DOCUMENT RESUME

05415 - [B1005944]

The Impact of Selected Activities Relating to the Reorganization of the Florida Department of Health and Rehabilitative Services on the Florida Vocational Rehabilitation Program. April 4, 1978. 25 pp. + 6 appendices (6 pp.).

Testimony before the House Committee on Education and Labor: Select Education Subcommittee; by Gregory J. Ahart, Director, Human Resources Div.

Contact: Human Resources Div.
Organization Concerned: Florida: Department of Health and Rehabilitative Services.
Congressional Relevance: House Committee on Education and Labor: Select Education Subcommittee.

Florida legislation required the Department of Health and Rehabilitative Services to accomplish an internal reorganization within its existing resources and appropriations. The purpose of the reorganization was to integrate the delivery of all health, social, and rehabilitation services offered by the State and to assure effective and efficient delivery of high quality health services to all citizens. The legislation essentially required the department to dismantle its umbrella structure under which categorical program divisions were operating and to replace it with an integrated, decentralized human services agency. The reorganization resulted in a number of major changes in the operations of the rehabilitation program, including locating program service facilities together and reducing the rehabilitation program clerical staff. Many former duties and responsibilities of rehabilitation personnel have been assumed by nonrehabilitation personnel, and some responsibilities for determining client eligibility are now shared with the nonrehabilitation staff. Reactions to the reorganization have been mixed. The Florida Auditor General concluded that the department's failure to formulate plans before implementing the reorganization resulted in a fragmented organizational structure; a lack of policies, procedures, and guidelines; and a loss of control over personnel and financial accounting systems. While administrative costs have changed slightly, the percentage of total program expenditures represented by administrative costs decreased from 12.2% to 10.5%. (RRS)

5944

United States General Accounting Office
Washington, D.C. 20548

FOR RELEASE ON DELIVERY
APRIL 4, 1978

STATEMENT OF
GREGORY J. AHART, DIRECTOR
HUMAN RESOURCES DIVISION
ON
THE IMPACT OF SELECTED ACTIVITIES RELATING TO THE
REORGANIZATION OF THE FLORIDA DEPARTMENT OF
HEALTH AND REHABILITATIVE SERVICES ON
THE FLORIDA VOCATIONAL REHABILITATION PROGRAM
SUBMITTED FOR THE RECORD TO THE
SUBCOMMITTEE ON SELECT EDUCATION
OF THE
HOUSE COMMITTEE ON EDUCATION AND LABOR

Mr. Chairman and Members of the Subcommittee, last September, you requested that we review the operations of Florida's rehabilitation program in view of the reorganization of the Florida Department of Health and Rehabilitative Services in 1975. Because of time constraints, our review was limited to obtaining information from readily available sources with limited verification. We examined records and interviewed officials at the department's headquarters and district offices in Jacksonville, Orlando, and Tampa; State Auditor-General's office; the Department of Health, Education, and Welfare headquarters in Washington, D.C.; and HEW's Atlanta regional office. We also interviewed rehabilitation program clients and providers of rehabilitation services.

BACKGROUND ON THE REORGANIZATION

Florida legislation, effective July 1, 1975, required the Department of Health and Rehabilitative Services to accomplish before July 1, 1976, an internal reorganization within its then existing resources and appropriations. Legislation enacted in 1976 extended the date for completing the reorganization until July 1, 1977. The purpose of the reorganization was to integrate the delivery of all health, social, and rehabilitation services offered by the State and to assure effective and efficient delivery of high quality health services fully accessible to all citizens.

The legislation essentially required the department to dismantle its umbrella structure under which categorical program divisions were operating and replace it with an integrated, decentralized human services agency. The changes in organizational structure revised the responsibility assignments for program functions, changed the physical location of personnel, and created a new administrative process.

Before the reorganization, the department's headquarters office had eight program and two administrative support divisions. Each program division had its own director, district offices, personnel, accounting, finance, and administrative services sections. The division directors were directly responsible to the Secretary of the department.

The vocational rehabilitation program had 16 district offices, headed by district directors, who were under the direct line supervision of the division director. (Appendices I and II show the organization of the rehabilitation division headquarters and districts before the reorganization.)

Under the reorganization, the former division's functions were assigned to assistant secretaries for (1) administrative services, (2) operations, and (3) program planning and development, directly responsible to the department's Secretary. The former eight program divisions, including vocational rehabilitation, became program offices headed by a program staff director under the assistant secretary for program planning and development. The program offices do not have direct line authority over the district offices. (Appendix III shows the new organization of department headquarters.)

The rehabilitation program office responsibilities, as required by State law, include policy development, program planning and monitoring, staff development and training, quality control, and State program plan development, but specifically exclude direct line authority over any service program operations. Also, the functions of the Bureau of Blind Services, formerly a part of the vocational rehabilitation division, were transferred to the Department of Education, effective April 1, 1976.

The legislation established 11 districts headed by administrators directly responsible to the assistant secretary for operations. Each administrator has direct line authority over all departmental programs in the district, including responsibility for day-to-day personnel, fiscal, and administrative functions. The administrators were given a great deal of latitude in determining their district's organizational structure and in assigning duties and responsibilities to district employees.

Although districts can be organized differently, they generally have a deputy district administrator, program managers or sub-district administrators, service network managers, and direct service supervisors. Program unit supervisors, under the direction of the direct service supervisors, are responsible for the day-to-day delivery of services to clients of the department's eight programs. (Appendix IV shows the general organization of the new districts.)

