

Promoting Independence



RI Governor's Commission on Disabilities

Donald L. Carcieri, Governor

John J. MacDonald, Jr. Acting Chairperson

Bob Cooper, Executive Secretary

John O. Pastore Center
41 Cherry Dale Court
Cranston, RI 02920-3049
[voice] (401) 462-0100 [TTY] 462-0101 [fax] 462-0106
[e-mail] disabilities@gcd.ri.gov
[website] www.gcd.ri.gov

Adopted on February 4, 2008

Governor's Commission on Disabilities Members

John J. MacDonald of Pawtucket, Acting Chairperson

Rosemary C. Carmody of Coventry, Election Assistance Committee, Chairperson &
Liaison to the American Association of People w/ Disabilities -

Regina Connor of North Providence, Information & Assistive Technology Committee, Chairperson

Judith Drew, Ph.D. of Cumberland, Employment Committee, Vice Chair &
Liaison to the State Rehabilitation Council

Binyamin I. Efreom of Warwick, Accessibility Committee, Chairperson

R. Timothy Flynn of Ashaway, Legislation Committee Chairperson

Kate McCarthy-Barnett, EdD of Coventry, Legislation Committee Vice Chairperson &
Liaison to the National Organization on Disability & the RI Housing Resource Commission

Ronald C. McMinn of Cumberland, Disability Parking Committee, Chairperson &
Liaison to: John O. Pastore Center Advisory Committee;

Bill Nieranowski of Westerly, Disability Business Enterprise Chairperson

Patricia Ryherd of Barrington, Employment Committee, Chairperson

Frederick Burke of North Scituate, Commissioner

Joseph Corrente of Cranston, Commissioner

Arthur M. Plitt of Pawtucket, Liaison to the Department of Education's Comprehensive System of
Personnel Development

Jeanne Behie of South Kingstown, Liaison to the Department of Human Services Center for Adult
Health's Consumer Advisory

Sharon Brinkworth of Barrington, Commissioner

Sanford Lupovitz of East Greenwich, Liaison to the RI Business Leadership Network

Lisa C. McKay of North Kingstown, Liaison to the Youth Leadership Forum

Karen O'Connell Lyons of Barrington, Commissioner

James A. Pitassi, Jr. of Johnston, Commissioner

Lorna Ricci of Warwick, Liaison to the Governor's Workforce Investment Council &
Human Resource Investment Council;

Rev. Gerard O. Sabourin of Providence, Commissioner

Lou Salerno of West Warwick, Commissioner

Nancy Thomas of Cranston, Commissioner

John R. Treat of Bristol, Commissioner

Staff

Bob Cooper of Scituate, Executive Secretary

Harvey O. Salvas of Cumberland, State ADA Coordinator

Christine Botts of Cranston, Disability Business Enterprise Coordinator

Christine Rancourt of Providence, Assistant ADA Coordinator (Employment)

Teresa Carr-Hopkins of Pawtucket, Administrative Aide



RHODE ISLAND AND PROVIDENCE PLANTATIONS
Executive Department
**GOVERNOR'S COMMISSION ON
DISABILITIES**

John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049

[voice] (401) 462-0102 [tty] via RI Relay 711 [fax] 462-0106
[e-mail] bcooper@gcd.ri.gov [website] www.disabilities.ri.gov

February 14, 2008

His Excellency Donald L. Carcieri,
Governor of the State of Rhode Island and Providence Plantations
State House
Providence, RI 02903

The Honorable William J. Murphy,
Speaker of the Rhode Island House of Representatives
State House
Providence, RI 02903

The Honorable Joseph A. Montalbano,
President of the Rhode Island Senate
State House
Providence, RI 02903

Dear Sirs:

It is my pleasure to transmit to you the Commission's report "Promoting Independence". In the enclosed report is the Commission's recommendation that we utilize the state's fiscal crisis to redesign the delivery of service to people with disabilities from a patch work system built over the years to a coordinated system with the goal of increased self-sufficiency and decrease dependence on service delivery systems.

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 "John J. MacDonald, Jr.", written in a cursive style.

