



Promoting Independence and Employment First

RI Governor's Commission on Disabilities

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Dr. Kate McCarthy-Barnett, Vice Chairperson

Bob Cooper, Executive Secretary

Unanimously Adopted on December 13, 2010

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RHODE ISLAND AND PROVIDENCE PLANTATIONS
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Letter of Transmittal

December 15, 2010

His Excellency, Lincoln Chafee, Governor - Elect
State of Rhode Island and Providence Plantations
State House
Providence, RI 02903 Interdept.

The Honorable Gordon Fox Speaker
RI House of Representatives
State House
Providence, RI 02903 Interdept.

The Honorable Teresa Paiva-Weed President
RI Senate
State House
Providence, RI 02903 Interdept.

Lieutenant Governor Roberts
State of Rhode Island and Providence Plantations
State House
Providence, RI 02903 Interdept.

Dear Governor - Elect Chafee, Speaker Fox, President Paiva-Weed and Lieutenant Governor Roberts:

It is my pleasure to transmit to you the Commission's report "Promoting Independence and Employment First". In the enclosed report is the Commission's recommendation that, in light of the state's current fiscal crisis, redesigning the delivery of service to people with disabilities from a patchwork system cobbled together over the years to a streamlined, coordinated system with increased self-sufficiency/employment and decreased dependence on service delivery systems outcomes will improve full citizenship potential and be more cost-effective.

The expectations, desires and needs of people with disabilities have evolved with the passage of the national Americans with Disabilities Act in 1991 and its reauthorization just last year. In order to address that law's intent, the Commission has presented similar reports to previous incoming administrations. While they did not adopt our recommendation of a state government wide "Independent Living and Employment" philosophy with regards to citizens with disabilities, some of the specific recommendations were adopted and have been or are in the process of being implemented.

The state is again struggling with a revenue shortfall, and rapidly increasing expenditures, particularly with regards to health care. As one of the 24 states in FY 2009 that spent less than 25% of their Medicaid Long-Term Care expenditures for home and community-based services, the state forfeited a 5% FMAP bonus. We urge confronting this fiscal crisis by creating a dynamic, holistic, community-based bottom up system that addresses the needs of the whole person with disabilities and her/his family. The top down approach to consolidation has generated increased the administrative costs/efforts and has and cannot meet each individual's and family's needs. We

recommend adopting an individual and family-centered multi-disciplinary team approach. As an example, the state in the immediate aftermath of the Station Fire created a temporary one stop individual and family-centered entry system that was effective, efficient and caring. We should recreate that approach inclusive of all services to all Rhode Islanders including those with disabilities.

I would like to opportunity to meet with each of you to explore this opportunity to improve services for people with disabilities while reducing government expenditures.

Sincerely,

A handwritten signature in black ink, appearing to read "RTF", is written over a light gray rectangular background.

R. Timothy Flynn,
Chairperson

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A. Adoption of an Independence and Employment First: Disability Policy

1. *The Goals*

1. Government funded services for individuals with disabilities would all be designed and implemented with the goal of increased self-sufficiency and employment and decreased dependence on service delivery systems; and
2. Reduce state administrative expenses through unified planning at the individual and family level by:
 - Eliminating multiple eligibility assessments;
 - Identifying the highest federal matching source for each service the individual needs; and
 - Utilizing a holistic management of all services leading to employment and independence.

2. *The State Government Wide Philosophy*

The Governor announces that the state government is adopting an "Independent Living and Employment" philosophy with regards to citizens with disabilities. Individuals with disabilities will be:

- Encouraged and assisted to reach their maximum potential of independence and self-sufficiency;
- Provided the necessary independent living supports, including accessible transportation throughout the state; and
- Evaluated and served according to their ability, not siloed and warehoused according to their disability.

3. *The Governor's Executive Order*

The Governor would issue an executive order to implement the following changes in the delivery of services (to be phased in):

- 1) Government funded services for individuals with disabilities, would be designed towards a goal of establishing optimum self sufficiency through employment and exiting the service delivery system, rather than long term support of individuals which fosters life-long dependence upon service delivery systems;
- 2) Specialized programs to assist individuals with disabilities would be linked with and integrated into "mainstream" programs, with "specialized assistance" being provided to the "mainstream" provider of services to individualize their programs to meet the needs of individuals with special needs;
- 3) All government funded services would be provided as integrated parts of a single written Independent Living and Employment Plan that the individual and each of the government funded service providers develop, adopt and revise until the individual reaches and attains her/his own optimal independence and self-sufficiency.

