

State of Rhode Island and Providence Plantations

Budget



Fiscal Year 2013

Volume II – Human Services

Lincoln D. Chafee, Governor

Human Services

Table of Contents

Page

Program Supplement

Human Services

Human Services Function Expenditures.....	1
Office of Health and Human Services	2
Department of Children, Youth and Families	20
Central Management	25
Children’s Behavioral Health Services.....	29
Juvenile Correctional Services.....	33
Child Welfare	37
Higher Education Incentive Grants.....	42
Department of Health.....	47
Central Management	52
State Medical Examiner	57
Environmental and Health Services Regulation	61
Health Laboratories	66
Public Health Information.....	71
Community and Family Health and Equity	75
Infectious Disease and Epidemiology.....	81
Performance Measure Narratives.....	85
Department of Human Services	90
Central Management	95
Child Support Enforcement	99
Individual and Family Support	103
Veterans' Affairs	109
Health Care Quality, Financing and Purchasing.....	114
Medical Benefits.....	118
Supplemental Security Income Program	120
Rhode Island Works	122
State Funded Programs.....	124
Elderly Affairs.....	126
Performance Measure Narratives.....	130
Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	138
Central Management	143
Hospitals and Community System Support.....	148
Services for the Developmentally Disabled.....	152
Behavioral Healthcare Services	158
Hospitals and Community Rehabilitative Services	163
Substance Abuse.....	169
Performance Measure Narratives.....	171

Human Services - (continued) Page

Governor's Commission on Disabilities	196
Commission on the Deaf and Hard of Hearing	202
Office of the Child Advocate	207
Office of the Mental Health Advocate	212
Capital Budget.....	217

Budget

Human Services Function Expenditures

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Object					
Personnel	358,592,879	385,398,231	397,010,817	415,408,001	423,436,512
Operating Supplies and Expenses	77,519,347	75,778,825	80,553,408	89,241,806	97,395,659
Assistance and Grants	2,435,725,761	2,536,772,654	2,596,853,120	2,604,577,558	2,629,770,240
Subtotal: Operating Expenditures	2,871,837,987	2,997,949,710	3,074,417,345	3,109,227,365	3,150,602,411
Capital Purchases and Equipment	6,483,845	4,589,306	32,595,488	20,561,394	22,720,065
Operating Transfers	9,394,501	9,943,821	5,827,016	6,398,921	6,248,921
Total Expenditures	\$2,887,716,333	\$3,012,482,837	\$3,112,839,849	\$3,136,187,680	\$3,179,571,397
Expenditures By Funds					
General Revenue	1,005,142,599	1,096,983,234	1,258,450,586	1,268,681,576	1,286,039,839
Federal Funds	1,836,780,592	1,862,832,488	1,770,335,050	1,794,592,838	1,816,814,684
Restricted Receipts	36,975,154	43,224,502	53,148,702	55,545,378	53,691,339
Operating Transfers from Other Funds	8,614,288	9,292,178	30,905,511	17,367,888	23,025,535
Other Funds	203,700	150,435	-	-	-
Total Expenditures	\$2,887,716,333	\$3,012,482,837	\$3,112,839,849	\$3,136,187,680	\$3,179,571,397
FTE Authorization	3,368.5	3,613.2	3,616.7	3,591.7	3,599.2

Agency

Office Of Health And Human Services

Agency Mission

To manage the organization, design and delivery of health and human services; to develop and implement an efficient and accountable system of high quality, integrated health and human services; to effectively administer the Medical Assistance program.

Agency Description

The Executive Office of Health and Human Services (EOHHS) serves as the “principal agency of the executive branch of state government” (R.I.G.L. 42-7.2-2) responsible for managing the departments of: Health (DOH); Human Services (DHS); Children, Youth and Families (DCYF); and Behavioral Health care, Developmental Disabilities, and Hospitals (BHDDH). In FY 2011, these agencies provided direct services to over 300,000 Rhode Islanders as well as an array of regulatory, protective and health promotion services to our communities. In FY 2011, services provided through the EOHHS agencies represented \$3.0 billion in annual spending, almost forty percent of the entire state budget.

The recent focus of EOHHS has been the continued implementation of the Global Consumer Choice Waiver (Global Waiver), the transfer of the Medicaid Single State Agency from DHS, promoting system care redesigns within and across agencies (e.g., services for persons with developmental disabilities served by DBHDDH and children at risk for or in need of DCYF services), and building the framework for the start of health care reform under the federal Patient Protection and Affordable Care Act (PPACA) of 2010. These activities complement an array of ongoing process improvement initiatives and projects underway by departments.

Statutory History

Title 42, Chapter 7.2 of the Rhode Island General Laws established the Executive Office of Health and Human Services within the Executive Branch of state government. Title 42, Chapter 12.4 entitled “Medicaid Reform Act of 2008”, is the statutory authority for the adoption of rules and regulations to implement to provisions of the Global Waiver. Title 40, Chapter 8 of the Rhode General Laws provides the State with a statutory foundation for the Medical Assistance Program.

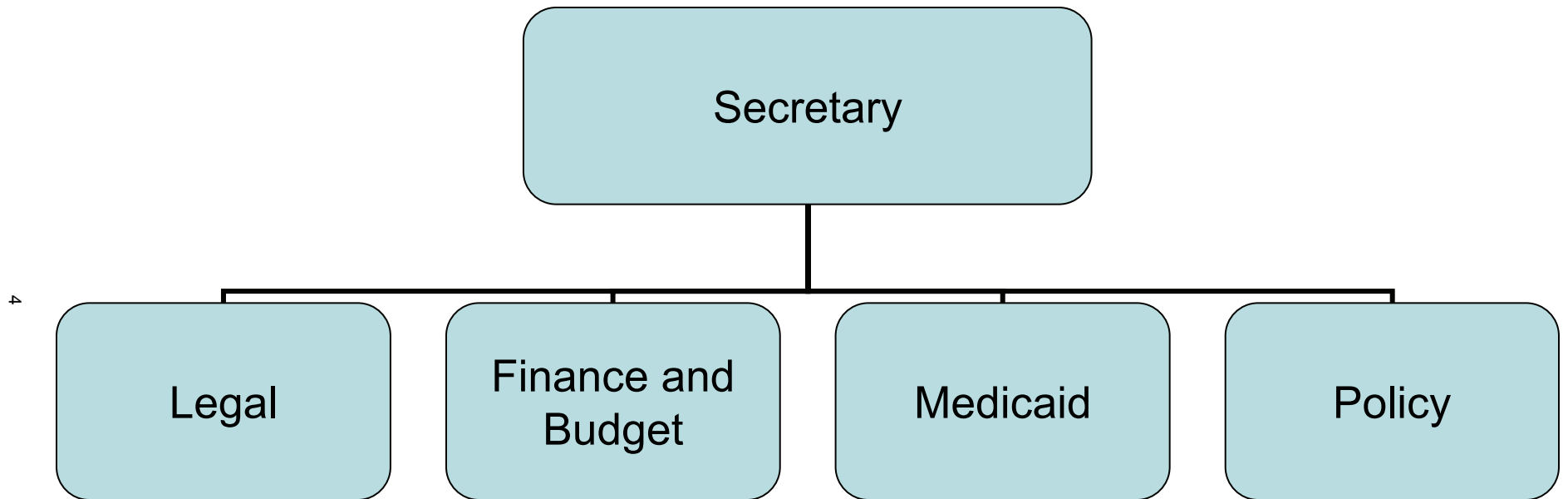
Budget

Office Of Health And Human Services

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	5,089,966	6,284,050	16,928,680	19,287,321	85,583,082
Medical Assistance	-	-	-	-	1,657,925,825
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
Expenditures By Object					
Personnel	5,062,050	6,232,692	16,908,741	19,192,966	65,354,890
Operating Supplies and Expenses	14,443	34,312	19,939	67,505	356,730
Assistance and Grants	13,473	17,046	-	26,850	1,677,707,575
Subtotal: Operating Expenditures	5,089,966	6,284,050	16,928,680	19,287,321	1,743,419,195
Capital Purchases and Equipment	-	-	-	-	89,712
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
Expenditures By Funds					
General Revenue	3,253,566	3,314,257	9,773,834	10,347,375	823,695,516
Federal Funds	1,254,175	2,367,877	6,250,134	8,042,506	907,721,810
Restricted Receipts	582,225	601,916	904,712	897,440	12,091,581
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
FTE Authorization	52.9	77.6	149.0	158.0	163.0
Agency Measures					
Minorities as a Percentage of the Workforce		2.4%	3.7%	3.7%	3.7%
Females as a Percentage of the Workforce	100.0%	54.8%	75.5%	75.5%	75.5%
Persons with Disabilities as a Percentage of the Workforce					

The Agency

Executive Office of Health and Human Services



Personnel

Office Of Health And Human Services Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	157.0	12,245,990	162.0	12,585,507
Unclassified	1.0	141,828	1.0	141,828
Turnover	-	(972,338)	-	(938,872)
Total Salaries	158.0	\$11,415,480	163.0	\$11,788,463
Benefits				
Defined Contribution Plan	-	-	-	117,886
FICA	-	858,963	-	887,312
Medical	-	1,607,748	-	1,874,583
Payroll Accrual	-	-	-	69,530
Retiree Health	-	783,100	-	808,685
Retirement	-	2,623,273	-	2,496,670
Total Salaries and Benefits	158.0	\$17,288,564	163.0	\$18,043,129
Cost Per FTE Position		\$109,421		\$110,694
Statewide Benefit Assessment	-	428,080	-	442,068
Payroll Costs	158.0	\$17,716,644	163.0	\$18,485,197
Purchased Services				
Clerical and Temporary Services	-	2,000	-	2,000
Information Technology	-	510,268	-	86,269
Legal Services	-	42,500	-	42,500
Management and Consultant Services	-	813,654	-	46,420,464
Other Contract Services	-	104,000	-	312,000
Training and Educational Services	-	3,900	-	6,460
Total Personnel	158.0	\$19,192,966	163.0	\$65,354,890
Distribution by Source of Funds				
General Revenue	86.4	10,298,268	91.4	21,666,863
Federal Funds	63.2	7,999,671	63.2	42,866,356
Restricted Receipts	8.4	895,027	8.4	821,671

Personnel

Office Of Health And Human Services Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Total All Funds	158.0	\$19,192,966	163.0	\$65,354,890

The Program

Office Of Health And Human Services Central Management

Program Mission

To efficiently and effectively manage the major programmatic and administrative operations of the Executive Office.

Program Description

The Central Management program is comprised of five distinct units that were formed through the restructuring of functional responsibilities across the health and human services subsidiary departments and include: Office of the Secretary, Budget, Policy, Legal, and Medical Assistance (Medicaid) Administration. The structure of EOHHS is designed to achieve greater efficiency in the organization, finance, design, and delivery of services. The centralization of certain functions modernizes existing systems, leverages available resources, and streamlines service delivery and payment systems.

The transfer of the Medicaid Administration function from the Department of Human Services established EOHHS as the “Single State Agency” for Medicaid Administration in Rhode Island. Medical Assistance Administration strives to ensure access to high quality health care services, to assure the efficiency and economy of those services, to coordinate service-delivery efforts with other state departments and agencies, and to administer programs in a manner consistent with federal and state laws and regulations.

Statutory History

Title 42 Chapter 7.2 of the Rhode Island General Laws established the Executive Office of Health and Human Services within the Executive Branch of state government.

The Budget

Office Of Health And Human Services Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	5,089,966	6,284,050	16,928,680	19,287,321	85,583,082
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Expenditures By Object					
Personnel	5,062,050	6,232,692	16,908,741	19,192,966	65,354,890
Operating Supplies and Expenses	14,443	34,312	19,939	67,505	356,730
Assistance and Grants	13,473	17,046	-	26,850	19,781,750
Subtotal: Operating Expenditures	5,089,966	6,284,050	16,928,680	19,287,321	85,493,370
Capital Purchases and Equipment	-	-	-	-	89,712
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Expenditures By Funds					
General Revenue	3,253,566	3,314,257	9,773,834	10,347,375	22,408,631
Federal Funds	1,254,175	2,367,877	6,250,134	8,042,506	62,216,865
Restricted Receipts	582,225	601,916	904,712	897,440	957,586
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Program Measures					
Length of Stay - Pneumonia	N/A	N/A	N/A	N/A	8.3
Objective	N/A	N/A		N/A	2.8
Length of Stay - Angina Pectoris	N/A	N/A		N/A	3.7
Objective	N/A	N/A		N/A	1.0
Length of Stay - Alcohol Dependency	N/A	N/A	N/A	N/A	5.6
Objective	N/A	N/A		N/A	11.0
Length of Stay - Chest Pain	N/A	N/A	N/A	N/A	4.0
Objective	N/A	N/A		N/A	1.2
Length of Stay - Congestive Heart Failure	N/A	N/A	N/A	N/A	7.0
Objective	N/A	N/A		N/A	1.2
Length of Stay - Depressive Disease	N/A	N/A	N/A	N/A	7.6
Objective	N/A	N/A		N/A	4.0
Length of Stay - Chronic Airway Obstructive Disease	N/A	N/A	N/A	N/A	5.1
Objective	N/A	N/A		N/A	3.3
Length of Stay - Abdominal Pain	N/A	N/A	N/A	N/A	5.4
Objective	N/A	N/A		N/A	1.4
Length of Stay - Acute Pancreatitis	N/A	N/A	N/A	N/A	4.6
Objective	N/A	N/A		N/A	3.0
Length of Stay - Recurrent Depression	N/A	N/A	N/A	N/A	8.9
Objective	N/A	N/A		N/A	6.6

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Deputy Director- DHS	0148A	1.0	150,762	1.0	150,762
Executive/Associate Director	0146A	1.0	145,796	(1)	145,796
Associate Director- Management Services	0146A	2.0	262,500	2.0	262,500
Associate Director- II MHRH	0144A	1.0	121,409	1.0	121,409
Administrative and Legal Support Services	0143A	3.0	362,571	(1)	364,380
Chief Strategic Planning & Evaluation	0143A	1.0	119,320	(1)	119,320
Associate Director for Legal Services. (DCYF)	0141A	1.0	116,312	1.0	116,312
Associate Director I MHRH	0142A	1.0	111,549	1.0	111,549
Associate Director - DEA	0141A	1.0	111,466	1.0	111,466
Implementation Director of Policy and Programs	01040A	1.0	108,625	1.0	108,625
Assistant Director Finance and Contract Mngmt.	0141A	2.0	208,059	2.0	210,816
Chief of Legal Services	0139A	1.0	103,358	1.0	103,358
Consultant Public Health Nurse	0926A	10.0	1,032,815	10.0	1,032,815
Chief Pharmacy & Related Services	0138A	1.0	103,098	1.0	103,098
Associate Director - Medical Services	0143A	1.0	102,786	1.0	105,889
Administrator for Medical Services	0141A	5.0	507,495	5.0	509,666
Interdepartmental Program Manager	0139A	2.0	197,910	(1)	197,910
Assistant Administrator Fam & Childrens' Svces.	0135A	2.0	197,317	2.0	199,210
Chief Medical Care Specialist	0134A	1.0	96,647	1.0	96,647
Deputy Chief of Legal Services	0137A	3.0	273,980	3.0	277,083
Community Health Nurse Coordinator	0926A	6.0	547,143	(3)	548,552
Chief of Family Health Systems	0137A	8.0	710,185	8.0	722,986
Chief Human Services Business Officer	0A33A	2.0	169,161	2.0	171,288
Public Assistance Bus Mgr	0A33A	1.0	83,051	1.0	84,379
Senior Medical Care Specialist	0A30A	5.0	415,087	5.0	415,087
Senior Legal Counsel	0134A	20.0	1,635,530	20.0	1,638,662
Pr. Human Services Policy & Systems Spec.	0A30A	2.0	161,821	2.0	161,821
Appeals Officer	0A30A	4.0	322,549	4.0	322,549
Chief Rate Analyst	0135A	1.0	76,650	1.0	76,650
Supvr. Financial Mgmt. & Reporting	0135A	1.0	76,523	1.0	76,523
Legal Counsel	0132A	4.0	300,489	4.0	300,489
Legal Counsel (MHRH)	0136A	2.0	149,092	2.0	149,409
Sr. Human Services Policy & Systems Spec.	0328A	1.0	74,061	6.0	355,483
Assistant to the Director	0136A	1.0	72,100	1.0	72,100
Principal Rate Analyst	0A28A	1.0	71,400	1.0	71,400
Pr. Human Services Business Officer	0A28A	2.0	139,311	2.0	139,311
Senior Systems Analyst	0A26A	1.0	69,052	1.0	69,052
Medical Care Specialist	0A25A	4.0	257,913	(2)	258,119
Senior Rate Analyst	0A25A	3.0	189,485	3.0	195,083
Social Case Worker II	0324A	3.0	189,480	3.0	189,608
Chief Implementation Aide	0A28A	1.0	60,512	1.0	61,338
Programming Services Officer	0131A	2.0	118,676	2.0	120,900
Chief of Information and Public Relations	0A29A	1.0	57,604	1.0	59,679
Social Case Worker	0A22A	5.0	286,120	5.0	288,425

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013			
		FTE	Cost	FTE	Cost		
Principal Housing Specialist	0A29A	1.0	57,000	(3)	1.0	57,000	(3)
Administrative Officer	0324A	1.0	56,143		1.0	56,143	
Office Manager	0A23A	1.0	54,781		1.0	54,781	
Human Services Business Officer	022A	3.0	152,283		3.0	152,283	
Eligibility Technicians	0A21A	2.0	100,228		2.0	100,228	
Information Services Officer	0A20A	1.0	48,954		1.0	48,954	
Chief Clerk	0A16A	1.0	48,712		1.0	48,712	
Executive Assistant	0118A	1.0	48,596		1.0	48,596	
Clerk Secretary	0316A	2.0	92,697	(3)	2.0	92,697	(3)
Rate Analyst	0A22A	1.0	45,071		1.0	46,484	
Legal Assistant	0119A	2.0	87,534		2.0	87,534	
Data Control Clerk	0315A	14.0	588,960		14.0	595,405	
Paralegal Aide	0314A	2.0	82,219		2.0	83,144	
Sr. Word Processing Typist	0312A	1.0	40,000		1.0	40,000	
Word Processing Typist	0310A	1.0	39,292		1.0	39,292	
Data Entry Operator	0310A	1.0	36,750		1.0	36,750	
Subtotal		157.0	\$12,245,990		162.0	\$12,585,507	
Unclassified							
Secretary of Health and Human Services	20954KF	1.0	141,828		1.0	141,828	
Subtotal		1.0	\$141,828		1.0	\$141,828	
Turnover		-	(972,338)		-	(938,872)	
Subtotal		-	(\$972,338)		-	(\$938,872)	
Total Salaries		158.0	\$11,415,480		163.0	\$11,788,463	
Benefits							
Defined Contribution Plan		-	-		-	117,886	
FICA		-	858,963		-	887,312	
Medical		-	1,607,748		-	1,874,583	
Payroll Accrual		-	-		-	69,530	
Retiree Health		-	783,100		-	808,685	
Retirement		-	2,623,273		-	2,496,670	
Subtotal		-	\$5,873,084		-	\$6,254,666	
Total Salaries and Benefits		158.0	\$17,288,564		163.0	\$18,043,129	
Cost Per FTE Position			\$109,421			\$110,694	
Statewide Benefit Assessment		-	428,080		-	442,068	
Subtotal		-	\$428,080		-	\$442,068	
Payroll Costs		158.0	\$17,716,644		163.0	\$18,485,197	

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Clerical and Temporary Services		-	2,000	-	2,000
Information Technology		-	510,268	-	86,269
Legal Services		-	42,500	-	42,500
Management and Consultant Services		-	813,654	-	46,420,464
Other Contract Services		-	104,000	-	312,000
Training and Educational Services		-	3,900	-	6,460
Subtotal		-	\$1,476,322	-	\$46,869,693
Total Personnel		158.0	\$19,192,966	163.0	\$65,354,890
Distribution By Source Of Funds					
General Revenue		86.4	10,298,268	91.4	21,666,863
Federal Funds		63.2	7,999,671	63.2	42,866,356
Restricted Receipts		8.4	895,027	8.4	821,671
Total All Funds		158.0	\$19,192,966	163.0	\$65,354,890

1 Reflects 4.0 FTE transferred from the Department of Health, in conformance with the consolidation of legal and senior policymaking staff to the Executive Office.

3 Reflects the addition of 4.0 FTE to the personnel roster of the Executive Office for administration of the Money Follows the Person Demonstration Grant Program (MFP): Community Health Nurse Coordinator (2.0 FTE), Clerk Secretary (1.0 FTE), and a Principal Housing Specialist (1.0 FTE).

2 Represents the transfer to the Executive Office of the FTE provided to DHS as part of the FY 2012 enacted budget for oversight of the Medicaid-financed non-emergency transportation program.

4 Reflects the addition of 5.0 FTE for the program audit oversight initiative, scheduled to be hired toward the close of the third quarter of FY 2013.

The Program

Office Of Health And Human Services Medical Assistance

Program Mission

To assure the availability of high quality health care services to program recipients.

Program Description

The Medical Assistance Program assures quality and access to necessary medical services for eligible recipients, primarily financed through Medicaid. Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program administered by states to provide medical benefits to low income persons who are aged, blind, disabled, or to low income children and families. Medicaid is jointly financed by states and the federal government according to the prevailing Federal Medical Assistance Percentage (FMAP). Rhode Island's FMAP, which is based on a measure of relative per capita personal income, is 52.12 percent for federal fiscal year 2012 and 51.26 percent for federal fiscal year 2013.

EOHHS, in accordance with the Global Consumer Choice Compact Waiver and a multitude of state and federal laws, specifies the scope of covered services, establishes fees for services and reimbursement rates for hospital and nursing facility services, and adjudicates and pays claims for medical services submitted by providers. The Medical Assistance Program covers a broad scope of medical services provided to eligible individuals by service providers licensed by the Department of Health or other appropriate state or federal accrediting authority, and enrolled as service providers by the Medical Assistance Program.

Statutory History

Title XIX of the Social Security Act was enacted by Congress under the provision of Public Law 89-97 on July 30, 1965. The Rhode Island Medical Assistance Program was implemented under Title 40, Chapter 8 of the Rhode Island General Laws. Title 42 Chapter 12.3 and Title 40-6.2 of the Rhode Island General Laws authorized the Department of Human Services to establish and administer the Rlte Care Program. EOHHS has since become the administering agency for Medical Assistance. As such, associated grants and benefits are appropriated within the EOHHS budget commencing with the Governor's FY 2013 Budget.

The Budget

Office Of Health And Human Services Medical Assistance

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Managed Care	-	-	-	-	612,063,138
Hospitals	-	-	-	-	228,715,313
Long-Term Care	-	-	-	-	423,249,355
Other Services	-	-	-	-	113,960,339
Pharmacy	-	-	-	-	56,800,000
Rhody Health Partners	-	-	-	-	204,787,680
Special Education	-	-	-	-	18,350,000
Total Expenditures	-	-	-	-	\$1,657,925,825
Expenditures By Object					
Assistance and Grants	-	-	-	-	1,657,925,825
Subtotal: Operating Expenditures	-	-	-	-	1,657,925,825
Total Expenditures	-	-	-	-	\$1,657,925,825
Expenditures By Funds					
General Revenue	-	-	-	-	801,286,885
Federal Funds	-	-	-	-	845,504,945
Restricted Receipts	-	-	-	-	11,133,995
Total Expenditures	-	-	-	-	\$1,657,925,825
Program Measures					
Neonatal Intensive Care Unit Admissions Per 1,000 Live Births	N/A	N/A	N/A	N/A	89.0
Objective	N/A	N/A		N/A	89.0
Number of Physician Office Visits per Rlte Care Enrollee	N/A	N/A	N/A	N/A	5.2
Objective	N/A	N/A		N/A	5.0
Number of Emergency Room Care Visits per 1,000 Rlte Care Enrollees	N/A	N/A	N/A	N/A	630
Objective	N/A	N/A		N/A	560
Number of Hospital Days per 1,000 Rlte Care Enrollees	N/A	N/A	N/A	N/A	570
Objective	N/A	N/A		N/A	570

Office Of Health And Human Services Performance Measure Narratives

Central Management

Length of Stay - Pneumonia

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Angina Pectoris

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Length of Stay - Alcohol Dependency

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Chest Pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Length of Stay - Congestive Heart Failure

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Depressive Disease

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Chronic Airway Obstructive Disease

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Abdominal Pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Acute Pancreatitis

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Recurrent Depression

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Office Of Health And Human Services Performance Measure Narratives

Medical Assistance

Neonatal Intensive Care Unit Admissions Per 1,000 Live Births

This indicator measures the percentage of neonatal intensive care unit admissions per 1,000 live births covered under the Rlte Care program. Neonatal intensive care unit admissions are very sensitive to lifestyle factors in the population of pregnant females and rates vary from approximately eighty per thousand to one hundred and twenty per thousand, depending on the prevalence of risk factors in the population. This measure is indicative of improvements in the quality of prenatal health and nutrition care for pregnant females resulting in increased survival rates in low birth rate infants. Neonatal intensive care unit admissions are monitored and reported through the Medical Management Information System.