John J. MacDonald, Jr.
Acting Chairperson

Table of Contents

Introduction	1
The Issues	1
The Goal	3
The Objective – One Stop Service	3
Growth of Services for People with Disabilities	5
Expenditures by Funding Source.....	6
Expenditures by Type of Service	6
Expenditures by State Department and Agency	7
Tables	8
Growth of State Expenditures Compared to the Rise in the Consumer Price Index	8
Expenditures by Source of Funding	8
Expenditures by Type of Service	8
Comparison of Disability Related and Nondisability Related Expenditures by Funding Source	9
Expenditures by State Department and Agency	10

Introduction

In July 2002, the Governor's Commission on Disabilities prepared a report for Governor Lincoln Almond, "An Initiative for Freedom: Promoting Independence "; which recommended that:

- 1) The Governor announced that the state government is adopting an "Independent Living" 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. Individuals with disabilities will be judged on their ability, not their disability.
- 2) The Governor issue an Executive Order to implement the following changes in the delivery of services (to be phased in):
 - a) government funded services for individuals with disabilities, would be designed towards a goal of establishing optimum self sufficiency and exiting the service delivery system, rather than long term support of individuals which fosters dependence upon service delivery systems;
 - b) 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;
 - c) all government funded services would be provided as integral parts of a single written self-sufficiency plan that the individual and each of the government funded service providers develop, adopt and revise until the individual reaches and attains their own optimal independence and self-sufficiency.

Then as now, the state was struggling with a revenue shortfall, and rapidly increasing expenditures, particularly with regards to health care. The desires and needs of people with disabilities were changing with the recent passage of the national Americans with Disabilities Act. While the adoption of a state government wide "Independent Living" philosophy with regards to citizens with disabilities was never accepted, some of the specific recommendations were adopted and have been or are in the process of being implemented. A list of the recommendations that have been implemented is at the end of this report.

The Issues

Most of the state government's disability programs were still prisoner to the 1960's big government cookie-cutter philosophy. Programs were seen as never ending. The disability rights movement toward full inclusion of people with disabilities in the mainstream of American life has made an impact. But many more changes must happen before the employment rate for non-institutionalized people with disabilities increases from under 30% to approximate that of the general population, which is 94 – 96 %. The goal is morally right, legally required, and will be economically and socially beneficial to our state and our country. The state can adopt a disability rights agenda that will increase opportunities for people with disabilities and also contribute significantly to the broader goals of cost containment and revitalization of the economy.

The cornerstone of disability rights activity during the last two decades has been advocacy for and implementation of the Americans with Disabilities Act of 1990 (ADA). The political argument that was advanced in support of this civil rights statute was that people with disabilities could contribute economically and socially to the common good of American society. Almost all people with disabilities can work, spend their earnings, and contribute their labor and expertise to activities that improve the quality of life of their communities.

An agenda that strongly supports civil rights protection for and promotes employment of people with disabilities can only enhance everyone's quality of life and improve substantially the fiscal status of state and local governments. A key element in that agenda must be to:

- eliminate disincentives to employment for people with disabilities that are currently a part of government regulations (e.g. the Social Security, Public Assistance, and health care systems), and
- create an accessible infrastructure (e.g. statewide paratransit/public transportation to work, job training, and health care) and
- eliminate exclusionary practices of the private sector (e.g. narrowly tailored health insurance coverage).

The two greatest disincentives to employment for people with disabilities is the inability to get adequate health insurance, and the lack of an affordable, accessible means of transportation.

The state government still lacks an overall philosophy concerning its citizens with disabilities. Agencies are often operating in conflict and duplicity with each other. At best this leaves the individuals they support, confused. The state government still has not decided whether people with disabilities should be "independent, self-directed individuals", or "wards of the state". As Towards Independence, the National Council on Disabilities' 1986 report, concluded:

1. Approximately two-thirds of working-age persons with disabilities do not receive Social Security or other public assistance income.
2. Federal disability programs reflect an over-emphasis on income support and an under-emphasis on initiatives for equal opportunity, independence, prevention, and self-sufficiency.
3. More emphasis should be given to Federal programs encouraging and assisting private sector efforts to promote opportunities and independence for individuals with disabilities."

The current service delivery system was built without regard to the interrelationship of its parts. Often one agency is unaware of another agency's services. Federal regulations require extensive fiscal and administrative bureaucracies, both at the Federal and state/local levels for each program. These separate systems waste and over utilize funds that could more properly be directed to assist citizens to become less dependent on the service system and more self-sufficient.

Citizens seeking services are still required to interact and travel to five, ten or more agencies, to appear in person at different geographic locations, to obtain federal and/or state funded services. Since many agencies maintain separate offices with separate eligibility reviews and service planning, those services are not coordinated. Often if an agency doesn't provide the service needed, its employees are unable to refer the citizen to the appropriate agency. The creation of the NetWORKri Centers, the Family Resource Centers, the Aging and Disability Resource Center "The Point", and 211 has moved in the direction of "one-stop shopping".

