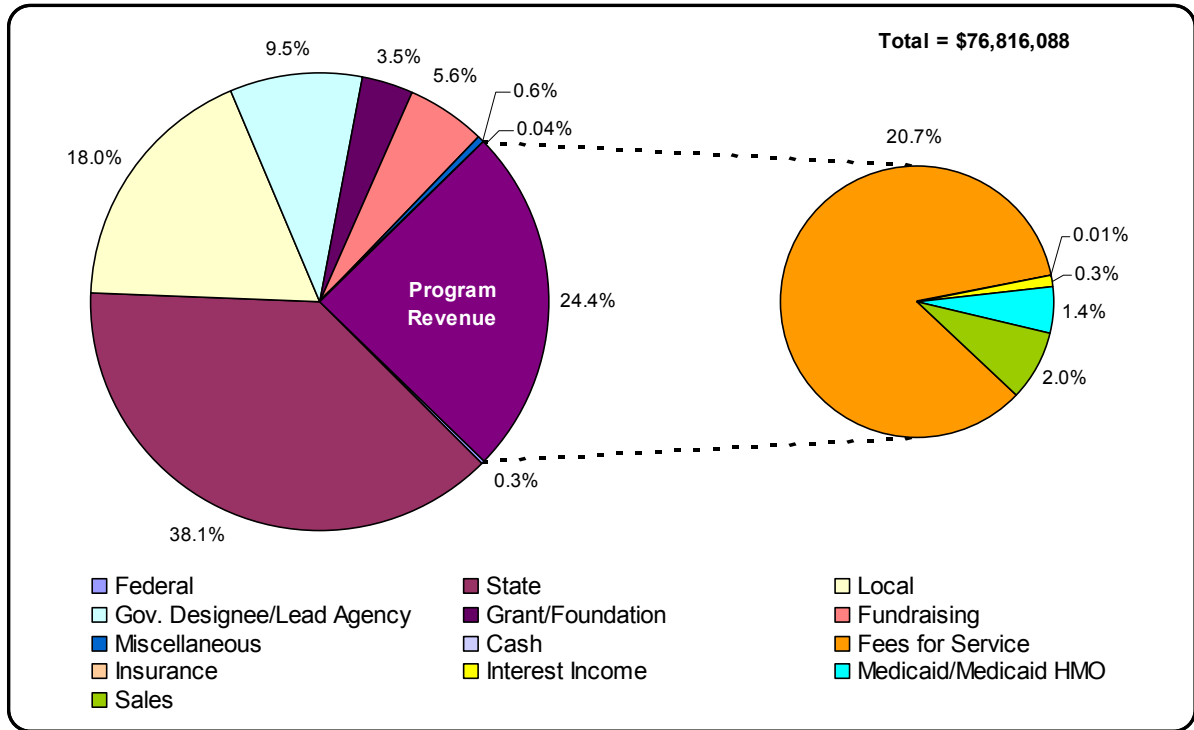
Figure 4.12. Percentage of revenue for individual and family life services attributed to funding source.



Program income constituted the second largest source of revenue, \$18,779,117 or 24.4% of all funds, with fees-for-service making up the vast amount of this source of revenue (see Figure 4.13). As noted earlier, many of these programs are summer camps, recreation programs, and groups such as the Girl Scouts, where parents pay either a full fee or a reduced fee based on income.



Figure 4.13. Percentage of revenue for individual and family life services with a more detailed view of program revenue.

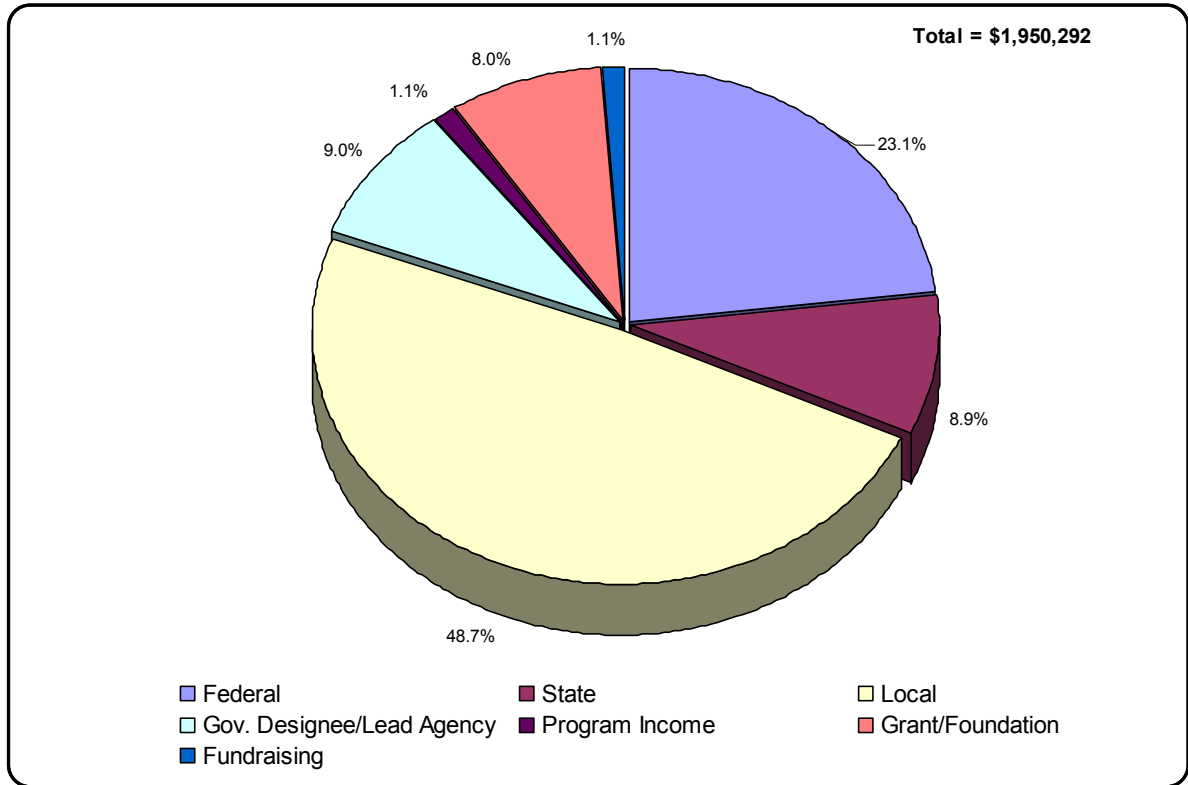


Organizational/Community/International Services

There are a few organizations that offer a broad spectrum of services for an entire community, rather than direct services to individuals. These are services such as 2-1-1 Tampa Bay Cares, Inc., which offers information and referral services for all human services in the community, and the AAAPP, which offers a similar service for seniors. In FY 2005-06, there was \$1,950,292 expended in this service sector in Pinellas County. As Figure 4.14 shows, almost half of this funding comes from local sources. Given that these programs serve a local market, this result is not unexpected. Federal funding is the second largest source of funding. This is partially related to the function that 2-1-1 Tampa Bay Cares, Inc. serves as the data collection point for homeless services.



Figure 4.14. Percentage of revenue for organizational and community services attributed to funding source.



Other Categories

The remaining categories of health and human services accounted for only a small portion of the revenue to agencies.

Criminal Justice was generally beyond the scope of this study. There were, however, a number of programs that provided legal services and delinquency prevention. In total, those programs generated \$6,810,042 in revenue, with 74.5% of that revenue split between the state and local sources.

Pinellas County has its own *Consumer Services* program within the Justice and Consumer Service Department, which was beyond the scope of this survey. There was, however, one program within the county, through Pinellas County Extension Services, that provided services in this area. They generated \$80,116 in revenue.

Lastly, *Income Support*, which provides for the economic needs of individuals in the community, was also generally beyond the scope of this study. Some programs, however, such as supported employment programs were included in the health and human services category. This



area generated \$6,557,599 in revenue. The vast amount of that revenue, 62.6%, was derived from the state.

In-Kind Services

Agencies reported total in-kind revenue of \$4,789,879. The minimum in-kind contribution was \$413, the maximum was \$2,917,949.