The standard is the lowest number of neonatal intensive care unit admissions per 1,000 live births in a previous fiscal year since in FY 2001.

Number of Physician Office Visits per Rlte Care Enrollee

These measures reflect the number of physician office visits per Rlte Care Enrollee. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rlte Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

Note that earlier versions of this report contained estimates and objectives based on the original managed care experience and the expectation of the impact of managed care in the Medicaid market. Since that time there have been changes in the federal regulations and in standards of care (e.g., required length of hospital stay) which have led to increases in utilization of certain types of care which have required that we modify our objectives. These adjustments are reflected in this report.

Number of Emergency Room Care Visits per 1,000 Rlte Care Enrollees

These measures reflect the number of emergency room visits per one thousand Rlte Care enrollees. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rlte Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

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Office Of Health And Human Services Performance Measure Narratives

Number of Hospital Days per 1,000 Rlte Care Enrollees

These measures reflect the number of hospital days per one thousand Rlte Care enrollees. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rlte Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

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Agency

Department Of Children, Youth, And Families

Agency Mission

To assist families with their primary responsibility to raise their children to become productive members of society; to realize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government; to maximize the safety, permanence and well-being of the children, youth, families and communities we serve.

Agency Description

The Department of Children, Youth and Families is charged to mobilize the human, physical, and financial resources available to plan, develop, implement, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential.

It is the department's philosophy that parents have the primary responsibility for meeting the needs of their children. When parents are unable to do so, all services to the child and family are premised upon the safety and best interest of the child and the promotion of community-based responsibility/involvement in servicing its own children/families. When departmental support is necessary and appropriate, services are provided in the least intrusive, least restrictive manner possible.

The department addresses its responsibilities through its Child Welfare, Children's Behavioral Health and Education, Juvenile Correctional Services, and Higher Education Incentive Grant Programs, which are guided and assisted by a leadership support program identified as Central Management.

The Child Welfare Program consists of child protective investigations, community-based services, and residential services delivered to dependent, neglected or abused children, or children at risk of abuse or neglect.

The Children's Behavioral Health and Education Program designs, implements, and monitors a continuum of therapeutic services to seriously emotionally disturbed children and youth.

The Juvenile Correctional Services Program provides services to youngsters who have been adjudicated as wayward or delinquent by the Family Court and determined to be in need of placement at the Training School for Youth, placement in a less structured community residential setting, or supervision in the community while residing at home.

The Higher Education Incentive Grant is designed to encourage youth to pursue educational goals beyond high school and to provide added incentive to achieve a high school diploma.

Statutory History

In 1979, the General Assembly enacted Title 42 Chapter 72 of the Rhode Island General Laws. This legislation created the Department for Children and Their Families effective January 1, 1980. The enabling legislation transferred to the department certain functions from the Departments of Human Services, Corrections, Mental Health, Retardation and Hospitals, and Community Affairs. In 1991, the General Assembly amended Title 42 Chapter 72 to read "Department of Children, Youth, and Families."

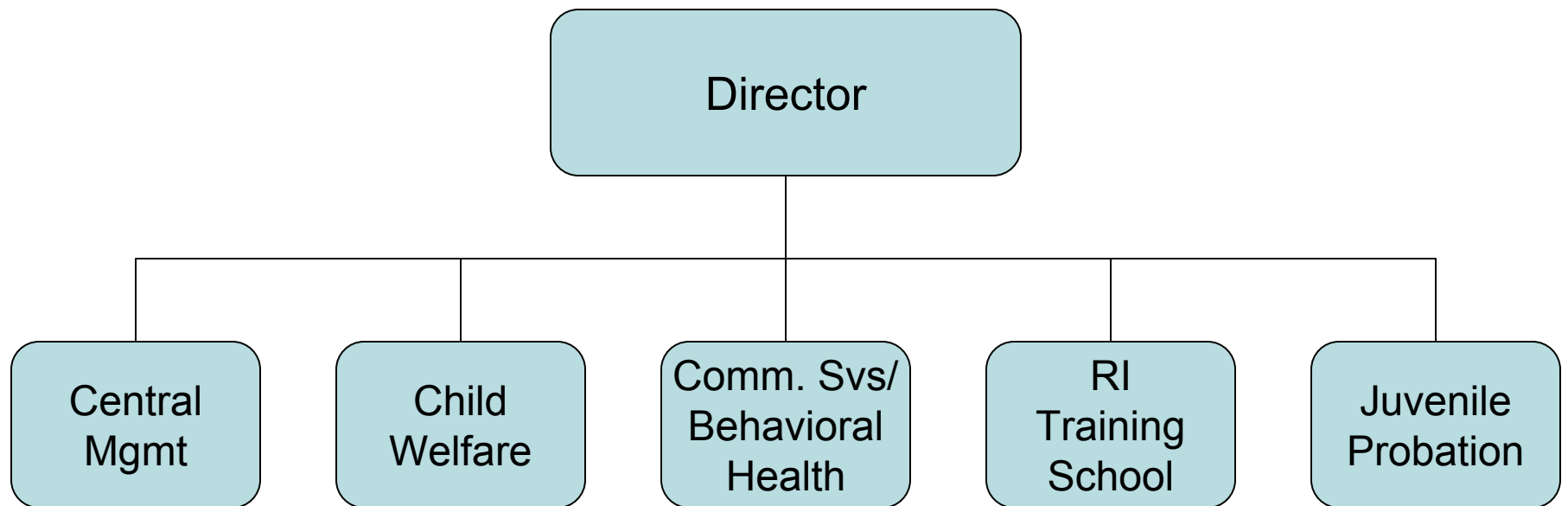
Budget

Department Of Children, Youth, And Families

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	6,116,157	6,160,725	6,695,122	7,198,620	6,926,599
Children's Behavioral Health Services	20,957,470	23,980,282	22,745,874	21,133,184	18,670,980
Juvenile Correctional Services	32,951,855	33,967,492	32,802,323	32,567,173	32,431,289
Child Welfare	173,961,780	171,574,406	148,560,953	156,932,464	153,228,410
Higher Education Incentive Grants	200,000	200,000	200,000	200,000	200,000
Total Expenditures	\$234,187,262	\$235,882,905	\$211,004,272	\$218,031,441	\$211,457,278
Expenditures By Object					
Personnel	66,050,901	70,253,386	69,740,897	74,264,006	73,904,158
Operating Supplies and Expenses	9,881,872	7,766,509	8,540,692	7,869,609	9,324,800
Assistance and Grants	157,983,049	157,817,475	129,804,163	132,751,924	125,232,320
Subtotal: Operating Expenditures	233,915,822	235,837,370	208,085,752	214,885,539	208,461,278
Capital Purchases and Equipment	271,440	45,535	2,918,520	3,145,902	2,996,000
Total Expenditures	\$234,187,262	\$235,882,905	\$211,004,272	\$218,031,441	\$211,457,278
Expenditures By Funds					
General Revenue	152,831,095	156,123,293	145,198,983	152,293,846	146,929,631
Federal Funds	78,805,892	76,711,604	59,625,993	60,052,313	58,706,394
Restricted Receipts	2,148,243	2,426,338	3,389,296	2,825,382	2,825,253
Operating Transfers from Other Funds	402,032	621,670	2,790,000	2,859,900	2,996,000
Total Expenditures	\$234,187,262	\$235,882,905	\$211,004,272	\$218,031,441	\$211,457,278
FTE Authorization	658.5	691.0	662.5	662.5	665.5
Agency Measures					
Minorities as a Percentage of the Workforce	20.0%	20.0%	18.8%	18.8%	18.8%
Females as a Percentage of the Workforce	66.0%	66.0%	66.6%	66.6%	66.6%
Persons with Disabilities as a Percentage of the Workforce	-	-	-	-	-

The Agency

Department of Children, Youth and Families



Personnel

Department Of Children, Youth, And Families Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	625.5	41,863,055	628.5	42,359,299
Unclassified	37.0	3,110,031	37.0	3,165,876
Overtime	-	2,811,718	-	2,806,156
Turnover	-	(3,537,816)	-	(4,446,569)
Total Salaries	662.5	\$44,246,988	665.5	\$43,884,762
Benefits				
Defined Contribution Plan	-	-	-	410,788
FICA	-	3,160,367	-	3,137,302
Holiday Pay	-	587,362	-	585,024
Medical	-	7,139,575	-	7,868,996
Payroll Accrual	-	-	-	239,012
Retiree Health	-	2,842,477	-	2,823,303
Retirement	-	9,521,817	-	8,653,711
Total Salaries and Benefits	662.5	\$67,498,586	665.5	\$67,602,898
Cost Per FTE Position		\$101,885		\$101,582
Statewide Benefit Assessment	-	1,553,825	-	1,541,735
Payroll Costs	662.5	\$69,052,411	665.5	\$69,144,633
Purchased Services				
Building and Grounds Maintenance	-	59,200	-	59,200
Clerical and Temporary Services	-	891,415	-	891,415
Design and Engineering Services	-	5,000	-	5,000
Information Technology	-	1,670,987	-	1,670,987
Legal Services	-	153,719	-	153,719
Management and Consultant Services	-	630,600	-	630,600
Medical Services	-	16,165	-	16,165
Other Contract Services	-	655,960	-	203,890
Training and Educational Services	-	90,797	-	90,797
University and College Services	-	1,037,752	-	1,037,752
Total Personnel	662.5	\$74,264,006	665.5	\$73,904,158
Distribution by Source of Funds				

Personnel

Department Of Children, Youth, And Families Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
General Revenue	491.3	53,750,588	485.5	52,240,365
Federal Funds	171.2	20,513,418	180.0	21,663,793
Total All Funds	662.5	\$74,264,006	665.5	\$73,904,158

The Program

Department Of Children, Youth, And Families Central Management

Program Mission

Provide leadership and direction in the development and implementation of an efficient and productive system of service delivery to Rhode Island's children and families.

Provide consistent legal representation and consultation to all departmental staff involved in court proceedings.

Provide comprehensive, integrated management services to assure fiscal integrity and accurate data collection and interpretation.

Program Description

The Central Management Program consists of a variety of sub-programs including executive functions and legal and administrative services.

The executive functions include administrative and operational direction, planning, management, and evaluation of overall departmental operations.

Administrative services include financial management, personnel, staff development and training, management information systems, and licensing and regulation. A centralized on-line database system, the Statewide Automated Child Welfare Information System (SACWIS), supports all investigatory and case management functions of the department and other critical administrative functions.

Legal services includes departmental representation in all Family Court proceedings relating to child abuse and neglect, commitment trials and termination of parental rights trials, as well as, civil litigation in other state and federal courts, and administrative and labor tribunals. This service also provides on-going legal consultation to the Director, administrators, and line staff involved in Family Court proceedings.

Statutory History

Title 42 Chapter 72 of the Rhode Island General Laws defines the functions of the Department of Children, Youth, and Families.

The Budget

Department Of Children, Youth, And Families Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Support Services	2,718,062	3,276,314	3,612,409	3,341,734	3,265,874
Office of Budget	961,360	1,095,179	769,880	1,120,826	1,298,255
Information Systems	1,692,361	1,713,236	1,423,584	1,927,799	1,918,091
Office of the Director	744,374	75,996	889,249	808,261	444,379
Total Expenditures	\$6,116,157	\$6,160,725	\$6,695,122	\$7,198,620	\$6,926,599
Expenditures By Object					
Personnel	4,065,305	5,217,833	5,200,900	6,130,530	5,737,602
Operating Supplies and Expenses	1,848,512	654,568	1,467,110	1,047,840	1,188,997
Assistance and Grants	180,903	263,922	1,147	-	-
Subtotal: Operating Expenditures	6,094,720	6,136,323	6,669,157	7,178,370	6,926,599
Capital Purchases and Equipment	21,437	24,402	25,965	20,250	-
Total Expenditures	\$6,116,157	\$6,160,725	\$6,695,122	\$7,198,620	\$6,926,599
Expenditures By Funds					
General Revenue	4,036,491	3,998,850	4,694,560	4,796,267	4,224,549
Federal Funds	2,079,666	2,161,875	1,699,440	2,117,160	2,497,956
Restricted Receipts	-	-	301,122	285,193	204,094
Total Expenditures	\$6,116,157	\$6,160,725	\$6,695,122	\$7,198,620	\$6,926,599

Personnel

Department Of Children, Youth, And Families Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Associate Director (Financial Management)	0144A	1.0	129,687	1.0	129,687
Deputy Director (DCYF)	0145A	1.0	126,345	1.0	126,345
Chief of Staff (DCYF)	0142A	1.0	122,182	1.0	122,182
Administrator Family & Children Services	0139A	1.0	105,137	1.0	107,368
Administrator Operations Management	0141A	1.0	101,773	1.0	101,773
Chief Human Service Business Officer	0A33A	1.0	89,656	1.0	93,404
Senior Quality Control Review Supervisor	AA30A	1.0	89,514	1.0	89,514
Social Service Analyst	0A27A	4.0	317,111	4.0	317,248
Principal Human Services Business Officer	0A28A	2.0	153,774	2.0	154,960
Prin Human Svs Plcy & Sys Spec	0A30A	2.0	150,372	2.0	148,190
Liaison Officer (DHS)	0A28A	1.0	69,114	1.0	69,114
Social Caseworker II	0A24A	1.0	68,311	1.0	68,311
Senior Human Services Business Officer	0A25A	2.0	122,966	2.0	125,619
Records Analyst	0324A	1.0	60,992	1.0	60,992
Human Services Policy & Systems Specialist	0A24A	2.0	119,574	2.0	120,494
Eligibility Technician	0321A	4.0	199,025	4.0	200,736
Implementation Aide	0322A	1.0	48,544	1.0	48,544
Property Control & Supply Officer	0317A	1.0	47,166	1.0	47,166
Storekeeper	0315A	1.0	43,932	1.0	43,932
Supervising Preaudit Clerk	0321A	1.0	42,969	1.0	44,024
Central Mail Room Clerk	0311G	1.0	41,234	1.0	41,234
Information Services Tech I	0316A	2.0	78,474	2.0	79,205
Prin Preaudit Clerk	0314A	2.0	76,668	2.0	76,668
	Subtotal	35.0	\$2,404,520	35.0	\$2,416,710
Unclassified					
Director, Dept. of Children, Youth & Families	0953KF	1.0	127,501	1.0	127,501
Executive Assistant	0833A	1.0	84,379	1.0	84,379
Confidential Secretary	0822A	1.0	43,346	1.0	45,858
	Subtotal	3.0	\$255,226	3.0	\$257,738
Overtime		-	75,720	-	75,719
Turnover		-	(109,545)	-	(109,545)
	Subtotal	-	(\$33,825)	-	(\$33,826)
	Total Salaries	38.0	\$2,625,921	38.0	\$2,640,622
Benefits					
Defined Contribution Plan		-	-	-	25,651
FICA		-	191,443	-	192,568
Medical		-	411,674	-	460,945
Payroll Accrual		-	-	-	15,076
Retiree Health		-	174,946	-	175,956
Retirement		-	586,033	-	533,291
	Subtotal	-	\$1,364,096	-	\$1,403,487
	Total Salaries and Benefits	38.0	\$3,990,017	38.0	\$4,044,109
	Cost Per FTE Position		\$105,000		\$106,424

Personnel

Department Of Children, Youth, And Families Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Statewide Benefit Assessment		-	95,633	-	96,183
Subtotal		-	\$95,633	-	\$96,183
Payroll Costs		38.0	\$4,085,650	38.0	\$4,140,292
Purchased Services					
Building and Grounds Maintenance		-	1,538	-	1,538
Clerical and Temporary Services		-	48,740	-	48,740
Information Technology		-	1,123,122	-	1,123,122
Legal Services		-	142,050	-	142,050
Other Contract Services		-	452,568	-	4,998
University and College Services		-	276,862	-	276,862
Subtotal		-	\$2,044,880	-	\$1,597,310
Total Personnel		38.0	\$6,130,530	38.0	\$5,737,602
Distribution By Source Of Funds					
General Revenue		24.2	4,202,277	22.2	3,564,460
Federal Funds		13.8	1,928,253	15.8	2,173,142
Total All Funds		38.0	\$6,130,530	38.0	\$5,737,602

The Program

Department Of Children, Youth, And Families Children's Behavioral Health Services

Program Mission

Design and implement a comprehensive array of therapeutic services to meet the needs of seriously emotionally disturbed children and youth; expand and enhance the capacity of local communities and regions to meet these needs within their geographic areas; provide services in the least restrictive environment utilizing inpatient psychiatric care and residential treatment only until a child can return to a community-based service.

Program Description

The Children's Behavioral Health and Education Services Program is primarily responsible for the design, implementation, and monitoring of a continuum of therapeutic services to seriously emotionally disturbed children, youth, and families. Children placed in the custody of the department due to abuse, neglect or dependency, as well as, children in the custody of their parents or legal guardians are eligible for these services. Most of these services, with the exception of psychiatric hospitalization, are provided by non-profit agencies and delivered in community-based settings. Coordination and local planning is facilitated through the Child and Adolescent Services System (Project/CASSP), which sponsors a Local Coordinating Council (LCC) representing all children/youth and serving agencies within each region of the State. Each LCC supports planning teams which coordinate children's behavioral health services and provides funding for non-traditional services on a case-by-case basis. Children's Intensive Services provides a comprehensive array of community-based mental health services designed to reduce the need for inpatient care and to support severely emotionally disturbed children and their families in community settings.

In addition, the division is partnering with Contracts and Program Development and the community mental health centers, in convening Care Management Teams. These teams, composed of DCYF staff, community partners, and parents, utilize the continuum of resources from community-based to residential treatment services in planning for the least-restrictive appropriate level of care for children with serious treatment needs.

Statutory History

Title 42 Chapter 72 of the Rhode Island General Law defines the functions of the Department of Children, Youth and Families; Title 40.1 Chapter 5 describes the provisions relating to mental health laws. The act creating the LCC sub-program was 98-H-8122, Substitute A.

The Budget

Department Of Children, Youth, And Families Children's Behavioral Health Services

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Children's Mental Health	17,683,380	21,413,391	20,282,403	18,548,088	16,031,173
Local Coordinating Council	1,358,287	781,304	730,119	984,718	933,792
CBH Educational Services	1,915,803	1,785,587	1,733,352	1,600,378	1,706,015
Total Expenditures	\$20,957,470	\$23,980,282	\$22,745,874	\$21,133,184	\$18,670,980
Expenditures By Object					
Personnel	1,694,995	2,142,564	2,469,716	2,708,462	2,760,304
Operating Supplies and Expenses	171,308	349,936	162,605	316,602	306,934
Assistance and Grants	19,090,714	21,487,782	18,407,972	16,327,539	14,583,742
Subtotal: Operating Expenditures	20,957,017	23,980,282	21,040,293	19,352,603	17,650,980
Capital Purchases and Equipment	453	-	1,705,581	1,780,581	1,020,000
Total Expenditures	\$20,957,470	\$23,980,282	\$22,745,874	\$21,133,184	\$18,670,980
Expenditures By Funds					
General Revenue	9,798,027	11,519,309	10,818,296	10,405,830	10,077,912
Federal Funds	11,080,988	12,480,160	10,222,578	8,947,354	7,573,068
Operating Transfers from Other Funds	78,455	(19,187)	1,705,000	1,780,000	1,020,000
Total Expenditures	\$20,957,470	\$23,980,282	\$22,745,874	\$21,133,184	\$18,670,980
Program Measures					
Percentage of Children in Out-of-State Congregate Care Objective	3.1%	3.1%	3.0%	3.0%	2.9%

Personnel

Department Of Children, Youth, And Families Children's Behavioral Health Services

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Implement Director - Policy & Programs	0140A	1.0	110,724	1.0	110,724
Admin. Family & Children's Services	0139A	2.0	189,880	2.0	193,746
Admin. Finance Mangement - Federal	0139A	1.0	94,529	1.0	98,975
Community Services Coordinator	0A34A	4.0	375,595	4.0	382,289
Professional Services Coordinator	0A34A	5.0	440,277	5.0	444,966
Clinical Psychologist	0A32A	1.0	81,028	1.0	82,617
Implementation Aide	0122A	1.0	50,732	1.0	50,732
Sr. Word Processing Typist	0312A	1.0	32,972	1.0	33,478
Subtotal		16.0	\$1,375,737	16.0	\$1,397,527
Unclassified					
Assistant Director Behavioral Health Ed	0844A	1.0	125,611	1.0	125,611
Subtotal		1.0	\$125,611	1.0	\$125,611
Total Salaries		17.0	\$1,501,348	17.0	\$1,523,138
Benefits					
Defined Contribution Plan		-	-	-	15,232
FICA		-	113,389	-	115,110
Medical		-	211,115	-	235,331
Payroll Accrual		-	-	-	8,996
Retiree Health		-	102,995	-	104,489
Retirement		-	345,008	-	322,584
Subtotal		-	\$772,507	-	\$801,742
Total Salaries and Benefits		17.0	\$2,273,855	17.0	\$2,324,880
Cost Per FTE Position			\$133,756		\$136,758
Statewide Benefit Assessment		-	56,300	-	57,117
Subtotal		-	\$56,300	-	\$57,117
Payroll Costs		17.0	\$2,330,155	17.0	\$2,381,997
Purchased Services					
Clerical and Temporary Services		-	354,236	-	354,236
Medical Services		-	8,538	-	8,538
Training and Educational Services		-	15,533	-	15,533
Subtotal		-	\$378,307	-	\$378,307
Total Personnel		17.0	\$2,708,462	17.0	\$2,760,304

Personnel

Department Of Children, Youth, And Families Children's Behavioral Health Services

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Distribution By Source Of Funds					
General Revenue		13.2	1,850,936	13.2	1,891,166
Federal Funds		3.8	857,526	3.8	869,138
Total All Funds		17.0	\$2,708,462	17.0	\$2,760,304

The Program

Department Of Children, Youth, And Families Juvenile Correctional Services

Program Mission

Provide secure and structured residential programming for adjudicated juvenile offenders and those awaiting trial.

Increase the use of community-based programming thereby limiting the need for long-term placement in the Training School.

Program Description

The Juvenile Correctional Services Program consists of three sub-programs providing varying levels of service to wayward and delinquent youngsters.

Institutional programming is conducted at the Rhode Island Training School for Youth. The facility provides a secure, structured residential program for adjudicated delinquents and those awaiting trial on serious offenses. Residents undergo an assessment at intake into the facility and are programmed accordingly. Services include case management, education, recreation, and a selection of contracted or purchased services (e.g. medical, drug and alcohol counseling, violent offender/sex offender therapy).

Community-based programming (Probation and Parole) includes both residential and non-residential services. Non-residential services are provided directly by departmental staff as well as through purchase of services or contracts. Community-based residential services are available for adjudicated youngsters who require residential care but not a setting as secure and structured as the Training School. These services are provided via contractual and purchase of service arrangements.

Educational services are provided to all Rhode Island Training School residents, both detained and adjudicated. Residents are grouped by academic levels and/or individual education plan specifications. The services adhere to all Rhode Island Department of Education regulations.

Statutory History

Title 42 Chapter 72 of the Rhode Island General Laws defines the functions of the Department of Children, Youth, and Families; Title 42 Chapter 56 provides for the Training School for Youth; Title 14 Chapter 1 relates to the power of the court to order disposition of a juvenile.