The new headquarters' organizational structure was established effective October 1, 1975, 3 months after the effective date of the reorganization legislation. The new districts assumed client service responsibilities on March 1, 1976.

CHANGES IN PROGRAM OPERATIONS

The reorganization resulted in a number of major changes in the operations of the rehabilitation program.

Program service facilities located together

To integrate the delivery of all health, social, and rehabilitation services offered by the State, the legislation required the districts to locate their service facilities together when possible without removing them from proximity to the clients, and to centralize administrative functions.

At the three districts we visited--Jacksonville, Orlando, and Tampa--the reorganization had affected the rehabilitation program to varying degrees. While the department's service facilities generally shared the same locations in these three districts, vocational rehabilitation program service delivery activities at the unit level were not integrated with other programs in the Jacksonville and Tampa districts.

In the Orlando district, a pilot project was initiated to test the effectiveness of integrated service delivery units. These integrated units included counselors, and professional and clerical staff from several different programs, whereas the rehabilitation service delivery units in the Tampa and Jacksonville districts included only counselors, and clerical staff, from the rehabilitation program.

In each district, the rehabilitation program supervisor is responsible, by reorganization legislation, for ensuring that the rehabilitation program is administered in conformance

with program policies and procedures established by the secretary. Although the program supervisors' roles varied in the three districts, they appeared to function more as consultants rather than being directly involved in program operations.

We believe the differing conditions in the three districts were due primarily to the latitude provided to district administrators in operating their districts. Therefore, the conditions in these districts may not exist in the remaining eight districts. However, the rehabilitation program director agreed at the start of our fieldwork that these three districts would provide a representative cross-section of program operations at the district level.

Reductions in rehabilitation program clerical staff

The department, in formulating its budget for fiscal year 1978, reduced the district rehabilitation clerical staff by 149 positions. Seventy-three positions were to be eliminated before June 30, 1977, and the remaining 76 before June 30, 1978. These reductions were to reduce the ratio of district clerical staff to professional staff to a ratio comparable to other programs in the department.

In January 1978, a State rehabilitation program headquarters official told us it was too early to assess the impact of this action. District rehabilitation program unit supervisors and counselors told us that the staff

cut has adversely affected the program and will continue to do so. They stated that staff cuts in each district were made mostly by nonrehabilitation staff with limited input from rehabilitation program supervisors.

Three counselors in the Jacksonville and Orlando districts felt that staff cuts were made indiscriminately leaving them without any clerical support and forcing them to drive to another rehabilitation office for clerical assistance. Counselors also stated that because of their excessive clerical responsibilities, services to clients have been reduced. Twenty of 63 counselors we interviewed said they are now spending 20 percent or more of their time on clerical duties. Counselors said that rehabilitation program clerical staff generally assume more duties and responsibilities in delivering services to clients than clerical staff in other department programs but that department officials did not consider this when the decision was made to reduce clerical staff.

In the Tampa district, high turnover in the clerical staff has resulted because many felt that the clerical staff in other programs were doing less work for the same pay. Counselors said it takes about 6 months for a rehabilitation clerical worker to learn the program, and as a result of the high turnover, most clerical staff is inexperienced.

Changes in duties and responsibilities of vocational rehabilitation personnel

As a result of the reorganization, many former duties and responsibilities of rehabilitation personnel have been assumed by nonrehabilitation personnel, and vice versa.

District rehabilitation program supervisors

Rehabilitation program supervisors in the three districts do not have authority to hire, fire, or evaluate rehabilitation personnel. This authority, previously held by rehabilitation officials, now belongs to nonrehabilitation district personnel which has caused some problems.

For example, a supervisory counselor in the Orlando district was given a lower rating by nonrehabilitation officials than his previous rating from a rehabilitation official. The counselor maintained that he was rated lower because his new responsibilities required him to supervise nonrehabilitation personnel. Other counselors we interviewed believed that it was unfair for them to be rated on vocational rehabilitation work by nonrehabilitation personnel.

Rehabilitation counselors in all three districts told us that they could not communicate with the rehabilitation program supervisor's staff as easily as in the past. In the Jacksonville district, counselors could not contact the rehabilitation program supervisor, unless they were specifically authorized to do so by their supervisors.

Communication from the program supervisor to rehabilitation counselors was similarly restricted. District instructions state that access to a service delivery network should be through the network manager or the direct services supervisor. We found that these procedures are applicable to all programs in the district, not just the rehabilitation program.

In Jacksonville, there is not full communication between the rehabilitation staff and the rehabilitation program supervisor. A recent report on the Jacksonville district stated that rehabilitation counselors and supervisory counselors expressed a strong need to communicate openly with the program supervisor. The counselors feel they are drifting away from rehabilitation activities and are not as well informed as they should be.

In the Orlando and Tampa districts, the lines of communication were not as restrictive. However, counselors were still required to go through their direct service and unit supervisors, who might not be rehabilitation-oriented, to communicate with the rehabilitation program supervisor.

In November 1977, rehabilitation program supervisors were delegated new duties and activities. These duties pertain to the Florida displaced homemakers program, which was transferred from the department's aging and adult services program office to the rehabilitation program office.

A State rehabilitation program official told us that the displaced homemakers program was placed under the aging and adult services program because it was thought that most of the clients would be older persons. However, many participants were younger than anticipated and the aging and adult services program was not a service delivery program. Therefore, it was transferred to the rehabilitation program which was organized for service delivery and which had the same basic goal of employment as the displaced homemakers program.