Foundations

Agencies reported revenue of \$7,665,484 in the foundation category. This category included private foundations, the United Way of Tampa Bay and member associations and accounted for 2.4% of all revenue to agencies.

Fund-Raising

Agencies reported a total of \$11,690,328 in fundraising. The majority of those funds, \$8,681,540, came from individuals. Corporations accounted for only \$3,008,788.

Matching Dollars and Pass-Through Dollars

Funders reported matches for 71 programs for a total of \$18,650,163. The minimum match was \$557 and the maximum match was \$7,468,140. AAAPP accounted for 33 of these match programs. Pinellas County Health and Human Services reported 22 match programs. The Pinellas County Health Department reported five of the program matches. Justice and Consumer Services and Early Learning Coalition reported four and three matches, respectively. Funders reported the largest matches in the area of health services, \$11,953,772. Education was the second largest service sector requiring matches, although at a level about half of health, \$5,808,319. Match requirements dropped off dramatically in subsequent areas with the basic needs service sector requiring only \$442,375 in match and organizational/community/international requiring only \$176,689. All other categories reported match requirements at approximately \$100,000 or less.

Match information was poorly reported by both funders and providers, leading to the speculation that there were, in fact, many more match dollars required across health and human services than what was reported. Additionally, incomplete data fields and errors in match data fields made it difficult to determine which funding sources were being matched and to what degree.

Funders reported pass through revenue for 103 programs for a total of \$74,633,784. Results on pass-through dollars are inconclusive, with the exception of information reported previously in this study.

Discussion

Flexibility

In general, much of the money that flows through governmental designees/lead agencies and local funders is restricted by purpose, population, or by both purpose and population. This leaves the community with very little flexibility to design services to meet identified needs. More often, a need is identified and then planners search for available funding to meet that need, or worse, funding is identified and a program is developed to capture available revenue. In either case, the resulting program may have idiosyncrasies that have more to do with the requirements of the revenue stream than the needs of the local program participants.

The JWB, AAAPP, and the UWTB are three of the funders that reported a high degree of flexibility in the use of their funds. The JWB, with almost \$50 million in program funding, had the largest amount of available discretionary funds. The UWTB, with just short of \$4 million dollars, had the smallest. Regardless of size, however, these funders play a critical role in funding service gaps within the community.

Furthermore, as the amount of county and city discretionary dollars shrinks, JWB and the UWTB may also be asked to play an increasingly important role in providing “match” funds to draw down additional state and federal dollars because of the discretionary nature of their funds.

Funding to Behavioral Health

Florida ranked 47th nationally in per capita expenses in the field of mental health in 2001 (State.Master.com, 2001). It is no coincidence, therefore, that a recent report from the State of Florida Supreme Court (2007) indicated that research done by the National Association of State Mental Health Program Directors placed Florida 12th in the nation for spending on forensic services. For the lack of community-based mental health treatment, individuals are being incarcerated at ever increasing rates. As the Florida Supreme Court report points out, this is not only a bad outcome for individuals, but it is poor fiscal management, as jail costs are almost entirely borne by local government.

Looking at the availability and resources of behavioral health agencies at the local level then, this study pointed out that agencies with these types of programs located in Pinellas County accounted for approximately one quarter of all revenue in the county for health and human services. A closer look at the use of that revenue shows that almost a quarter of those funds (22.4%) goes toward inpatient services within agencies. This does not count the behavioral health funds used to pay for inpatient hospital programs. Clearly, there is a significant expenditure in deep-end services in the county.



Just as physical health is beginning to look to divert clients from expensive crisis and inpatient care toward emphasis on a primary care model, so too is behavioral health looking toward disease management models to help design programs for individuals with behavioral health concerns to maintain their mental health and sobriety in community settings. Nationally, there is an emphasis on building closer alliances among mental health and substance abuse services and physical health services. Additionally, there is an increasing concern about utilizing evidence-based practices in the behavioral health programs.

Matching Funds

One of the questions this study wanted to answer was the extent to which local funds were being used as a “required match” to draw down state and federal dollars. That task proved to be exceptionally difficult. Reporting of match dollars was sketchy by both providers and funders. Even when match dollars were reported, it was hard to decipher where the match money originated. What did become apparent is that match funds are interwoven throughout funder and provider finances. As an example, AAAPP is required to provide a 10% match to the money it gets through the State Office of Elder Affairs. AAAPP passes on that requirement to the agencies it funds. Agency “X”, who is applying for Older American funding through AAAPP, submits a request to Pinellas County Human Services for program “A”. Pinellas County Human Services awards Program “A” a \$10,000 grant. Agency “X” uses that funding to draw down \$100,000 in funding through AAAPP. AAAPP uses the money from the county that comes through Program “A” and aggregates it with all the other money coming from programs it is funding to submit the required 10% match to the state. A holistic picture of match funding is required to know that the original funding source of the match was Pinellas County Health and Human Services.

Why is it important to know the originating source of the match? As tax revenue has fallen, local governments have been implementing budget reductions. One of the first places these reductions are felt is in discretionary funding. For Pinellas County Health and Human Services and the City of St. Petersburg, for example, Social Action Funding is one of the areas deemed to be discretionary and there have been cut backs in these areas. In the course of interviewing funders and providers for this study, it was learned that as agencies have fewer places to turn for match dollars, they are increasingly utilizing in-kind matches and reaching into their own available dollars to meet the required match. Agency match dollars can come from a number of sources, which include, but are not limited to: participant fees, fundraising, and agency reserves. Regardless of the source of the agency match, these are dollars that would have been used for another purpose that are now going to a match. Furthermore, because information about the source of match dollars is so poorly reported it is easy to have the effect of cuts in discretionary income have a compounding effect at the agency and community level with regard to the ability to match or leverage funds.

Conclusions and Recommendations

Fiscal Trends

Health and human service funding makes a significant service and economic development impact on the community. Given that the total federal, state and local investment exceeds one billion dollars, the health and human service industry clearly comprises a significant element of the local economy and provides the basis for the social safety net in the county.

This funding is at both short- and long-term risk. Both at the federal and state levels, there is concern that Medicaid funding will force reductions in other important public programs unless restricted. Future restrictions may occur in several interacting ways. One, federal funds may be restricted either due to budget limitations or formula changes which would require greater participation and contribution from states. If states fail to meet these requirements, they would draw down fewer federal funds. Second, in Florida, the state's budget is projected to be in a structural imbalance which will impact health and human services in two ways. One, the state will have less funds to use to match federal requirements for those funds where federal funds are involved. Two, for those programs where there is not some federal funding stream, the state is likely to have less funding available. Third, local governments will face restricted revenues due to Amendment 1. Most local government funding for health and human services is derived from ad valorem taxes. Local government's ability to fund services directly, as well as meet their own state matching requirements, will be more restricted. This confluence of federal deficits and debt, a state structural imbalance and local government tax reform all combine to increase the likelihood that funds for health and human services will be increasingly restricted.

Recommendation: It is recommended that the Policy Board request that each Leadership Network develop a risk assessment as part of its planning process to determine their vulnerability to future budget cuts, to recommend strategies to mitigate that risk, to assure that all existing sources of revenue are maximized and to create contingency plans in the event of future loss of revenue.



Organizational Structure

As the analysis of funding mechanisms indicates, health and human services funds flow through a complicated set of mechanisms for a variety of historical and programmatic reasons. This diversity of mechanisms creates a system very difficult to understand and manage and certainly does not foster efficiency. Fragmented funding, programmatic funding and categorical funding all serve to hinder coordinated and integrated service delivery, complicate comprehensive information systems and diffuse accountability efforts.

Recommendation: Several of the models of funding health and human services that are currently in use within the county provide the opportunity to commingle funds in ways that minimize barriers to clients based on the requirements of the funding stream. As noted in Chapter 4, these models provide an opportunity to review the fiscal and clinical effectiveness of these new administrative structures and should be studied. On a cautionary note, policy makers will need to assess the cumulative effect of administrative costs in these models as revenue cascades down through various organizations.