The Budget

Department Of Children, Youth, And Families Juvenile Correctional Services

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Institutional Services	17,179,523	17,635,062	16,669,460	16,542,441	17,167,622
Juvenile Probation & Parole	11,841,667	12,054,811	11,842,421	10,837,666	10,476,437
RITS - Education Program	3,930,665	4,277,619	4,290,442	5,187,066	4,787,230
Total Expenditures	\$32,951,855	\$33,967,492	\$32,802,323	\$32,567,173	\$32,431,289
Expenditures By Object					
Personnel	22,640,854	23,621,954	22,754,491	23,572,517	23,462,183
Operating Supplies and Expenses	1,504,720	1,425,658	1,563,435	1,462,942	1,516,466
Assistance and Grants	8,779,376	8,904,637	8,475,286	7,236,388	6,476,640
Subtotal: Operating Expenditures	32,924,950	33,952,249	32,793,212	32,271,847	31,455,289
Capital Purchases and Equipment	26,905	15,243	9,111	295,326	976,000
Total Expenditures	\$32,951,855	\$33,967,492	\$32,802,323	\$32,567,173	\$32,431,289
Expenditures By Funds					
General Revenue	30,572,453	31,479,653	30,485,148	30,591,593	30,164,550
Federal Funds	2,379,402	2,487,839	2,317,175	1,895,680	1,290,739
Operating Transfers from Other Funds	-	-	-	79,900	976,000
Total Expenditures	\$32,951,855	\$33,967,492	\$32,802,323	\$32,567,173	\$32,431,289
Program Measures					
Re-incarceration rate to the Youth Development Center Objective	29.7%	29.2%	28.7%	28.7%	28.2%
Number of Average Daily Behavior Reports of Youth at the Youth Development Center Objective	4.05	4.20	4.20	4.20	4.25
	4.05	4.20		4.30	4.30

Personnel

Department Of Children, Youth, And Families Juvenile Correctional Services

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Dep Super Prgs (RI Trng Sch Youth)	0140A	1.0	113,099	1.0	113,099
Clinical Director Psychologist	0141A	1.0	110,659	1.0	110,659
Asst Probation & Parole Administrator	0138A	1.0	103,517	1.0	103,517
Dep Sup Adm (RI Trng Sch Youth)	0140A	1.0	98,407	1.0	98,407
Probation & Parole Supervisor	0C33A	6.0	551,173	6.0	551,173
Registered Nurse A	0920A	1.0	88,168	1.0	89,213
Registered Nurse B	0921A	2.0	175,370	2.0	175,370
Cottage Manager	0J31A	7.0	577,982	7.0	580,179
State Bldg & Grounds Coordinator	0332A	1.0	81,084	1.0	81,084
Probation & Parole Officer II	0C29A	36.0	2,783,785	36.0	2,792,765
Programming Services Officer	0331A	1.0	75,570	1.0	75,570
Probation & Parole Officer I	0C27A	5.0	341,872	5.0	344,092
Clinical Social Worker	0J27A	8.0	538,096	8.0	537,691
Senior Community Dev. Training Specialist	0326A	1.0	62,787	1.0	62,787
Shift Coordinator (RI Training School)	0326A	8.0	494,773	8.0	502,573
Principal Community Pgm. Liaison Worker	0324A	1.0	59,069	1.0	60,253
Juvenile Probation & Parole Svcs. Tech.	0C18A	1.0	51,320	1.0	51,320
Food Service Administrator	0322A	1.0	50,970	1.0	52,396
Building Maintenance Supervisor (Corr)	0320A	1.0	50,653	1.0	50,653
Juvenile Program Worker	0322A	97.0	4,903,404	97.0	4,938,730
Storekeeper	0315A	1.0	46,214	1.0	46,214
Senior Cook	0315A	3.0	127,702	3.0	129,370
Senior Clerk Stenographer	0310A	1.0	40,471	1.0	40,471
Data Control Clerk	0315A	3.0	119,502	3.0	120,485
Sr Maintenance Technician (Corrections)	0316A	1.0	39,749	1.0	39,749
Senior Word Processing Typist	0312A	1.0	36,557	1.0	36,691
Cook's Helper	0309A	4.0	144,829	4.0	145,609
	Subtotal	195.0	\$11,866,782	195.0	\$11,930,120
Unclassified					
Asst Prinicipal Youth Corr Ed Center	0835U	1.0	103,154	1.0	103,154
School Psychologist	0T002A	1.0	101,198	1.0	101,198
Principal	0840U	1.0	96,581	1.0	96,581
Teacher (Home Economics)	0T001A	1.0	92,597	1.0	92,597
Teacher Acad/Diag Class Teach	0T001A	1.0	85,619	1.0	85,619
Teacher Academic	0T001A	16.0	1,345,804	16.0	1,366,584
School Social Worker	0T001A	1.0	81,727	1.0	81,727
Teacher Academic-Indstrl Arts	0T001A	1.0	81,315	1.0	81,315
Teacher Academic-Health Nurse	2T001A	1.0	81,022	1.0	81,022
Teacher Academic (Special Ed.)	0T001A	9.0	660,177	9.0	692,730
	Subtotal	33.0	\$2,729,194	33.0	\$2,782,527
Overtime		-	1,477,075	-	1,477,007
Turnover		-	(1,351,018)	-	(1,669,122)
	Subtotal	-	\$126,057	-	(\$192,115)

Personnel

Department Of Children, Youth, And Families Juvenile Correctional Services

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Total Salaries		228.0	\$14,722,033	228.0	\$14,520,532
Benefits					
Defined Contribution Plan		-	-	-	130,435
FICA		-	1,012,605	-	997,254
Holiday Pay		-	391,812	-	390,536
Medical		-	2,587,925	-	2,818,751
Payroll Accrual		-	-	-	75,113
Retiree Health		-	908,613	-	894,793
Retirement		-	3,043,693	-	2,736,482
Subtotal		-	\$7,944,648	-	\$8,043,364
Total Salaries and Benefits		228.0	\$22,666,681	228.0	\$22,563,896
Cost Per FTE Position			\$99,415		\$98,964
Statewide Benefit Assessment		-	496,684	-	489,135
Subtotal		-	\$496,684	-	\$489,135
Payroll Costs		228.0	\$23,163,365	228.0	\$23,053,031
Purchased Services					
Building and Grounds Maintenance		-	57,262	-	57,262
Clerical and Temporary Services		-	255,312	-	255,312
Design and Engineering Services		-	5,000	-	5,000
Legal Services		-	9,621	-	9,621
Other Contract Services		-	6,693	-	6,693
Training and Educational Services		-	75,264	-	75,264
Subtotal		-	\$409,152	-	\$409,152
Total Personnel		228.0	\$23,572,517	228.0	\$23,462,183
Distribution By Source Of Funds					
General Revenue		223.3	23,247,842	225.9	23,136,430
Federal Funds		4.7	324,675	2.1	325,753
Total All Funds		228.0	\$23,572,517	228.0	\$23,462,183

The Program

Department Of Children, Youth, And Families Child Welfare

Program Mission

Protect children through the timely investigation of child abuse and neglect complaints.

Maintain the family unit when possible through the provision of services, which improves family functioning.

Aggressively pursue permanency through the provision of reunification and adoption services for children who have to be removed from their home.

Program Description

The Child Welfare Program consists of several major sub-programs including Child Protective Services, Family Services, Community-Based Services, and Residential Services.

Child Protective Services is responsible for receiving and investigating allegations of child abuse/ neglect throughout Rhode Island. This division operates 24-hours a day, seven days a week. When allegations of abuse or neglect are substantiated, the investigator must determine what actions are necessary in order to assure the safety and well being of the child. Sometimes it is necessary to remove a child from the home, but much more frequently services are provided to the child and family in order to bring the family to a higher level of functioning. Sometimes these services are provided by department social workers who operate out of one of four regional offices and sometimes by private, non-profit community agencies.

When a child requires out of home care, every effort is made to place him/her with relatives or others known to him/her. When a child requires a level of care beyond foster care, there is an array of services available from community-based group homes to intensive residential treatment.

The department also supports prevention and early intervention programs to address the issues and problems which lead to child abuse/neglect and to provide services so that family functioning does not deteriorate to a point where DCYF intervention becomes necessary.

Statutory History

Title 42 Chapter 72 of the Rhode Island General Laws defines the functions of the Department of Children, Youth, and Families; Title 40 Chapter 11 relates to abused and neglected children; Title 14 Chapter 1 relates to proceedings in Family Court.

The Budget

Department Of Children, Youth, And Families Child Welfare

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Protective Services	23,148,397	24,013,532	21,694,968	23,025,487	22,070,453
Family Services	14,236,541	14,296,293	16,904,520	13,320,531	13,162,113
Community Services	5,337,143	3,927,763	4,405,870	4,849,182	4,984,336
Prevention Services	6,649,656	6,939,495	6,136,936	6,462,580	5,982,994
Board & Care	104,924,748	107,416,087	82,748,015	90,106,223	87,993,919
Foster Care	19,665,295	14,981,236	16,670,644	19,168,461	19,034,595
Total Expenditures	\$173,961,780	\$171,574,406	\$148,560,953	\$156,932,464	\$153,228,410
Expenditures By Object					
Personnel	37,649,747	39,271,035	39,315,790	41,852,497	41,944,069
Operating Supplies and Expenses	6,357,332	5,336,347	5,347,542	5,042,225	6,312,403
Assistance and Grants	129,732,056	126,961,134	102,719,758	108,987,997	103,971,938
Subtotal: Operating Expenditures	173,739,135	171,568,516	147,383,090	155,882,719	152,228,410
Capital Purchases and Equipment	222,645	5,890	1,177,863	1,049,745	1,000,000
Total Expenditures	\$173,961,780	\$171,574,406	\$148,560,953	\$156,932,464	\$153,228,410
Expenditures By Funds					
General Revenue	108,224,124	108,925,481	99,000,979	106,300,156	102,262,620
Federal Funds	63,265,836	59,581,730	45,386,800	47,092,119	47,344,631
Restricted Receipts	2,148,243	2,426,338	3,088,174	2,540,189	2,621,159
Operating Transfers from Other Funds	323,577	640,857	1,085,000	1,000,000	1,000,000
Total Expenditures	\$173,961,780	\$171,574,406	\$148,560,953	\$156,932,464	\$153,228,410
Program Measures					
Absence of Maltreatment in Foster Care (Percentage)	99.03%	99.06%	99.09%	99.09%	99.12%
Objective	99.03%	99.08%		99.13%	99.18%
Percentage of Children Re-entering Foster Care within Twelve Months of a Previous Placement	23.4%	21.5%	20.9%	20.9%	20.3%
Objective	23.4%	22.2%		20.4%	19.4%
Percentage of Children in Foster Homes	61.1%	63.0%	64.0%	64.0%	65.0%
Objective	61.1%	64.2%		64.9%	66.8%
Percentage of Children in Kinship Foster Homes	47.0%	49.0%	50.0%	50.0%	51.0%
Objective	47.0%	48.4%		50.5%	52.0%
Percentage of Children in Foster Care Who Have a Monthly Face-to-Face Visit	N/A	84.52%	85.52%	85.52%	86.52%
Objective	N/A	84.52%		87.0%	89.6%

Percentage of Children in Foster Care Who Have a Permanency Goal Established in a Timely Manner	N/A	73.0%	73.5%	73.5%	74.0%
Objective	N/A	73.0%		74.0%	75.0%
Percentage of Families Who Successfully Transition From Family Care Community Partnerships	35.0%	40.4%	42.4%	42.4%	44.5%
Objective	35.0%	38.0%		42.4%	44.5%

Personnel

Department Of Children, Youth, And Families Child Welfare

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Asst. Dir., Div. Child Protective Services	0142A	1.0	121,674	1.0	121,674
Regional Director (DCYF)	0141A	4.0	467,546	4.0	467,546
Chief Case Work Supervisor	0A34A	5.5	622,314	5.5	629,832
Administrator, Family & Adult Services	0141A	1.0	110,576	1.0	110,576
Administrator, Family & Children's Svcs.	0139A	1.0	105,274	1.0	105,274
Asst. Admin., Family & Children's Svcs.	0A35A	2.0	209,784	2.0	210,120
Chief Child Protective Investigator	0139A	1.0	96,760	1.0	96,760
Community Services Coordinator	0A34A	4.0	366,245	4.0	377,538
Chief Human Svcs. Policy Sys. Spec.	0A32A	1.0	88,019	1.0	88,019
Supvr., Child Protective Investigations	0A31A	12.0	1,053,951	12.0	1,058,486
Chief Resource Specialist	0A31A	1.0	86,693	1.0	86,693
Clinical Training Specialist	0A30A	3.0	250,375	3.0	250,575
Casework Supervisor II	0A28A	41.0	3,347,420	41.0	3,364,549
Pr. Human Serv Policy & Systems Spec.	0A30A	1.0	80,831	1.0	80,831
Child Protective Investigator	0A26A	51.0	3,619,748	51.0	3,630,283
Social Caseworker II	0A24A	205.0	13,447,253	207.0	13,730,266
Social Case Worker	0A22A	1.0	58,671	1.0	59,530
Implementation Aide	0322A	2.0	106,862	2.0	109,092
Child Support Technician	0322A	20.0	1,033,162	20.0	1,040,955
Jr. Human Svcs. Policy & Syst. Spec.	0A22A	2.0	97,025	2.0	98,430
Clerk Secretary	0B16A	3.0	134,718	3.0	136,260
Human Services Facility Inspector	0A17A	3.0	131,337	3.0	131,620
Licensing Aide	0315A	2.0	83,766	2.0	85,995
Customer Service Specialist I	0315A	4.0	166,350	4.0	168,476
Senior Word Processing Typist	0312A	8.0	329,662	8.0	330,679
Human Services Business Officer	0A21A	-	-	1.0	44,883
	Subtotal	379.5	\$26,216,016	382.5	\$26,614,942
Overtime		-	1,258,923	-	1,253,430
Turnover		-	(2,077,253)	-	(2,667,902)
	Subtotal	-	(\$818,330)	-	(\$1,414,472)
	Total Salaries	379.5	\$25,397,686	382.5	\$25,200,470
Benefits					
Defined Contribution Plan		-	-	-	239,470
FICA		-	1,842,930	-	1,832,370
Holiday Pay		-	195,550	-	194,488
Medical		-	3,928,861	-	4,353,969
Payroll Accrual		-	-	-	139,827
Retiree Health		-	1,655,923	-	1,648,065
Retirement		-	5,547,083	-	5,061,354
	Subtotal	-	\$13,170,347	-	\$13,469,543
	Total Salaries and Benefits	379.5	\$38,568,033	382.5	\$38,670,013
	Cost Per FTE Position		\$101,629		\$101,098

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Personnel

Department Of Children, Youth, And Families Child Welfare

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Statewide Benefit Assessment		-	905,208	-	899,300
Subtotal		-	\$905,208	-	\$899,300
Payroll Costs		379.5	\$39,473,241	382.5	\$39,569,313
Purchased Services					
Building and Grounds Maintenance		-	400	-	400
Clerical and Temporary Services		-	233,127	-	233,127
Information Technology		-	547,865	-	547,865
Legal Services		-	2,048	-	2,048
Management and Consultant Services		-	630,600	-	630,600
Medical Services		-	7,627	-	7,627
Other Contract Services		-	196,699	-	192,199
University and College Services		-	760,890	-	760,890
Subtotal		-	\$2,379,256	-	\$2,374,756
Total Personnel		379.5	\$41,852,497	382.5	\$41,944,069
Distribution By Source Of Funds					
General Revenue		230.6	24,449,533	224.2	23,648,309
Federal Funds		148.9	17,402,964	158.3	18,295,760
Total All Funds		379.5	\$41,852,497	382.5	\$41,944,069

1 Additional 3.0 FTE for a new federal grant (Race to the Top)

The Program

Department Of Children, Youth, And Families Higher Education Incentive Grants

Program Mission

The main objective is to encourage and assist more youngsters in departmental care to consider and perceive higher education as a viable option, and to allow them the same opportunities that are afforded youth from other families.

Program Description

The Department of Children, Youth, and Families is responsible for assisting older youth under its care and custody to become self-sufficient and be prepared for transition to independence.

One important means of assisting youth in becoming independent is to encourage education to the highest degree possible. Higher Education Incentive Grants have as their purpose to provide added incentive to achieve a high school diploma and to encourage youth to pursue educational goals beyond high school.

Statutory History

Chapter 511, PL 99-S 282, Substitute A amended Section 1, Title 42 provides funds to supplement financial aid to youth who are in the department's custody and who have been accepted at the University of Rhode Island, Community College of Rhode Island, or Rhode Island College to allow these students to pay essential educational costs without loans.

The Budget

Department Of Children, Youth, And Families Higher Education Incentive Grants

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	200,000	200,000	200,000	200,000	200,000
Total Expenditures	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Expenditures By Object					
Assistance and Grants	200,000	200,000	200,000	200,000	200,000
Subtotal: Operating Expenditures	200,000	200,000	200,000	200,000	200,000
Total Expenditures	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Expenditures By Funds					
General Revenue	200,000	200,000	200,000	200,000	200,000
Total Expenditures	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000

Department Of Children, Youth, And Families Performance Measure Narratives

Children's Behavioral Health Services

Percentage of Children in Out-of-State Congregate Care

This measure indicates of all children in foster care¹ the percentage of children who are in out-of-state congregate care. The department continues to demonstrate improvements on this indicator through multi-prong efforts to build and expand capacity within Rhode Island that meets the diverse and complex needs of children currently in out-of-state care. Toward this end, more children can receive the service intensity and care that meets their needs while remaining in-state and in proximity to their family and social supports. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Juvenile Correctional Services

Re-incarceration rate to the Youth Development Center

This measure indicates the percent of youth who were re-incarcerated within 1 year of release from the Youth Development Center. For these analyses re-incarceration was defined as any stay at a secure facility (juvenile or adult corrections systems) following an adjudicated stay at the Rhode Island Training School. Re-incarceration includes a re-incarceration (any stay) for violations of probation and/or new criminal charges. Re-incarceration rates were calculated from the day of release. Re-incarceration rates were calculated based on all youth who were re-incarcerated within 1 year of release. Analyses were conducted by year cohort, all youth who were released within CY2009. The Data Source for this information is the Rhode Island Child Information System (RICHIST). Future monthly reports shall exclude Adult Correction Institution re-incarcerations.

Number of Average Daily Behavior Reports of Youth at the Youth Development Center

This measure indicates the number of average daily behavior reports of youth at the Youth Development Center.

This measure is based on an average student population of 144 in academic 2010 year and 133 in 2011 academic year. The department has demonstrated improvements in reducing the number of adjudicated youth in the Youth Development Center, in part through diversionary programs. Such shifts may have led to an initial, slight increase in the average daily behavior reports that the department anticipates a subsequent decline in average daily behavior reports. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Department Of Children, Youth, And Families Performance Measure Narratives

Child Welfare

Absence of Maltreatment in Foster Care (Percentage)

This measure indicates of all children in foster care the percent who were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. The observation of this measure is 12 months. It is the department's goal to enhance safety measures and investigative procedures to reduce the likelihood of a child experiencing maltreatment in foster care. The Data Source for this information is United States Department of Health and Human Services' Administration for Children and Families, The Rhode Island Child and Family Review Data Profile, FY2010ab (corrected).

Percentage of Children Re-entering Foster Care within Twelve Months of a Previous Placement

This measure indicates the number of children who re-entered foster care within 12 months of a previous placement as a percentage of all children who entered foster care during the year. It is linked to the goals of reunification and permanency while ensuring that reunification does not occur prematurely or without sufficient supports to ensure the child's safety and enhance the family's well being. The department demonstrates improvement on this indicator. The Data Source for this information is United States Department of Health and Human Services' Administration for Children and Families, The Rhode Island Child and Family Review Data Profile.

Percentage of Children in Foster Homes

This measure indicates of all the children in foster care the percentage that is in a foster home setting. When removal is necessary for safety reasons, the department, consistent with best practice and when in the best interest of the child, strives to provide children in a foster home setting. The department continues to demonstrate improvements on this indicator. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Percentage of Children in Kinship Foster Homes

This measure indicates of all the children in foster home settings, the percentage that is in a kinship foster home setting (kinship care is the full time care, nurturing and protection of the child by a relative, member of a tribe or clan, godparent, stepparent or any adult who has a kinship bond with the child). When removal is necessary for safety reasons, the department, consistent with best practice and when in the best interest of the child, strives to provide children in a kinship foster home setting. The department continues to demonstrate improvements on this indicator. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Percentage of Children in Foster Care Who Have a Monthly Face-to-Face Visit

This measure indicates the percentage of children in foster care, which under the federal definition includes all children in an out-of-home placement, who have a monthly face-to-face visit with their caseworker (change in face-to-face law was made in Public Law 112-34 which states: Each State shall take such steps as are necessary to ensure that the total number of visits made by caseworkers on a monthly basis to children in foster care under the responsibility of the State during a fiscal year is not less than 90 percent (or, in the case of fiscal year 2015 or thereafter, 95 percent) of the total number of such visits that would occur during the fiscal year if each such child were so visited once every month while in such care). Regular visits between children in foster care and their caseworker have the potential to result in improved permanency outcomes. This is a US HHS Children's Bureau Agency for Children and Families newly defined measure. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Department Of Children, Youth, And Families Performance Measure Narratives

Percentage of Children in Foster Care Who Have a Permanency Goal Established in a Timely Manner

This measure indicates the percentage of children in foster care who have a permanency goal established in a timely manner. Consistent with the US HHS Children's Bureau ACF Child and Family Service Review, a timely manner is defined as within 60 days of assignment to a caseworker in the department. This indicator is currently being monitored as part of the department's Program Improvement Plan. The Data Source for this information is the Rhode Island Child Information System (RICHIST).

Percentage of Families Who Successfully Transition From Family Care Community Partnerships

This measure indicates of all the families who transitioned from the Family Care Community Partnerships in a given timeframe, the percentage who successfully transitioned. Successful transitioned is defined as the family team agrees the family's goals were achieved and a formal transitional meeting occurred. FCCPs are 4 regional networks collaborating with the department's preventive initiative to provide the family with Wraparound support and avoid entering the child welfare system. Collectively, the FCCPs have improved on this indicator.

Agency

Department Of Health

Agency Mission

“Safe and Healthy Lives in Safe and Healthy Communities”! All the programs and services of the Rhode Island Department of Health contribute to this one vision. It organizes and prioritizes the department’s response to threats to public health and measures its accomplishments.

The Department of Health embraces multi-faceted and broad-ranging public health responsibilities at the state and local level. Its mission is “to prevent disease and to protect and promote the health and safety of the people of Rhode Island.” To reach its objectives the department employs services and policies based on the science of public health epidemiology.

The Department of Health includes seven programs: Central Management; Office of the State Medical Examiner; Environmental and Health Services Regulation; Health Laboratories; Public Health Information; Community and Family Health and Equity; and Infectious Disease and Epidemiology.

Agency Description

The Rhode Island Department of Health consists of eight “core functions”, including:

- Assuring safe food and water supply; responding to emergencies
- Controlling infectious and communicable disease; promoting health and controlling chronic disease, injury, and disabilities; and assuring positive pregnancy outcomes
- Monitoring the health of the population and maintaining a public health knowledge-base; assuring health care quality and minimum standards, and competency of health facilities and professional licensees
- Assisting high-risk populations to needed health services; developing insights through research and leading the development of health policy and planning

Statutory History

The Department of Health was established by Section 23-1-1 of the General Laws of Rhode Island. This section states that “the Department of Health shall take cognizance of the interests of life and health among the peoples of the state; shall make investigations into the causes of disease, the prevalence of epidemics and endemics among the people, the sources of mortality, the effect of localities, employments and all other conditions, ascertain the causes and the best means for the prevention and control of diseases or conditions detrimental to the public health, and adopt proper and expedient measures to prevent and control such diseases and conditions in Rhode Island. It shall publish and circulate, from time to time, such information as the Director may deem to be important and useful for diffusion among people of Rhode Island, and shall investigate, and give advice in relation to such subjects relating to public health as may be referred to it by the General Assembly or by the Governor when the General Assembly is not in session, or when requested by any city or town. The department shall adopt and promulgate such rules and regulations as it deems necessary, not inconsistent with law, to carry out the purposes of this section.”