The responsibility for implementing the program in the districts has been assigned to the district rehabilitation program supervisor. However, to date, funding has not been made available by the State legislature for the homemaker program. It is anticipated that the program supervisor's efforts will be limited until State funding becomes available.

We believe that even if program funds and positions are authorized for the displaced homemakers program, it is likely that certain headquarters and district rehabilitation staff will be required to devote part of their time to homemaker program activities unless it is removed from rehabilitation program responsibility.

District rehabilitation counselors and clerical staff

As previously discussed, a pilot project in the Orlando district was to test the effectiveness of using integrated service delivery units comprised of staff from several different programs working under the same supervisor. We found that under this arrangement, some rehabilitation staff were performing nonrehabilitation duties while their salaries were being paid entirely by the rehabilitation program.

For example, of 11 unit supervisors we interviewed, 9 were responsible for integrated units. For six of the nine units, the supervisors were rehabilitation counselors who said that they spend from 10 to 50 percent of their time supervising nonrehabilitation employees. On the other hand, three of the nine unit supervisors were nonrehabilitation employees who said that they spend from 15 to 60 percent of their time supervising rehabilitation employees. The remaining two units were composed totally of rehabilitation employees.

In seven of the nine integrated units, we interviewed 13 rehabilitation program clerical staff. Ten said they spend up to 50 percent of their time doing nonrehabilitation program work. Conversely, in eight units only three nonrehabilitation clerical staff were performing duties for the rehabilitation program. Rehabilitation counselors

in these eight units said that their effectiveness was reduced because of other program demands on the rehabilitation clerical staff. A rehabilitation technician told us that 100 percent of his time was spent on nonrehabilitation program duties as a mail courier for the subdistrict administrator.

The rehabilitation service delivery units in the Jacksonville and Tampa districts consisted of only rehabilitation staff who, for the most part, performed only rehabilitation duties. However, in three Tampa service delivery units, rehabilitation clerical staff told us that they had been required to work on priority nonrehabilitation projects even though they had rehabilitation duties to perform.

During the initial period of the reorganization, confusion in the three districts regarding placement of specific employees resulted in rehabilitation personnel being placed in other program positions for several months while remaining on the rehabilitation program payroll. For example, we identified four rehabilitation staff in the Orlando and Jacksonville districts who spent from 3 to 14 months working on other programs. At the time of our visit, only one of the four was still working on another program. According to the district staff, this situation will be corrected soon.

Also, we found that one rehabilitation counselor from each district had been assigned to work from 16 to 19 months in special client in-take units which coordinated and delivered various services to clients having multiple needs. Workers in these units cross program lines to handle cases. At the time of our visit, two of the counselors had returned to the rehabilitation program and the third had been removed from the rehabilitation payroll.

Other program changes

Before the reorganization, client eligibility was determined solely by rehabilitation counselors and supervisory counselors. However, in the Tampa district, responsibilities for determining client eligibility are now shared in certain instances with nonrehabilitation staff. Issues which arise involving eligibility and expenditure of rehabilitation funds are resolved mutually by the rehabilitation unit supervisor and his nonrehabilitation supervisor. Rehabilitation staff in the other two districts we visited said that nonrehabilitation personnel had not become involved in the eligibility determination process.

Also, in the Tampa district rehabilitation counselors told us that working conditions had deteriorated to the point of adversely affecting delivery of services. In three of the six rehabilitation units we visited, rehabilitation counselors shared an office and telephone with

another rehabilitation counselor or a caseworker from another program. Although rooms were available in a few facilities for counseling and interviewing clients, they were used by all district employees at the location and, at times, are difficult to secure.

Rehabilitation counselors said that, as a result of these conditions, the confidentiality of client counseling was often breached. Further, they said that some nonproductive time is incurred by counselors or caseworkers who leave the office when the other counselor is working with a client so that confidentiality may be maintained. Counselors in this district said that before the reorganization each counselor had his own office and telephone.

Department officials and staff comments on program changes

Reactions to the reorganization have been mixed. The department's Secretary told us that most of the problems under the department's new structure are temporary and will be worked out as more experience is gained. He said resistance to change and the tight timeframes imposed by the Florida legislature to accomplish the reorganization complicated the transition.

The rehabilitation program director said that even though he does not have total control of the rehabilitation program under the new department structure, he believes the reorganization has improved the effectiveness and efficiency

of program management functions such as planning and evaluation. The program director stated that managers had been relieved of minor administrative duties and had fewer staff under their direct supervision. He believes the program will reach its maximum potential after negative personnel attitudes and growth pains are alleviated.

A State rehabilitation program headquarters official familiar with the program operation before the reorganization told us that he could see no advantages of the reorganization from a rehabilitation program management viewpoint. He stated that the program office now has

--little direct contact with district service delivery staff,

--no authority or control over day-to-day program operations, and

--an elaborate chain of command involving nonrehabilitation personnel to go through before final action can be taken on many rehabilitation program matters, including budgeting and personnel actions.

He stated that the reorganization has taken control of the program away from rehabilitation officials, delayed timely action on program matters, and resulted in higher administrative costs.

The official said that the presence of district program offices in one location appears to have improved the service delivery system but that this could have been accomplished without reorganization.

Of the 130 district rehabilitation program personnel that we interviewed, 61 said that they perceived no benefits to the rehabilitation program as a result of the reorganization; 57 stated that program offices in one location were beneficial and 12 reported other benefits or expressed no opinion. Also, about one-half of the 130 said that if a job opportunity with equal satisfaction and benefits was available, they would now leave the rehabilitation program. Commonly expressed views regarding the negative aspects of the reorganization were:

--The rehabilitation program is assuming a welfare image as a result of its closer assocation with the Department's welfare programs.