Data Collection

There is no single system for collecting information on the funding of health and human services within the county that provides for a “real time” assessment of the financial underpinnings of critical health and human services. There are individual funder systems, such as JWB’s data base system (SAMIS), which collects financial and program outcome information; however, those systems are limited to the programs being funded. As the discussion on matching dollars pointed out, there is substantial interaction across funders in the procurement of match dollars – a tangle that can easily unravel leaving unexpected holes in the fabric of our health and human service systems.

Studies that have been completed to provide information on health and human service funding, similar to this study, are of necessity, retrospective reviews. While informative, these studies are no substitute for “real-time” information upon which to plan. Additionally, because the information concerning matching funds is so complex and because our information systems are not generally structured to capture that information, a lot of historical information is lost or inaccurate.

Recommendation: A planning body should be formed to recommend a process for collecting financial information in a uniform manner in a dynamic fashion (i.e., real time). The system should build on existing models within the funding community. It need not account for all health and human service agencies, but it should strive to be comprehensive. As an example, a few funders in the community actually account for funding to the majority of agencies. Working together, they could set a standard that would capture a substantial amount of financial information so that policy makers would have accurate and current information upon which to base decisions.



Behavioral Health

In the fall of 2004, the Louis De La Parte Florida Mental Health Institute issued a report on Human Services in Pinellas County (Stiles, Stewart, & Sampath, 2004). In that report they stated the following:

Mental Health care was identified as the service most difficult to obtain. In fact 60% of key informants identified mental health as a top priority at the local level. Dental/oral health care services, prescription drugs, preventative care and substance abuse services were the next 4 most difficult services to obtain. The uninsured, underinsured, low income families, the homeless and the unemployed were identified by key informants as the top 5 groups having the most difficulty obtaining healthcare. (p.13)

In 2008, the HHSCC Health and Behavioral Health Network conducted information sharing sessions among providers regarding the state of health and behavioral health in Pinellas County (HHSCC Health and Behavioral Health Leadership Network, 2008). The only element of the Mental Health Institutes' assessment that had changed over the four-year period was that the number of uninsured and underinsured people had increased. This situation negatively impacts the ability of individuals to access a range of preventative services, including behavioral health.

Lack of access to community-based behavioral health continues to be a major concern across the human service system. Yet, information collected in this study showed that fully a quarter of the limited behavioral health resources available in the county were consumed in inpatient care. This figure does not include the additional people served in state-operated inpatient facilities or individuals receiving treatment in the correctional system. The Florida State Supreme Court recently released a report that noted that for the lack of available outpatient care, the correctional system functions as "de-facto mental institutions" (Supreme Court for the State of Florida, 2007). Many of the problems articulated in the Court's report, mirror those in Pinellas County.

Recommendation: The Florida State Supreme Court report makes a number of recommendations that should be reviewed for implementation by the Health and Behavioral Health Network.

Secondly, one of the historical facts pointed out in the Court's report was that as mental health institutions were taken down across the country, state resources failed to follow the client to provide for a community-based system of care. As we develop community strategies for diverting individuals from DJJ and correctional facilities, we also need to develop strategies for ensuring that we do not repeat the mistakes of the mental health system.

Recommendation: The System Redesign Committee and the Resource Allocation committees of the Health and Behavioral Health Network should work with law enforcement to develop a plan for reducing the number of mentally ill individuals in the correctional system, as well as a plan for transitioning resources from institutional care to community care based on shifts in census.



Lastly, the lack of notable change in the health and human service picture within the county over the last four years should not stand as a deterrent, but rather as a call to action to make the system better, even in the face of current fiscal challenges. Several recommendations from the initial Florida Mental Health Institute report have been completed or are in process. The HHSCC was formed to provide funder coordination; data collection for human services has improved and additional conversations about coordinating health care data across systems are occurring; Leadership Networks have been formed around identified priorities and are beginning to create plans to impact these areas. These actions create the framework for implementing change across human services. The current fiscal climate creates the imperative for us to do so.



APPENDIX A

Table 1.0. FY 2005 Federal Programs Related to Health and Human Services

Number	Program Title	Type
1	ABANDONED INFANTS	GG
2	ALL VOLUNTEER FORCE EDUCATIONAL ASSISTANCE	DO
3	ASSISTANCE PROGRAM FOR CHRONIC DISEASE PREVENTION AND CONTROL	GG
4	AUTOMOBILES AND ADAPTIVE EQUIPMENT FOR CERTAIN DISABLED VETERANS	DO
5	BURIAL EXPENSES ALLOWANCE FOR VETERANS	DO
6	CENTERS FOR INDEPENDENT LIVING	GG
7	CHILD SUPPORT ENFORCEMENT	GG
8	COMMUNITY DEVELOPMENT BLOCK GRANTS/ENTITLEMENT GRANTS	GG
9	COMMUNITY HEALTH CENTERS	GG
10	COMPENSATION FOR SERVICE-CONNECTED DEATHS FOR VETERANS' DEPENDENTS	DR
11	CONSOLIDATED KNOWLEDGE DEVELOPMENT AND APPLICATION PROGRAM	GG
12	DEMOLITION AND REVITALIZATION OF SEVERELY DISTRESSED PUBLIC HOUSING	GG
13	DRUG-FREE COMMUNITIES SUPPORT PROGRAM GRANTS	GG
14	EDUC & PREV TO REDUCE SEXUAL ABUSE OF RUNAWAY HOMELESS AND STREET YOUTH	GG
15	EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM	GG
16	EMERGENCY SHELTER GRANTS PROGRAM	GG
17	EXECUTIVE OFFICE FOR WEED AND SEED	GG
18	FAIR HOUSING ASSISTANCE PROGRAM-STATE AND LOCAL	GG
19	FAIR HOUSING INITIATIVES PROGRAM (FHIP) EDUCATION AND OUTREACH INITIATIVE	GG
20	FEDERAL FAMILY EDUCATION LOANS	DO
21	FOOD STAMPS	DO
22	HEAD START	GG
23	HEALTH CARE AND OTHER FACILITIES	GG
24	HEALTHY START INITIATIVE	GG
25	HOME INVESTMENT PARTNERSHIPS PROGRAM	GG
26	JUVENILE ACCOUNTABILITY INCENTIVE BLOCK GRANTS	GG
27	JUVENILE JUSTICE AND DELINQUENCY PREVENTION SPECIAL EMPHASIS	GG
28	LEGAL ASSISTANCE FOR VICTIMS	GG
29	LEGAL SERVICES CORPORATION PAYMENTS	DX
30	LOW INCOME HOME ENERGY ASSISTANCE	GG
31	LOW-INCOME TAXPAYER CLINICS	GG
32	MEDICAL ASSISTANCE PROGRAM	GG
33	MEDICARE-HOSPITAL INSURANCE	DO
34	MEDICARE-SUPPLEMENTARY MEDICAL INSURANCE	DO
35	MULTIFAMILY HOUSING SERVICE COORDINATORS	GG
36	NATIONAL INSTITUTE OF JUSTICE RESEARCH, EVALUAT. & DEVEL. PROJECT GRANTS	GG
37	NATIONAL SCHOOL LUNCH PROGRAM	GG
38	ONE-STOP CAREER CENTER INITIATIVE	GG
39	PENSION FOR NON-SERVICE-CONNECTED DISABILITY FOR VETERANS	DR
40	PENSION PLAN TERMINATION INSURANCE	DR
41	PENSION TO VETERANS SURVIVING SPOUSES AND CHILDREN	DR
42	PUBLIC AND INDIAN HOUSING	DX
43	PUBLIC HOUSING CAPITAL FUNDS	GG
44	PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS	GG
45	REDUCTION AND PREVENTION OF CHILDREN'S EXPOSURE TO VIOLENCE	GG
46	REFUGEE AND ENTRANT ASSISTANCE-STATE ADMINISTERED PROGRAM	DX
47	REHABILITATION SERVICES DEMONSTRATION & TRAINING-SPECIAL DEMO PROGRAMS	GG
48	RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)	GG
49	RUNAWAY AND HOMELESS YOUTH	GG
50	RURAL TELEMEDICINE GRANTS	GG
51	SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES-NATIONAL PROGRAMS	GG
52	SECTION 8 HOUSING CHOICE VOUCHERS	GG
53	SHELTER PLUS CARE	GG
54	SOCIAL INSURANCE FOR RR WORKERS - UNEMPLOYMENT & SICKNESS BENEFITS	DR
55	SOCIAL SECURITY DISABILITY INSURANCE	DR