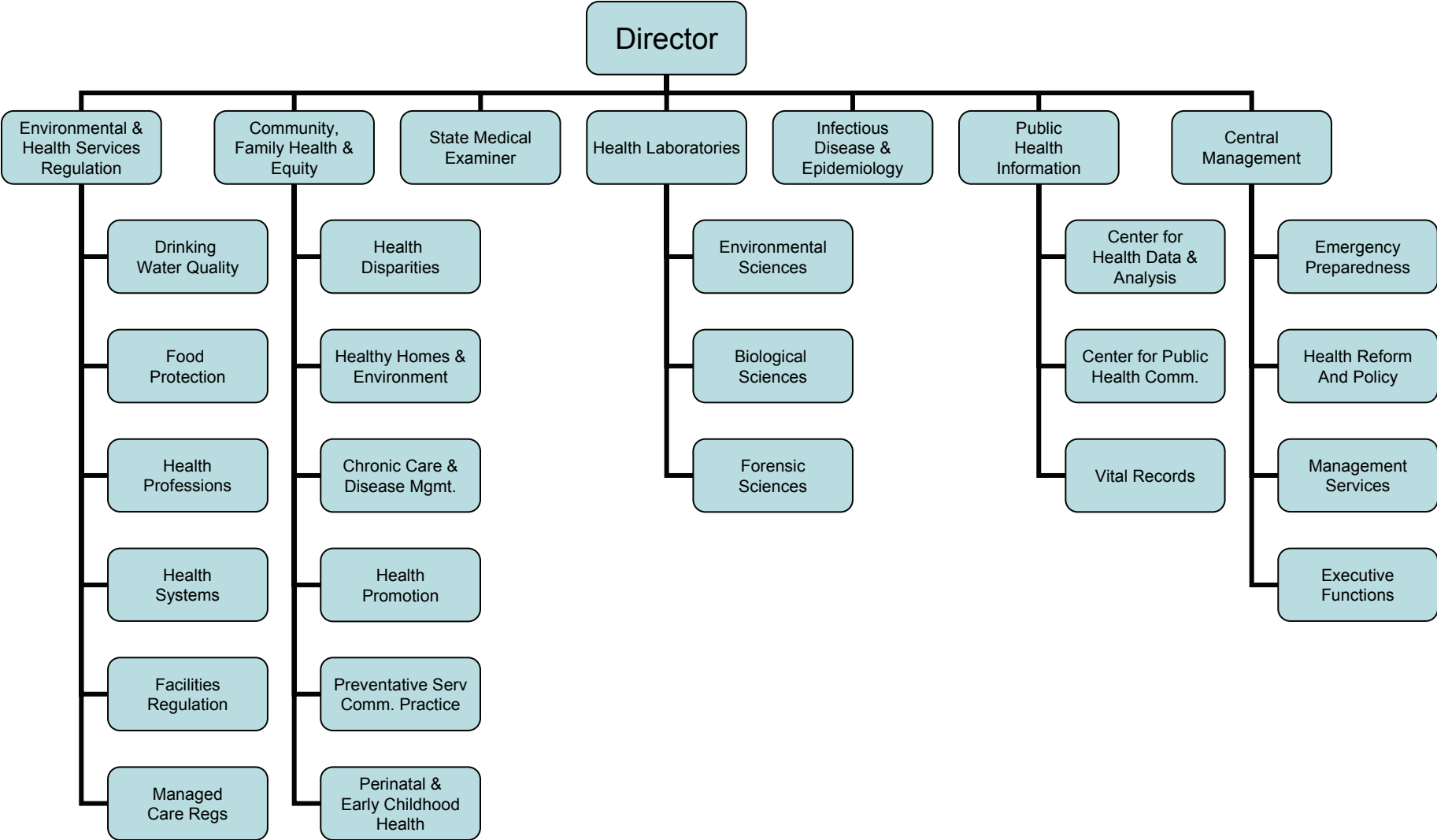
Budget

Department Of Health

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	22,047,339	11,597,858	15,056,685	14,402,283	13,094,512
State Medical Examiner	2,477,214	2,374,602	2,250,120	2,592,640	2,620,708
Environmental and Health Services Regulation	13,413,976	15,142,998	18,265,695	18,666,416	19,673,525
Health Laboratories	6,953,154	8,064,647	7,800,817	8,315,457	7,177,557
Public Health Information	2,533,733	2,959,455	3,511,731	3,049,256	2,898,757
Community and Family Health and Equity	80,396,582	75,147,804	58,188,401	73,788,809	68,955,291
Infectious Disease and Epidemiology	3,837,237	4,151,707	5,120,369	5,148,751	5,179,453
Total Expenditures	\$131,659,235	\$119,439,071	\$110,193,818	\$125,963,612	\$119,599,803
Expenditures By Object					
Personnel	50,137,275	52,376,836	55,284,161	59,886,224	57,151,373
Operating Supplies and Expenses	36,764,029	38,839,867	38,091,531	45,104,752	46,022,949
Assistance and Grants	41,255,285	27,273,973	15,638,002	19,534,951	15,247,471
Subtotal: Operating Expenditures	128,156,589	118,490,676	109,013,694	124,525,927	118,421,793
Capital Purchases and Equipment	3,502,646	948,395	1,180,124	1,437,685	1,178,010
Total Expenditures	\$131,659,235	\$119,439,071	\$110,193,818	\$125,963,612	\$119,599,803
Expenditures By Funds					
General Revenue	25,221,245	27,469,636	24,248,025	24,622,525	24,503,840
Federal Funds	88,783,805	69,303,495	59,124,539	73,580,049	65,697,186
Restricted Receipts	17,590,794	22,658,203	26,757,854	27,589,038	29,226,777
Operating Transfers from Other Funds	2,893	7,835	63,400	172,000	172,000
Other Funds	60,498	(98)	-	-	-
Total Expenditures	\$131,659,235	\$119,439,071	\$110,193,818	\$125,963,612	\$119,599,803
FTE Authorization	397.4	424.7	426.3	422.3	423.3
Agency Measures					
Minorities as a Percentage of the Workforce	16.0%	16.0%	16.5%	16.5%	16.5%
Females as a Percentage of the Workforce	69.0%	69.0%	68.1%	68.1%	68.1%
Persons with Disabilities as a Percentage of the Workforce	10.0%	6.0%	0.0%	0.0%	0.0%

The Agency

Department of Health



Personnel

Department Of Health Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	416.2	28,282,224	425.3	28,964,383
Unclassified	6.1	698,536	6.0	700,790
Cost Allocation from Other Programs	2.0	119,441	2.0	107,154
Cost Allocation to other programs	(2.0)	(119,441)	(2.0)	(107,154)
Interdepartmental Transfers	-	(28,115)	-	(22,036)
Overtime	-	188,134	-	82,085
Program Reduction	-	-	(8.0)	(412,698)
Turnover	-	(1,083,198)	-	(612,659)
Total Salaries	422.3	\$28,057,581	423.3	\$28,699,865
Benefits				
Defined Contribution Plan	-	-	-	268,463
FICA	-	2,058,374	-	2,151,154
Holiday Pay	-	480	-	436
Medical	-	4,717,429	-	5,180,203
Payroll Accrual	-	-	-	168,772
Retiree Health	-	1,911,835	-	1,960,760
Retirement	-	6,404,408	-	6,068,758
Total Salaries and Benefits	422.3	\$43,150,107	423.3	\$44,498,411
Cost Per FTE Position		\$102,179		\$105,123
Statewide Benefit Assessment	-	1,045,108	-	1,070,351
Payroll Costs	422.3	\$44,195,215	423.3	\$45,568,762
Purchased Services				
Building and Grounds Maintenance	-	1,325	-	1,325
Clerical and Temporary Services	-	2,397,545	-	2,089,852
Design and Engineering Services	-	599,005	-	169,875
Information Technology	-	1,591,710	-	1,108,358
Legal Services	-	146,648	-	128,125
Management and Consultant Services	-	909,859	-	730,411
Medical Services	-	1,053,033	-	808,944
Other Contract Services	-	1,229,868	-	1,121,932
Training and Educational Services	-	7,762,016	-	5,423,789
Total Personnel	422.3	\$59,886,224	423.3	\$57,151,373
Distribution by Source of Funds				

Personnel

Department Of Health Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
General Revenue	159.6	20,504,499	163.8	20,660,636
Federal Funds	207.5	31,340,858	201.0	28,435,100
Restricted Receipts	54.8	7,974,367	58.1	7,989,137
Other Funds	0.4	66,500	0.4	66,500
Total All Funds	422.3	\$59,886,224	423.3	\$57,151,373

The Program

Department Of Health Central Management

Program Mission

Prevent disease; protect and promote the health and safety of the people of Rhode Island; maintain an effective and efficient system for management of the department; maintain a knowledge base for public health policy, planning and program development; and inform and educate the public concerning the health of the state population.

Program Description

Central Management includes three sub-programs: Executive Functions, Management Services, and Emergency Preparedness and Response. The Executive Function, headed by the Director of Health, provides overall direction for the department and coordinates operations across program lines to carry out statutory mandates. The director and senior management establish critical policy issues intended to guide the development of public health policies, programs, and services including assuring that the quality and access to health care services are maintained in the face of rapid change; developing and maintaining the knowledge base of public health and use information to improve health; enhancing community capacity and structure so that communities will improve their health; eliminating disparities in health among populations; and developing support for public health.

Management Services administers Budget and Finance, provides personnel and information systems support and oversees the operation of the print shop. Budget and Finance prepares and executes the departmental budget and performs allocation control and cash management of all accounts. Budget and Finance is also responsible for purchasing and support services, which manages all purchasing and facility maintenance functions in the department. Management Services works very closely with Human Resources (OHHS/DOA) to help effectuate all personnel actions and provide support to the labor-relations functions. Management Services together with DOIT coordinates the efforts of the DOA Information Systems assigned to Health who are responsible for all of the computer technology for the Department. The print shop is responsible for the overall printing of the Department.

Emergency Preparedness and Response provides a coordination of education, assessment, planning, response and support services involving public health providers, private medical providers, public safety agencies and government officials to create and promote a state of readiness and prompt response to protect the health of Rhode Island during catastrophic events, large-scale disasters and emergencies.

Statutory History

General authority is provided in Title 23 Chapter 1 of the Rhode Island General Laws. The Public Health Emergency Preparedness funding is authorized under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. Public Law 107-188, enacts Section 319C of the Public Health Service Act, 42 U.S.C. 247d-3a. The Hospital Preparedness Program is authorized under Public Health Services Act Sections 301, 307, 311 and 319, public Law 108-111, U.S.C. 247d-3.

The Budget

Department Of Health Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Executive Functions	777,527	784,175	922,271	966,009	1,026,100
Management Services	2,071,249	2,707,035	4,041,166	3,580,697	3,768,925
Health Policy and Planning	(4,401)	(5,611)	-	-	-
Emergency Preparedness and Res	19,202,964	8,112,259	10,093,248	9,855,577	8,299,487
Total Expenditures	\$22,047,339	\$11,597,858	\$15,056,685	\$14,402,283	\$13,094,512
Expenditures By Object					
Personnel	10,435,170	8,275,893	10,143,950	9,019,593	8,514,934
Operating Supplies and Expenses	7,225,267	2,388,749	2,951,389	3,528,944	3,126,169
Assistance and Grants	1,974,575	1,375,877	1,788,346	1,386,746	1,155,409
Subtotal: Operating Expenditures	19,635,012	12,040,519	14,883,685	13,935,283	12,796,512
Capital Purchases and Equipment	2,412,327	(442,661)	173,000	467,000	298,000
Total Expenditures	\$22,047,339	\$11,597,858	\$15,056,685	\$14,402,283	\$13,094,512
Expenditures By Funds					
General Revenue	1,366,477	1,341,919	1,352,631	1,196,559	1,176,370
Federal Funds	19,021,296	8,257,794	10,192,986	10,154,820	8,547,673
Restricted Receipts	1,659,566	1,998,145	3,511,068	3,050,904	3,370,469
Total Expenditures	\$22,047,339	\$11,597,858	\$15,056,685	\$14,402,283	\$13,094,512

Personnel

Department Of Health Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Assistant Medical Director	0251A	0.2	37,092	0.2	37,092
Associate Dir of Health (Health Policy)	0143A	1.5	191,500	1.5	191,500
Asst Director of Health (Comm. Affairs)	0141A	0.6	70,904	0.6	70,904
Consultant Public Health Nurse	0926A	0.1	10,538	0.1	10,783
Asst Director Financial & Contract Mgmt	0141A	1.0	101,773	1.0	101,773
Community Health Nurse Coordinator	0923A	1.3	120,442	1.3	121,042
Chief Health Program Evaluator	0137A	1.0	90,708	1.0	90,708
Sup Clinical Lab Scientist (Ph Chemistry)	0334A	0.8	70,798	0.8	71,834
Sup Clinical Lab Scientist (Ph Micro)	0334A	1.5	130,728	1.5	132,480
Asst Admin, Financial Mgmt	0314A	1.0	86,242	1.0	88,675
Health Program Administrator	0135A	2.0	171,371	2.0	175,286
Sr. Public Health Epidemiologist	0133A	0.2	16,534	0.2	16,534
Principal Clinical Lab Scientist (Ph Chemistry)	0332A	0.8	64,942	0.8	64,942
Sup Rregistered Environmental Lab Scientist	0334A	0.4	31,976	0.4	33,673
Chief, Management Services	0138A	0.8	63,361	1.0	88,020
Chief Clinical Lab Scientist (Ph Micro)	0139A	0.3	23,694	0.3	23,694
Principal Clinical Lab Scientist (Ph Micro)	0332A	1.1	83,287	1.1	83,287
Senior Forensic Scientist	0330A	0.5	37,405	0.5	37,405
Chief, Program Development	0134A	2.0	146,260	2.0	151,112
Principal Public Health Promotion Specialist	0133A	2.0	144,938	2.0	146,938
Health Policy Analyst	0133A	3.2	229,747	3.2	230,148
Prin. Human Services Business Officer	0128A	1.0	71,320	1.0	71,320
Interdepartmental Project Manager	0139A	1.1	78,050	1.1	88,277
Senior Public Health Promotion Specialist	0331A	0.4	28,168	0.4	28,168
Sr Human Services Policy & Systems Spec	0328A	3.0	200,168	3.0	205,698
Industrial Hygienist	0327A	0.3	19,777	0.3	19,777
Sr Clinical Lab Scientist (Ph Microbiology)	0330A	1.0	65,720	1.0	65,720
Public Health Epidemiologist	0131A	1.8	115,186	1.8	117,491
Chief Implementation Aide	0328A	4.0	252,884	4.0	256,438
Training Coordinator (E.M.S.)	0331A	0.6	37,623	1.0	68,127
Clinical Lab Scientist (Ph Microbiology)	0327A	0.7	43,872	0.7	40,176
Prin. Human Serv Policy & Sys Specialist	0330A	0.6	37,378	0.7	47,529
Programming Services Officer	0131A	3.7	225,569	3.8	248,904
Asst Health Program Administrator	0131A	1.0	60,663	1.0	63,130
Prin. Comm. Development Trng Specialist	0329A	2.0	114,406	2.0	119,035
Implementation Aide	0322A	1.0	55,478	1.0	55,478
Disease Intervention Specialist II	0327A	0.3	16,548	0.3	17,301
Prin Mgmt & Methods Analyst	0128A	1.0	53,644	1.0	55,607
Asst Business Mangement Officer	0319A	1.0	50,371	1.0	50,371
Human Services Business Officer	0322A	4.3	204,239	4.4	207,578
Community Program Liaison Worker	0319A	1.0	41,501	1.0	41,784
Field Technician	0323A	0.5	20,263	1.0	45,367
Subtotal		52.6	\$3,717,068	54.0	\$3,881,106

Personnel

Department Of Health Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Unclassified					
Director of Health	0955KF	1.0	134,975	1.0	134,975
Policy Analyst	0833A	1.0	91,687	1.0	91,687
Subtotal		2.0	\$226,662	2.0	\$226,662
Cost Allocation from Other Programs		2.0	119,441	2.0	107,154
Overtime		-	65,000	-	65,000
Turnover		-	(151,177)	-	(84,370)
Subtotal		2.0	\$33,264	2.0	\$87,784
Total Salaries		56.6	\$3,976,994	58.0	\$4,195,552
Benefits					
Defined Contribution Plan		-	-	-	41,355
FICA		-	288,490	-	311,431
Holiday Pay		-	400	-	364
Medical		-	651,765	-	747,400
Payroll Accrual		-	-	-	24,015
Retiree Health		-	268,364	-	283,358
Retirement		-	898,979	-	875,061
Subtotal		-	\$2,107,998	-	\$2,282,984
Total Salaries and Benefits		56.6	\$6,084,992	58.0	\$6,478,536
Cost Per FTE Position			\$107,509		\$111,699
Statewide Benefit Assessment		-	146,701	-	154,898
Subtotal		-	\$146,701	-	\$154,898
Payroll Costs		56.6	\$6,231,693	58.0	\$6,633,434
Purchased Services					
Building and Grounds Maintenance		-	1,000	-	1,000
Clerical and Temporary Services		-	437,000	-	381,000
Design and Engineering Services		-	23,000	-	23,000
Information Technology		-	168,300	-	118,300
Legal Services		-	1,000	-	1,000
Management and Consultant Services		-	77,000	-	22,000
Medical Services		-	86,200	-	58,200
Other Contract Services		-	40,400	-	35,000
Training and Educational Services		-	1,954,000	-	1,242,000
Subtotal		-	\$2,787,900	-	\$1,881,500
Total Personnel		56.6	\$9,019,593	58.0	\$8,514,934

Personnel

Department Of Health Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Distribution By Source Of Funds					
General Revenue		4.0	641,946	5.3	757,694
Federal Funds		36.0	5,725,781	33.6	4,990,750
Restricted Receipts		16.6	2,651,866	19.1	2,766,490
Total All Funds		56.6	\$9,019,593	58.0	\$8,514,934

The Program

Department Of Health State Medical Examiner

Program Mission

- Investigate and determine the manner and circumstance of death and to properly and accurately certify the cause of death in cases under Medical Examiner jurisdiction as defined by statute.
- Promote safety and reduce untimely deaths through research and education.
- Maintain a knowledge base for public health and use information to improve health status.
- Control infectious and communicable disease.
- Assure that the quality of health care services is maintained in the face of rapid change.

Program Description

The Office of the State Medical Examiner investigates causes of death that involve injury, are sudden, unexpected, and unexplained; or causes of death that may, in any way, endanger the public health and safety. Investigations cover all known or suspected homicides, suicides, accidents, sudden infant deaths, drug related deaths and medically unattended deaths. Investigation techniques include scene investigation, study of medical and police records, autopsy, body inspection, bodily fluid investigation and other tests as deemed necessary. The Medical Examiner's Office keeps complete records on all cases and provides expert testimony on criminal cases for the state law enforcement agencies and the courts. The Office of the State Medical Examiner is required by statute to approve all cremations performed in Rhode Island.

Other functions of the Office include: participation in mass disaster preparedness protocol development and training; research in forensic pathology; education and training of resident and fellow physicians; training law enforcement personnel in techniques of homicide investigations and disseminating public information about causes of death in the State.

Statutory History

The Office of the State Medical Examiners is authorized under Title 23 Chapter 4 of the Rhode Island General Laws.

The Budget

Department Of Health State Medical Examiner

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	2,477,214	2,374,602	2,250,120	2,592,640	2,620,708
Total Expenditures	\$2,477,214	\$2,374,602	\$2,250,120	\$2,592,640	\$2,620,708
Expenditures By Object					
Personnel	2,168,163	2,060,064	1,951,986	2,371,735	2,389,164
Operating Supplies and Expenses	209,654	235,683	285,695	220,905	231,544
Assistance and Grants	-	78,855	-	-	-
Subtotal: Operating Expenditures	2,377,817	2,374,602	2,237,681	2,592,640	2,620,708
Capital Purchases and Equipment	99,397	-	12,439	-	-
Total Expenditures	\$2,477,214	\$2,374,602	\$2,250,120	\$2,592,640	\$2,620,708
Expenditures By Funds					
General Revenue	2,303,593	2,185,576	2,012,467	2,393,268	2,409,943
Federal Funds	173,621	189,026	237,653	199,372	210,765
Total Expenditures	\$2,477,214	\$2,374,602	\$2,250,120	\$2,592,640	\$2,620,708

Personnel

Department Of Health State Medical Examiner

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Asst Medical Examiner Forensic Path	0251A	2.9	480,085	2.9	487,756
Interdepartmental Project Manager	0139A	0.1	9,600	0.1	9,600
Sr. Public Health Epidemiologist	0333A	0.4	32,869	0.4	32,869
Senior Scene Investigator	0330A	1.0	65,568	1.0	65,568
Scene Investigator	0328A	4.0	261,240	4.0	262,724
Office Manager	0123A	1.0	50,223	1.0	51,676
Medical Examiners Agent	0320A	3.0	123,882	3.0	128,059
Executive Assistant	0118A	1.0	37,527	1.0	38,285
Principal Clerk Stenographer	0313A	1.0	37,486	1.0	37,486
Subtotal		14.4	\$1,098,480	14.4	\$1,114,023
Unclassified					
Chief Medical Examiner	0965F	1.0	230,000	1.0	230,000
Subtotal		1.0	\$230,000	1.0	\$230,000
Overtime		-	106,049	-	-
Turnover		-	(128,237)	-	(27,140)
Subtotal		-	(\$22,188)	-	(\$27,140)
Total Salaries		15.4	\$1,306,292	15.4	\$1,316,883
Benefits					
Defined Contribution Plan		-	-	-	13,299
FICA		-	56,581	-	84,557
Medical		-	178,182	-	195,322
Payroll Accrual		-	-	-	7,717
Retiree Health		-	82,336	-	90,338
Retirement		-	275,815	-	278,915
Subtotal		-	\$592,914	-	\$670,148
Total Salaries and Benefits		15.4	\$1,899,206	15.4	\$1,987,031
Cost Per FTE Position			\$123,325		\$129,028
Statewide Benefit Assessment		-	45,009	-	49,383
Subtotal		-	\$45,009	-	\$49,383
Payroll Costs		15.4	\$1,944,215	15.4	\$2,036,414

Personnel

Department Of Health State Medical Examiner

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Building and Grounds Maintenance		-	200	-	200
Clerical and Temporary Services		-	25,000	-	25,000
Medical Services		-	332,320	-	257,550
Other Contract Services		-	20,000	-	20,000
Training and Educational Services		-	50,000	-	50,000
Subtotal		-	\$427,520	-	\$352,750
Total Personnel		15.4	\$2,371,735	15.4	\$2,389,164
Distribution By Source Of Funds					
General Revenue		14.5	2,236,168	14.5	2,252,843
Federal Funds		0.9	135,567	0.9	136,321
Total All Funds		15.4	\$2,371,735	15.4	\$2,389,164

The Program

Department Of Health

Environmental and Health Services Regulation

Program Mission

- Direct and coordinate the Department's health services regulatory activities; Assure minimum standards and competency of health facilities, managed care organizations, and professional licensees; promote high quality health care services through licensed health care facilities, licensed health care professionals, certified managed care organizations, and health plans.
- Assure the appropriate use of drugs and other controlled substances through enforcement, compliance, and regulatory activities; assure that the quality of health care services is maintained in the face of rapid change
- Inform and educate the public of licensee information, nursing home quality information and restaurant inspections through the Department's web site
- Protect and promote health and prevent disease by assuring the safety and quality of the food supply from harvest to consumer.
- Protect public health by assuring that public drinking water supplies comply with the standards of the Safe Drinking Water Act.
- Assure water quality at Rhode Island's public bathing beaches.

Program Description

The Division of Environmental and Health Services Regulation licenses, certifies, and enforces regulations relating to health care professionals and facilities, managed care organizations and health systems development; and protects and promotes the public's health in the areas of drinking water quality, food protection and radiological health. Also, complaints from any source are investigated and, if substantiated, appropriate compliance action is initiated. The division is organized by responsibilities for licensure, oversight, and regulatory functions by category of licensure. It consists of the following sub-programs: Associate Director, Drinking Water Quality, Food Protection, Health Professionals Regulation, Facilities Regulations, Radiological Health, and Managed Care.

- Office of Associate Director: provides leadership and direction to all other sub-programs
- Drinking Water Quality: assures compliance with Safe Drinking Water Act of public drinking water supplies and oversees public water system infrastructure
- Food Protection: assures the safety and quality of the food supply from harvest to consumer as well as the water quality of the state's public bathing beaches.
- Health Professional Regulations: protects the public from unscrupulous health professionals by ensuring compliance with standards and ethics
- Facilities Regulations: visits on a periodic basis healthcare facilities to assure compliance with both state and federal public laws, rules, and regulations.
- Radiological Health: inspects, on a periodic basis, x-ray equipment and the facilities housing them to prevent, if not eliminate, the hazards of radioactive exposure.
- Managed Care: enforces terms and conditions of state's laws, rules and regulations regarding Health Maintenance Organizations (HMOs), utilization review agencies, and health plans, including the provisions of the programs of Certificate of Need", Change in Effective Control and Initial Licensure

Statutory History

Authorization for programs within Environmental and Health Services Regulation is contained in Titles 2, 5, 21, 23, 28, 31, 42 and 46 of the Rhode Island General Laws.