Eligibility procedures are neither all computerized nor standardized and must be repeated by each agency the citizen seeks services from. Often, several levels of review are required before eligibility for services is determined. Because of the lack of computerization and review, the citizen, in need of immediate assistance, is often forced to wait inordinate periods of time before assistance is provided.

Direct services to individuals with disabilities consumed 35% of the Governor's FY 08 general revenue request and 62 % of all federal funds. With a structural gap between expenditures and revenues not projected to close without an overhaul of the service delivery system, programs to assist individuals with disabilities could be severely curtailed. People with disabilities can act as a "change agent" to assist the state in eliminating duplication, redundant overhead and administrative services, while increasing coordination. This would achieve a savings in resources and empower individuals with disabilities to take ownership of the change they are looking for.

The Goal

Government funded services for individuals with disabilities would be designed with the goal of increased self-sufficiency and decrease dependence on service delivery systems.

The Objective – One Stop Service

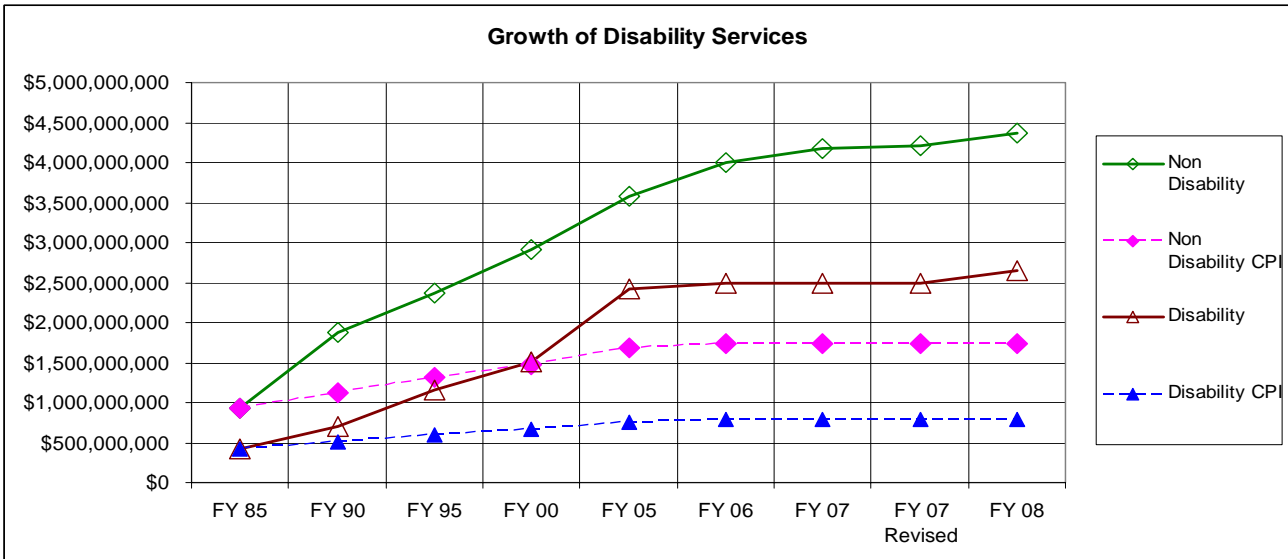
- 1) Adopt a plan to shift from a multi-departmental service delivery system to one-stop service for all human service needs (as RIPEC's report "New Expectations" referred to as "form follows function").
- 2) Building upon the existing NetWORKri Centers and Family Resource Centers concept, services would be consolidated in one location per each region:
 - a) family independence program;
 - b) food stamp;
 - c) employment security;
 - d) education;
 - e) job training;
 - f) vocational rehabilitation;
 - g) services for the blind & visually impaired;
 - h) mental retardation/developmental disabilities;
 - i) mental health;
 - j) substance abuse;
 - k) medical assistance;
 - l) family public health;