--The program has become fragmented because of a lack of communication, and coordination between rehabilitation staff in and among districts.

--The program is experiencing a lack of leadership and there are no clear lines of program authority above the district unit supervisor.

--Administrative workload has increased.

By contrast, district rehabilitation personnel had the following positive comments on locating program offices together.

--Client travel has been reduced.

--Service delivery staff are more aware of the services available in other programs.

--Communication has improved between service delivery level staff of the various programs.

--Decisions about clients who require multiple services are now made at the service delivery level rather than at a high level within each individual program office.

Most of the rehabilitation personnel that we interviewed were opposed to the reorganization and many thought that the rehabilitation program would not be able to maintain the level of service to the handicapped that existed before the reorganization. On the other hand, 12 of 24 nonrehabilitation personnel we interviewed felt positive about the reorganization. However, we believe that the feelings prevailing among rehabilitation personnel, especially at the district level, could substantially reduce the program's effectiveness.

Program monitoring

The State program office is responsible for monitoring the rehabilitation program. The program director told us that reviews of program operations had been made in all 11 districts during 1977. The results of these reviews, including recommendations to correct administrative problems or management deficincies, were reported to district administrators and rehabilitation program supervisors. However, the program office had not received responses on the reports from all of the districts. A second round of reviews will be made in 1978, at which time the rehabilitation program office will determine what action was taken on the previous recommendations.

ISSUES RELATED TO FINANCIAL ACCOUNTABILITY

The Florida Auditor General in an August 29, 1977, report on the progress of the reorganization concluded that the department's failure to formulate plans before implementing the reorganization resulted in a fragmented organizational structure; a lack of policies, procedures, and guidelines; and a loss of control over personnel and financial accounting systems.

According to the report, the department continued to use appropriation accounts and financial systems that were in operation before the reorganization. Beginning July 1, 1976, the department attempted to account for the expenditure of funds on the basis of the structure under the reorganization. The report stated that the department's accounting system had not properly controlled the use of resources or produced acceptable cost records and reports. Specifically, the report noted that:

--A great number of expenditures were not properly coded, adequate control over letters of credit was not maintained, and questionable transfers of funds were made for which documentation was not provided.

--Vouchers were paid from any available funds, regardless of the purpose for which they were appropriated.

--Financial reports produced from information in the system would have been so incomplete and inadequate they would not have provided meaningful information.

The report concluded that the department would have to reconstruct, correct, and reconcile its records pertaining to fiscal year 1977 before a satisfactory audit could be made. Early this year, department and Auditor General officials told us that most of the report's recommendations to correct these deficiencies had been implemented but that the department has not been able to completely reconstruct or reconcile its accounting records for fiscal year 1977. The officials said that the department had decided to stop working on the reconciliation because it believed the cost of the effort would exceed the benefits to be derived. However, the Auditor General's staff is conducting a financial audit of the department's fiscal year 1977 records and fieldwork should be completed by the end of May 1978.

Based on our discussions with department and Auditor General officials, it appears that accounting and management controls have improved since fiscal year 1977 and are now adequate to provide proper recording of costs for individual programs. A rehabilitation program official said that although timeliness and availability of information have improved since the early phases of the reorganization, it remains unacceptable for program management purposes.

At the three districts we visited, equipment such as typewriters, desks, chairs, and filing cabinets, were

removed from rehabilitation program offices and transferred to district administrative offices and other program offices. However, we were told that the equipment was transferred as a result of staffing reductions for rehabilitation clerical positions. We have no information to indicate that any of the equipment was taken from rehabilitation program employees.

CHANGES IN ADMINISTRATIVE COSTS

We compared the amount of administrative costs for Florida's rehabilitation program for Federal fiscal years 1975 through 1977. Fiscal year 1977 is the first year for which reported expenditures are based on the new structure. The results of our comparison, which are shown in Appendix V, show that while administrative costs changed only slightly, the percentage of total program expenditures represented by administrative costs decreased from 12.2 to 10.5 percent over that period.

As Appendix V shows, administrative costs reported by the department in its annual Federal reports differ from those we developed. This is because certain expenditures related to about 80 district rehabilitation program personnel who were performing primarily administrative functions before the reorganization were reported as counseling and placement costs rather than administrative costs. An HEW regional official said that the States were allowed to report these expenditures in either category.

Expenditures for similar administrative functions following the reorganization are reported as administrative costs. Therefore, we believe, and State program and HEW officials agreed, that these expenditures should be included as administrative costs for fiscal years 1975 and 1976, to insure comparability between fiscal years.

Although administrative costs decreased in fiscal year 1977, there has been a large increase in department expenditures allocated to the rehabilitation program due to the reorganization. From fiscal year 1975 to 1977, department expenditures allocated to the program increased from less than 3 percent to more than 41 percent of the program's total administrative costs. This increase appears to be consistent with the objectives of the reorganization to integrate and decentralize the department's operations.

Rehabilitation staff in the three districts we visited said that administrative activities take more time now than before the reorganization. For example:

--It now takes about 6 weeks to fill a vacant position whereas before the reorganization, it took about 2.

--The purchase of certain tools and equipment must be approved by an additional administrative level involving nonrehabilitation personnel which delays services to the clients.

--At times, office supplies are inadequate.

Also, eight providers of rehabilitation services in the three districts told us that payments for services

were slow. One provider stated that his company is considering discontinuing services until it receives payment for past services and another stated that counselors do not seem to know who has final authority for approving certain purchases.