The Budget

Department Of Health

Environmental and Health Services Regulation

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Associate Director	1,411,512	1,861,233	1,805,841	1,415,045	1,364,020
Drinking Water Quality	2,879,451	3,168,259	4,023,105	4,189,024	4,387,146
Food Protection	2,440,078	2,602,372	3,544,957	3,339,642	3,872,703
Health Professionals Regulations	2,394,207	2,876,629	2,717,559	4,024,582	4,253,496
Facilities Regulations	4,205,770	4,384,749	5,413,833	5,344,069	5,421,881
Radiologic Health	30,776	32,976	86,147	64,397	57,139
Managed Care	52,182	216,780	674,253	289,657	317,140
Total Expenditures	\$13,413,976	\$15,142,998	\$18,265,695	\$18,666,416	\$19,673,525
Expenditures By Object					
Personnel	11,794,892	13,064,829	15,284,912	14,944,173	15,557,402
Operating Supplies and Expenses	1,447,848	1,556,099	2,063,433	2,271,076	2,755,631
Assistance and Grants	100,120	308,878	623,205	615,772	615,772
Subtotal: Operating Expenditures	13,342,860	14,929,806	17,971,550	17,831,021	18,928,805
Capital Purchases and Equipment	71,116	213,192	294,145	835,395	744,720
Total Expenditures	\$13,413,976	\$15,142,998	\$18,265,695	\$18,666,416	\$19,673,525
Expenditures By Funds					
General Revenue	7,431,244	8,374,860	8,511,059	8,834,549	9,398,755
Federal Funds	3,566,000	3,777,760	5,379,236	5,680,482	5,902,339
Restricted Receipts	2,416,732	2,990,378	4,375,400	4,151,385	4,372,431
Total Expenditures	\$13,413,976	\$15,142,998	\$18,265,695	\$18,666,416	\$19,673,525
Program Measures					
Percentage of Environmental Sample Proficiency Test Results Found Within Acceptable Accuracy	96.6%	97.9%	95.0%	95.0%	95.0%
Objective	100.0%	100.0%		100.0%	100.0%
Number of Foodborne Illnesses per 100,000 Populaton	31.5	28.7	28.0	28.0	28.0
Objective	26	26		26	26
Percent of Population Served by Public Water Systems in Full Compliance	78.7%	66.1%	80.0%	80.0%	85.0%
Objective	100.0%	100.0%		100.0%	100.0%

Personnel

Department Of Health

Environmental and Health Services Regulation

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Executive Director (MHRH)	0148A	1.0	141,139	-	-
Chief Registered Env. Lab Scientist	0139A	0.2	24,953	0.2	24,953
Asst. Director Of Health (Hlth Pol. & PI)	0141A	1.0	117,280	1.0	117,280
Chief, Division Of Drinking Water Quality	0139A	1.0	106,789	1.0	106,789
Chief, Div. Of Food Protect. & Sanit.	0139A	1.0	106,394	1.0	106,394
Quality Assurance Officer (Bio. Sci)	0335A	0.2	21,249	0.2	21,249
Consultant Public Health Nurse	0926A	2.0	212,118	2.0	212,118
Principal Nursing Care Evaluator	0926A	2.0	211,104	2.0	211,104
Chief Of Health Professiona Regulation	0139A	1.0	101,169	1.0	101,169
Chief Health Program Evaluator	0137A	2.0	197,672	2.0	197,672
Chief Office of Investigations	0137A	1.0	98,648	1.0	98,648
Implementation Dir. for Policy and Program	0140A	1.0	97,069	1.0	97,069
Senior Nursing Care Evaluator	0923A	1.0	94,551	1.0	96,319
Chief Environmental Health Food Spec.	0135A	1.0	93,462	1.0	93,462
Env. Health Risk Asses. Toxicologist	0135A	1.0	92,683	1.0	92,683
Supervising Sanitary Engineer	0135A	1.0	90,221	1.0	90,221
Supervising Industrial Hygienist	0334A	1.0	85,539	1.0	87,116
Chief Sanitarian	0133A	1.0	85,149	1.0	85,149
Sup. Environmental Health Food Special.	0333A	3.0	252,828	3.0	253,928
State Director Of Nursing Education	0137A	1.0	82,207	1.0	82,207
Health Policy Analyst	0333A	4.0	325,890	4.0	329,636
Nursing Care Evaluator	0920A	11.0	891,568	11.0	895,241
Chief, Compliance & Regulatory Section	0335A	1.0	77,428	1.0	77,428
Senior Public Health Promotion Specialist	0331A	3.7	279,215	3.8	278,212
Sr. Environmental Scientist	0330A	2.0	148,266	2.0	149,073
Public Health Promotion Specialist	0329A	1.9	139,500	2.0	143,727
Principal Sanitary Engineer	0333A	1.0	73,414	1.0	73,414
Principal Health Facility Surveyor	0329A	1.0	73,008	1.0	73,008
Senior Sanitary Engineer	0331A	2.0	145,303	2.0	146,293
Compliance/Eval Standardization Officer	0331A	1.0	72,295	1.0	76,689
Medicolegal Administrator	0132A	1.0	71,707	1.0	71,707
Training Coordinator (E.M.S.)	0331A	0.4	28,383	-	-
Planning And Program Specialist	0331A	1.0	70,542	1.0	70,542
Physical Therapist (Habil/Rehab)	0332A	1.0	70,417	1.0	70,676
Chief, Div. Of Emergency Med. Services	0135A	1.0	70,333	1.0	73,047
Sr. Environmental Health Food Specialist	0330A	3.0	207,735	3.0	210,985
Radiological Health Specialist	0330A	3.0	207,271	3.0	209,857
Health Economics Specialist	0131A	1.0	69,012	1.0	69,012
Programming Services Officer	0131A	1.0	69,012	1.0	69,012
Industrial Hygienist	0327A	0.8	53,520	0.8	53,520
Senior Health Facility Surveyor	0326A	1.0	65,011	1.0	65,011
Senior Sanitarian (Water Supply & Sewer)	0326A	1.0	64,971	1.0	64,971
Environmental Health Food Specialist	0327A	6.0	381,913	6.0	381,913
Clinical Social Worker	0327A	2.0	127,074	2.0	127,074

Personnel

Department Of Health

Environmental and Health Services Regulation

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Public Health Nutritionist	0327A	1.0	60,952	1.0	60,952
Human Services Policy And Systems Specialist	0324A	1.0	59,981	1.0	59,981
Quality Assurance Officer (Env. Sci)	0335A	0.2	11,833	0.2	11,833
Public Health Epidemiologist	0331A	0.3	17,636	0.3	17,636
Senior Research Technician	0323A	1.0	58,254	1.0	58,254
Engineering Technician IV (Nr)	0327A	3.0	174,308	3.0	178,200
Assistant Health Program Administrator	0131A	1.0	57,578	1.0	61,665
Principal Community Development Training	0329A	1.0	56,716	1.0	59,389
Sr Human Svs Policy & Systems Specialist	0328A	2.0	112,413	2.0	115,967
Sr.Comm.Prog.Liaison Worker	0322A	1.0	56,119	1.0	56,119
Environmental Scientist	0326A	3.0	161,207	3.0	164,866
Sanitarian	0323A	1.0	52,852	1.0	52,852
Assistant Administrative Officer	0321A	2.0	100,799	2.0	103,602
Administrative Officer	0324A	1.0	50,230	1.0	51,774
Chief Clerk	0B16A	2.0	98,203	2.0	98,203
Health Facility Surveyor	0323A	3.0	144,947	3.0	146,265
Field Technician(Emerg. Med. Services)	0323A	1.5	71,833	1.0	48,047
Clinical Laboratory Technician	0320A	1.0	46,161	1.0	45,264
Data Control Clerk	0315A	1.0	44,256	1.0	44,867
Environmental Health Food Inspector	0323A	7.0	307,137	13.0	592,865 (1)
Health Services Regulation Licensing Aide II	0316A	7.9	344,334	7.9	346,946
Health Services Regulation Licensing Aide I	0314A	1.9	79,188	2.0	82,488
Executive Assistant	0118A	1.0	41,002	1.0	42,358
Community Program Liaison Worker	0319A	1.0	38,697	1.0	39,552
Subtotal		121.0	\$8,341,648	125.4	\$8,495,523
Unclassified					
Chief Administrative Officer	0966F	1.0	164,177	1.0	164,177
General Operations Assistance	0314A	1.0	37,072	1.0	40,191
Subtotal		2.0	\$201,249	2.0	\$204,368
Cost Allocation to Other Programs		(2.0)	(119,441)	(2.0)	(107,154)
Turnover		-	(514,984)	-	(296,873)
Subtotal		(2.0)	(\$634,425)	(2.0)	(\$404,027)
Total Salaries		121.0	\$7,908,472	125.4	\$8,295,864
Benefits					
Defined Contribution Plan		-	-	-	82,957
FICA		-	589,274	-	631,642
Medical		-	1,355,801	-	1,518,491
Payroll Accrual		-	-	-	49,374
Retiree Health		-	542,521	-	569,098
Retirement		-	1,817,369	-	1,756,744
Subtotal		-	\$4,304,965	-	\$4,608,306
Total Salaries and Benefits		121.0	\$12,213,437	125.4	\$12,904,170
Cost Per FTE Position			\$100,937		\$102,904

Personnel

Department Of Health

Environmental and Health Services Regulation

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Statewide Benefit Assessment		-	296,568	-	311,094
Subtotal		-	\$296,568	-	\$311,094
Payroll Costs		121.0	\$12,510,005	125.4	\$13,215,264
Purchased Services					
Building and Grounds Maintenance		-	125	-	125
Clerical and Temporary Services		-	900,974	-	900,974
Information Technology		-	339,442	-	308,289
Legal Services		-	144,648	-	127,125
Medical Services		-	143,628	-	121,482
Other Contract Services		-	127,677	-	106,469
Training and Educational Services		-	777,674	-	777,674
Subtotal		-	\$2,434,168	-	\$2,342,138
Total Personnel		121.0	\$14,944,173	125.4	\$15,557,402
Distribution By Source Of Funds					
General Revenue		66.9	8,259,161	71.2	8,822,776
Federal Funds		29.3	3,620,251	29.1	3,616,550
Restricted Receipts		24.8	3,064,761	25.1	3,118,076
Total All Funds		121.0	\$14,944,173	125.4	\$15,557,402

1 6.0 Environmental Health Food Inspectors are added to the Environmental and Health Services Program in FY 2013, with 3.0 FTE funded as of 1 October, 2012 and 3.0 FTE funded as of 1 April 2013.

The Program

Department Of Health Health Laboratories

Program Mission

- Protect the public health and safety through the application of modern scientific test methods
- Assure that the quality of all laboratory services is maintained even with diminishing resources
- Develop support for public health laboratory programs through clear and accurate communications
- Maintain an effective laboratory emergency preparedness and response programs
- Continue to measure and improve customer satisfaction with laboratory services

Program Description

The Health Laboratories assist in monitoring the public's health and safety through modern scientific laboratory services. These services include surveillance testing for early detection of diseases such as tuberculosis, rabies, West Nile Virus, HIV and other sexually transmitted diseases, pertussis, and other vaccine preventable diseases as well as pathogens and chemical substances which may represent a terrorism threat; surveillance and testing for lead poisoning; analysis of food products, drinking water, surface water, and air for the presence of potentially toxic environmental contaminants; analysis of evidence obtained during the investigation of crimes such as homicide, sexual assault, drug trafficking, and drunk driving. Health Laboratories staff provide expert testimony in court and respond to public health emergencies such as man-made and natural disasters and epidemics in nature.

The State Health Laboratories are members of national networks of laboratories, designed to develop laboratory preparedness for acts of terrorism. Currently, laboratories participate in the Laboratory Response Network (LRN) and Food Emergency Response Network (FERN) administered by and partially funded by the Centers for Disease Control (CDC) and Food and Drug Administration (FDA).

In addition to assisting Health Department programs, the division provides support to the Office of the Attorney General, the RI Training School, the Department of Environmental Management, the Department of Corrections; state and municipal law enforcement agencies, hospitals, private laboratories, community health centers and other health care professionals. Many of these laboratory services generate revenues that are deposited into the General Fund.

Statutory History

Authorization for the Laboratories Program is contained in Title 23 Chapters 1, 11 and 13; Title 31 Chapter 27; and Title 41 chapter 3.1 of the Rhode Island General Laws.

The Budget

Department Of Health Health Laboratories

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Associate Director	1,499,340	1,665,020	1,444,838	2,209,040	1,672,611
Forensic Sciences	2,573,092	2,758,073	2,377,411	2,258,387	1,571,047
Environmental Sciences	1,463,357	1,611,284	1,799,677	1,662,680	1,747,022
Biological Sciences	1,417,365	2,030,270	2,178,891	2,185,350	2,186,877
Total Expenditures	\$6,953,154	\$8,064,647	\$7,800,817	\$8,315,457	\$7,177,557
Expenditures By Object					
Personnel	5,749,300	6,260,590	5,955,517	6,450,203	5,414,142
Operating Supplies and Expenses	1,171,923	1,740,944	1,798,650	1,835,104	1,733,265
Assistance and Grants	-	-	100	-	-
Subtotal: Operating Expenditures	6,921,223	8,001,534	7,754,267	8,285,307	7,147,407
Capital Purchases and Equipment	31,931	63,113	46,550	30,150	30,150
Total Expenditures	\$6,953,154	\$8,064,647	\$7,800,817	\$8,315,457	\$7,177,557
Expenditures By Funds					
General Revenue	6,053,680	6,596,176	6,016,806	6,318,569	5,599,964
Federal Funds	899,474	1,468,471	1,784,011	1,996,888	1,577,593
Total Expenditures	\$6,953,154	\$8,064,647	\$7,800,817	\$8,315,457	\$7,177,557
Program Measures					
Clinical Laboratory Test Results Accuracy	99.2%	97.7%	98.8%	98.8%	99.2%
Objective	100.0%	100.0%		100.0%	100.0%

Personnel

Department Of Health Health Laboratories

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Assoc. Dir. Of Health (Health Policy)	0143A	1.0	120,535	1.0	120,535
Chief, Forensic Sciences	0139A	1.0	101,709	1.0	101,950
Chief Registered Env. Lab Scientist	0139A	0.8	74,860	0.8	74,860
Supervising Registered Env. Lab Scientist	0334A	2.2	202,383	2.3	214,319
Supervisor Forensic Sciences (Drug Chem)	0334A	1.0	91,032	1.0	91,032
Supervisor Forensic Sciences (Toxicology)	0334A	1.0	89,972	1.0	89,972
Quality Assurance Officer (Bio. Sci)	0335A	0.8	71,137	0.8	71,137
Chief Clin Lab Scientist Ph Microbiology	0139A	0.8	71,083	0.8	71,083
Sup Clinical Lab Scientist (Ph Chemistry)	0334A	0.2	17,699	0.2	17,958
Pr. Clin Lab Scientist (General)	0331A	1.0	85,806	1.0	85,806
Sup Clinical Lab Scientist (Ph Micro)	0334A	2.1	176,105	2.1	180,133
Principal Registered Env. Lab Scientist	0332A	1.0	83,532	1.0	83,532
Supervisor Forensic Sciences (Serology)	0334A	1.0	81,799	1.0	84,577
Prin. Forensic Scientist (Tox)	0332A	1.0	81,338	1.0	81,338
Pr. Clin Lab Scientist (Ph Chemistry)	0332A	0.2	16,236	0.2	16,236
Prin. Forensic Scientist (Drug Chem)	0332A	1.0	81,140	1.0	81,140
Senior Forensic Scientist	0330A	1.0	78,127	1.0	78,127
Interdepartmental Project Manager	0139A	1.0	77,626	1.0	83,476
Pr. Clin Lab Scientist (Ph Micro)	0332A	1.0	76,190	1.0	76,190
Quality Assurance Officer (Env. Sci)	0335A	0.9	67,052	0.9	67,052
Chief, Management Services	0138A	0.3	21,120	-	-
Sr. Clinical Lab Scientist (Ph Microbiology)	0330A	3.1	214,643	3.1	214,643
Senior Registered Env. Lab Scientist	0330A	3.0	202,500	3.0	204,921
Forensic Scientist	0327A	2.0	131,168	2.0	131,168
Assistant Health Program Administrator	0131A	1.0	60,156	1.0	62,351
Prin. Human Services Policy & Sys. Spec.	0330A	0.5	29,789	0.5	30,833
Supervisor Of Lab Central Services	0326A	1.0	58,941	1.0	58,941
Registered Environmental Lab Scientist	0327A	3.0	175,954	3.0	180,773
Clinical Lab Scientist (Ph Microbiology)	0327A	3.0	174,118	2.7	152,035
Environmental Laboratory Scientist	0326A	1.0	51,409	1.0	53,019
Forensic Scientist Associate	0326A	5.0	248,109	5.0	256,246
Supervisor Breath Analysis Program	0324A	1.0	49,182	1.0	51,953
Clinical Laboratory Technician	0320A	3.0	142,429	3.0	143,679
Asst. Supervising Data Entry Operator	0314A	1.0	43,811	1.0	43,811
Executive Assistant	0118A	1.0	42,522	1.0	42,522
Senior Laboratory Technician	0319A	1.0	40,129	1.0	41,036
Inspector Breath Analysis	0320A	1.0	39,335	1.0	40,305
Public Service Assistant	0308A	1.0	39,036	1.0	39,036
Laboratory Assistant	0314A	4.0	152,235	4.0	153,464
Senior Word Processing Typist	0312A	1.0	32,972	1.0	33,498
Prin. Forensic Scientist (Serology)	0332A	-	3,392	-	-
Subtotal		56.9	\$3,698,311	56.4	\$3,704,687

Personnel

Department Of Health Health Laboratories

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Program Reduction		-	-	(8.0)	(412,698) ⁽¹⁾
Turnover		-	(73,966)	-	(74,093)
Subtotal		-	(\$73,966)	(8.0)	(\$486,791)
Total Salaries		56.9	\$3,624,345	48.4	\$3,217,896
Benefits					
Defined Contribution Plan		-	-	-	32,660
FICA		-	276,429	-	242,612
Medical		-	568,299	-	550,646
Payroll Accrual		-	-	-	19,037
Retiree Health		-	248,633	-	218,342
Retirement		-	832,871	-	672,257
Subtotal		-	\$1,926,232	-	\$1,735,554
Total Salaries and Benefits		56.9	\$5,550,577	48.4	\$4,953,450
Cost Per FTE Position			\$97,550		\$102,344
Statewide Benefit Assessment		-	135,913	-	119,092
Subtotal		-	\$135,913	-	\$119,092
Payroll Costs		56.9	\$5,686,490	48.4	\$5,072,542
Purchased Services					
Clerical and Temporary Services		-	55,033	-	30,000
Design and Engineering Services		-	100,000	-	10,000
Legal Services		-	1,000	-	-
Management and Consultant Services		-	160,000	-	160,000
Medical Services		-	211,500	-	135,000
Training and Educational Services		-	236,180	-	6,600
Subtotal		-	\$763,713	-	\$341,600
Total Personnel		56.9	\$6,450,203	48.4	\$5,414,142
Distribution By Source Of Funds					
General Revenue		42.7	4,846,139	38.2	4,274,114
Federal Funds		14.2	1,604,064	10.2	1,140,028
Total All Funds		56.9	\$6,450,203	48.4	\$5,414,142

Personnel

Department Of Health Health Laboratories

Grade	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
<i>1 Program reduction of 8.0 FTE positions in FY 2013 in the Health Laboratories Program comprised of: 1.0 Supervisor, 1.0 Principal Clinical Lab Scientist, 3.0 Forensic Scientist; and 1.0 Forensic Scientist Associate in the Forensic Science Unit, and; 1.0 Supervisor and 1.0 Inspector in the Forensic Breathalyzer unit.</i>				

The Program

Department Of Health Public Health Information

Program Mission

- The mission of the Center for Health Data and Analysis is to coordinate and oversee all efforts within the Department of Health and between the department and its external partners related to the assurance of health data quality and the provision of health-related data and analysis to inform health policy, monitor health status and health care quality, and support public health initiatives.
- Vital Records is responsible for maintaining the State's vital records system; collecting, analyzing and reporting of data pertaining to births, deaths, marriages, divorces, and other health related statistics; and the issuing of certified copies of vital records.
- Health Information Technology is responsible for developing a state-wide health information exchange (HIE) system. HIE will promote the adoption of electronic medical records, e-prescribing, and developing strategies to use the data to improve the quality and safety of care and for public health purposes.

Program Description

The Public Health Information (PHI) Division responds to the public's need and desire for information to protect and promote their health and to effectively utilize health care services. It consists of three units: Center for Health Data and Analysis, Vital Records, and Health Information Technology.

Statutory History

Authorization for programs within Public Health Information is contained in Title 23, chapters 1, 3, 4, 17 and 77 and more specifically at RIGL 23-1-1, 23-1-5.5, 23-1-9, 23-1-36, 23-3-27, 23-4-14, 23-17.12-12, 23-17.17-5, and 23-77-5.

The Budget

Department Of Health Public Health Information

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Center for Health Data Analysi	681,749	803,525	1,366,973	1,605,202	1,406,102
Vital Records	1,280,129	1,460,523	1,292,432	1,444,054	1,492,655
Health Information Technology	571,855	695,407	852,326	-	-
Total Expenditures	\$2,533,733	\$2,959,455	\$3,511,731	\$3,049,256	\$2,898,757
Expenditures By Object					
Personnel	1,580,948	1,894,971	2,544,466	2,691,316	2,548,475
Operating Supplies and Expenses	194,058	135,208	448,815	357,940	350,282
Subtotal: Operating Expenditures	1,775,006	2,030,179	2,993,281	3,049,256	2,898,757
Capital Purchases and Equipment	758,727	929,276	518,450	-	-
Total Expenditures	\$2,533,733	\$2,959,455	\$3,511,731	\$3,049,256	\$2,898,757
Expenditures By Funds					
General Revenue	1,537,793	1,749,343	1,599,404	1,646,469	1,741,431
Federal Funds	995,940	1,210,112	1,912,327	1,402,787	1,157,326
Total Expenditures	\$2,533,733	\$2,959,455	\$3,511,731	\$3,049,256	\$2,898,757

Personnel

Department Of Health Public Health Information

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Interdepartmental Project Manager	0139A	0.4	40,001	0.4	40,001
Health Program Administrator	0335A	0.9	80,615	1.0	94,841
Health Policy Analyst	0333A	1.0	87,939	1.0	87,939
Sr. Public Health Epidemiologist	0333A	1.8	148,715	2.0	159,677
Senior Public Health Promotion Specialist	0331A	2.0	148,732	2.0	149,231
Principal Community Dev. Training Spec	0329A	0.2	14,684	1.0	73,419
Prin. Human Services Policy & Sys. Specialist	0330A	0.7	50,848	0.5	41,741
Programming Services Officer	0131A	2.0	133,636	2.0	137,936
Senior Human Services Policy & Sys. Spec	0328A	1.0	60,823	1.0	60,823
Senior Research Technician	0323A	2.0	117,367	2.0	118,077
Principal Research Technician	0327A	1.0	49,775	1.0	51,343
Information Aide	0315A	1.0	45,134	1.0	46,019
Senior Teller	0318A	2.0	87,617	2.0	88,434
Genealogical Clerk	0314A	3.0	121,036	3.0	121,612
Clerk	0307A	1.0	33,404	1.0	33,404
	Subtotal	20.0	\$1,220,326	20.9	\$1,304,497
Turnover		-	(24,407)	-	(26,089)
	Subtotal	-	(\$24,407)	-	(\$26,089)
	Total Salaries	20.0	\$1,195,919	20.9	\$1,278,408
Benefits					
Defined Contribution Plan		-	-	-	12,784
FICA		-	91,489	-	97,798
Medical		-	244,132	-	281,569
Payroll Accrual		-	-	-	7,556
Retiree Health		-	82,041	-	87,699
Retirement		-	274,822	-	270,754
	Subtotal	-	\$692,484	-	\$758,160
	Total Salaries and Benefits	20.0	\$1,888,403	20.9	\$2,036,568
	Cost Per FTE Position		\$94,420		\$97,443
Statewide Benefit Assessment		-	44,845	-	47,938
	Subtotal	-	\$44,845	-	\$47,938
	Payroll Costs	20.0	\$1,933,248	20.9	\$2,084,506

Personnel

Department Of Health Public Health Information

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Clerical and Temporary Services		-	58,000	-	18,000
Information Technology		-	235,360	-	120,969
Other Contract Services		-	212,000	-	142,000
Training and Educational Services		-	252,708	-	183,000
Subtotal		-	\$758,068	-	\$463,969
Total Personnel		20.0	\$2,691,316	20.9	\$2,548,475
Distribution By Source Of Funds					
General Revenue		11.2	1,506,869	13.1	1,603,031
Federal Funds		8.8	1,184,447	7.8	945,444
Total All Funds		20.0	\$2,691,316	20.9	\$2,548,475

The Program

Department Of Health

Community and Family Health and Equity

Program Mission

- Ensuring that all populations have equal access to high quality health services
- Establishing and strengthening partnerships to enhance and improve public health at the community, provider and consumer levels
- Developing and promoting healthy homes and environments for families through training, education, and outreach
- Engaging and empowering parents through their involvement in public health policy and program development
- Developing new models of health care capacity that connects community primary health and mental health providers to nutrition, child care and education
- Improve women's health and pregnancy outcomes through training, education, outreach and partnerships with communities and reproductive health professionals and facilities

Program Description

The Division of Community, Family Health and Equity (DCFHE) provides leadership, planning, and infrastructure to the Department of Health's efforts to eliminate health disparities; assure healthy child development, and reduce, prevent and control chronic diseases and disabilities and risk factors, as well as HIV/AIDS and Viral Hepatitis. The division also plans, develops, and evaluates programs and family-centered systems of care, which are comprehensive, community-based, culturally competent, coordinated and effective. The division achieves its goals and objectives through seven sub-programs: 1) Office of Associate Director, 2) Health Disparities and Access to Care; 3) Healthy Homes and Environments; 4) Chronic Care and Disease Management; 5) Health Promotion and Wellness; 6) Perinatal and Early Childhood; and 7) Preventive Services and Community Practices.

- Office of Associate Director: provides leadership and direction to all sub-programs
- Health Disparities and Access to Care: plans, develops and implements programs to eliminate health disparities for certain sub-cultural groups, populations with special needs and in rural areas
- Healthy Homes and Environments: protects the health and safety of children and families by decreasing, if not eliminating, environmental hazards such as lead
- Chronic Care and Disease Management: utilize a systems approach to chronic care management to improve health outcomes
- Health Promotion and Wellness: reduces and prevents diseases and disabilities amongst school-aged children through education, training, outreach and intervention
- Perinatal and Early Childhood Health: provides access to a system of quality maternal and child health and developmental services
- Preventive Services and Community Practices: reduces the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions

Statutory History

Authorization for Community and Family Health and Equity is contained in Title 1, 35, 56 and 76 of the Rhode Island General Laws.