**Table 1.0: FY 2005 Federal Programs Related to Health and Human Services
(Continued)**

Number	Program Title	Type
56	SOCIAL SECURITY SURVIVORS INSURANCE	DR
57	SOCIAL SERVICES BLOCK GRANT	GG
58	SOCIAL SERVICES RESEARCH AND DEMONSTRATION	GG
59	SPECIAL PROGRAMS FOR THE AGING-TITLE IV-AND TITLE II-DISCRETIONARY PROJEC	GG
60	SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	GG
61	SPECIALLY ADAPTED HOUSING FOR DISABLED VETERANS	DO
62	SPECIALLY ADAPTED HOUSING FOR DISABLED VETERANS	DO
63	STATE CHILDREN'S INSURANCE PROGRAM (CHIP)	GG
64	STATE SURVEY AND CERTIFICATION OF HEALTH CARE PROVIDERS AND SUPPLIERS	GG
65	SUPPLEMENTAL SECURITY INCOME	DR
66	SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES	DX
67	SUPPORTIVE HOUSING FOR THE ELDERLY	DX
68	SURVIVORS AND DEPENDENTS EDUCATIONAL ASSISTANCE	DO
69	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	GG
70	TRANSITIONAL LIVING FOR HOMELESS YOUTH	GG
71	VETERANS COMPENSATION FOR SERVICE-CONNECTED DISABILITY	DR
72	VETERANS DEPENDENCY & INDEMNITY COMPENSATION FOR SVC-CONNECTED DEATH	DR
73	VETERANS EMPLOYMENT PROGRAM	GG
74	VIOLENCE AGAINST WOMEN FORMULA GRANTS	GG
75	VOCATIONAL REHABILITATION FOR DISABLED VETERANS	DO
76	WORKFORCE INVESTMENT ACT	GG

^[1] GG = Government Grant

^[2] DO = Other direct payment to individual

^[3] Direct payment other than to an individual

^[4] Direct payment to individual for either retirement or disability



APPENDIX B

Table 1.4. Federal Obligations for Health and Human Service Related Services

Agency	Program	Florida	Pinellas County Estimated Proportion, Per Capita (5.2%) Model	Pinellas County Estimated Proportion Table 3 (4.4%) Model	Pinellas County Per Capita (5.2% Model)	Per Capita 4.37% Model of Table 3
Agriculture	Child Nutrition	\$ 661,496,000	\$ 34,504,594	\$ 28,907,375	\$ 37	\$ 31
	Food Stamps	82,040,000	4,279,326	3,585,148	5	4
	WIC	237,423,000	12,384,329	10,375,385	13	11
HHS Children & Families	Child Care	235,057,000	12,260,915	10,271,991	13	11
	Child Support Enforcement	145,956,000	7,613,277	6,378,277	8	7
	Head Start	345,764,000	18,035,553	15,109,887	19	16
	Safe and Stable Families	17,700,000	923,258	773,490	1	1
	Low Income Home Energy	27,723,000	1,446,072	1,211,495	2	1
	Refugees	52,875,000	2,758,037	2,310,638	3	2
	SS Block Grant	101,485,000	5,293,605	4,434,895	6	5
	TANF	72,285,000	3,770,491	3,158,855	4	3
	Other	332,030,000	17,319,168	14,509,711	19	16
	HHS Aging	Aging Medicare and Medicaid	93,264,000 8,544,351,000	4,864,786 445,685,780	4,075,637 373,388,139	5 481
HHS	HRSA	325,582,000	16,982,831	14,227,933	18	15
HHS	SAMSHA	166,544,000	8,687,177	7,277,973	9	8
HUD	CDBG	212,960,000	11,108,303	9,306,352	12	10
	Homeless	59,109,000	3,083,211	2,583,063	3	3
	Housing for Persons with AIDS	36,333,000	1,895,182	1,587,752	2	2
	Housing for Special Pops	46,152,000	2,407,355	2,016,842	3	2
HUD Public Housing	Low Rent Assistance	96,860,000	5,052,359	4,232,782	5	5
	Nhood	38,394,000	2,002,687	1,677,818	2	2
	Housing Cert	392,394,000	20,467,842	17,147,618	22	19
	Home Ownership Assistance	61,650,000	3,215,754	2,694,105	3	3
Justice	Juvenile	10,982,000	572,837	479,913	1	1
	Against Women and Substance Abuse	12,262,000	639,604	535,849	1	1
	Abuse	11,846,000	617,905	517,670	1	1
	Weed and Seed	646,000	33,696	28,230	0	0
Labor	Veteran's Training	9,453,000	493,082	413,096	1	0
VA	VA	14,424,000	752,377	630,329	1	1
Total		\$ 12,445,040,000	\$ 649,151,393	\$ 543,848,248	\$ 700	\$ 587

(U.S. Census Bureau, 2007b)



APPENDIX C

Table 1.5. Health and Human Service Related Federal Grants in Pinellas County Fiscal Year 2005; Detailed Federal Expenditure Data: Florida – Pinellas County

Fund Type	Program	Program Name	FY Amount
GG	10.555	NATIONAL SCHOOL LUNCH PROGRAM	\$ 18,766,022
GG	10.557	SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	10,329,700
GG	14.191	MULTIFAMILY HOUSING SERVICE COORDINATORS	103,533
GG	14.218	COMMUNITY DEVELOPMENT BLOCK GRANTS/ENTITLEMENT GRANTS	8,249,426
GG	14.231	EMERGENCY SHELTER GRANTS PROGRAM	2,540,114
GG	14.238	SHELTER PLUS CARE	403,781
GG	14.239	HOME INVESTMENT PARTNERSHIPS PROGRAM	726,631
GG	14.401	FAIR HOUSING ASSISTANCE PROGRAM-STATE AND LOCAL	149,540
GG	14.409	FAIR HOUSING INITIATIVES PROGRAM (FHIP) EDUCATION AND OUTREACH INITIATIVE	54,554
GG	14.866	DEMOLITION AND REVITALIZATION OF SEVERELY DISTRESSED PUBLIC HOUSING	3,295,084
GG	14.871	SECTION 8 HOUSING CHOICE VOUCHERS	40,181,337
GG	14.872	PUBLIC HOUSING CAPITAL FUNDS	2,153,899
GG	16.523	JUVENILE ACCOUNTABILITY INCENTIVE BLOCK GRANTS	246,661
GG	16.524	LEGAL ASSISTANCE FOR VICTIMS	288,081
GG	16.541	JUVENILE JUSTICE AND DELINQUENCY PREVENTION SPECIAL EMPHASIS	1,973,287
GG	16.56	NATIONAL INSTITUTE OF JUSTICE RESEARCH, EVALUAT. & DEVEL. PROJECT GRANTS	8,688,216
GG	16.588	VIOLENCE AGAINST WOMEN FORMULA GRANTS	89,681
GG	16.595	EXECUTIVE OFFICE FOR WEED AND SEED	175,000
GG	16.73	REDUCTION AND PREVENTION OF CHILDREN'S EXPOSURE TO VIOLENCE	376,875
GG	17.255	WORKFORCE INVESTMENT ACT	996,289
GG	17.802	VETERANS EMPLOYMENT PROGRAM	321,000
GG	21.008	LOW-INCOME TAXPAYER CLINICS	23,937
GG	30.002	EMPLOYMENT DISCRIMINATION STATE & LOCAL FAIR EMPLOYMENT PRACTICES	167,400
GG	64.014	VETERANS STATE DOMICILIARY CARE	4,171,848
GG	84.132	CENTERS FOR INDEPENDENT LIVING	220,566
GG	84.184	SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES-NATIONAL PROGRAMS	499,863
GG	84.235	REHABILITATION SERVICES DEMONSTRATION & TRAINING-SPECIAL DEMO PROGRAMS	105,081
GG	93.048	SPECIAL PROGRAMS FOR THE AGING-TITLE IV-AND TITLE II-DISCRETIONARY PROJEC	231,714
GG	93.118	ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) ACTIVITY	396,292
GG	93.211	RURAL TELEMEDICINE GRANTS	982,065
GG	93.224	COMMUNITY HEALTH CENTERS	2,237,108
GG	93.23	CONSOLIDATED KNOWLEDGE DEVELOPMENT AND APPLICATION PROGRAM	500,000
GG	93.276	DRUG-FREE COMMUNITIES SUPPORT PROGRAM GRANTS	100,000
GG	93.55	TRANSITIONAL LIVING FOR HOMELESS YOUTH	199,766
GG	93.551	ABANDONED INFANTS	100,000
GG	93.557	EDUC & PREV TO REDUCE SEXUAL ABUSE OF RUNAWAY HOMELESS AND STREET YOUTH	100,000
GG	93.558	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	35,905,105
GG	93.563	CHILD SUPPORT ENFORCEMENT	8,587,142
GG	93.568	LOW INCOME HOME ENERGY ASSISTANCE	1,139,962
GG	93.6	HEAD START	11,839,284
GG	93.623	RUNAWAY AND HOMELESS YOUTH	260,308
GG	93.647	SOCIAL SERVICES RESEARCH AND DEMONSTRATION	992,000
GG	93.667	SOCIAL SERVICES BLOCK GRANT	5,602,657
GG	93.767	STATE CHILDREN'S INSURANCE PROGRAM (CHIP)	8,607,053