Although our analysis shows that administrative costs did not increase in fiscal year 1977, we are not certain that these costs are typical of future costs because (1) program officials told us that not all district administrative positions were filled during the year and (2) Florida Auditor General representatives said that administrative costs allocated to the program in fiscal year 1977 might have been understated. Consequently, administrative costs might increase in the future.

Because of uncertainties in the amount of administrative costs to be allocated to the program in fiscal year 1978, the State rehabilitation headquarters office reserved about $2.9 million to cover possible increases. Based on administrative costs for the first quarter, program officials anticipate releasing part of this reserve for client services.

IMPACT ON SERVICES FOR REHABILITATION CLIENTS

Expenditures for client services, excluding counseling and placement, increased from $9.3 million for fiscal year 1974 to $11.5 million for fiscal years 1975 and 1976, and to $14 million for fiscal year 1977. The total number of

clients rehabilitated declined from 14,829 in fiscal year 1974 to 8,298 in 1977, with most of the decrease occurring in 1975. Nationwide the number of clients served and persons successfully rehabilitated have generally declined over this same period but not to the extent of the decline in Florida. However, over the same period, the number of severely disabled persons reported as successfully rehabilitated increased. This is consistent with the mandate of the 1973 act to give priority to serving the severely handicapped. (Attachment VI shows program statistics for Florida and the Nation for fiscal years 1974 to 1977.)

It appears that the decline in the number of clients served and rehabilitated in Florida is leveling off. About 60 percent of the rehabilitation personnel we talked to in the three districts believed that the number of persons successfully rehabilitated would continue to decrease. Their reasons were:

--Emphasis is on serving the severely handicapped.

--Low counselor morale caused by the reorganization.

--Lack of adequate clerical assistance because of staffing cuts and an increase in administrative paperwork.

--The high unemployment rate in Florida.

--High counselor turnover and the lack of experienced counselors.

--Lack of sufficient funds for client services.

State rehabilitation program headquarters officials attributed the decline in clients served and rehabilitated to a combination of factors, including:

--The congressional mandate to concentrate on providing services to the severely handicapped.

--The decision by State rehabilitation officials to consider most clients with behavioral disabilities as ineligible.

--A high unemployment rate in Florida, making it more difficult to place clients in competitive employment.

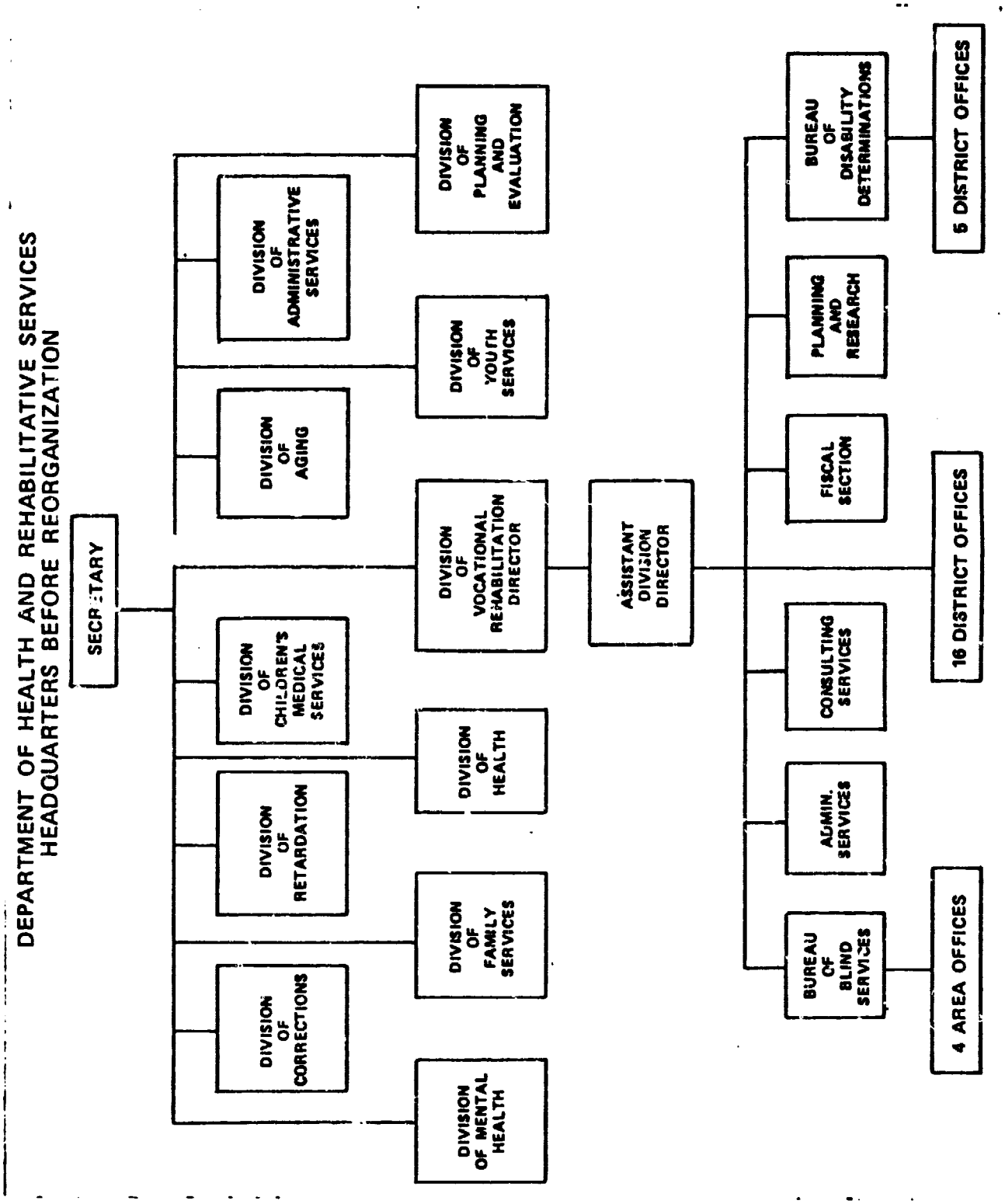
--Inflation of program costs.