The Budget

Department Of Health Community and Family Health and Equity

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Associate Director	3,666,625	3,993,128	4,756,501	4,889,240	3,761,575
Health Disparities and Access	1,227,311	1,187,438	1,336,027	1,130,816	1,150,023
Healthy Homes and Environment	2,841,411	3,024,504	3,164,203	2,794,263	2,751,608
Chronic Care and Disease Management	14,879,103	16,213,835	4,651,885	6,256,097	5,062,466
Health Promotion and Wellness	4,663,730	6,963,326	7,681,844	11,251,021	6,545,159
Perinatal and Early Childhood	28,655,494	11,464,553	6,863,538	11,630,610	11,934,198
Preventive Services and Community Practices	24,462,908	32,301,020	29,734,403	35,836,762	37,750,262
Total Expenditures	\$80,396,582	\$75,147,804	\$58,188,401	\$73,788,809	\$68,955,291
Expenditures By Object					
Personnel	16,175,996	18,180,827	16,391,899	21,044,639	19,447,971
Operating Supplies and Expenses	25,847,132	32,181,749	29,447,329	35,813,565	36,632,858
Assistance and Grants	38,244,306	24,717,300	12,337,523	16,920,105	12,863,962
Subtotal: Operating Expenditures	80,267,434	75,079,876	58,176,751	73,778,309	68,944,791
Capital Purchases and Equipment	129,148	67,928	11,650	10,500	10,500
Total Expenditures	\$80,396,582	\$75,147,804	\$58,188,401	\$73,788,809	\$68,955,291
Expenditures By Funds					
General Revenue	4,350,085	5,160,149	2,623,954	2,480,201	2,418,974
Federal Funds	62,468,610	52,310,238	36,629,661	50,749,859	44,880,440
Restricted Receipts	13,514,496	17,669,680	18,871,386	20,386,749	21,483,877
Operating Transfers from Other Funds	2,893	7,835	63,400	172,000	172,000
Other Funds	60,498	(98)	-	-	-
Total Expenditures	\$80,396,582	\$75,147,804	\$58,188,401	\$73,788,809	\$68,955,291
Program Measures					
Percentage of Preschool Children with Complete Immunizations	69.7%	74.1%	78.0%	78.0%	80.0%
Objective	80.0%	80.0%		80.0%	80.0%
Perinatal and Early Childhood Health: Women, Infants and Children (WIC) Program	73.5%	78.1%	81.0%	81.0%	83.0%
Percent of Infants of Low Income Women Ever Breastfed					
Objective	75.0%	81.9%		81.9%	85.0%
Number of Times Health Care Providers Access KIDSNET	401,820	663,584	700,000	700,000	750,000
Objective	343,931	401,820		663,584	700,000

Number of HIV/AIDS Deaths per Year in Rhode Island	26.0%	10.0%	15.0%	15.0%	20.0%
Objective	6	6		6	6
Number of Children with Blood Lead Levels Greater Than or Equal to 10 mcg/dL for the First Time in Their Lives	252	204	200	200	175
Objective	300	200		175	150

Personnel

Department Of Health

Community and Family Health and Equity

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Senior Word Processing Typist	0312A	2.0	73,502	2.0	73,502
Health Services Regulation Licensing Aide I	0314A	0.1	3,300	-	-
Data Entry Operator	0310A	1.0	32,025	1.0	32,488
Health Services Regulation Licensing Aide II	0316A	0.1	2,612	-	-
Subtotal		123.8	\$8,331,208	126.9	\$8,565,432
Unclassified					
Administrative Aide	0314A	1.0	37,727	1.0	39,760
General Operations Assistant	0314A	0.1	2,898	-	-
Subtotal		1.1	\$40,625	1.0	\$39,760
Interdepartmental Transfers to DHS		-	(28,115)	-	(22,036)
Turnover		-	(152,529)	-	(51,925)
Subtotal		-	(\$180,644)	-	(\$73,961)
Total Salaries		124.9	\$8,191,189	127.9	\$8,531,231
Benefits					
Defined Contribution Plan		-	-	-	85,408
FICA		-	618,668	-	644,905
Medical		-	1,442,191	-	1,578,213
Payroll Accrual		-	-	-	50,023
Retiree Health		-	561,921	-	585,244
Retirement		-	1,882,340	-	1,805,396
Subtotal		-	\$4,505,120	-	\$4,749,189
Total Salaries and Benefits		124.9	\$12,696,309	127.9	\$13,280,420
Cost Per FTE Position			\$101,652		\$103,834
Statewide Benefit Assessment		-	307,172	-	318,692
Subtotal		-	\$307,172	-	\$318,692
Payroll Costs		124.9	\$13,003,481	127.9	\$13,599,112
Purchased Services					
Clerical and Temporary Services		-	921,538	-	734,878
Design and Engineering Services		-	369,505	-	30,375
Information Technology		-	848,608	-	560,800
Management and Consultant Services		-	672,859	-	548,411
Medical Services		-	275,385	-	232,712
Other Contract Services		-	829,791	-	818,463
Training and Educational Services		-	4,123,472	-	2,923,220
Subtotal		-	\$8,041,158	-	\$5,848,859
Total Personnel		124.9	\$21,044,639	127.9	\$19,447,971

Personnel

Department Of Health

Community and Family Health and Equity

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Distribution By Source Of Funds					
General Revenue		11.6	1,952,451	12.7	1,891,775
Federal Funds		99.5	16,767,948	100.9	15,385,125
Restricted Receipts		13.4	2,257,740	13.9	2,104,571
Other Funds		0.4	66,500	0.4	66,500
Total All Funds		124.9	\$21,044,639	127.9	\$19,447,971

1 Additional 3.0 FTE for a new federal grant (Race to the Top)

The Program

Department Of Health Infectious Disease and Epidemiology

Program Mission

- Detect, control, and prevent infectious diseases in Rhode Island
- Monitor and conduct surveillance for the incidence of various reportable diseases
- Collect, analyze and distribute information about infectious diseases in Rhode Island
- Investigate disease outbreaks and respond appropriately to outbreak such as to minimize the impact on the health and economy of Rhode Island
- Report on disease trends and provide education to the public and medical community regarding treatment and prevention strategies for infectious diseases
- Provide leadership for statewide response to acute infectious communicable disease emergencies of unknown origin

Program Description

This program is responsible for the major areas of reportable infectious communicable diseases. Program efforts are directed at surveillance and prevention of key diseases, control of disease outbreaks and public and health professional education. This program targets prevention strategies to identified high-risk groups. Diseases of concern include meningitis, Lyme disease, SARS, food borne and waterborne diseases, Hepatitis, Sexually Transmitted Diseases (STDs), vector-borne diseases such as rabies, Hantavirus, Eastern Equine Encephalitis and West Nile Virus. This program also operates a Tuberculosis (TB) Control Program, which provides clinical services (including screening, diagnosis and treatment) for un- and under-insured patients through contracts with several providers; monitors the TB epidemic through surveillance activities; performs, medical, nursing, and social case management for active and suspect cases; provides outreach and follow-up to active cases and their contacts; provides direct administration of prescribed therapy throughout the entire course of treatment; and provides professional and public education regarding TB. This program also operates the State's primary STD Clinic, which diagnoses and treats STD's and provides contact tracing, outreach and follow-up services. In addition, this program is staffed and equipped to join incident command systems to combat major disease outbreaks.

Statutory History

Authorization for Infectious Disease and Epidemiology is contained in Title 3 Chapters 1, 5, 6, 8, 10, 11 and 69.

The Budget

Department Of Health Infectious Disease and Epidemiology

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	3,837,237	4,151,707	5,120,369	5,148,751	5,179,453
Total Expenditures	\$3,837,237	\$4,151,707	\$5,120,369	\$5,148,751	\$5,179,453
Expenditures By Object					
Personnel	2,232,806	2,639,662	3,011,431	3,364,565	3,279,285
Operating Supplies and Expenses	668,147	601,435	1,096,220	1,077,218	1,193,200
Assistance and Grants	936,284	793,063	888,828	612,328	612,328
Subtotal: Operating Expenditures	3,837,237	4,034,160	4,996,479	5,054,111	5,084,813
Capital Purchases and Equipment	-	117,547	123,890	94,640	94,640
Total Expenditures	\$3,837,237	\$4,151,707	\$5,120,369	\$5,148,751	\$5,179,453
Expenditures By Funds					
General Revenue	2,178,373	2,061,613	2,131,704	1,752,910	1,758,403
Federal Funds	1,658,864	2,090,094	2,988,665	3,395,841	3,421,050
Total Expenditures	\$3,837,237	\$4,151,707	\$5,120,369	\$5,148,751	\$5,179,453
Program Measures					
Percentage of Active Tuberculosis Cases Completing Therapy Within 12 Months	87.8%	85.0%	90.0%	90.0%	90.0%
Objective	90.0%	90.0%		90.0%	90.0%
Number of Newly Diagnosed Cases of Gonorrhea per 100,000 Population	28.1	31.4	27.0	27.0	25.0
Objective	25.0	25.0		25.0	25.0

Personnel

Department Of Health

Infectious Disease and Epidemiology

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Assistant Medical Director (DOH)	0251A	0.7	120,548	0.7	120,548
Consultant Public Health Nurse	0926A	0.9	94,842	0.9	97,048
Interdepartmental Project Manager	0139A	1.2	122,499	1.2	122,499
Chief Health Program Evaluator	0137A	0.5	47,269	0.5	47,269
Asst. Admin. Comm. & Planning Services	0335A	0.5	47,031	0.5	47,031
Community Health Nurse Coordinator	0923A	2.5	206,065	2.1	191,260
Sr. Public Health Epidemiologist	0333A	1.1	87,620	1.1	90,073
Sup Clinical Lab Scientist (Ph Micro)	0334A	0.4	31,160	0.4	32,677
Principal P.H. Promotion Specialist	0333A	0.5	38,455	0.5	38,455
Senior Forensic Scientist	0330A	0.5	37,405	0.5	37,405
Public Health Promotion Specialist	0329A	1.5	105,810	1.5	105,810
Public Health Epidemiologist	0331A	5.1	338,224	5.3	346,384
Senior Human Services Policy & Systems	0328A	1.0	64,625	1.0	66,605
Disease Intervention Specialist II	0327A	1.7	105,923	1.7	108,035
Clinical Lab Scientist (Ph Microbiology)	0327A	2.4	132,622	2.4	148,803
Community Program Liaison Worker	0319A	2.0	94,749	2.0	94,749
Disease Intervention Specialist I	0324A	3.0	133,732	3.0	136,538
Senior Word Processing Typist	0312A	2.0	66,604	2.0	67,926
Subtotal		27.5	\$1,875,183	27.3	\$1,899,115
Overtime		-	17,085	-	17,085
Turnover		-	(37,898)	-	(52,169)
Subtotal		-	(\$20,813)	-	(\$35,084)
Total Salaries		27.5	\$1,854,370	27.3	\$1,864,031
Benefits					
FICA		-	137,443	-	138,209
Holiday Pay		-	80	-	72
Medical		-	277,059	-	308,562
Payroll Accrual		-	-	-	11,050
Retiree Health		-	126,019	-	126,681
Retirement		-	422,212	-	391,161
Retirement		-	-	-	18,470
Subtotal		-	\$962,813	-	\$994,205
Total Salaries and Benefits		27.5	\$2,817,183	27.3	\$2,858,236
Cost Per FTE Position			\$102,443		\$104,697
Statewide Benefit Assessment		-	68,900	-	69,254
Subtotal		-	\$68,900	-	\$69,254
Payroll Costs		27.5	\$2,886,083	27.3	\$2,927,490

Personnel

Department Of Health Infectious Disease and Epidemiology

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Design and Engineering Services		-	106,500	-	106,500
Medical Services		-	4,000	-	4,000
Training and Educational Services		-	367,982	-	241,295
Subtotal		-	\$478,482	-	\$351,795
Total Personnel		27.5	\$3,364,565	27.3	\$3,279,285
Distribution By Source Of Funds					
General Revenue		8.7	1,061,765	8.8	1,058,403
Federal Funds		18.8	2,302,800	18.5	2,220,882
Total All Funds		27.5	\$3,364,565	27.3	\$3,279,285

Department Of Health Performance Measure Narratives

Environmental and Health Services Regulation

Percentage of Environmental Sample Proficiency Test Results Found Within Acceptable Accuracy

A primary objective of the Environmental Sciences section of the State Health Laboratories is to provide accurate testing in support of programs associated with drinking water and dairy (Department of Health), as well as wastewater, ambient air and shellfish waters (Department of Environmental Management). It is of paramount importance that chemical and microbiological contaminants in environmental samples are identified and measured accurately and precisely. The proficiency test indicator determines laboratory performance in measuring the concentration of pollutants in specifically-prepared, commercially obtained samples known as proficiency testing samples. This indicator measures the accuracy of the State Health Laboratories' environmental sample testing process. The State Health Laboratories track and emphasize proficiency testing because the results are used by federal and state programs to evaluate the Laboratories' ability to provide quality data for public health decision making. The objective is one hundred percent acceptability of test results.

Number of Foodborne Illnesses per 100,000 Population

One of the objectives of the Food Protection subprogram is to assure the safety of the food supply. This measure is the number of laboratory-confirmed and probable cases of foodborne illness, per 100,000 population, which is due to salmonella, campylobacter, Hepatitis A, shigella, listeria, and E. coli O157:H7, and therefore an indicator of food supply safety.

There are approximately 170,000 illnesses, 453 hospitalizations, and 11 deaths each year in Rhode Island from foodborne illness. A study funded by the Pew Trusts entitled "Health-Related Costs from Foodborne Illnesses in the United States" estimated that the total costs of foodborne illnesses in Rhode Island is \$571 million per year. The authors estimate that medical costs account for \$34 million of this costs, with \$336 million in quality of life losses, and \$201 million in lost life expectancy (The Produce Safety Project, 2010*).

The vast majority of foodborne illnesses are unreported. The actual number of illnesses in Rhode Island is estimated to be at least fifty times greater and could be as much as 250 times greater than the number actually reported.

Food-related illness figures are obtained from cases reported to the Division of Infectious Disease and Epidemiology. This measure is related to one of Environmental Health's stated functions to protect and promote health and prevent disease by assuring the safety of the food supply from harvest to the consumer.

The objective for this performance measure is based on the National Health Promotion and Disease Prevention Objectives (Healthy People 2010) adjusted for Rhode Island.

Department Of Health Performance Measure Narratives

Percent of Population Served by Public Water Systems in Full Compliance

One of the objectives of the Drinking Water Quality subprogram is to ensure that the public is provided with safe drinking water. This measure is the percentage of the population served by all Rhode Island public water systems having no violations and is an indicator of the safety of the drinking water supply. There are approximately 500 public water systems in Rhode Island. Violations relate to excessive contaminant levels, treatment technique, and monitoring/reporting based on compliance with the federal Safe Drinking Water Act. As this goal is population based, any violation at the largest public water systems (Providence, Pawtucket, Newport, Kent County Water Authority{KCWA}) will have a proportionately large impact on the performance measure. Generally, the largest water systems have very few violations, and these are of a minor nature. A value of 85% or higher is typically achieved if none of the largest water systems have violations. The promulgation of new rules by the United States Environmental Protection Agency and the Rhode Island Department of Health also affect compliance rates.

This measure relates to the state objective of reducing disease by identifying environmental hazards and targeting these for prevention and remediation. All public water systems are expected to be in compliance. The Department of Health is not only responsible for identifying and correcting non-compliance, but also contributes to assuring compliance through training and technical assistance directed toward the smaller public water systems.

The goal is that one hundred percent of the Rhode Island population be served by public water systems with no violations.

Health Laboratories

Clinical Laboratory Test Results Accuracy

The primary mission of the Biological Science Unit at the State Health Laboratories is to provide quality analytical and technical laboratory information in support of state and national disease prevention and control programs. Under the Clinical Improvement Act of 1988, all laboratories performing tests on human specimens are required to participate in proficiency testing programs that are approved by the Centers for Medicaid Services (CMS) to ensure the accuracy of test results. External proficiency test samples are provided to the State Health Laboratories by an approved Proficiency Testing (PT) administering agency. These specimens are tested and the results reported back to the agency. The results are then graded and results are sent to the participating laboratory and CMS. The State Health Laboratories tracks the percentage of these tests which are correctly reported as a measure of our laboratory's ability to provide accurate test results to clients.

Department Of Health Performance Measure Narratives

Community and Family Health and Equity

Percentage of Preschool Children with Complete Immunizations

A primary goal of the Immunization Program is to prevent and control vaccine-preventable disease (VPD) in RI children by improving and maintaining high immunization rates. With universal purchase for all children, orderly distribution, intense quality improvement, and an integrated program/practice management information system [KIDSNET], the childhood immunization program is a “flagship investment” for excellent public health. .

In this measure, “complete immunization” is defined as percentage of children 19-35 months of age who completed the following immunizations: 4 doses of diphtheria-tetanus-pertussis vaccine, 3 doses of poliovirus vaccine, 1 dose of measles-mumps-rubella vaccine, 3 doses of Haemophilus influenzae type b (Hib) vaccine, 3 doses of hepatitis B vaccine, 1 dose of varicella vaccine, and 4 doses of pneumococcal conjugate vaccine (4:3:1:3:3:1:4 series). In FY 2009, four (4) doses of pneumococcal conjugate vaccine were added to the measure of complete immunization series, which caused a significant drop in the series coverage rates. Recently Rhode Island also experienced a significant drop in coverage rate for the 4th dose of DTaP, which lowered the series coverage rates since FY 2007. The source for actual value is the National Immunization Survey (NIS).

The objective is that eighty percent (80%) of preschool children will have complete immunization (Healthy People 2020 target).

Notes: Actual data for FY2010 and FY2011 represent CY2009 and CY2010 National Immunization Survey (NIS) data, respectively.

Hib vaccine was excluded from the series measure for FY2010 and FY2011 due to the Hib vaccine shortage during December 2007-September 2009. Actual data for FY2010 and FY2011 reflect the 4:3:1:0:3:1:4 series coverage rates.

Perinatal and Early Childhood Health: Women, Infants and Children (WIC) Program Percent of Infants of Low Income Women Ever Breastfed

The benchmark for this objective is based on the Healthy People Objective for Breastfeeding. The Healthy People 2010 goal was 75% of mothers breastfeed their babies during the early postpartum period. The Healthy People 2020 goal has been raised to 81.9%. This target is also being applied to low-income women. For the purpose of this analysis, low-income is defined as families earning less than \$25,000 per year.

Data from the Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of recent mothers, is used to track this metric. Actual data from calendar years 2009 and 2010 were used for FY2010 and FY2011, respectively. Data listed under FY2012 and FY2013 are estimated based on the trends in previous years. The objective for 2013 has been raised beyond the HP2020 target, given the current trends and estimates.

Number of Times Health Care Providers Access KIDSNET

KIDSNET is an information system containing children’s preventive health care data. The measure counts the number of “hits” in KIDSNET by health care providers. A hit is defined as each separate KIDSNET screen accessed by a health care provider.

Department Of Health Performance Measure Narratives

Number of HIV/AIDS Deaths per Year in Rhode Island

This indicator is a measure of the number of AIDS/HIV deaths per year in Rhode Island. Case surveillance of AIDS was initiated in Rhode Island in 1983. The AIDS surveillance systems provide information on risk factors, patient demographics, and the clinical manifestations of the disease over time. The annual HIV/AIDS Epidemiologic Profile report generated by the Office of HIV/AIDS & Viral Hepatitis relies primarily on the AIDS case surveillance data. In addition, the Office utilizes an array of data sources to establish the most complete and accurate picture of HIV and AIDS in Rhode Island. In Rhode Island from the beginning of the epidemic through 2009, 1,486 deaths occurred among persons with HIV/AIDS.

The benchmark is the lowest number of AIDS deaths in one year (2002) since the beginning of the epidemic as recorded in the HIV/AIDS Epidemiologic Profile, which indicates a point where we would like to reach. Since 1993, the incidence, which is the number of new cases of AIDS, and deaths among AIDS cases have decreased dramatically compared to the beginning of the epidemic, coinciding with the widespread use of more effective treatments. Even though the population living with HIV/AIDS is significantly large now, access to treatment, AIDS medications (i.e. the AIDS Drug Assistance Program) and AIDS support services (i.e. HIV targeted case management, primary care, etc.) contribute in significant ways to the decline in AIDS cases and deaths.

Number of Children with Blood Lead Levels Greater Than or Equal to 10 mcg/dL for the First Time in Their Lives

The Childhood Lead Poisoning Prevention Program at the Rhode Island Department of Health was created in 1977, and coordinates efforts to implement and enforce the state's lead poisoning prevention statute and regulations. As required by the Centers for Disease Control and Prevention, the CLPPP has set a goal to eliminate childhood lead poisoning in Rhode Island by the end of 2010, which would be met if 0 (zero) children with elevated lead levels are found in 2011. The data comes from the Lead Elimination Surveillance System (LESS) housed at the CLPPP in the Department of Health.

The goal was to reduce the number of children under six with blood lead levels greater than 10 mcg/dL to zero by the end of 2010. While a tremendous decrease has already been achieved over the last few years, most recent data indicates that the numbers are rather stable, with little annual decreases. At the end of calendar year 2010, there were 252 children in Rhode Island who were under six years of age and who had a blood lead level of ≥ 10 mcg/dL for the first time in their lives.

Department Of Health Performance Measure Narratives

Infectious Disease and Epidemiology

Percentage of Active Tuberculosis Cases Completing Therapy Within 12 Months

The Center for Infectious Disease and Epidemiology controls the spread of tuberculosis by providing case management and directly observed therapy services to all patients with active tuberculosis. The data source for the measure is the cases of active tuberculosis reported to the Rhode Island Department of Health by physicians. The goal of this program is to reduce the incidence of active tuberculosis cases in Rhode Island. Tuberculosis incidence is largely influenced by a variety of independent factors, including immigration patterns, circulation of multi-drug resistant strains, and trends in immune-deficiency diseases.

This indicator measures the percentage of patients with newly diagnosed active tuberculosis who complete therapy within 12 months. The goal of this program is to reduce the incidence of active tuberculosis cases in Rhode Island. The objective is a ninety percent for completion of therapy within 12 months.

Number of Newly Diagnosed Cases of Gonorrhea per 100,000 Population

The Center for Epidemiology controls the spread of gonorrhea by attempting to locate and counsel all sexual contacts of persons who have been newly diagnosed with this sexually transmitted disease (STD). The data source for the measure are the cases of newly diagnosed gonorrhea reported to the Rhode Island Department of Health by licensed health care providers working in the state. The goal of this program is to reduce the rate of gonorrhea transmission in Rhode Island by treating the sexual contacts of primary cases before they can transmit the disease to other sexual contacts.

This indicator measures the number of Rhode Island residents with newly diagnosed gonorrhea per 100,000 Rhode Island residents per year.

The goal of this program is to reduce the rate of newly diagnosed gonorrhea cases in Rhode Island. The objective is to reduce the rate of newly diagnosed cases of gonorrhea to 20 per 100,000 per year (or lower).

Agency

Department Of Human Services

Agency Mission

To provide a full continuum of high quality and accessible programs and services to those Rhode Island families, children, adults, individuals with disabilities, veterans, and the elderly in need of assistance.

Agency Description

The Department of Human Services (DHS) operates various programs in support of the agency goal of assisting those persons in Rhode Island in need. These programs and services extend well beyond the vital financial support services historically provided to poor and low income individuals and families, and include redesigned and innovative programs which provide quality and accessible health care, child care, supportive services and options to working parents, individuals and families. These programs are all designed: to help families become strong, productive, healthy and independent; to help adults achieve their maximum potential; to ensure that children are safe, healthy, ready to learn, and able to reach their maximum potential; to honor and care for our State's veterans; and, to assist elderly and persons with disabilities in order to enhance their quality of life and sustain their independence. The department operates on a population-based structure for its program policy and service delivery, reflecting the department's focus on clients' needs.

Major state and federal reforms in the mid-1990s provided unprecedented flexibility in how the State could utilize funds to accomplish its goals. Rhode Island's Family Independence Act (FIA) represented the State's first welfare reform program. FIA was crafted in response to federal welfare reform legislation which is called Temporary Assistance for Needy Families (TANF). TANF replaced the former Aid to Families with Dependent Children (AFDC) and represented a major departure from entitlement programs and lifetime benefits for families. In lieu of entitlements, TANF provided states with a block grant program with capped funding; the significance of this was that the State was able to pass its own welfare reform legislation and to design a broad variety of policies and services to assist those families transitioning from cash assistance to employment. The successor program to the Family Independence Program is known as the Rhode Island Works (RIW) program, enacted by the General Assembly in 2008.

An additional priority of DHS is to provide assistance to persons with disabilities seeking to achieve economic independence and integration with society, through its Office of Rehabilitation Services.

Statutory History

Title 40 Chapter 1 and Title 42 Chapter 12 of the Rhode Island General Laws established DHS.