- m) transportation coordination;
 - n) housing; and
 - o) anti-discrimination enforcement.
- 3) At each regional service center, customer assistance officers help citizens to determine what services they need and what services they are eligible for. These customer assistance officers would be trained in utilizing computer technology to determine which of all federal/state/local human services the citizen is both eligible for (financially and programmatically) and could benefit from.
- 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 a service 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 so they mesh together into a cohesive whole, all with the goal of maximizing independence.
 - d) Program Specialists with experience and knowledge in each service area, 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). There would be a program specialist from each of the federal and state funded programs (workforce investment, vocational rehabilitation, services for the blind, development disabilities, mental health, substance abuse, Medicaid, public health, food stamps, job service, housing, transportation, etc.) available at the regional center to assist in the planning and implementation of the service plan, at the direction of the citizen and customer representative.
 - e) Financial assistance benefits, contained in the service plan, would be provided at the regional service center or by electronic transfer.
 - f) Training and other human services, contained in the service plan, would be provided by competing private service providers, on a "fee for service" basis, with the citizen choosing from a list of qualified vendors. The citizen would, after consulting with the customer representative, 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 them to have more control over the services and how they are provided.
- 4) Eliminate the disincentive for individuals collecting Social Security Disability / Public Assistance from attempting to work by:

- a) Shift to a gradual reduction in financial benefits offset by earnings (as already exists with individuals between 62-70);
 - b) Maintain 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) Provide for the reinstatement of benefits if earnings fall back below the threshold point (when all SSDI/GPA benefits were offset by earnings);
 - d) Federal and state financial assistance programs would be linked with training programs designed to assist individuals to become as independent and self sufficient as possible; and
 - e) Promote the use of the Sherlock Act (Medicaid Buy-In) option by providing health care for working people with disabilities.
- 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 will not be able to be employed but do need to become as independent and self sufficient as possible.
- a) Durable equipment purchased by the health care system must allow for as much independence and self-sufficiency as possible and
 - b) Must be an integral part of the broader system for comprehensive social support services.

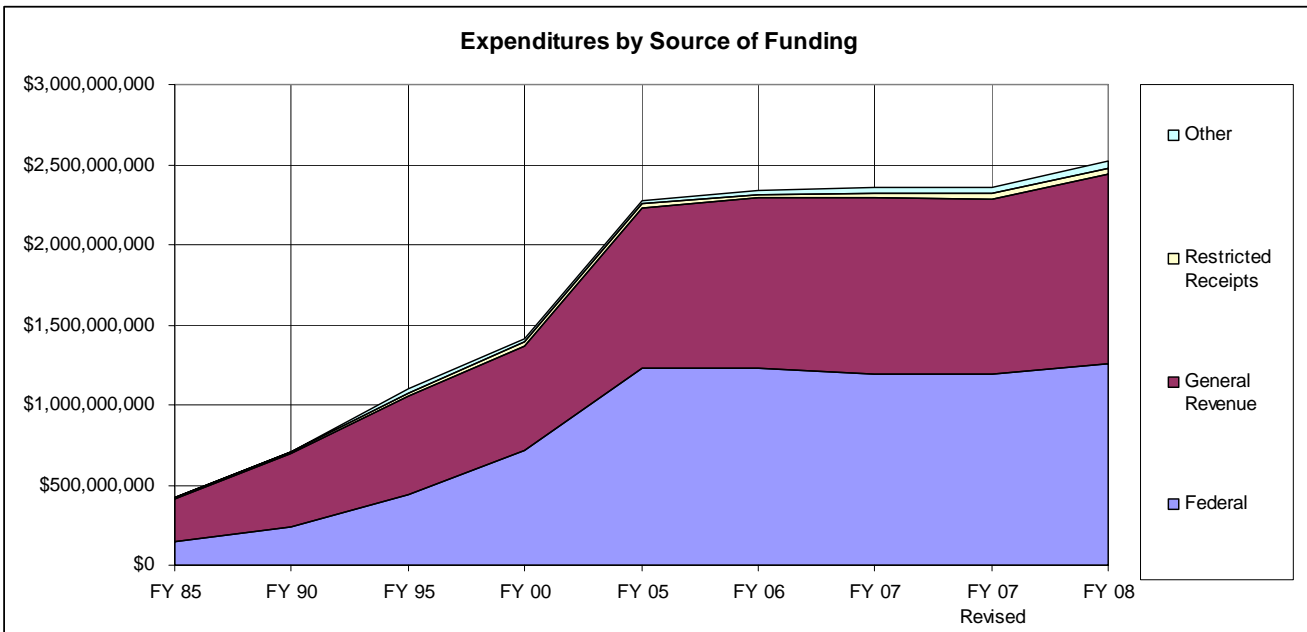
Growth of Services for People with Disabilities

While all state expenditures grew by 523% from FY 1985 to FY 2008, disability related expenditures grew by 635%. During the same period the consumer price index only rose 188%. The portion of state expenditures on disability related services has ranged from a high of 41% FY 04 to a low of 22% FY 89, averaging 35% of expenditures.