(U.S. Census Bureau, 2007b)



APPENDIX D

Table 1.6. Direct Federal Payments in Pinellas County of All Types

Fund Type	Program	Program Name	FY Amount
DO	10.551	FOOD STAMPS	\$ 72,896,770
DO	64.1	AUTOMOBILES AND ADAPTIVE EQUIPMENT FOR CERTAIN DISABLED VETERANS	427,900
DO	64.101	BURIAL EXPENSES ALLOWANCE FOR VETERANS	290,669
DO	64.106	SPECIALLY ADAPTED HOUSING FOR DISABLED VETERANS	73,608
DO	64.116	VOCATIONAL REHABILITATION FOR DISABLED VETERANS	559,961
DO	64.117	SURVIVORS AND DEPENDENTS EDUCATIONAL ASSISTANCE	1,518,402
DO	64.12	POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE	384
DO	64.124	ALL VOLUNTEER FORCE EDUCATIONAL ASSISTANCE	6,702,973
DO	84.007	FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS	(7,880)
DO	84.032	FEDERAL FAMILY EDUCATION LOANS	54,068
DO	84.033	FEDERAL WORK STUDY PROGRAM	(44,982)
DO	84.038	FEDERAL PERKINS LOAN PROGRAM-FEDERAL CAPITAL CONTRIBUTIONS	(11,010)
DO	84.063	FEDERAL PELL GRANT PROGRAM	25,102,046
DO	93.773	MEDICARE-HOSPITAL INSURANCE	1,213,797,371
DO	93.774	MEDICARE-SUPPLEMENTARY MEDICAL INSURANCE	1,061,949,546
DR	17.302	LONGSHORE AND HARBOR WORKERS' COMPENSATION	14,853
DR	17.307	COAL MINE WORKERS' COMPENSATION	324,312
DR	57.001	SOCIAL INSURANCE FOR RAILROAD WORKERS	29,967,715
DR	64.102	COMPENSATION FOR SERVICE-CONNECTED DEATHS FOR VETERANS' DEPENDENTS	1,118
DR	64.104	PENSION FOR NON-SERVICE-CONNECTED DISABILITY FOR VETERANS	16,351,378
DR	64.105	PENSION TO VETERANS SURVIVING SPOUSES AND CHILDREN	2,288,112
DR	64.109	VETERANS COMPENSATION FOR SERVICE-CONNECTED DISABILITY	135,035,274
DR	64.11	VETERANS DEPENDENCY & INDEMNITY COMPENSATION FOR SVC-CONNECTED DEATH	28,015,417
DR	86.001	PENSION PLAN TERMINATION INSURANCE	13,068,726
DR	96.001	SOCIAL SECURITY DISABILITY INSURANCE	373,675,069
DR	96.002	SOCIAL SECURITY RETIREMENT INSURANCE	1,745,658,230
DR	96.004	SOCIAL SECURITY SURVIVORS INSURANCE	454,340,852
DR	96.006	SUPPLEMENTAL SECURITY INCOME	108,253,688
DR	17.FEC	FEDERAL EMPLOYEES COMPENSATION	12,680,698
DR	57.AAA	SOCIAL INSURANCE FOR RR WORKERS - UNEMPLOYMENT & SICKNESS BENEFITS	43,735
DR	DR.100	FEDERAL RETIREMENT AND DISABILITY PAYMENTS--MILITARY	177,458,000
DR	DR.200	FEDERAL RETIREMENT AND DISABILITY PAYMENTS--CIVILIAN	229,832,017
DR	DR.300	RETIREMENT AND DISABILITY PAYMENTS-COAST GUARD/UNIFORMED EMPLOYEES	14,031,590
DR	DR.500	RETIREMENT AND DISABILITY PAYMENTS--FOREIGN SERVICE OFFICERS	3,526,262
DR	DR.600	RETIREMENT AND DISABILITY PAYMENTS--NOAA COMMISSIONED OFFICER CORPS	148,482
DR	DR.700	FEDERAL RETIREMENT AND DISABILITY PAYMENTS--PUBLIC HEALTH SERVICE	581,529
DR	DR.800	FEDERAL RETIREMENT AND DISABILITY PAYMENTS--TENNESSEE VALLEY AUTHORITY	430,549
DX	14.157	SUPPORTIVE HOUSING FOR THE ELDERLY	7,185,666
DX	14.157	SUPPORTIVE HOUSING FOR THE ELDERLY	7,185,666
DX	14.181	SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES	2,019,013
DX	14.181	SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES	2,019,013
DX	14.85	PUBLIC AND INDIAN HOUSING	4,364,586
DX	14.85	PUBLIC AND INDIAN HOUSING	4,364,586
DX	93.566	REFUGEE AND ENTRANT ASSISTANCE-STATE ADMINISTERED PROGRAM	550,290
DX	DX.300	LEGAL SERVICES CORPORATION PAYMENTS	1,695,106
		Total	\$ 5,758,421,358



APPENDIX E

Table 1.7. Direct Federal Payments "Health & Human Service" Related in Pinellas County

Fund Type	Program	Program Name	FY Amount
DO	10.551	FOOD STAMPS	\$ 72,896,770
DO	64.1	AUTOMOBILES AND ADAPTIVE EQUIPMENT FOR CERTAIN DISABLED VETERANS	427,900
DO	64.101	BURIAL EXPENSES ALLOWANCE FOR VETERANS	290,669
DO	64.106	SPECIALLY ADAPTED HOUSING FOR DISABLED VETERANS	73,608
DO	64.116	VOCATIONAL REHABILITATION FOR DISABLED VETERANS	559,961
DO	93.773	MEDICARE-HOSPITAL INSURANCE	1,213,797,371
DO	93.774	MEDICARE-SUPPLEMENTARY MEDICAL INSURANCE	1,061,949,546
DR	64.102	COMPENSATION FOR SERVICE-CONNECTED DEATHS FOR VETERANS' DEPENDENTS	1,118
DR	64.104	PENSION FOR NON-SERVICE-CONNECTED DISABILITY FOR VETERANS	16,351,378
DR	64.105	PENSION TO VETERANS SURVIVING SPOUSES AND CHILDREN	2,288,112
DR	64.109	VETERANS COMPENSATION FOR SERVICE-CONNECTED DISABILITY	135,035,274
DR	64.11	VETERANS DEPENDENCY & INDEMNITY COMPENSATION FOR SVC-CONNECTED DEATH	28,015,417
DR	86.001	PENSION PLAN TERMINATION INSURANCE	13,068,726
DR	96.001	SOCIAL SECURITY DISABILITY INSURANCE	373,675,069
DR	96.004	SOCIAL SECURITY SURVIVORS INSURANCE	454,340,852
DR	96.006	SUPPLEMENTAL SECURITY INCOME	108,253,688
DR	57.AAA	SOCIAL INSURANCE FOR RR WORKERS - UNEMPLOYMENT & SICKNESS BENEFITS	43,735
DX	14.157	SUPPORTIVE HOUSING FOR THE ELDERLY	7,185,666
DX	14.157	SUPPORTIVE HOUSING FOR THE ELDERLY	7,185,666
DX	14.181	SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES	2,019,013
DX	14.181	SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES	2,019,013
DX	14.85	PUBLIC AND INDIAN HOUSING	4,364,586
DX	14.85	PUBLIC AND INDIAN HOUSING	4,364,586
DX	93.566	REFUGEE AND ENTRANT ASSISTANCE-STATE ADMINISTERED PROGRAM	550,290
DX	DX.300	LEGAL SERVICES CORPORATION PAYMENTS	1,695,106
		Total	\$ 3,510,453,120