4. *The Objective - Unified Independent Living and Employment Plan*

- 1) Adopt a plan to shift from a multi-departmental service delivery system to one-stop service for all human service needs (RIPEC's Public Policy Issue Brief - [Restructuring Government: Organizing State Government for the 21st Century's](#) "Form Follows Function"). Building upon the existing NetWORKri Centers and Family Resource Centers concept, the individual and her/his family's needs, service eligibility, the Independent Living and Employment Plan would all be in one location per each region.
- 2) At each regional service center, customer assistance officers help citizens to determine what services they need and for which services they are eligible. These customer assistance officers, trained in utilizing computer-based matching technology, will determine which of all federal/state/local human services the citizen is both eligible for (financially and programmatically) and could benefit from. See the summary of state expenditures related to persons with disabilities and their families by category and agency in the Appendix.
 - a) By using current computer technology, the customer assistance officer would ask the citizen the necessary questions (posed by the data bank) to determine the range of needs the citizen has.
 - b) Then the citizen and the customer assistance officer would determine the priority need and the secondary needs, from the list of services the computer indicates are available to that citizen (taking into account both needs and eligibility).
 - c) The customer assistance officer would then refer the citizen to designated staff who will work to develop and manage her/his Independent Living and Employment Plan. The customer representatives would be well-trained individuals capable of linking the individual customer with all aspects of the human service delivery system. The customer representative would function as a "benefits manager" for each customer, coordinating all government services from health care to job training to

transportation to parole, so they mesh into a cohesive whole, all with the goal of maximizing independence.

- d) Program specialists with experience and knowledge in each service; initially identified in step b; would assist the citizen and customer representative in the development of this service plan (similar to the special education system's Multidisciplinary Team).
 - e) The regional service center would complete the eligibility review for financial assistance, contained in the Independent Living and Employment plan.
 - f) The citizen would choose from a list of qualified vendors, the services contained in the Independent Living and Employment plan. The Workforce Investment Act already utilizes a system of job training vendors that compete, on a "fee for service" basis, for individual customers/trainees. The citizen, after consulting with the customer representative, would be free to shift to another private service provider if unsatisfied with the quality of the services, but only for the balance of the original "fee for service" during any fiscal year. This puts the person first and allows her/him to have more control over the services and the quality of those services.
- 3) Implement the Coordinated Plan for Public Transit-Human Services Transportation in RI. The plan's Recommended Strategies & Projects' first four objectives are to:
- a) Increase the Overall Effectiveness and Efficiency of Transportation for the Elderly, Persons with Disabilities and Low Income People;
 - b) Improve the Overall Effectiveness and Efficiency of Public Transit Service in the State;
 - c) Enhance Employment Transportation; and
 - d) Improve Transportation Options "Beyond the ADA".
- Coordinated transportation will be a key component of many individuals' Independent Living and Employment plan.
- 4) Eliminate the disincentive for individuals collecting Social Security Disability / Public Assistance from attempting to work by:
- a) Shifting to a gradual reduction in financial benefits offset by earnings (as already exists with individuals between 62-70);
 - b) Maintaining the Section 1619 waiver and adopt a state version that allows for the continuation of Medicaid benefits for individuals whose disabilities would prevent them from working without medical assistance;
 - c) Providing for the reinstatement of benefits if earnings fall back below the threshold point (when all SSDI/GPA benefits were offset by earnings);
 - d) Linking federal and state financial assistance programs with training programs designed to assist individuals to become as independent and self sufficient as possible; and
 - e) Promoting the Sherlock Act (Medicaid Buy-In) that allows qualified working people with disabilities to earn more income without the risk of losing vital health care coverage. Plan participants pay a premium for Medicaid coverage..
- 5) Encourage the moving of individuals living in long term care institutions to community based residential settings (ranging from long term care units to group homes, supervised apartments, and resident controlled independent living complexes) with independent living oriented support services.
- 6) Encourage the creation of a coordinated community based (independent living oriented) health care service to meet the complex needs of individuals with severe and multiple impairments. A small percentage of individuals with severe impairments may not be able to be employable. They can still be an active contributing and semi-self sufficient member of the community. Durable equipment purchased by the health care system must allow for as much independence and self-sufficiency as possible and must be an integral part of the broader comprehensive Independent Living and Employment plan.
- 7) Promote access to integrated community recreation and leisure activities to expand opportunities for healthy lifestyles and success.