Expenditures by Funding Source

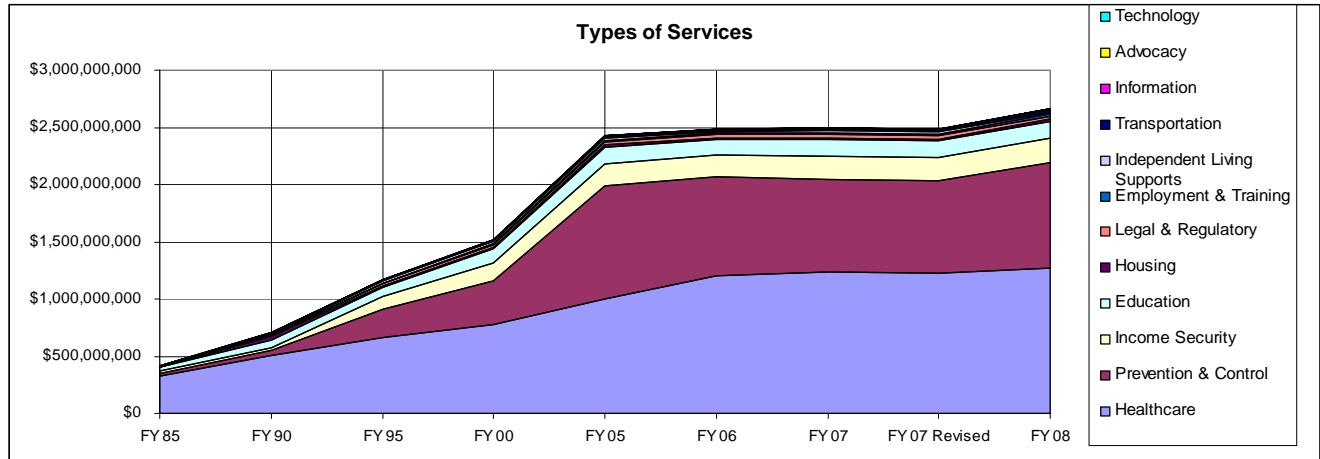
The state relies on federal funds to pay for about just over a quarter of services related to people with disabilities, but the majority of federal funds are spent on disability related services. On average 56% of federal funds are used for disability related services, ranging from a high of 65.2% FY 03 to a low of 38% FY 87. State general revenue funding pays on average for 32% of all disability related services, from a high of 38.3% FY 04 to a low of 18% FY 89. On average 18% of all restricted receipt expenditures are disability related ranging from a high of 28% FY 08 to a low of 0.6% FY 88. The bulk of “other funds” are for construction projects. This report does not include construction expenditures, since many of those are moving from the departments/agencies to the Department of Administration’s Facilities Management or Capital Projects & Property Management divisions.



Expenditures by Type of Service

Surprisingly, health care was not the fastest growing category. The growth of expenditures from fiscal years 1985 to 2008:

information, 15,254%; prevention & control, 3,404%; transportation, 2,984%; independent living supports, 1,969%; housing, 1,196%; income security, 910%; legal & regulatory, 583%; advocacy, 472%; education, 453%; healthcare, 396%; employment & training, 268%; and technology, 267%. The first year of expenditures for technology was FY 86.



Expenditures by State Department and Agency

There has been a great variation of growth of disabilities services amongst the departments: Department of Labor & Training, 9,669%; Office of the General Treasurer, 3,182%; Department of Business Regulation, 1,277%; Commission on the Deaf & Hard of Hearing, 1,249%; Department of Transportation, 1,210%; Commission for Human Rights, 1,074%;

Department of Administration, 1,021%; RI Justice Commission, 968%; Department of Corrections, 844%; Department of Human Services, 744%; Attorney General, 624%; Department for Children, Youth and Families, 583%; Department of Elderly Affairs, 542%; Department of Health, 526%; Governor's Commission on Disabilities, 467%; Judicial Department, 438%; Office of the Child Advocate, 397%; Department of Mental Health, Retardation and Hospitals, 387%; Department of Elementary & Secondary Education, 377%.; Department of Revenue, 309%; Office of Health & Human Services, 229%; RI Developmental Disabilities Council, 192%; and the Office of the Mental Health Advocate, 167%.