APPENDIX F

Table 1.9. Florida Federal Funds Per Capita Amounts and Ranks for Selected Health and Human Service Related Services

Federal Fiscal Year	HHS per Capita \$	% Change from Prior Year	HHS per Capita Rank of State
1996	\$ 330.93		45
1997	309.08	-6.60%	47
1998	348.47	12.74%	46
1999	386.49	10.91%	46
2000	398.60	3.13%	46
2001	449.06	12.66%	46
2002	499.93	11.33%	46
2003	585.74	17.16%	42
2004	607.43	3.70%	45
% Change 1996 to 2004		83.55%	

Federal Fiscal Year	HUD per Capita \$	% Change from Prior Year	HUD per Capita Rank of State
1996	\$ 52.01		50
1997	55.22	6.17%	43
1998	65.25	18.16%	43
1999	69.79	6.96%	44
2000	69.89	0.14%	45
2001	68.13	-2.52%	47
2002	79.22	16.28%	45
2003	84.68	6.89%	43
2004	80.81	-4.57%	46
% Change 1996 to 2004		55.37%	

Federal Fiscal Year	Justice Per Capita \$	% Change from Prior Year	Justice Per Capita Rank
1996	\$ 8.19		12
1997	10.31	25.89%	12
1998	11.40	10.57%	17
1999	19.64	72.28%	15
2000	12.01	-38.85%	27
2001	16.69	38.97%	13
2002	16.68	-0.06%	18
2003	14.01	-16.01%	26
2004	14.05	0.29%	31
% Change 1996 to 2004		71.55%	



APPENDIX G

Table 2.0. Trust Funds

Table 2.1: Trust Funds

Name	Purpose	Funding Sources
General Revenue Fund	General funding source for all state programs. Under full discretion of state legislature	Sales taxes, documentary stamp taxes, intangibles taxes, corporate income taxes
Federal Trust Funds <i>These are trust funds which hold federal fund transfers</i>		
Name	Purpose	Funding Sources
Federal Grants Trust Fund	General holding fund for variety of federal funds.	Federal
Maternal and Child Health Block Grant Trust Fund	Plan, promote, coordinate and evaluate health care for pregnant women, mothers, infants, and children and children with special health care needs in providing health services for mothers and children who do not have access to adequate health care.	Federal HHS Funds
Preventive Health Services Block Grant Trust Fund	Funding state prioritized gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of food borne infections and water borne diseases.	Federal Public Health Funds
Social Services Block Grant Trust Fund	Furnish social services best suited to meet the needs of the individuals residing within the State.	Social Services Block Grant, Title XX
Federal and State Mixed <i>These are trust funds that have a mix of federal, state and other funds</i>		
Name	Purpose	Funding Sources
Quality of Long-Term Care Facility Improvement Trust Fund	Support activities and programs directly related to improvement of the care of nursing home and assisted living facility residents.	Legislature appropriation, gifts, endowments, and other charitable contributions and federal nursing home civil monetary penalties collected by the Centers for Medicare and Medicaid Services and returned to the state.
Medical Care Trust Fund	Make Medicaid low-income pool payments to Federally Qualified Health Centers.	Vast majority comes from Federal matching funds.



Table 2.0. Trust Funds (Continued)

State and Non-Federal Trust Funds		
<i>These are trust funds which are funded from sources other than federal funds</i>		
Name	Purpose	Funding Sources
Administrative Trust Fund	Ensure availability and accessibility of trauma services.	State Funding.
Alcohol, Drug Abuse and Mental Health Trust Fund	The Alcohol, Drug Abuse and Mental Health Program provides prevention and treatment services that reduce the occurrence and disability effects of mental health and substance abuse problems. State law directs the department to provide appropriate services in the least restrictive setting.	State Funding (Legislative Appropriation)
Child Advocacy Trust Fund	Funds shall be appropriated to the Department of Children and Family Services for the specific purpose of funding children's advocacy centers.	State Funding – funds collected from the additional court cost imposed in cases of certain crimes against minors under s. 938.10.
Child Welfare Training Trust	A Trust Fund to be used by the Department of Children and Family Services for the purpose of funding a comprehensive system of child welfare training, including the securing of consultants to develop the system and the developing of child welfare training academies that include the participation of persons providing child welfare	One dollar from every noncriminal traffic infraction, the trust fund shall receive funds generated from an additional fee on birth certificates and dissolution of marriage filings, as specified in ss.382.0255 and 28.101, respectively, and may receive funds from any other public or private source.
Domestic Violence Trust Fund	This Fund was created for the purpose of collecting and disbursing funds for the specific purpose of funding domestic violence centers. The funds shall be appropriated in a "grants-in-aid" category to the Department of Children and Family Services for the purpose of funding domestic violence centers.	State marriage license fee. The funds shall be appropriated in a "grants-in-aid" category to the Department of Children and Family Services for the purpose of funding domestic violence centers.
Grants and Donations Trust Fund	Funds received from pharmaceutical manufacturers shall be used as the state portion for funding Medicaid prescribed drug services.	Funds received from pharmaceutical manufacturers and all other funds received from any other person as the result of a Medicaid cost containment strategy. Medicaid fraud and abuse re-coupmnts and fines.
Public Medical Assistance Trust Fund	Cost sharing for costs of providing indigent health care.	State funds and assessments on hospitals in the state.
Radiation Protection Trust Fund	Mitigate abandoned radioactive materials, default on lawful obligations, insolvency, or other inability to meet legal requirements and assure the protection of the public health and safety and the environment from the adverse effects of ionizing radiation	Industry fees.
Rape Crisis Program Trust Fund	The Rape Crisis Program Trust Fund is created within the Department of Health for the purpose of providing funds for rape crisis centers in this state.	State Funding - Funds credited to the trust fund consist of those funds collected as an additional court assessment in each case in which a defendant pleads guilty or nolo contendere to, or is found guilty of, regardless of adjudication, an offense defined in statute.
Tobacco Settlement Trust Fund	Provide smoking prevention services. Offset the costs of Medicaid to the state. Bio-medical research.	Settlement payments from the tobacco industry.
Welfare Transition Trust Fund	The intent of the Welfare Transition Trust Fund is to support the welfare transition program, including diversion services, employment and related services, transition services, and support services.	(Workforce Innovation Legislative Appropriations). State Legislative Funding. Funds budgeted for the welfare transition program may be appropriated to the Welfare Transition Trust Fund for implementation of welfare transition services. Additional funds may be placed in the Welfare Transition Trust Fund, including incentive funds earned by the state for purposes of this section.