B. Who Are Rhode Islanders with Disabilities?

Unless otherwise stated the tables, figures and percentages cited below are as reported in the Annual Disability Statistics Compendium: 2010ⁱⁱ.

1. Population and Prevalence

- 127,082 Rhode Islanders who reported having disabilities out of a total population of 1,035,366, just higher than the national average (12.3% vs. US 12.0%)ⁱⁱⁱ
- Almost twice the national average of children under 5 years old has a disability (1.2% vs. US 0.7%)^{iv};
- A larger percentage of school age children (ages 5 to 17) have a disability than nationally (6.2% vs. US 5.2%)^v;

- Fewer Rhode Islanders sixty-five and older have a disability than nationally (33.7% vs. US 37.4%)^{vi}; and
- Over 75,000 veterans, 1,919 had a service-connected disability rating of 70 percent or more^{vii}.

The Commission considers most of the heads-of-households enrolled in the TANF/FIP program to be persons with disabilities based on studies from the National Center for the Study of Adult Learning and Literacy^{viii}. It also believes that most of the prisoners at the Department of Corrections have disabilities, based on the US Department of Justice's Bureau of Justice Statistics reports^{ix}.

2. Employment

- In 2009 35.5% of Civilians with disabilities, ages 18 to 64 Years (of those living in the Community were employed, lower than the national rate of 36.2%)^x;
- Only 19% of adults with disabilities were employed full-time, year-round^{xi};
- The median earnings^{xii} of Rhode Islanders with disabilities over 16 was higher, in 2009 \$21,225 than nationally \$18,831;
- Rhode Island ranked 11th highest with regard to the employment gap^{xiii};
- Rhode Island had the 13th highest full time employment gap^{xiv};
- Rhode Island's successful (vocational rehabilitation) employment outcomes were 5 percentage points higher than the nation (62.8% to US = 57.8%), in FY 2008^{xv};
- A lower percentage of vocational rehabilitation dollars go to higher education than the nation (RI 5.4% to US 7.3%)^{xvi}; and
- Over the period from 2001 to 2008, RI was one of only 18 states to utilize "Order of Selection" every year^{xvii}.

3. Health Care

RI was one of twenty-four states in FY 2009 that spent less than 25% of their Medicaid Long-Term Care expenditures for home and community-based services. As a result, it lost the five percent Federal Medical Assistance Percentage bonus under the Affordable Care Act of 2010 (Section 10202).^{xviii}

- More RI's with disabilities have private health insurance (56.3% to US = 49.1%)^{xix};
- In federal fiscal year 2007, prior to the Global Waiver; 39,508 RI Medicaid recipients were disabled (19.0% vs. USA 14.8%)^{xx}; and
- In July 2008, 32,015 persons with disabilities under the age of 65 were enrolled in Medicare^{xxi} (18%)^{xxii}.

As reported in the Annual Disability Statistics Compendium: 2010 the US Centers for Disease Control and Prevention's 2008 Behavioral Risk Factor Surveillance Survey of 822,084 Rhode Islanders 18 and older included 170,601 persons with disabilities (20.8% vs. US 22.2%). It reported that Rhode Islanders with disabilities:

- Smoked at a lower rate than nationally^{xxiii};
- Were obese at a lower rate than nationally^{xxiv};
- Did not participate in binge drinking as much as their non-disabled peers^{xxv};
- Received the influenza vaccination at a higher rate than nationally^{xxvi}; and
- Rhode Island ranked 38th in the health insurance gap, 87.5% of RI's with disabilities had health insurance coverage in 2009, vs. 82.5% nationally^{xxvii}.