Complete listings of program expenditures annually from fiscal years 1985 to 2008 by CFDA #; RIFANS Account #; state department/agency; source of funding or type of service are available for downloading from the Commission's website www.disabilities.ri.gov as an MS Access database 2002 -2003 file format and tables in Adobe pdf format for FY 04 – 08.

Tables

Growth of State Expenditures Compared to the Rise in the Consumer Price Index

	FY 85	FY 90	FY 95	FY 00	FY 05	FY 06	FY 07	FY 07 Revised	FY 08
Non Disability	\$923,589,197	\$1,121,883,798	\$1,308,171,739	\$1,478,112,152	\$1,676,406,752	\$1,730,436,720	\$1,737,455,998	\$1,737,455,998	\$1,737,455,998
Disability	\$417,965,321	\$507,702,475	\$592,006,080	\$668,911,699	\$758,648,853	\$783,099,825	\$786,276,361	\$786,276,361	\$786,276,361
Consumer Price Index	\$1,341,554,518	\$1,629,586,273	\$1,900,177,819	\$2,147,023,851	\$2,435,055,606	\$2,513,536,545	\$2,523,732,359	\$2,523,732,359	\$2,523,732,359

Expenditures by Source of Funding

	FY 85	FY 90	FY 95	FY 00	FY 05	FY 06	FY 07	FY 07 Revised	FY 08
Federal	\$143,854,608	\$242,091,917	\$436,763,040	\$717,930,812	\$1,230,024,640	\$1,232,783,218	\$1,194,243,998	\$1,190,191,809	\$1,254,970,839
General Revenue	\$273,058,564	\$453,249,583	\$615,462,434	\$652,871,238	\$998,626,947	\$1,061,548,538	\$1,098,185,977	\$1,093,936,441	\$1,181,504,695
Restricted Receipts	\$1,052,148	\$7,375,130	\$23,017,101	\$19,214,891	\$23,803,205	\$22,026,111	\$31,571,891	\$34,903,735	\$42,681,502
Other	\$1,052,148	\$7,375,130	\$23,017,101	\$19,214,891	\$23,803,205	\$22,026,111	\$31,571,891	\$34,903,735	\$42,681,502

Expenditures by Type of Service

Type of Service	FY 85	FY 90	FY 95	FY 00	FY 05	FY 06	FY 07	FY 07 Revised	FY 08
Healthcare	\$321,533,629	\$501,258,367	\$668,400,619	\$775,260,489	\$1,004,235,465	\$1,204,356,294	\$1,232,564,544	\$1,226,676,033	\$1,274,189,203
Prevention & Control	\$27,084,953	\$52,817,261	\$238,686,383	\$379,328,430	\$982,746,923	\$861,350,044	\$807,813,069	\$805,764,938	\$921,971,894
Income Security	\$22,810,348	\$23,852,650	\$113,107,023	\$157,917,829	\$197,067,708	\$196,512,152	\$205,189,407	\$204,748,982	\$207,664,917
Education	\$31,492,988	\$56,984,104	\$79,012,755	\$121,905,366	\$141,220,572	\$130,995,344	\$144,363,532	\$143,262,871	\$142,739,504
Housing	\$2,124,545	\$39,610,568	\$13,078,580	\$18,328,989	\$19,776,290	\$13,966,797	\$17,887,100	\$17,650,174	\$25,400,990
Legal & Regulatory	\$4,296,393	\$7,224,182	\$18,164,552	\$19,374,934	\$23,831,058	\$26,604,673	\$27,780,673	\$25,502,053	\$25,033,303
Employment & Training	\$6,821,556	\$9,155,425	\$9,927,361	\$15,596,782	\$15,480,202	\$16,233,427	\$17,631,040	\$17,656,667	\$18,270,207
Independent Living Supports	\$878,704	\$9,783,934	\$19,851,018	\$15,619,198	\$15,087,551	\$12,485,923	\$17,878,446	\$15,308,395	\$17,305,199
Transportation	\$583,384	\$1,059,635	\$4,325,861	\$5,400,540	\$15,452,915	\$13,919,109	\$17,436,823	\$19,817,026	\$17,407,492
Information	\$51,584	\$269,747	\$135,368	\$2,166,475	\$5,348,035	\$4,634,705	\$6,762,184	\$10,462,222	\$7,868,739
Advocacy	\$287,236	\$556,644	\$1,036,658	\$1,259,874	\$1,286,179	\$1,303,591	\$1,408,574	\$1,346,239	\$1,356,690
Technology	\$0	\$146,829	\$328,207	\$542,510	\$610,196	\$753,186	\$511,627	\$559,798	\$392,762