APPENDIX H

Agency Funding Study Report Form

HEADER	AGENCY NAME					
	TAX ID #					
	SUBMITTED BY:		Name:		Telephone Number:	E-mail:
PROGRAMS			PROGRAMS			
	Program Name					
	Service Code					
	Population Code					
REVENUE	Funder Type	Funder Code	REVENUE SOURCES			
	3		Governmental Funding: Federal			
			1 Federal - Dept of Education			
			2 Federal - Dept of Justice			
			3 Federal - Dept of Labor			
			4 Federal - Health & Human Services			
			5 Federal - HUD			
			6 Federal - USDA			
			7 Federal - Other			
		1		Governmental Funding: State (FL)		
			89 Criminal Justice and Corrections/Department of Corrections			
			16 Criminal Justice and Corrections/Department of Juvenile Justice			
			76 Criminal Justice and Corrections/Dept of Legal Affairs			
			90 Criminal Justice and Corrections/Dept. of Law Enforcement			
			14 Education/Department of Education/Vocational Rehabilitation			
			8 General Government/Agency for Workforce Innovation (AWI)			
			17 General Government/Dept. of State			
			87 General Government/Early Learning			
			92 Human Services/Agency for Persons with Disabilities			
			9 Human Services/DCF/Adult Community MH			
			10 Human Services/DCF/Aging and Adult Services			
			11 Human Services/DCF/Econ.Self-Sufficiency			
			12 Human Services/DCF/Family Safety			
			94 Human Services/DCF/Other			
			95 Human Services/Depart. Of Elder Affairs			
			15 Human Services/Department of Health			
			93 Natural Resources/Dept. of Agriculture			
			13 Natural Resources/Dept. of Community Affairs			
		18 State Office of the Governor				
		19 State Other				



Agency Funding Study Report Form (Continued)

REVENUE	2	Governmental Funding: Local				
		28 City of Clearwater				
		29 City of Largo				
		30 City of Pinellas Park				
		85 City of Safety Harbor				
		31 City of St. Petersburg				
		86 City of Tarpon Springs				
		58 Clearwater Housing Authority				
		26 Hillsborough County				
		99 Juvenile Welfare Board				
		20 Local Government Other				
		32 Other City in Pinellas County				
		27 Other County in Florida				
		25 Pasco County				
		24 Pinellas County - Other Depts.				
		21 Pinellas County Community Development				
		23 Pinellas County Economic Development				
		22 Pinellas County Health and Human Services				
		33 Pinellas County School Board				
		98 Pinellas County Sheriff's Office				
		81 Tarpon Springs Housing Authority				
REVENUE	6	Governmental Designees/Lead Agencies				
		96 Area Agency on Aging				
		71 Coordinated Child Care				
		97 Early Learning Coalition				
		65 YMCA of Sarasota (Safe Children's Coalition)				
		100 Other				
	4	Program Revenue				
		38 Fees for Service				
		39 Insurance				
		51 Interest Income				
	78 Medicaid/Medicaid HMO					
	88 Medicare					
	67 Sales					
REVENUE	5	Non-Governmental Grants/Foundations				
		84 Foundations				
		40 United Way				
REVENUE	11	Fundraising				
		45 Individual Donations/Contributions				
	59 Corporate Donations/Contributions					
REVENUE	8	Sub-Contracts				
		69 CASA				
		73 GRAYDI				
		74 Help-A-Child				
		82 Other				
		75 R-Club				
		77 YWCA				
	82 Other Sub-contract					



Agency Funding Study Report Form (Continued)

OTHER	9	Other/Miscellaneous				
	80	Miscellaneous Funding				
	10	Cash				
	34	Cash Forward from Fund Balance				
		TOTAL REVENUE	\$ -	\$ -	\$ -	\$ -
		TOTAL AGENCY REVENUE FOR PINELLAS COUNTY	\$0			
	7	46 In-Kind Donations				
		Matching Funds(Y/N)				
		Matching Funder Source (Code#)				
		Is any of this revenue Pass Through Revenue? (Y/N)				
		Originating Funder Source (Code #)				
		Pass Through Funder Source (Code #)				



APPENDIX I

Funder Funding Study Report Form

HEADER	AGENCY NAME			FUNDER REPORT FORM
	SUBMITTED BY	Name	Telephone Number	E-mail

REVENUES										
	Funder Type	Funder Code	REVENUE SOURCES	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	
				Total of Funds Received from this Source	One -Time Funds	Recurring Funds	Cash Match	Pass-Through	Restrictions	
PART I	3		Governmental Funding: Federal							
			1	Federal - Dept of Education			-			
			2	Federal - Dept of Justice			-			
			3	Federal - Dept of Labor			-			
			4	Federal - Health & Human Services			-			
			5	Federal - HUD			-			
			6	Federal - USDA			-			
			7	Federal - Other			-			
		1		Governmental Funding: State (FL)						
			89	Criminal Justice and Corrections/Department of Corrections			-			
			16	Criminal Justice and Corrections/Department of Juvenile Justice			-			
			76	Criminal Justice and Corrections/Dept of Legal Affairs			-			
			90	Criminal Justice and Corrections/Dept. of Law Enforcement			-			
			14	Education/Department of Education/Vocational Rehabilitation			-			
			8	General Government/Agency for Workforce Innovation (AWI)			-			
			17	General Government/Dept. of State			-			
			87	General Government/Early Learning			-			
			92	Human Services/Agency for Persons with Disabilities			-			
			9	Human Services/DCF/Adult Community MH			-			
			10	Human Services/DCF/Aging and Adult Services			-			
			11	Human Services/DCF/Econ.Self-Sufficiency			-			
			12	Human Services/DCF/Family Safety			-			
			94	Human Services/DCF/Other			-			
			95	Human Services/Dept. Of Elder Affairs			-			
			15	Human Services/Department of Health			-			
			93	Natural Resources/Dept. of Agriculture			-			
			13	Natural Resources/Dept. of Community Affairs			-			
			18	State Office of the Governor			-			
		19	State Other			-				



Funder Funding Study Report Form (Continued)

REVENUES									
			Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	
			Total of Funds Received from this Source	One -Time Funds	Recurring Funds	Cash Match	Pass-Through	Restrictions	
PART I	2	Governmental Funding: Local							
	28	City of Clearwater			-				
	29	City of Largo			-				
	30	City of Pinellas Park			-				
	85	City of Safety Harbor			-				
	31	City of St. Petersburg			-				
	86	City of Tarpon Springs			-				
	58	Clearwater Housing Authority			-				
	26	Hillsborough County			-				
	99	Juvenile Welfare Board			-				
	20	Local Government Other			-				
	32	Other City in Pinellas County			-				
	27	Other County in Florida			-				
	25	Pasco County			-				
	24	Pinellas County - Other Depts.			-				
	21	Pinellas County Community Development			-				
	23	Pinellas County Economic Development			-				
	22	Pinellas County Health and Human Services			-				
	33	Pinellas County School Board			-				
	98	Pinellas County Sheriff's Office			-				
	81	Tarpon Springs Housing Authority			-				
	6	Governmental Designees/Lead Agencies							
		96	Area Agency on Aging			-			
		71	Coordinated Child Care			-			
		97	Early Learning Coalition			-			
		65	YMCA of Sarasota (Safe Children's Coalition)			-			
		100	Other			-			
	5	Non-Governmental Grants/Foundation							
	84	Foundations			-				
	40	United Way			-				
	91	Member Associations			-				
9	Other/Miscellaneous								
	80	Miscellaneous Funding			-				
					-				
		TOTAL REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	



APPENDIX J

Hospital Funding Study Report

HEADER	HOSPITAL NAME						
	TAX ID #						
	SUBMITTED BY:		Name:	Telephone Number:	E-mail:		
PROGRAMS			PROGRAMS				
	Program Name		EMERGENCY ROOM	BEHAVIORAL HEALTH	ALL OTHER		
	Population Code						
REVENUE	Funder Type	Funder Code	REVENUE SOURCES				
	3		Governmental Funding: Federal				
		1	Federal - Dept of Education				
		2	Federal - Dept of Justice				
		3	Federal - Dept of Labor				
		4	Federal - Health & Human Services				
		5	Federal - HUD				
		6	Federal - USDA				
		7	Federal - Other				
		1		Governmental Funding: State (FL)			
			89	Criminal Justice and Corrections/Department of Corrections			
			76	Criminal Justice and Corrections/Dept of Legal Affairs			
			90	Criminal Justice and Corrections/Dept. of Law Enforcement			
			14	Education/Department of Education/Vocational Rehabilitation			
			8	General Government/Agency for Workforce Innovation (AWI)			
			17	General Government/Dept. of State			
			87	General Government/Early Learning			
			92	Human Services/Agency for Persons with Disabilities			
			9	Human Services/DCF/Adult Community MH			
			10	Human Services/DCF/Aging and Adult Services			
			11	Human Services/DCF/Econ.Self-Sufficiency			
			12	Human Services/DCF/Family Safety			
			94	Human Services/DCF/Other			
			95	Human Services/Depart. Of Elder Affairs			
			15	Human Services/Department of Health			
			93	Natural Resources/Dept. of Agriculture			
			13	Natural Resources/Dept. of Community Affairs			
			18	State Office of the Governor			
			19	State Other			
		2		Governmental Funding: Local			
			28	City of Clearwater			
			29	City of Largo			
			30	City of Pinellas Park			
			85	City of Safety Harbor			
			31	City of St. Petersburg			
			86	City of Tarpon Springs			
			58	Clearwater Housing Authority			
		26	Hillsborough County				
		99	Juvenile Welfare Board				
		20	Local Government Other				
		32	Other City in Pinellas County				
		27	Other County in Florida				
		25	Pasco County				
		24	Pinellas County - Other Depts.				
		21	Pinellas County Community Development				
		23	Pinellas County Economic Development				
		22	Pinellas County Health and Human Services				
		33	Pinellas County School Board				
		98	Pinellas County Sheriff's Office				