4. Transportation

The 2008 "A Coordinated Plan for Public Transit-Human Services Transportation in RI"^{xxviii} reported that:

- "The elderly and persons with disabilities reside in relatively high concentrations across all parts of the state, including suburban and rural areas. Meeting the needs of a growing elderly population and providing a greater range of transportation services for persons with disabilities (for access to employment and other activities) will require more transportation options in suburban communities and rural areas. Providing more fixed route service would enhance access to complementary ADA service for persons with disabilities, but coordination and shared use of existing transportation assets should also be considered as a more cost efficient alternative."^{xxix}
- The "[g]eneral need (repeatedly voiced) for improved transportation and more accessible options to support individuals with disabilities seeking employment."^{xxx}

The US Department of Transportation's *Freedom to Travel*^{xxxi} survey regarding the accessibility of transportation systems for people with disabilities reported that:

- "Almost any activity that people engage in outside the home - working, managing personal business, socializing - relies on access to transportation of some kind. And many factors, from sidewalk design to the width of the airplane aisles, affect peoples' access to transportation."^{xxxii} and
- "Twelve percent of people with disabilities have difficulty getting the transportation they need, compared to

three percent of persons without disabilities.^{xxxiii}

The RI Public Transit Authority reported that 8,736 riders use the RIde Para-transit system and approximately 1,600 live out-side the ADA Corridor^{xxxiv}, as a result have only limited use to the service.

5. Education

As reported in the Annual Disability Statistics Compendium: 2010 the US Department of Education's Office of Special Education Programs' Data Accountability Center's Fall 2008 report:

- Ranked Rhode Island as number one in the nation for the percentage of school students, ages 6 -17 who are receiving special education services (23,174)^{xxxv};
- Ranked 12th in graduation rate of special education students 14 -21 in the 2007 - 2008 school year, more than twelve percentage points (12.3%) higher than the national average^{xxxvi};
- Ranked 33rd in dropout rate for special education students^{xxxvii}; and
- Special education students that spend more than forty percent of their school day in regular classrooms were below the national average (78.0% vs. US 79.7%)^{xxxviii}.

6. Poverty^{xxxix} and Income Supports

- The poverty rate amongst Rhode Islanders with disabilities, 18 - 64 was more than three times that of persons without disabilities ages 18 - 64 (24.8%^{xl} vs. 8.4%^{xli});
- Rhode Island had the 13th highest poverty gap^{xlii};
- In 2009 8,040 veterans with disabilities were living in poverty (16.6% vs. USA 15.8%)^{xliii}. The US Department of Veterans Affairs paid disabled veterans \$119,530,684 in total compensation and pensions, in 2008^{xliv}.

As reported in the Annual Disability Statistics Compendium: 2010 the Social Security Administration's 2009 Annual Statistical Supplement:

- Supplemental Security Income (SSI) benefits infused into RI's economy in December 2008 totaled \$180,393,000^{xlv};
- Social Security Disability Insurance; their annualized benefits, based on December 2008 totaled \$424,884,000^{xlvi};
- A smaller percentage of "Aged" and "Blind" made up RI's SSI recipients, offset by a much greater percentage of "Disabled" (87.4% to US 83.1%)^{xlvii}; and
- RI's SSDI beneficiaries in December 2008 were closer to the national average (89.0% "Disabled worker vs. US 87.2%)^{xlviii}.

C. The Appendix and RI Disability Services Reports

The Appendix contains RI tables from the Annual Disability Statistics Compendium: 2010, "A Coordinated Plan for Public Transit-Human Services Transportation in RI", US Department of Transportation, Bureau of Transportation Statistics' *Freedom to Travel*, and US Department of Justice Bureau of Justice Statistics Reports. The Appendix also has a summary of state expenditures related to people with disabilities and their families.

There are eight RI Disability Services Reports contain listings of state agency fiscal accounts:

- Catalog of Federal Domestic Assistance # with the CFDA Title, Granting Agency and Objective;
- State Department / Agency and/or Division;
- RIFANS Account Number (Line Sequence);
- Funding Source; and
- Program Title.