--Lower employee morale due to the reorganization and staffing cuts.

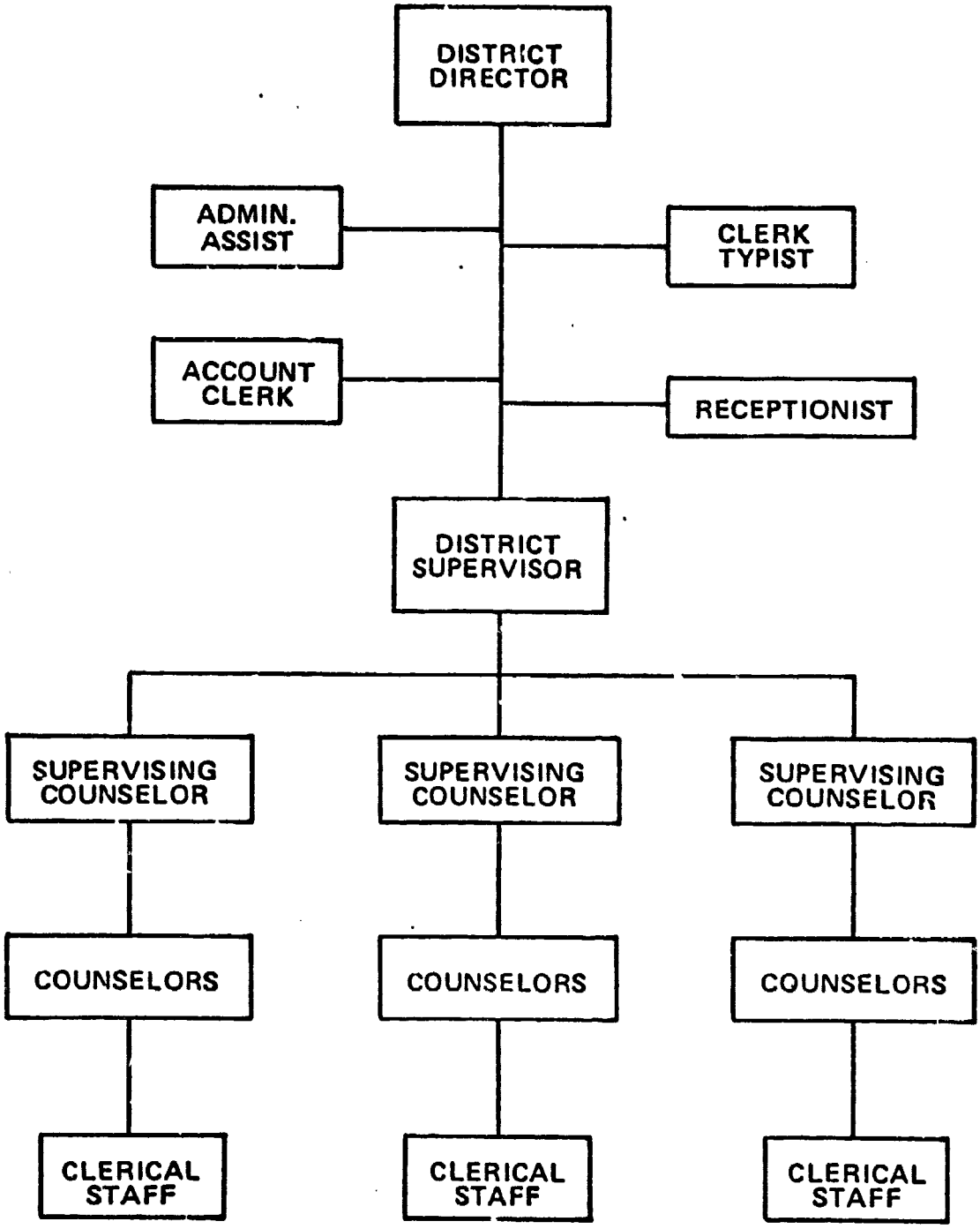
Department officials generally felt that the reorganization was only one of several factors contributing to the declining numbers of clients served and rehabilitated in Florida. We agree with the Florida officials' views. We do not believe that it would be unusual for the numbers of clients served and rehabilitated to decrease significantly in any State which actively implemented the mandate of the 1973 act. This would be even more likely to happen if funds available for client services have not increased substantially since 1973.

In summary, we believe that it is too soon to adequately assess the full impact of the reorganization on the delivery of services to clients. Complete data is available for only a little more than 1 year under

the new department structure. Data for fiscal year 1978, when available, will provide a better basis for this assessment.


DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
HEADQUARTERS BEFORE REORGANIZATION
SECRETARY
DIVISION OF CORRECTIONS
DIVISION OF RETARDATION
DIVISION OF CHILDREN'S MEDICAL SERVICES
DIVISION OF AGING
DIVISION OF ADMINISTRATIVE SERVICES
DIVISION OF MENTAL HEALTH
DIVISION OF FAMILY SERVICES
DIVISION OF HEALTH
DIVISION OF VOCATIONAL REHABILITATION DIRECTOR
DIVISION OF YOUTH SERVICES
DIVISION OF PLANNING AND EVALUATION
ASSISTANT DIVISION DIRECTOR
BUREAU OF BLIND SERVICES
ADMIN. SERVICES
CONSULTING SERVICES
FISCAL SECTION
PLANNING AND RESEARCH
BUREAU OF DISABILITY DETERMINATIONS
4 AREA OFFICES
16 DISTRICT OFFICES
5 DISTRICT OFFICES

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF VOCATIONAL REHABILITATION
DISTRICT OFFICE BEFORE REORGANIZATION [1]

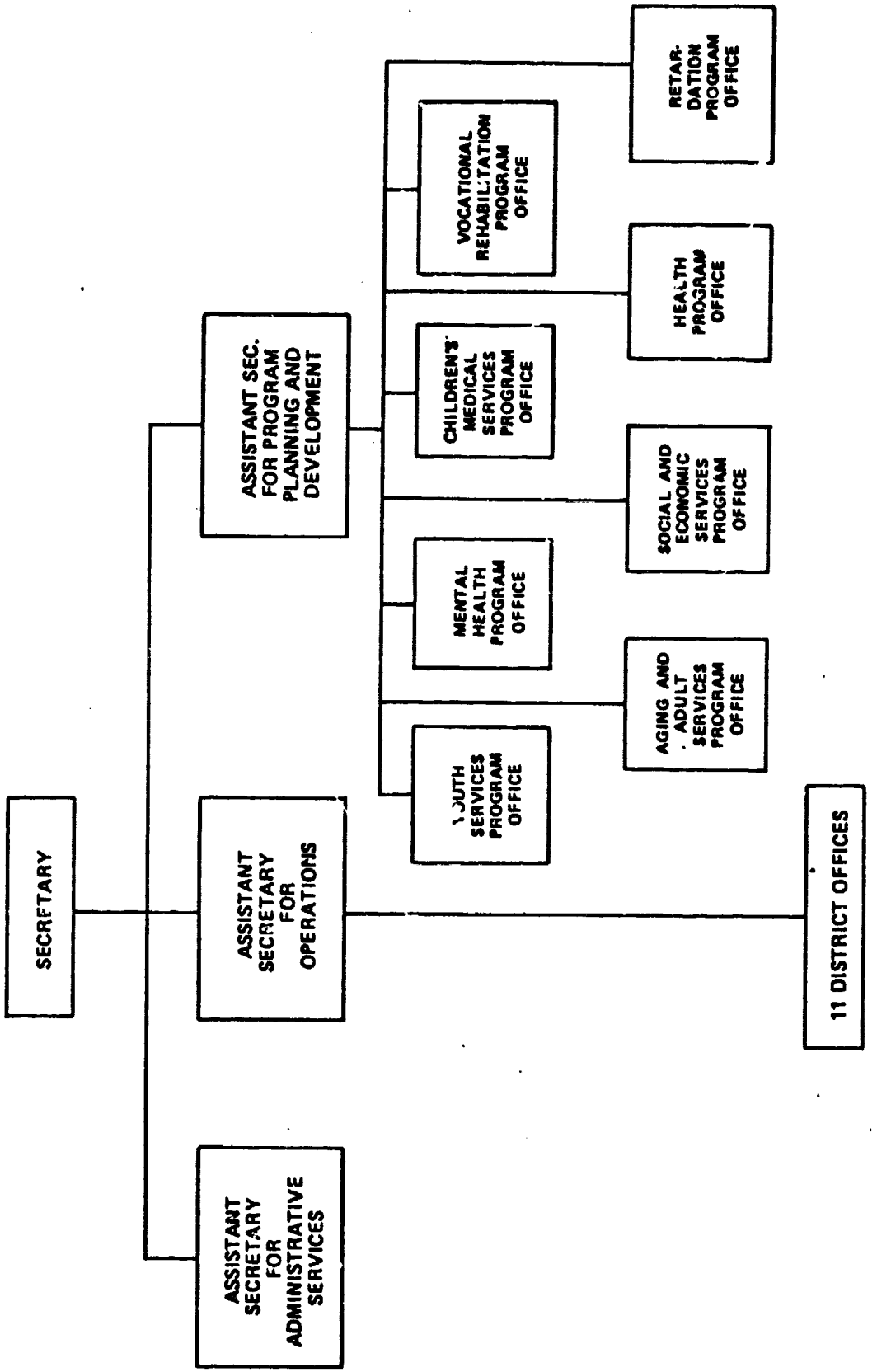


[1] Illustrates the general organizational levels in a district office.