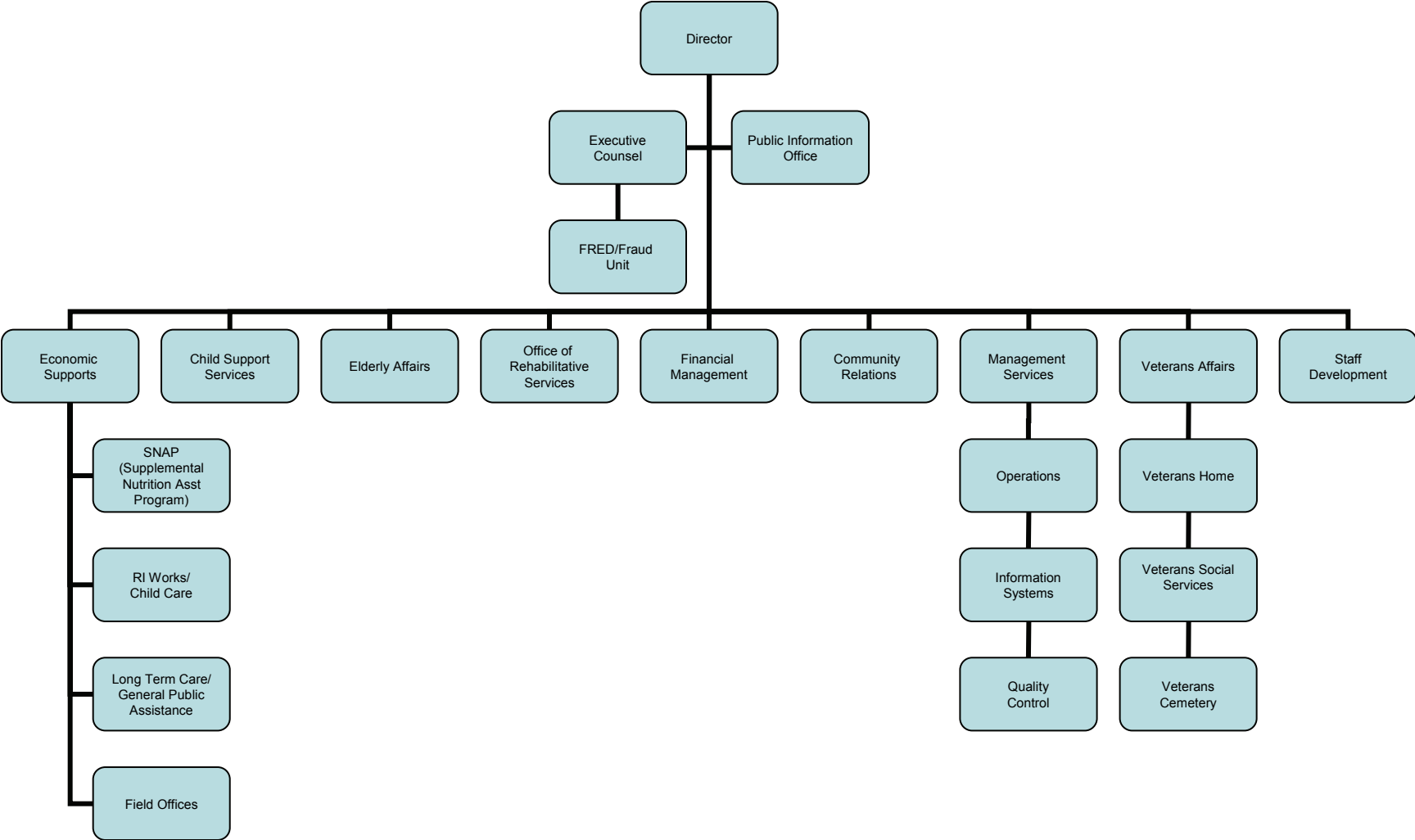
Budget

Department Of Human Services

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	13,667,236	12,992,097	11,547,906	11,503,966	11,056,978
Child Support Enforcement	7,180,660	9,069,516	8,355,622	8,228,175	8,531,055
Individual and Family Support	71,573,406	98,187,986	127,885,859	128,096,078	151,488,135
Veterans' Affairs	25,173,917	27,038,838	28,216,627	30,043,996	28,665,373
Health Care Quality,Financing & Purchasing	60,738,411	64,118,781	59,373,254	80,721,646	17,838,116
Medical Benefits	1,510,979,689	1,583,439,772	1,662,194,277	1,641,112,103	-
Supplemental Security Income Program	22,249,416	20,936,170	18,000,600	18,777,600	18,622,000
Rhode Island Works	90,618,731	87,700,429	86,140,550	87,894,897	90,209,050
State Funded Programs	228,589,296	267,240,201	301,710,437	301,746,022	301,746,022
Elderly Affairs	25,226,866	27,330,660	27,826,593	29,719,055	28,941,992
Total Expenditures	\$2,055,997,628	\$2,198,054,450	\$2,331,251,725	\$2,337,843,538	\$657,098,721
Expenditures By Object					
Personnel	122,064,742	134,660,423	138,405,087	138,797,614	103,401,980
Operating Supplies and Expenses	17,874,325	16,837,567	21,742,409	23,863,009	24,950,727
Assistance and Grants	1,910,188,455	2,040,363,608	2,162,421,043	2,164,136,534	521,124,672
Subtotal: Operating Expenditures	2,050,127,522	2,191,861,598	2,322,568,539	2,326,797,157	649,477,379
Capital Purchases and Equipment	1,211,180	560,141	2,856,170	4,647,460	1,372,421
Operating Transfers	4,658,926	5,632,711	5,827,016	6,398,921	6,248,921
Total Expenditures	\$2,055,997,628	\$2,198,054,450	\$2,331,251,725	\$2,337,843,538	\$657,098,721
Expenditures By Funds					
General Revenue	661,600,662	735,671,107	893,131,302	892,604,690	99,781,727
Federal Funds	1,380,745,701	1,446,893,845	1,419,613,547	1,423,745,953	550,578,610
Restricted Receipts	8,898,484	10,590,911	14,089,597	17,103,711	2,349,200
Operating Transfers from Other Funds	4,609,579	4,748,054	4,417,279	4,389,184	4,389,184
Other Funds	143,202	150,533	-	-	-
Total Expenditures	\$2,055,997,628	\$2,198,054,450	\$2,331,251,725	\$2,337,843,538	\$657,098,721
FTE Authorization	919.7	1,000.2	984.2	949.2	947.7
Agency Measures					
Minorities as a Percentage of the Workforce	14.0%	16.2%	19.8%	19.8%	19.8%
Females as a Percentage of the Workforce	78.0%	80.0%	77.8%	77.8%	77.8%
Persons with Disabilities as a Percentage of the Workforce	0.3%	0.3%	0.3%	0.3%	0.3%

The Agency

Department of Human Services



Personnel

Department Of Human Services Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	945.2	52,790,782	943.7	53,618,171
Unclassified	4.0	382,854	4.0	384,357
Cost Allocation from Other Programs	95.5	4,651,634	95.5	4,696,699
Cost Allocation to other programs	(95.5)	(4,651,634)	(95.5)	(4,696,699)
Interdepartmental Transfer (DOH)	-	28,115	-	22,036
Overtime	-	5,682,554	-	4,471,911
Turnover	-	(5,611,388)	-	(5,009,460)
Total Salaries	949.2	\$53,272,917	947.7	\$53,487,015
Benefits				
Defined Contribution Plan	-	-	-	507,416
FICA	-	4,153,588	-	4,236,849
Holiday Pay	-	363,783	-	363,545
Medical	-	9,483,003	-	10,934,672
Payroll Accrual	-	-	-	297,230
Retiree Health	-	3,353,920	-	3,492,574
Retirement	-	10,954,517	-	10,531,237
Total Salaries and Benefits	949.2	\$81,581,728	947.7	\$83,850,538
Cost Per FTE Position		\$85,948		\$88,478
Statewide Benefit Assessment	-	1,787,619	-	1,863,412
Temporary and Seasonal	-	869,360	-	1,726,528
Payroll Costs	949.2	\$84,238,707	947.7	\$87,440,478
Purchased Services				
Building and Grounds Maintenance	-	430,912	-	430,947
Clerical and Temporary Services	-	2,684,591	-	2,726,791
Design and Engineering Services	-	185,000	-	85,000
Information Technology	-	6,083,046	-	6,073,718
Legal Services	-	553,351	-	435,021
Management and Consultant Services	-	39,721,869	-	1,312,245
Medical Services	-	3,063,059	-	3,060,659
Other Contract Services	-	1,529,279	-	1,529,321
Training and Educational Services	-	307,800	-	307,800
Total Personnel	949.2	\$138,797,614	947.7	\$103,401,980
Distribution by Source of Funds				

Personnel

Department Of Human Services Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
General Revenue	432.9	51,097,785	433.3	44,257,583
Federal Funds	511.9	86,557,440	510.4	58,666,001
Restricted Receipts	4.4	1,142,389	4.0	478,396
Total All Funds	949.2	\$138,797,614	947.7	\$103,401,980

The Program

Department Of Human Services Central Management

Program Mission

To provide leadership, management, strategic planning, and central support for the department.

Program Description

Central Management supervises, coordinates, and monitors all departmental functions: to assure efficient and effective use of state and federal resources for the purpose of providing services to poor, disabled, or aged individuals and families; to assist them in reaching their highest potential for self-sufficiency; and, to support the achievement of the department's mission. Central Management, organized through the Office of the Director, provides leadership, management, strategic planning, direction, and control of departmental activities. A principal function is intergovernmental liaison with the Governor's staff, other department directors and agency heads, federal government representatives, state and federal legislators, local welfare directors, and national and local human service professionals and organizations. The establishment and maintenance of community relations with consumers and service providers, and the provision of information to the general public, are core responsibilities of this program area

Additionally, all field operation activities are direct functions of Central Management, although the associated costs are budgeted in two programs, Individual and Family Support, and Health Care Quality, Financing and Purchasing. Central Management is responsible for the Electronic Benefits Transfer System, which electronically distributes cash assistance and food stamp benefits to clients. Other centralized functions include support for financial management, information systems, collections and fraud investigations, and contract management.

Statutory History

Title 40 Chapter 1 of the Rhode Island General Laws establishes that all functions, services, and duties of the Department of Human Services will be organized by the Director of the department.

The Budget

Department Of Human Services Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	13,667,236	12,992,097	11,547,906	11,503,966	11,056,978
Total Expenditures	\$13,667,236	\$12,992,097	\$11,547,906	\$11,503,966	\$11,056,978
Expenditures By Object					
Personnel	1,798,699	2,534,212	2,215,024	2,168,699	2,217,216
Operating Supplies and Expenses	74,110	69,992	84,183	86,568	140,377
Assistance and Grants	11,787,275	10,387,893	9,243,899	9,243,899	8,694,585
Subtotal: Operating Expenditures	13,660,084	12,992,097	11,543,106	11,499,166	11,052,178
Capital Purchases and Equipment	7,152	-	4,800	4,800	4,800
Total Expenditures	\$13,667,236	\$12,992,097	\$11,547,906	\$11,503,966	\$11,056,978
Expenditures By Funds					
General Revenue	4,758,548	6,066,218	5,683,745	5,683,224	5,204,015
Federal Funds	8,108,688	6,125,879	5,364,162	5,299,679	5,333,616
Restricted Receipts	800,000	800,000	499,999	521,063	519,347
Total Expenditures	\$13,667,236	\$12,992,097	\$11,547,906	\$11,503,966	\$11,056,978

Personnel

Department Of Human Services Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Associate Director Management Services	0146A	1.0	141,739	1.0	143,157
Deputy Director	01048A	1.0	125,310	1.0	130,010
Associate Director II	0144A	1.0	125,000	1.0	125,000
Assistant Admin. Family & Children's Services	0035A	1.0	93,091	1.0	98,287
Chief Human Services Policy Systems Spec.	0A32A	2.0	174,485	2.0	177,793
Policy Analyst	0033A	1.0	84,379	1.0	84,379
Senior Quality Control Reviewer	0A30A	1.0	83,372	1.0	83,372
Chief of Family Health Systems	00137A	1.0	82,207	1.0	82,207
Principal Human Services. Policy Systems Spec.	0A30A	4.0	317,528	4.0	324,259
Administrator Financial Management	0A37A	1.0	76,633	1.0	80,220
Pr. Human Services Business Officer	0A28A	1.0	74,665	1.0	74,665
Sr. Human Services Policy Systems Spec.	0A28A	8.0	590,317	8.0	596,555
Sr. Human Services Policy Systems Spec.	0A24A	1.0	67,981	1.0	70,444
Quality Control Reviewer	0A24A	7.0	447,831	7.0	451,142
Human Services Program Planner	0327A	2.0	124,835	2.0	131,351
Senior Human Services Business Officer	0A25A	1.0	58,592	1.0	60,346
Assistant Coordinator Community Relations	0A26A	1.0	53,000	1.0	53,000
Special Assistant	0A28A	1.0	53,000	1.0	53,000
Human Services Policy & Systems Specialist	20A25A	1.0	52,000	1.0	52,000
Office Manager	0A23A	1.0	49,430	1.0	51,309
Eligibility Technician	0321A	15.0	741,182	15.0	745,723
Data Control Clerk	0315A	1.0	45,393	1.0	45,393
Fiscal Clerk	0314A	1.0	44,478	1.0	44,478
Senior Clerk	0308A	1.0	39,130	1.0	39,130
Senior Word Processing Typist	0312A	2.0	75,037	2.0	75,575
Principal Clerk-Typist	0312A	1.0	36,691	1.0	36,691
	Subtotal	59.0	\$3,857,306	59.0	\$3,909,486
Unclassified					
Director, Department of Human Services	0949F	1.0	129,636	1.0	129,636
	Subtotal	1.0	\$129,636	1.0	\$129,636
Cost Allocation to Other Programs		(40.0)	(2,039,924)	(40.0)	(2,063,583)
Turnover		-	(540,837)	-	(547,480)
	Subtotal	(40.0)	(\$2,580,761)	(40.0)	(\$2,611,063)
	Total Salaries	20.0	\$1,406,181	20.0	\$1,428,059
Benefits					
Defined Contribution Plan		-	-	-	14,280
FICA		-	102,711	-	104,069
Medical		-	184,950	-	205,851
Payroll Accrual		-	-	-	8,472
Retiree Health		-	98,985	-	100,486
Retirement		-	323,140	-	302,447
	Subtotal	-	\$709,786	-	\$735,605
	Total Salaries and Benefits	20.0	\$2,115,967	20.0	\$2,163,664

Personnel

Department Of Human Services Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Cost Per FTE Position			\$105,798		\$108,183
Statewide Benefit Assessment		-	52,732	-	53,552
Subtotal		-	\$52,732	-	\$53,552
Payroll Costs		20.0	\$2,168,699	20.0	\$2,217,216
Total Personnel		20.0	\$2,168,699	20.0	\$2,217,216
Distribution By Source Of Funds					
General Revenue		14.0	1,488,938	14.4	1,575,332
Federal Funds		1.6	181,331	1.6	183,788
Restricted Receipts		4.4	498,430	4.0	458,096
Total All Funds		20.0	\$2,168,699	20.0	\$2,217,216

The Program

Department Of Human Services Child Support Enforcement

Program Mission

Child Support Enforcement was established to strengthen families through financial support and to reduce welfare dependency by ensuring that parents are responsible for supporting their children.

Program Description

Child Support Enforcement was transferred from the Department of Administration to the Department of Human Services, effective July 1, 2005. This program is established to strengthen families through financial support and to reduce welfare dependence by ensuring that parents honor obligations to support their children. The concern for the well being of children who live with only one parent, and the desire to promote self-sufficiency for these single parent families, prompted both the state and federal governments to establish Child Support Enforcement Programs nationwide.

Statutory History

R.I.G.L. 15-11.1 outlines the duties and responsibilities of the Child Support Enforcement Program. R.I.G.L. 42-12-28 effectuates the transfer of the program from the Department of Administration.

The Budget

Department Of Human Services Child Support Enforcement

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	7,180,660	9,069,516	8,355,622	8,228,175	8,531,055
Total Expenditures	\$7,180,660	\$9,069,516	\$8,355,622	\$8,228,175	\$8,531,055
Expenditures By Object					
Personnel	5,687,261	7,451,711	6,875,858	6,737,378	7,032,459
Operating Supplies and Expenses	1,367,987	1,474,079	1,282,175	1,293,208	1,301,007
Assistance and Grants	671	120,122	182,771	182,771	182,771
Subtotal: Operating Expenditures	7,055,919	9,045,912	8,340,804	8,213,357	8,516,237
Capital Purchases and Equipment	124,741	23,604	14,818	14,818	14,818
Total Expenditures	\$7,180,660	\$9,069,516	\$8,355,622	\$8,228,175	\$8,531,055
Expenditures By Funds					
General Revenue	2,128,111	2,139,572	2,214,781	2,233,256	2,315,247
Federal Funds	5,052,549	6,929,944	6,140,841	5,994,919	6,215,808
Total Expenditures	\$7,180,660	\$9,069,516	\$8,355,622	\$8,228,175	\$8,531,055
Program Measures					
Current Child Support Collected as a Percentage of Current Child Support Owed	60.35%	59.93%	59.83%	59.83%	59.93%
Objective	61.96%	61.68%		61.77%	61.79%

Personnel

Department Of Human Services

Child Support Enforcement

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Assoc. Dir. Revenue Services (Child Support)	0144A	1.0	133,195	1.0	133,195
Pr. HS Policy & Systems Specialist	0A30A	1.0	84,405	1.0	84,405
Chief Human Services Policy & System Spec	0A32A	2.0	167,162	2.0	171,721
Supervisor, Family Support & Dom Rel. Unit	0A29A	3.0	234,418	3.0	234,418
Human Services Policy & Systems Specialist	0A24A	2.0	138,246	2.0	138,246
Principal Human Services Business Officer	0028A	1.0	66,489	1.0	66,489
Child Support Administrative Officer	0325A	9.0	523,311	9.0	523,311
Child Support Enforcement Agent II	0322A	20.0	1,044,669	20.0	1,047,176
Assistant Business Management Officer	0319A	1.0	48,052	1.0	48,052
Accountant	0020A	1.0	46,370	1.0	47,680
Data Control Clerk	0315A	1.0	44,364	1.0	44,867
Child Support Enforcement Agent I	0320A	11.0	472,989	11.0	478,578
Community Prog Liaison Worker	0319A	1.0	39,114	1.0	40,024
Interpreter	0316A	1.0	35,791	1.0	36,436
Telephone Operator	0310A	1.0	35,112	1.0	35,112
Data Entry Operator	0310A	4.0	137,226	4.0	138,131
Senior Word Processing Typist	0312A	1.0	33,356	1.0	33,920
Subtotal		61.0	\$3,284,269	61.0	\$3,301,761
Cost Allocation from Other Programs		0.2	13,970	0.2	14,248
Overtime		-	29,411	-	29,411
Turnover		-	(443,377)	-	(264,140)
Subtotal		0.2	(\$399,996)	0.2	(\$220,481)
Total Salaries		61.2	\$2,884,273	61.2	\$3,081,280
Benefits					
Defined Contribution Plan		-	-	-	30,518
FICA		-	219,232	-	234,212
Medical		-	491,588	-	577,486
Payroll Accrual		-	-	-	16,740
Retiree Health		-	195,842	-	209,359
Retirement		-	656,047	-	646,354
Subtotal		-	\$1,562,709	-	\$1,714,669
Total Salaries and Benefits		61.2	\$4,446,982	61.2	\$4,795,949
Cost Per FTE Position			\$72,663		\$78,365
Statewide Benefit Assessment		-	107,057	-	114,445
Subtotal		-	\$107,057	-	\$114,445
Payroll Costs		61.2	\$4,554,039	61.2	\$4,910,394

Personnel

Department Of Human Services Child Support Enforcement

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Information Technology		-	793,504	-	855,230
Legal Services		-	517,071	-	394,071
Management and Consultant Services		-	747,264	-	747,264
Other Contract Services		-	125,500	-	125,500
Subtotal		-	\$2,183,339	-	\$2,122,065
Total Personnel		61.2	\$6,737,378	61.2	\$7,032,459
Distribution By Source Of Funds					
General Revenue		20.8	1,828,228	20.8	1,907,568
Federal Funds		40.4	4,909,150	40.4	5,124,891
Total All Funds		61.2	\$6,737,378	61.2	\$7,032,459

The Program

Department Of Human Services Individual and Family Support

Program Mission

To provide assistance and supports to clients so that they may transition to self-sufficiency.

Program Description

The Individual and Family Support Program provides policy and program development, management, monitoring and evaluation, systems development, and financial administration for the full scope of social service programs administered by the Department of Human Services. The Individual and Family Support Program is responsible for ensuring that the services affecting all populations are provided in accordance with state and federal mandates. The IFS program is bifurcated into two distinct entities: the Division of Economic Support and the Office of Rehabilitation Services (ORS).

The Division of Economic Support has the responsibility for the operational planning, direction, coordination, and implementation of programs such as Rhode Island Works (RIW), the Child Care Assistance Program, General Public Assistance, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Low-Income Home Energy Assistance Program (LIHEAP), and the Supplemental Security Income program (SSI). Funding for the Social Services Block Grant (Title XX), the Head Start Collaboration Grant, the Refugee Assistance Program, and special financing for victims of domestic violence is budgeted within, and administered by, the IFS program.

The Office of Rehabilitation Services (ORS), housed within the Individual and Family Support Program (IFS), provides vocational rehabilitative services to disabled individuals seeking to re-enter the workforce and attain “competitive, career oriented, employment outcomes”. Under the auspices of the Rehabilitation Act of 1973 and RIGL 40-12, ORS supplies this population with a broad range of vocational supports, including evaluation and assessment, counseling, career development, and job placement. These services are jointly financed by the State and the U.S. Department of Education (Rehabilitation Services Administration), with a general revenue match of 21.3 percent. DHS ORS also administers the Services for the Blind and Visually Impaired (SBVI) program and the Disability Determination Services Unit (RIDDS).

Statutory History

Title 40 Chapter 5.2 of the Rhode Island General Laws establishes the Rhode Island Works Program. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) replaces Title IV-A of the Federal Social Security Act. Title 42 Chapter 12 of the Rhode Island General Laws establishes the Vocational Rehabilitation Program.