The list includes all RIFANS Accounts for any account with expenditures in Fiscal Years 2006 - 2010 and/or budget allocations in FY 2011. The source for expenditures from FY 2006 - 2010 and the FY 2011 budget allocation is the RI Office of Accounts and Controls website: <http://statements.doa.state.ri.us/>.

The determination of type of service for each RIFANS account was made by the Commission's Executive Secretary based on the CFDA #'s Objective for Federal Funds and the RIFANS account title. The Commission realizes his type of service categorization was arbitrary and subject to error and requests readers to notify him, bcooper@gcd.ri.gov, of any errors and he will make corrections. The Commission's Executive Secretary also attempted to match non-federal accounts to their related CFDA # and again requests being notified of any errors.

D. Notes

- ⁱ Restructuring Government: Organizing State Government for the 21st Century, RI Public Expenditure Council
- ⁱⁱ Annual Disability Statistics Compendium: 2010. Derived from the American Community Survey (ACS). Based on a sample and subject to sampling variability. Resident Population—All residents (both civilian and Armed Forces) living in the United States (all 50 states and the District of Columbia).
- ⁱⁱⁱ Table 1.3 Civilians Living in the Community for the United States and States, by Disability Status: 2009
- ^{iv} Table 1.4 Civilians Ages Under 5 Years Living in the Community for the United States and States, by Disability Status: 2009
- ^v Table 1.5 Civilians Ages 5 to 17 Years Living in the Community for the United States and States, by Disability Status: 2009
- ^{vi} Table 1.7 Civilians Ages 65 and Over Years Living in the Community for the United States and States, by Disability Status: 2009
- ^{vii} Table 6.1 Service-Connected Disability Rating—Civilians Veterans Ages 18 Years and Over Living in the Community, by Disability Status: 2009
- ^{viii} NCSALL Reports #10B, April 1999 report Welfare, Jobs And Basic Skills: The Employment Prospects Of Welfare Recipients In The Most Populous U.S. Counties
- ^{ix} US Department of Justice Bureau of Justice Statistics Reports:
Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002;
Mental Health and Treatment of Inmates and Probationers;
Medical Problems of Inmates, 1997.
Non-Department of Justice reports: Inmates with Physical Disabilities: Establishing a Knowledge Base, Southwest Journal of Criminal Justice, Volume 1 # 1 2003
- ^x Table 2.1 Employed adults with disabilities, ages 18 - 64
- ^{xi} Table 2.11 Employment: Full-Time, Year-Round—Civilians with Disabilities Ages 16 to 64 Years Living in the Community for the United States and States: 2009
- ^{xii} ACS defines earnings as regularly received income from salaries/wages, self employment or both, for people 16 or more years old before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.
- ^{xiii} Table 2.9 Employment Gap—Civilians Ages 18 to 64 Years Living in the Community for the United States and States, by Disability Status: 2009
- ^{xiv} Table 2.13 Employment: Full-Time, Year-Round Gap—Civilians Ages 18 to 64 Years Living in the Community for the United States and States, by Disability Status: 2009
- ^{xv} Table 12.4 Vocational Rehabilitation – Federal Fiscal Year 2008 Rehabilitation Rate
- ^{xvi} Table 12.6. Vocational Rehabilitation— Expenditures Federal Fiscal Year 2008 - Postsecondary Institution of Higher Education Expenditures
- ^{xvii} Table 12.7 Vocational Rehabilitation—State Agencies on Order of Selection: 2001 through 2008
- ^{xviii} Help Your State Save Medicaid Funds and Comply with the ADA. Information Bulletin # 326 (12/2010)
- ^{xix} Table 7.2 Civilians with Disabilities Ages 18 to 64 Years - Health Insurance Coverage - Percentage with Health Insurance Coverage
- ^{xx} Table 10.2 Medicaid—Medicaid Persons with Disabilities Served (Disabled Beneficiaries): Fiscal Year 2007
- ^{xxi} Medicare is a Federal program that provides health care services to individuals 65 or older, individuals under age 65 with disabilities, and individuals of all ages with end stage renal failure. There are three programs within Medicare: Part A (hospital insurance), Part B (medical insurance), and Prescription Drug Coverage (new since January 1, 2006). Individuals pay into Part A throughout their careers, and then Part A covers that individual for hospital care. People who are eligible for Medicare have the opportunity to purchase Part B, or medical insurance that covers them for more than just hospital care.
- ^{xxii} Table 10.4 Medicare—Medicare Enrollment by Type of Entitlement: July 1, 2008
- ^{xxiii} Table 8.3 Smoking by Disability Status
- ^{xxiv} Table 8.4 Obesity by Disability Status
- ^{xxv} Table 8.5 Binge Drinking by Disability Status
- ^{xxvi} Table 8.6 Immunization—Influenza Vaccination (last year)
- ^{xxvii} Table 7.1 Health Insurance Coverage—Civilians Ages 18 to 64 Years Living in the Community for the United States and States by Disability Status: 2009
- ^{xxviii} A Coordinated Plan for Public Transit-Human Services Transportation in RI. The US “*Safe, Accountable, Flexible, Efficient, Transportation Equity Act - A Legacy for Users (SAFETEA-LU)*” required the development of a locally coordinated public transit-human services transportation plan.
- ^{xxix} A Coordinated Plan for Public Transit-Human Services Transportation in RI, page 23
- ^{xxx} A Coordinated Plan for Public Transit-Human Services Transportation in RI, Table 5 Summary of Identified Needs
- ^{xxxi} U.S. Department of Transportation, Bureau of Transportation Statistics, *Freedom to Travel*, BTS03-08 (Washington, DC: 2003).
- ^{xxxii} Freedom to Travel, page 1
- ^{xxxiii} Freedom to Travel, page 1