APPENDIX III

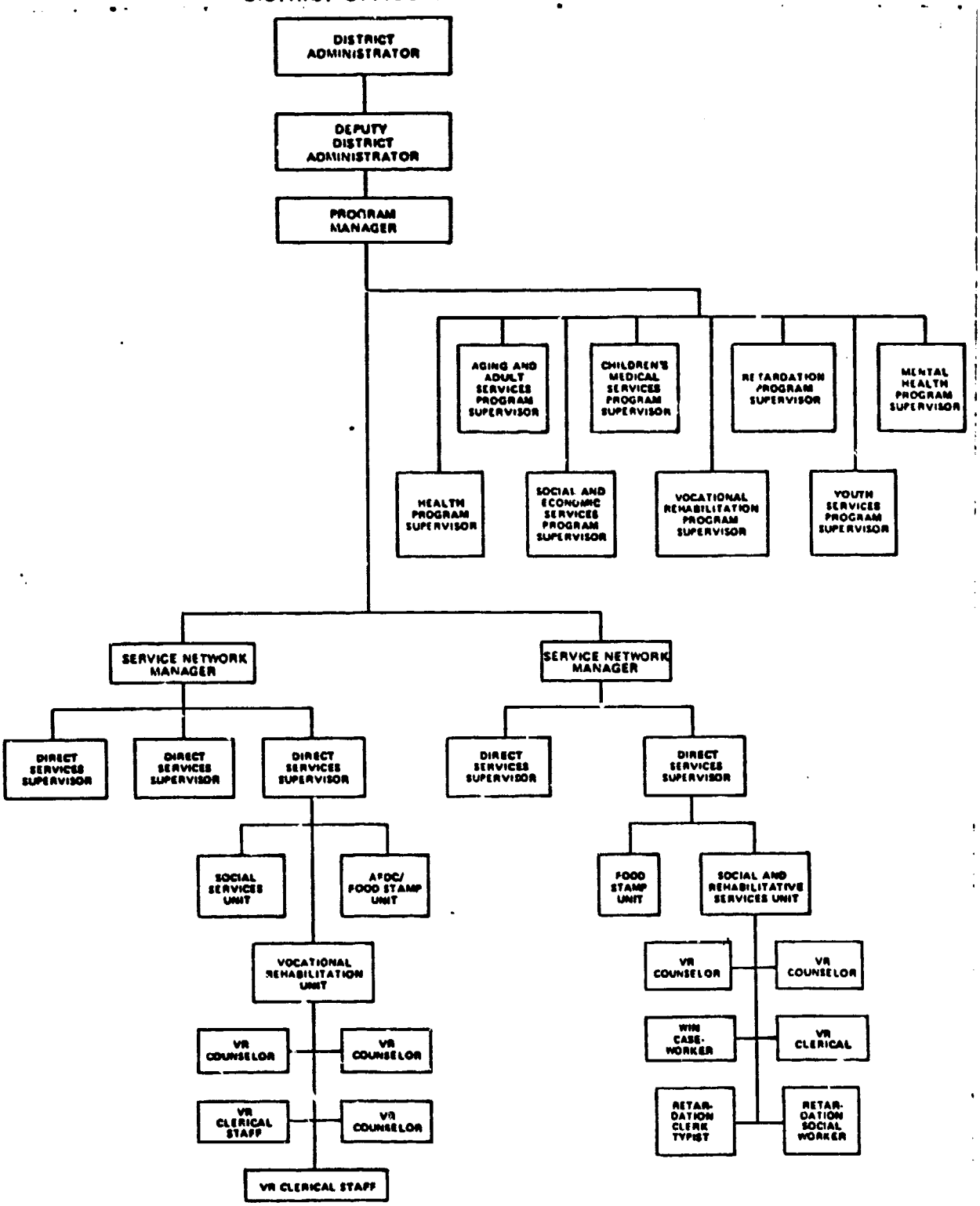
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HEADQUARTERS AFTER REORGANIZATION



DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DISTRICT OFFICE AFTER REORGANIZATION[1]



[1] ILLUSTRATES THE GENERAL ORGANIZATIONAL LEVELS IN A DISTRICT OFFICE.

FLORIDA REHABILITATION PROGRAM EXPENDITURES FISCAL YEARS 1975, 1976, AND 1977 (note a)

	1975	1976	1977
	(millions)		
Administration	$2.157	$2.108	$2.734
GAO adjustment	b/ 1.118	b/ 1.208	c/ .429
Total	$3.275	$3.316	$3.163
Counseling and placement	11.915	12.867	12.280
GAO adjustment	b/ (1.118)	b/ (1.208)	c/ (.429)
Total	$10.797	$11.659	$11.851
Client services	11.459	11.472	13.956
Other	1.411	2.460	1.124
Total	$26.942	$28.907	$30.094
Percent of total program expenditures identified as administrative by GAO	12.2	11.5	10.5

a/Based on Federal and State expenditures reported to HEW by the Florida Department of Health and Rehabilitative Services. Does not include rehabilitation expenditures related to Bureau of Blind Services which was transferred to the Department of Education on April 1, 1976.

b/Estimated costs related to positions identified by Department officials for rehabilitation employees who are performing administrative duties at the district level.

c/Certain expenditures identified by a regional HEW official for administrative services at the district level.

APPENDIX VI

PROGRAM STATISTICS ON CLIENT SERVICES FOR FLORIDA AND THE NATION (note a)

	Fiscal year	Florida Total	Florida Change from prior fiscal year	Nation Total	Nation Change from prior fiscal year
CASES SERVED	1974	46,592	-	1,201,661	-
	1975	39,540	(15%)	1,143,155	(5%)
	1976	38,129	(4%)	1,118,713	(2%)
	1977	Not available		Not available	
CASES CLOSED/ REHABILITATED	1974	14,829	-	345,288	-
	1975	9,842	(34%)	306,021	(11%)
	1976	8,823	(10%)	283,906	(7%)
	1977	8,298	(6%)	272,879	(4%)
CASES CLOSED/ REHABILITATED (Severely Disabled)	1974	Not available		Not available	
	1975	3,136	-	97,668	-
	1976	3,482	11%	103,518	6%
	1977	3,600	3%	109,430	5%

a/Section 110 only.