Comparison of Disability Related and Nondisability Related Expenditures by Funding Source

Funding Source	FY 85	FY 90	FY 95	FY 00	FY 05	FY 06	FY 07	FY 07 Revised	FY 08	% Change
Non Disability	\$196,203,796	\$230,299,262	\$642,567,037	\$564,890,859	\$660,982,975	\$722,682,124	\$753,929,149	\$807,331,230	\$755,630,510	385%
Disability	\$143,854,608	\$242,091,917	\$436,763,040	\$717,930,812	\$1,230,024,640	\$1,232,783,218	\$1,194,243,998	\$1,190,191,809	\$1,254,970,839	872%
Total Federal	\$340,058,404	\$472,391,179	\$1,079,330,077	\$1,282,821,671	\$1,891,007,615	\$1,955,465,342	\$1,948,173,147	\$1,997,523,039	\$2,010,601,349	591%
% Disability Federal	42%	51%	40%	56%	65.0%	63%	61%	60%	62%	
Non Disability	\$699,518,438	\$1,583,395,753	\$1,025,522,909	\$1,577,711,404	\$1,928,301,790	\$2,015,000,681	\$2,123,341,130	\$2,116,927,493	\$2,239,163,483	320%
Disability	\$273,058,564	\$453,249,583	\$615,462,434	\$652,871,238	\$998,626,947	\$1,061,548,538	\$1,098,185,977	\$1,093,936,441	\$1,181,504,695	433%
Total General Revenue	\$972,577,002	\$2,036,645,336	\$1,640,985,343	\$2,230,582,642	\$2,926,928,737	\$3,076,549,219	\$3,221,527,107	\$3,210,863,934	\$3,420,668,178	352%
% Disability General	28%	22%	37.5%	29%	34%	35%	34%	34%	35%	
Non Disability	\$27,866,964	\$67,508,685	\$185,657,149	\$124,776,554	\$77,405,626	\$75,391,912	\$97,497,891	\$103,130,250	\$111,917,872	402%
Disability	\$1,052,148	\$7,375,130	\$23,017,101	\$19,214,891	\$23,803,205	\$22,026,111	\$31,571,891	\$34,903,735	\$42,681,502	4057%
Restricted Receipts	\$28,919,112	\$74,883,815	\$208,674,250	\$143,991,445	\$101,208,831	\$97,418,023	\$129,069,782	\$138,033,985	\$154,599,374	535%
% Disability Other	4%	10%	11%	13%	24%	23%	24%	25%	28%	
Non Disability			\$590,448,241	\$749,524,203	\$1,057,383,317	\$1,339,319,587	\$1,334,607,475	\$1,317,003,064	\$1,388,829,085	219%
Disability	\$1,052,148	\$7,375,130	\$23,017,101	\$19,214,891	\$23,803,205	\$22,026,111	\$31,571,891	\$34,903,735	\$42,681,502	1260%
Other [FY91 to FY08]			\$613,465,342	\$768,739,094	\$1,081,186,522	\$1,361,345,698	\$1,366,179,366	\$1,351,906,799	\$1,431,510,587	224%
% Disability Other			3.8%	2.5%	2.2%	1.6%	2.3%	2.6%	3.0%	
Non Disability	\$923,589,197	\$1,881,203,700	\$2,376,606,630	\$2,913,476,158	\$3,583,106,940	\$4,007,760,536	\$4,167,722,382	\$4,209,666,550	\$4,365,378,590	473%
Disability	\$417,965,321	\$702,716,630	\$1,165,848,382	\$1,512,658,694	\$2,417,224,765	\$2,483,017,746	\$2,497,227,020	\$2,488,661,207	\$2,652,000,898	635%
Grand Total	\$1,341,554,518	\$2,583,920,330	\$3,542,455,012	\$4,426,134,852	\$6,000,331,705	\$6,490,778,282	\$6,664,949,402	\$6,698,327,757	\$7,017,379,488	523%
% Disability Grand Total	31%	27%	33%	34%	40%	38%	37%	37%	38%	