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- ^{xxxiv} December 1, 2010 email from RIPTA, in response to the Commission's request for current ridership.
- ^{xxxv} Table 11.1 Special Education—Students Ages 6-17 Served under IDEA, Part B, as a Percentage of Population: Fall 2008
- ^{xxxvi} Table 11.5 Special Education—Students Ages 14-21 Served under IDEA, Part B, Left School, by Reason: 2007-2008
- ^{xxxvii} Table 11.7 Special Education—Dropout Rate among Students Ages 14-21 Served under IDEA, Part B: 2007-2008
- ^{xxxviii} Table 11.4 Special Education—Educational Environment—Students Ages 6-21 Served under IDEA, Part B that Spent 40 Percent or More Time Inside Regular Class: Fall 2008
- ^{xxxix} The Office of Management and Budget in Statistical Policy Directive 14 sets the standards for which poverty is calculated. The U.S. Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. ACS defines income as the sum of all wages, salary, commissions, bonuses, and tips; self employment income from own nonfarm and farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, and income from estates and trusts; Social Security and Railroad Retirement income; Supplemental Security Income (SSI); any public assistance and welfare payments from the state and local welfare office; retirement, survivor, and disability pensions; and any other sources received regularly such as Veterans' (VA) payments, unemployment compensation, child support, and alimony.
- ^{xi} Table 4.1 Poverty-Civilians with Disabilities Ages 18 to 64 Years Living in the Community for the United States and States: 2009
- ^{xii} Table 4.2 Poverty-Civilians without Disabilities Ages 18 to 64 Years Living in the Community for the United States and States: 2009
- ^{xiii} Table 4.3 Poverty Gap-Civilians Ages 18 to 64 Years Living in the Community for the United States and States by Disability Status: 2009
- ^{xiiii} Table 6.4 Poverty-Civilian Veterans without Disabilities Ages 18 to 64 Years Living in the Community for the United States and States: 2009
- ^{xliv} Table 6.6 Veterans Benefits Administration—Compensation and Pension Benefits paid to Disabled Veterans (in dollars): Federal Fiscal Year 2008
- ^{xlv} Table 9.2 Supplemental Security Income—Total Federally Administered Payments: December 2008
- ^{xlvi} Table 9.6 Social Security Disability Insurance—Total Annual Benefits: December 2008
- ^{xlvii} Table 9.1 Supplemental Security Income—Number of Recipients of Federally Administered Payments: December 2008)
- ^{xlviii} Table 9.5 Social Security Disability Insurance—Number of Beneficiaries: December 2008