Hospital Funding Study Report Form (Continued)

REVENUE	6	Governmental Designees/Lead Agencies				
		96 Area Agency on Aging				
		71 Coordinated Child Care				
		97 Early Learning Coalition				
		65 YMCA of Sarasota (Safe Children's Coalition)				
		100 Other				
		4	Program Revenue			
			38 Self Pay			
			51 Interest Income			
			78 Medicaid			
			78 Medicaid HMO			
			88 Medicare			
			88 Medicare HMO			
			39 Insurance			
			FLA State Healthy Kids/Staywell			
			HMO PPO Insurance			
			Commercial Insurance			
			Auto Insurance			
			Workers Compensation Insurance			
			Other Insurance			
			67 Sales			
		5	Non-Governmental Grants/Foundations			
			84 Foundations			
			40 United Way			
			91 Member Associations			
		11	Fundraising			
			45 Individual Donations/Contributions			
			59 Corporate Donations/Contributions			
	8	Sub-Contracts				
		69 CASA				
		73 GRAYDI				
		74 Help-A-Child				
		82 Other				
		75 R-Club				
		77 YWCA				
		82 Other Sub-contract				
OTHER	9	Other/Miscellaneous				
		80 Miscellaneous Funding				
		TOTAL REVENUE	\$ -	\$ -	\$ -	
		TOTAL AGENCY REVENUE FOR PINELLAS COUNTY	\$ -			
		7	46 Charity Care/Unreimbursed costs			
			Matching Funds(Y/N)			
			Matching Funder Source (Code#)			
			Is any of this revenue Pass Through Revenue? (Y/N)			
		Originating Funder Source (Code #)				
		Pass Through Funder Source (Code #)				



REFERENCES

- Agency for Health Care Administration. (2006). *Financial Analysis Annual Report by Hospital, FY 2006*.
- Central Florida Behavioral Health Network. (n.d.). About Central Florida Behavioral Health Network (CFBHN). Retrieved January 2008, from <http://www.cfbhn.org/about%20us.htm>
- Coordinated Child Care of Pinellas County. (2008). About Us. Retrieved January 2008 from http://www.childcarepinellas.org/aboutUs_qualifications.htm
- Council of Large Public Housing Authorities. (1997). Modernization Funding Replacement Housing Factor. Retrieved January 2008 from <http://www.clpha.org/page.cfm?pageID=293>.
- Early Learning Coalition of Pinellas County. (2006). Early Learning Coalition of Pinellas County: 2006-06 Annual Report. Retrieved January 2008, from <http://www.elcpinellas.org/PDF%20Files/Pinellas%20County%20Annual.pdf>
- Early Learning Coalition of Pinellas County. (2007). Early Learning Coalition of Pinellas County Board of Directors Regular Meeting Minutes, Thursday, July 12, 2007. Retrieved January 2008, from <http://www.elcpinellas.org/PDF%20Files/approved%20Board%20Minutes%202007.07.pdf>
- Florida Department of Children and Families. (2006). Florida Department of Children & Families Briefing Book. Retrieved January 2008, from <http://www.dcf.state.fl.us/publications/docs/visionvaluevoices2006full.pdf>
- Florida Health Partners Inc. (2008). About Florida Health Partners, Inc. Retrieved January 2008 from <http://www.floridahealthpartners.com/about/about.html>
- Freaney, M. (2007). *Pinellas County Health and Human Services Presentation to Administrative Forum of the Health and Human Services Coordination Council*. Pinellas Park, FL.
- Freidman, M. (2005). *Trying Hard is Not Good Enough: How to Produce Measurable Results for Customers and Communities*. Victoria, BC: Trafford Publishing.
- HHSCC Health and Behavioral Health Leadership Network. (2008). Meeting Minutes from Jan 31, 2008 and February 22, 2008
- Housing Authorities Law, Fla. Stat. § 421.001-421.52 (2007).



- Juvenile Welfare Board Children's Services Council of Pinellas County. (2007). *Juvenile Welfare Board, Fiscal Year 2007/08 Budget*. Retrieved January 2008 from <http://www.jwbpinellas.org/Budget/budget20072008color.pdf>.
- Juvenile Welfare Board Children's Services Council of Pinellas County. (2008). About Juvenile Welfare Board Children's Services Council of Pinellas County. Retrieved January 2008, from www.jwbpinellas.org
- Pinellas County Coalition for the Homeless. (2008). About PCCH. Retrieved January 2008, from http://www.pinellashomeless.org/cz375/index.php?/ph/about_us/about_pcch
- Pinellas County Housing Authority. (n.d.). Pinellas County Housing Authority About Us. Retrieved January 2008 from <http://www.pin-cha.org/aboutus.htm>
- Salamon, L., Geller, S., & Sokolowski, S. (2007). *Florida Nonprofit Employment Report 2007: The Johns Hopkins Center for Civil Society Studies and the Florida Philanthropic Network*.
- Sarasota Family YMCA. (2008). Welcome to the Safe Children's Coalition. Retrieved January 2008 from <http://www.sarasota-ymca.org/socialServices/safeChildrenCoalition.cfm>
- State of Florida. (2007). *State of Florida Long-Range Financial Outlook: Fiscal Year 2008-09 through 2010-11*. Retrieved January 2008 from <http://www.flsenate.gov/data/publications/2006/Senate/reports/combo33/3%20Year%20Plan%20Combo33%20Update.pdf>.
- State.Master.com. (2001). State Mental Health Agency, Mental Health Per Capita Expenditures 2001. Retrieved January 2008 from http://www.statemaster.com/graph/hea_sta_exp_per_cap-mental-state-expenditures-per-capita
- Stiles, P., Stewart, M., & Sampath, V. (2004). *Human Services in Pinellas County: An Existing Information/Data Review*. Tampa, FL: Louis De La Parte Florida Mental Health Institute.
- Substance Abuse and Mental Health Services Administration. (2007). *SAMHSA Access to Recovery (ATR) Grants*. Retrieved January 2008 from <http://atr.samhsa.gov/>.
- Supreme Court for the State of Florida. (2007). *Mental Health: Transforming Florida's Mental Health System*. Tallahassee, FL.
- U.S. Census Bureau. (2007a). *Consolidated Federal Funds Report for Fiscal Year 2005: State and County Areas*. Retrieved January 2008 from <http://purl.access.gpo.gov/GPO/LPS7000>.
- U.S. Census Bureau. (2007b). *Federal Aid to States for Fiscal Year 2005*. Retrieved January 2008 from <http://purl.access.gpo.gov/GPO/LPS4561>.
- U.S. Census Bureau. (n.d.). *American Fact Finder*. Retrieved January 2008 from <http://factfinder.census.gov/home/saff/main.html?lang=en>.



HHSCC FUNDING STUDY

U.S. Department of Justice. (2008). *FY 2008 Safe Havens: Supervised Visitation and Safe Exchange Grant Program*. Retrieved January 2008 from <http://www.ovw.usdoj.gov/docs/fy2008-safehavens.pdf>.

West Central Florida Ryan White Care Council. (2008). Home: West Central Florida Ryan White Care Council. Retrieved January 2008, from <http://thecarecouncil.org/>

Zieman, G. L. (1995). *The Complete Capitation Handbook*. Tiburon, CA: Jossey-Bass, Inc.