Expenditures by State Department and Agency

State Department / Agency	FY 85	FY 90	FY 95	FY 00	FY 05	FY 06	FY 07	FY 07 Revised	FY 08
Department of Human Services	\$210,435,221	\$303,856,197	\$495,237,732	\$691,022,723	\$1,361,818,738	\$1,411,314,473	\$1,363,974,004	\$1,343,144,161	\$1,565,736,761
Department of Mental Health, Retardation and Hospitals	\$122,535,404	\$232,626,724	\$307,892,174	\$351,882,957	\$429,492,910	\$450,988,078	\$470,668,094	\$473,679,428	\$473,937,984
Department for Children, Youth and Families	\$23,401,128	\$50,190,336	\$119,626,147	\$135,541,337	\$185,933,047	\$191,604,228	\$206,880,107	\$207,880,986	\$136,393,567
Department of Labor & Training	\$1,872,010	\$6,305,416	\$99,473,839	\$132,340,583	\$175,434,249	\$173,606,292	\$180,716,964	\$177,263,112	\$181,004,803
Department of Elementary & Secondary Education	\$29,718,192	\$50,143,504	\$55,775,112	\$77,977,508	\$107,169,932	\$102,818,600	\$110,065,124	\$110,263,197	\$111,992,164
Department of Health	\$18,141,495	\$37,408,734	\$49,151,808	\$55,611,265	\$75,933,412	\$76,267,733	\$84,676,866	\$90,372,787	\$95,457,190
Department of Elderly Affairs	\$5,209,981	\$9,667,534	\$20,564,914	\$25,452,801	\$32,025,075	\$31,230,038	\$28,529,093	\$27,997,878	\$28,263,888
Department of Corrections	\$3,038,806	\$6,319,964	\$7,148,869	\$16,039,048	\$22,087,262	\$22,047,730	\$23,976,913	\$24,834,374	\$25,651,065
Judicial Department	\$1,278,874	\$2,092,098	\$3,600,620	\$4,427,126	\$7,087,483	\$8,153,437	\$8,508,503	\$6,432,244	\$5,603,693
Department of Transportation	\$292,146	\$677,249	\$2,129,011	\$3,293,958	\$3,065,004	\$1,916,778	\$2,514,560	\$5,744,502	\$3,536,163
Office of the General Treasurer	\$0	\$121,439	\$390,823	\$8,067,973	\$2,723,521	\$2,137,174	\$2,972,580	\$3,802,160	\$3,864,631
Department of Revenue	\$179,179	\$288,914	\$395,712	\$3,519,984	\$3,703,800	\$746,175	\$875,361	\$852,594	\$554,346
Department of Administration	\$587,972	\$1,009,143	\$1,149,787	\$2,208,958	\$3,693,682	\$2,998,750	\$4,613,566	\$5,885,947	\$6,005,537
RI Justice Commission	\$243,789	\$488,835	\$998,437	\$2,057,759	\$2,229,460	\$2,150,966	\$2,597,971	\$2,390,863	\$2,358,802
Department of Business Regulation	\$151,465	\$382,168	\$200,793	\$649,525	\$832,894	\$1,307,203	\$1,650,026	\$1,811,429	\$1,934,055
Attorney General	\$145,588	\$184,484	\$231,377	\$579,669	\$828,680	\$687,276	\$776,481	\$831,195	\$908,485
Governor's Commission on Disabilities	\$164,458	\$261,008	\$671,771	\$406,629	\$595,708	\$678,630	\$823,327	\$754,740	\$768,079
RI Developmental Disabilities Council	\$240,143	\$250,508	\$488,365	\$436,352	\$598,694	\$468,398	\$461,393	\$461,393	\$461,111
Office of Health & Human Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,541,941	\$5,826,265
Office of the Child Advocate	\$42,918	\$70,244	\$311,836	\$574,442	\$169,207	\$123,014	\$179,524	\$177,669	\$170,189
Office of the Mental Health Advocate	\$258,484	\$269,840	\$206,791	\$232,528	\$339,922	\$377,374	\$409,492	\$403,413	\$430,899
Commission for Human Rights	\$15,518	\$60,146	\$73,421	\$105,091	\$132,895	\$141,833	\$167,843	\$157,597	\$166,673
Commission on the Deaf & Hard of Hearing	\$0	\$31,042	\$118,204	\$230,478	\$262,320	\$300,390	\$370,329	\$360,024	\$387,654