The Budget

Department Of Human Services Individual and Family Support

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	71,573,406	98,187,986	127,885,859	128,096,078	151,488,135
Total Expenditures	\$71,573,406	\$98,187,986	\$127,885,859	\$128,096,078	\$151,488,135
Expenditures By Object					
Personnel	39,636,554	44,355,413	52,765,902	50,757,209	51,770,965
Operating Supplies and Expenses	9,726,399	9,213,489	13,375,643	15,717,690	16,326,500
Assistance and Grants	17,228,707	38,686,185	55,469,548	54,637,337	76,746,749
Subtotal: Operating Expenditures	66,591,660	92,255,087	121,611,093	121,112,236	144,844,214
Capital Purchases and Equipment	222,820	300,188	447,750	584,921	395,000
Operating Transfers	4,758,926	5,632,711	5,827,016	6,398,921	6,248,921
Total Expenditures	\$71,573,406	\$98,187,986	\$127,885,859	\$128,096,078	\$151,488,135
Expenditures By Funds					
General Revenue	19,090,568	20,318,051	22,498,106	22,743,217	23,170,788
Federal Funds	47,551,419	72,835,602	100,790,474	100,783,677	123,748,163
Restricted Receipts	178,638	135,746	180,000	180,000	180,000
Operating Transfers from Other Funds	4,609,579	4,748,054	4,417,279	4,389,184	4,389,184
Other Funds	143,202	150,533	-	-	-
Total Expenditures	\$71,573,406	\$98,187,986	\$127,885,859	\$128,096,078	\$151,488,135

Personnel

Department Of Human Services Individual and Family Support

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Associate Director Community Services	0A43A	1.0	120,000	1.0	120,000
Administrator Family and Adult Services	0141A	4.0	460,289	4.0	467,704
Administrator Operations Management	0A41A	1.0	110,000	1.0	110,000
Deputy Administrator of Vocational Rehab.	0A35A	3.0	293,509	3.0	293,509
Regional Manager	0A35A	3.0	292,993	3.0	297,451
Assistant Administrator Financial Management	0034A	1.0	96,425	1.0	96,425
Assistant Administrator	0A35A	1.0	95,021	1.0	95,021
Chief Health Program Evaluator	0137A	1.0	94,538 (1)	1.0	94,538 (1)
Chief Case Work Supervisor	0A34A	5.0	466,956	5.0	473,698
Chief Human Services Business Officer	0033A	1.0	92,065	1.0	93,313
Assistant Admin. Family & Children's Svcs.	0A35A	1.0	90,493	1.0	94,696
Supervising Accountant	0A31A	1.0	89,891	1.0	89,891
Chief Office of WIC	0337A	1.0	87,877	1.0	87,877
Senior Casework Supervisor	0A30A	1.0	86,082	1.0	86,082
Assistant Administrator of Vocational Rehabilitation	0A32A	2.0	168,252	2.0	168,252
Chief Human Services Policy Syst Spec.	0A32A	2.0	166,155	2.0	169,810
Clinical Training Specialist	0A30A	4.0	329,233	2.0	169,233 (3)
Administrator Management Services	0A39A	1.0	82,199	1.0	86,065
Principal Human Svcs Policy & Syst Spec.	0A30A	2.0	162,473	2.0	164,047
Health Policy Analyst	0333A	3.0	239,920	3.0	239,920
Senior Public Health Promotion Specialist	0137A	1.0	78,703	1.0	78,703
Supervisor Vocational Rehabilitation	0A29A	13.0	1,007,116	13.0	1,011,205
Principal :Human Services Business Officer	20A28A	1.0	74,167	1.0	77,869
Senior Rehabilitation Counselor	0A26A	4.0	287,874	4.0	287,874
Case Work Supervisor	0A26A	7.0	502,133	7.0	502,133
Peripatologist	0A25A	2.0	141,946	2.0	142,690
Sr Human Svces Policy & Systems Spec	0128A	1.0	69,262 (1)	1.0	70,394 (1)
Supervising Eligibility Technician	0A26A	22.0	1,490,015	22.0	1,511,961
Vocational Rehabilitation Counselor II	0A26A	13.0	874,941	13.0	886,138
Public Health Promotion Specialist	0129A	1.0	64,297 (1)	1.0	65,608 (1)
Programming Services Officer	0131A	4.0	254,609	5.0	318,139 (4)
Human Services Policy & Systems Spec.	0A24A	5.0	311,339	5.0	313,688
Senior Public Health Promotion Specialist	0131A	1.0	61,913 (1)	1.0	61,913 (1)
Social Case Worker II	0A24A	13.0	790,923	13.0	791,298
Rehabilitation Counselor	0A24A	34.0	2,068,419	34.0	2,069,459
Chief Field Investigator	0B24A	1.0	59,683	1.0	59,683
Public Health Nutritionist	0327A	1.0	59,248	1.0	59,248
Social Case Worker	0A22A	63.0	3,561,202	63.0	3,577,049
Principal Computer Operator	0A22A	1.0	55,974	1.0	55,974
Vocational Rehabilitation Counselor I	0A24A	23.0	1,272,307	23.0	1,303,212
Senior Eligibility Technician	0A22A	3.0	159,140	3.0	159,140
Human Services Business Officer	0A22A	6.0	315,284	6.0	319,440
Office Manager	0A23A	1.0	51,866	1.0	51,866
Senior Community Program Liaison Worker	0122A	2.0	100,000 (1)	2.0	100,000 (1)

Personnel

Department Of Human Services Individual and Family Support

	Grade	FY 2012		FY 2013		
		FTE	Cost	FTE	Cost	
Junior Resource Specialist	0319A	2.0	99,670	2.0	101,322	
Productions Systems Specialist	0320A	1.0	48,544	1.0	48,544	
Property Control & Supply Officer	0317A	1.0	47,696	1.0	47,696	
Food Service Administrator	0022A	2.0	95,290	2.0	97,196	
Eligibility Technician	0321A	104.0	4,920,557	104.0	4,986,129	
Asst Business Management Officer	0319A	2.0	92,765	2.0	95,363	
Clerk Secretary	0B16A	1.0	46,136	2.0	82,824	(4)
Rehabilitation Teacher of Blind	0321A	2.0	91,415	2.0	92,471	
Chief Clerk	0A16A	2.0	88,330	2.0	91,193	
Senior Reconciliation Clerk	0314A	1.0	44,155	1.0	44,154	
Interpreter	0316A	8.0	344,174	8.0	345,064	
Assistant Administrative Officer	0321A	1.0	42,896	1.0	44,125	
Fiscal Clerk	0314A	1.0	42,329	1.0	42,329	
Information Aide	0319A	1.0	42,017	1.0	42,770	
Senior Telephone Operator	0313A	1.0	41,128	1.0	42,998	
Data Control Clerk	0315A	8.0	323,203	8.0	323,988	
Community Program Liaison Worker	0319A	1.0	40,213	1.0	40,213	
Case Aide	0316A	2.0	80,049	2.0	80,932	
Information Aide	0315A	1.0	39,335	1.0	39,335	
Principal Clerk-Typist	0312A	8.0	309,250	8.0	311,874	
Senior Clerk Typist	0309A	1.0	38,607	1.0	38,607	
Principal Clerk-Stenographer	0313A	1.0	37,486	1.0	37,486	
Telephone Operator	0310A	6.0	220,592	6.0	220,592	
Central Mail Room Clerk	0311G	1.0	36,088	1.0	36,088	
Senior Word Processing Typist	0312A	8.0	286,869	8.0	289,730	
Word Processing Typist	0310A	17.0	608,565	17.0	611,297	
Data Entry Operator	0310A	8.0	271,282	8.0	273,630	
Laborer	0308A	1.0	32,181	1.0	32,427	
Senior Clerk	0308A	20.0	624,932	-	-	(3)
Administrator of Energy Program	0137A	-	-	1.0	76,527	(2)
Chief Program Development	0134A	-	-	2.0	158,119	(2)
Executive Secretary	04623A	-	-	1.0	59,253	(2)
Junior Resource Specialist	03519A	-	-	1.0	47,751	(2)
Sr Resource Specialist	03526A	-	-	3.0	178,296	(2)
Supervising Accountant	00131A	-	-	1.0	60,756	(2)
System Support Technician I	0318A	-	-	0.5	18,344	(4)
Subtotal		475.0	\$26,372,486	464.5	\$26,511,639	
Cost Allocation from Other Programs		35.0	1,758,094	35.0	1,777,375	
Cost Allocation to Other Programs		(52.5)	(2,439,447)	(52.5)	(2,460,279)	
Interdepartmental Transfer (DOH)		-	28,115	-	22,036	
Overtime		-	2,075,000	-	1,915,000	
Turnover		-	(2,313,191)	-	(1,865,694)	
Subtotal		(17.5)	(\$891,429)	(17.5)	(\$611,562)	
Total Salaries		457.5	\$25,481,057	447.0	\$25,900,077	

Personnel

Department Of Human Services Individual and Family Support

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Benefits					
Defined Contribution Plan		-	-	-	239,851
FICA		-	1,947,042	-	1,978,657
Medical		-	4,506,850	-	5,058,001
Payroll Accrual		-	-	-	141,314
Retiree Health		-	1,666,508	-	1,706,225
Retirement		-	5,378,713	-	5,086,985
Subtotal		-	\$13,499,113	-	\$14,211,033
Total Salaries and Benefits		457.5	\$38,980,170	447.0	\$40,111,110
Cost Per FTE Position			\$85,203		\$89,734
Statewide Benefit Assessment		-	877,730	-	899,443
Subtotal		-	\$877,730	-	\$899,443
Payroll Costs		457.5	\$39,857,900	447.0	\$41,010,553
Purchased Services					
Building and Grounds Maintenance		-	7,486	-	7,521
Clerical and Temporary Services		-	2,683,591	-	2,725,791
Design and Engineering Services		-	70,000	-	70,000
Information Technology		-	3,838,630	-	3,664,024
Legal Services		-	35,000	-	35,000
Management and Consultant Services		-	564,281	-	559,781
Medical Services		-	2,224,000	-	2,224,000
Other Contract Services		-	1,168,521	-	1,166,495
Training and Educational Services		-	307,800	-	307,800
Subtotal		-	\$10,899,309	-	\$10,760,412
Total Personnel		457.5	\$50,757,209	447.0	\$51,770,965
Distribution By Source Of Funds					
General Revenue		154.5	13,850,824	140.7	14,437,531
Federal Funds		303.0	36,906,085	306.3	37,333,134
Restricted Receipts		-	300	-	300
Total All Funds		457.5	\$50,757,209	447.0	\$51,770,965

Personnel

Department Of Human Services Individual and Family Support

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
1	<i>Reflects 5.0 FTE positions transferred from the Department of Health to DHS in fulfillment of the transfer of the Ryan White HIV Care Program</i>				
2	<i>Reflects 9.0 FTE transferred from the Department of Administration to DHS as a result of the relocation of the Low-Income Home Energy Assistance and the Weatherization Assistance Programs in FY 2013.</i>				
3	<i>Reflects the removal of 22.0 limited period FTE from the DHS roster. These positions are financed by a non-recurring supplemental grant for SNAP administration which expires in FY 2012, pursuant to the DoD Appropriations Act of 2010 (P.L. 111-118).</i>				
4	<i>Reflects the addition of 2.5 FTE in FY 2013 to support the programmatic activities and administration of the Race to the Top- Early Learning Challenge grant.</i>				

The Program

Department Of Human Services Veterans' Affairs

Program Mission

To continue to improve the physical, emotional, and economic well-being of Rhode Island veterans.

Program Description

The Veterans' Affairs Program serves eligible Rhode Island Veterans, their surviving spouses, and dependents. Benefits include a comprehensive program of social, medical and rehabilitative services. The Veterans' Affairs Program is comprised of the Rhode Island Veterans' Home, the Rhode Island Veterans' Affairs Office, and the Rhode Island Veterans' Memorial Cemetery. (Deleted last sentence)

Veterans' Affairs is confronting a growing challenge as a result of a rapidly aging veteran's population. Rhode Island has a population of approximately 93,000 veterans. Although the total number of war service veterans is declining, the growth in the proportion of aging (World War II and Korean) veterans is escalating.

The purpose of the Veterans' Home is to provide quality nursing and domiciliary care to the veteran. Social, medical, nursing, and rehabilitative services for eligible Rhode Island veterans, their survivors, and/or dependents, are available to improve their physical, emotional, and economic well-being. The Rhode Island Veterans' Home has an operational bed capacity of 339 beds (260 nursing and 79 domiciliary/sheltered care beds). Within the 339 bed complement is a 36-bed unit for veterans who suffer from dementia type illnesses. The Veterans' Home admits war service veterans who have been honorably discharged and have resided in the State at least two years prior to admission and/or were inducted into the military service from the State. Residential care is available to eligible veterans who require a sheltered care environment. The Veterans' Transitional Supportive Program (VTSP) is a program operated in concert with the federal Veterans Administration. VTSP offers a multitude of psychological/social counseling, substance abuse treatment, and contract work therapy opportunities provided on a short-term basis to assist veterans with reintegration to their communities.

Statutory History

Chapters 17, 24, and 25 of Title 30 of the Rhode Island General Laws established the Division of Veterans Affairs. Chapter 233 of the Public Laws of 2009 set forth Chapter 152 of Title 42 of the General Laws, repealing the statutory authority for the Division and establishing the Department of Veterans' Affairs, effective FY 2012. However, this law was subsequently repealed prior to implementation, and the Division of Veterans Affairs remains within DHS.

The Budget

Department Of Human Services Veterans' Affairs

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	25,173,917	27,038,838	28,216,627	30,043,996	28,665,373
Total Expenditures	\$25,173,917	\$27,038,838	\$28,216,627	\$30,043,996	\$28,665,373
Expenditures By Object					
Personnel	21,857,117	23,890,039	22,594,005	22,941,916	24,100,767
Operating Supplies and Expenses	2,759,157	2,928,147	3,403,523	3,237,875	3,680,506
Assistance and Grants	4,423	3,688	24,100	23,712	24,100
Subtotal: Operating Expenditures	24,620,697	26,821,874	26,021,628	26,203,503	27,805,373
Capital Purchases and Equipment	553,220	216,964	2,194,999	3,840,493	860,000
Total Expenditures	\$25,173,917	\$27,038,838	\$28,216,627	\$30,043,996	\$28,665,373
Expenditures By Funds					
General Revenue	17,714,916	20,032,032	18,568,043	18,328,325	19,879,830
Federal Funds	6,545,890	6,126,436	8,005,072	7,083,757	7,707,781
Restricted Receipts	913,111	880,370	1,643,512	4,631,914	1,077,762
Total Expenditures	\$25,173,917	\$27,038,838	\$28,216,627	\$30,043,996	\$28,665,373
Program Measures					
Percentage of Persons Completing the Veterans' Transitional Supportive Program Who Secure Housing by program Completion	87.0%	90.0%	92.0%	92.0%	80.0%
Objective	67.8%	67.8%		67.8%	67.8%

Personnel

Department Of Human Services Veterans' Affairs

	Grade	FY 2012		FY 2013		
		FTE	Cost	FTE	Cost	
Classified						
Assistant Medical Program Director	00747A	1.0	167,971	1.0	167,971	
Psychiatrist IV	00447A	0.6	84,995	0.6	84,995	
Physician II	00740A	2.0	265,071	2.0	266,142	
Associate Director Veterans Affairs	00143A	1.0	110,000	1.0	110,000	
Consultant Public Health Nurse	00926A	1.0	106,640	1.0	106,640	
Executive Nurse	00142A	1.0	106,613	1.0	106,613	
Infection Control Nurse	00924A	1.0	100,799	1.0	101,821	
Supervising Registered Nurse B	00925A	3.0	290,974	3.0	291,434	
Administrator	00141A	1.0	95,000	1.0	95,000	
Supervising Registered Nurse A	00924A	7.0	657,747	7.0	659,509	
Nursing Instructor	00924A	1.0	90,552	1.0	90,552	
Chief of Family Health Systems	00137A	1.0	90,428	1.0	90,428	
Chief Case Work Supervisor	00A34A	1.0	85,956	1.0	85,956	
Assistant Administrator	00133A	2.0	157,141	2.0	157,141	
Registered Nurse B	00921A	22.6	1,750,616	29.6	2,210,312	(1)
Registered Nurse A	00920A	8.0	578,687	8.0	585,595	
Clinical Social Worker	00A27A	4.0	285,749	4.0	286,221	
Licensed Practical Nurse	00517A	15.0	972,822	15.0	978,059	
Principal Dietician	00321A	1.0	61,083	1.0	61,083	
Supervising Activities Therapist	00324A	2.0	120,505	2.0	120,505	
Senior Food Service Administrator	00326A	1.0	55,906	1.0	57,870	
Maintenance Superintendent	00322A	1.0	54,000	1.0	54,000	
Senior Cemetery Specialist	00318A	1.0	48,394	1.0	48,394	
Group Worker	00319A	5.5	259,357	5.5	263,240	
Pharmacy Aide II	00318A	3.0	138,654	3.0	138,654	
Medical Records Technician	00320A	1.0	45,264	1.0	45,264	
Food Service Supervisor	00314A	1.0	44,864	1.0	45,558	
Assistant Business Mgmt Officer	00310A	1.0	44,174	1.0	45,202	
Assistant Business Mgmt Officer	00319A	1.0	44,026	1.0	45,465	
Senior Laboratory Technician	00319A	1.0	43,873	1.0	43,873	
Senior Institution Attendant	00314A	6.0	260,903	6.0	260,903	
Senior Food Service Aide	00313A	2.0	86,501	2.0	86,501	
Senior X-Ray Technologist	00318A	1.0	43,169	1.0	44,652	
Chief Clerk	00A16A	1.0	42,623	1.0	42,623	
Senior Word Processing Typist	00312A	1.0	42,511	1.0	42,511	
Senior Reconciliation Clerk	00314A	1.0	41,985	1.0	41,985	
Senior Cook	00315A	2.0	83,785	2.0	83,785	
Storekeeper	00315A	1.0	41,128	1.0	41,128	
Motor Equipment Operator	00311G	2.0	81,234	2.0	81,234	
Laboratory Technician	00316A	1.0	40,191	1.0	40,191	
Institutional Attendant	00313A	80.5	3,199,709	80.5	3,213,327	
Gardener	00310G	1.0	39,446	1.0	39,446	
Cemetery Specialist	00314A	5.0	197,167	5.0	197,821	
Senior Maintenance Technician	00314G	1.0	38,548	1.0	38,458	

Personnel

Department Of Human Services

Veterans' Affairs

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Cook	00312A	5.0	190,948	5.0	190,948
Word Processing Typist	00310A	2.0	75,240	4.0	145,240 (1)
Cook's Helper	00309A	21.0	777,309	21.0	780,715
Principal Clerk-Typist	00312A	1.0	36,691	1.0	36,691
Fiscal Clerk	00314A	1.0	35,141	1.0	35,869
Reconciliation Clerk	00310A	1.0	32,061	1.0	32,523
Subtotal		229.2	\$12,344,151	238.2	\$12,920,048
Unclassified					
Director	20944F	1.0	110,000	1.0	110,000
Subtotal		1.0	\$110,000	1.0	\$110,000
Overtime		-	2,478,143	-	1,527,500
Turnover		-	(1,875,904)	-	(2,020,408)
Subtotal		-	\$602,239	-	(\$492,908)
Total Salaries		230.2	\$13,056,390	239.2	\$12,537,140
Benefits					
Defined Contribution Plan		-	-	-	127,362
FICA		-	1,086,036	-	1,114,071
Holiday Pay		-	363,783	-	363,545
Medical		-	2,487,730	-	3,042,449
Payroll Accrual		-	-	-	73,979
Retiree Health		-	744,117	-	814,631
Retirement		-	2,449,134	-	2,474,881
Subtotal		-	\$7,130,800	-	\$8,010,918
Total Salaries and Benefits		230.2	\$20,187,190	239.2	\$20,548,058
Cost Per FTE Position			\$87,694		\$85,903
Statewide Benefit Assessment		-	399,663	-	438,208
Temporary and Seasonal		-	869,360	-	1,726,528
Subtotal		-	\$1,269,023	-	\$2,164,736
Payroll Costs		230.2	\$21,456,213	239.2	\$22,712,794

Personnel

Department Of Human Services Veterans' Affairs

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Building and Grounds Maintenance		-	421,764	-	421,764
Design and Engineering Services		-	115,000	-	15,000
Information Technology		-	103,500	-	103,500
Legal Services		-	1,280	-	5,950
Medical Services		-	839,059	-	836,659
Other Contract Services		-	5,100	-	5,100
Subtotal		-	\$1,485,703	-	\$1,387,973
Total Personnel		230.2	\$22,941,916	239.2	\$24,100,767
Distribution By Source Of Funds					
General Revenue		162.5	16,027,440	171.4	17,578,557
Federal Funds		67.7	6,270,817	67.8	6,502,210
Restricted Receipts		-	643,659	-	20,000
Total All Funds		230.2	\$22,941,916	239.2	\$24,100,767

1 Reflects the addition of 9.0 FTE at the Veterans' Home (in FY 2013) to sufficiently staff clinical and administrative operations following the planned census expansion in FY 2014. These positions are financed for the final quarter of FY 2013 only.

The Program

Department Of Human Services Health Care Quality, Financing & Purchasing

Program Mission

To purchase to purchase medically necessary services covered by the Medicaid State Plan at a reasonable cost while assuring quality and access; to assure the efficiency and economy of services delivered to program recipients by monitoring service providers; to coordinate service-delivery efforts with other state departments and agencies; and to administer the Medical Assistance program in a manner consistent with federal and state laws and regulations.

Program Description

Under the leadership and guidance of the Executive Office of Health and Human Services, DHS supervises disbursements to a number of state agencies, as well as local school districts, for administrative and program activities in support of the Medicaid program. In the Governor's FY 2013 budget, the vast majority of the HCQFP program has been merged into the Central Management program of EOHHS, where it will retain its core functions.

Specifically, the HCQFP program operates a claims processing system, secures financial recoveries from third parties for claims liability, and conducts utilization review of inpatient and outpatient hospital services. To encourage the utilization of community-based services rather than institutional programs, HCQFP administers home and community-based waivers— both directly and through interagency agreements with the Division of Elderly Affairs and the Department of Behavioral Health Care, Developmental Disabilities and Hospitals. HCQFP also administers a demonstration waiver to provide health services to families through a managed care delivery system, known as Rlte Care, and is responsible for administration of a Section 1115 SCHIP waiver amendment to the current managed care program in order to implement the provisions of Health Reform RI 2000 (all individual waivers were combined into a single "Global Waiver" in 2009). This assures that the program serves either persons without access to affordable employer-sponsored insurance, or maintains persons in employer-based insurance, if more cost-effective. HCQFP also administers the Early Intervention Program for at risk children up to age three.

Statutory History

Title XIX of the Federal Social Security Act was enacted by Congress under the provisions of Public Law 89-97. Title 40 Chapter 8 of the Rhode Island General Laws establishes the Rhode Island Medical Assistance Program. Title 42 Chapter 12.3 and Title 40-6.2 of the Rhode Island General Laws authorizes the Department of Human Services to establish and administer the Rlte Care Program, and Section 23-13-22 of the Rhode General Laws authorizes the department to administer the Early Intervention Program.

The Budget

Department Of Human Services Health Care Quality, Financing & Purchasing

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	60,738,411	64,118,781	59,373,254	80,721,646	17,838,116
Total Expenditures	\$60,738,411	\$64,118,781	\$59,373,254	\$80,721,646	\$17,838,116
Expenditures By Object					
Personnel	50,559,963	53,679,010	50,971,888	53,243,990	15,187,836
Operating Supplies and Expenses	3,179,288	2,740,973	2,860,621	2,805,992	2,633,652
Assistance and Grants	6,698,271	7,696,848	5,445,445	24,560,739	10,328
Subtotal: Operating Expenditures	60,437,522	64,116,831	59,277,954	80,610,721	17,831,816
Capital Purchases and Equipment	300,889	1,950	95,300	110,925	6,300
Total Expenditures	\$60,738,411	\$64,118,781	\$59,373,254	\$80,721,646	\$17,838,116
Expenditures By Funds					
General Revenue	19,569,583	19,473,744	18,551,887	18,655,818	8,314,370
Federal Funds	41,168,828	44,645,037	40,761,367	62,005,828	9,523,746
Restricted Receipts	-	-	60,000	60,000	-
Total Expenditures	\$60,738,411	\$64,118,781	\$59,373,254	\$80,721,646	\$17,838,116
Program Measures					
Length of Stay - Pneumonia	8.0	8.1	8.3	8.3	N/A
Objective	2.8	2.8		2.8	N/A
Length of Stay - Angina Pectoris	3.0	3.6	3.7	3.7	N/A
Objective	1.0	1.0		1.0	N/A
Length of Stay - Alcohol Dependency	5.1	5.5	5.6	5.6	N/A
Objective	11.0	11.0		11.0	N/A
Length of Stay - Chest Pain	3.4	3.9	4.0	4.0	N/A
Objective	1.2	1.2		1.2	N/A
Length of Stay - Congestive Heart Failure	7.1	6.8	7.0	7.0	N/A
Objective	1.2	1.2		1.2	N/A
Length of Stay - Depressive Disease	7.4	7.9	7.6	7.6	N/A
Objective	4.0	4.0		4.0	N/A
Length of Stay - Chronic Airway Obstructive Disease	5.5	5.3	5.1	5.1	N/A
Objective	3.3	3.3		3.3	N/A
Length of Stay - Abdominal pain	5.5	5.3	5.4	5.4	N/A
Objective	1.4	1.4		1.4	N/A
Length of Stay - Acute Pancreatitis	5.0	4.9	4.6	4.6	N/A
Objective	3.0	3.0		3.0	N/A
Length of Stay - Recurrent Depression	8.5	8.9	8.9	8.9	N/A
Objective	6.6	6.6		6.6	N/A

Personnel

Department Of Human Services

Health Care Quality, Financing & Purchasing

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Chief Case Work Supervisor	0A34A	1.0	90,987	1.0	91,511
Case Work Supervisor	0A26A	4.0	285,630	4.0	285,749
Supervising Eligibility Technician	0A26A	5.0	355,359	5.0	358,213
Social Case Worker II	0A24A	14.0	874,497	14.0	876,151
Social Case Worker	0A22A	33.0	1,872,820	33.0	1,879,192
Eligibility Technician	0321A	28.0	1,413,967	28.0	1,419,914
Telephone Operator	0310A	1.0	37,321	1.0	37,321
Data Entry Operator	0310A	2.0	74,404	2.0	74,404
Senior Word Processing Typist	0312A	1.0	36,691	1.0	36,691
Word Processing Typist	0310A	4.0	136,487	4.0	136,487
Subtotal		93.0	\$5,178,163	93.0	\$5,195,633
Cost Allocation to Other Programs		(3.0)	(172,263)	(3.0)	(172,837)
Cost Allocation from Other Programs		60.3	2,879,570	60.3	2,905,076
Overtime		-	1,100,000	-	1,000,000
Turnover		-	(388,362)	-	(311,738)
Subtotal		57.3	\$3,418,945	57.3	\$3,420,501
Total Salaries		150.3	\$8,597,108	150.3	\$8,616,134
Benefits					
Defined Contribution Plan		-	-	-	76,162
FICA		-	657,202	-	658,628
Medical		-	1,518,748	-	1,717,388
Payroll Accrual		-	-	-	45,284
Retiree Health		-	521,702	-	529,866
Retirement		-	1,722,834	-	1,613,018
Subtotal		-	\$4,420,486	-	\$4,640,346
Total Salaries and Benefits		150.3	\$13,017,594	150.3	\$13,256,480
Cost Per FTE Position			\$86,611		\$88,200
Statewide Benefit Assessment		-	281,140	-	285,604
Subtotal		-	\$281,140	-	\$285,604
Payroll Costs		150.3	\$13,298,734	150.3	\$13,542,084

Personnel

Department Of Human Services

Health Care Quality, Financing & Purchasing

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Building and Grounds Maintenance		-	1,662	-	1,662
Clerical and Temporary Services		-	800	-	800
Information Technology		-	1,311,412	-	1,414,964
Management and Consultant Services		-	38,405,124	-	-
Other Contract Services		-	226,258	-	228,326
Subtotal		-	\$39,945,256	-	\$1,645,752
Total Personnel		150.3	\$53,243,990	150.3	\$15,187,836
Distribution By Source Of Funds					
General Revenue		75.2	17,262,457	75.2	7,593,918
Federal Funds		75.1	35,981,533	75.1	7,593,918
Total All Funds		150.3	\$53,243,990	150.3	\$15,187,836

The Program

Department Of Human Services Medical Benefits

Program Mission

To assure the availability of high quality health care services to program recipients.

Program Description

The Medical Benefits Program assures quality and access to necessary medical services for eligible recipients, primarily financed through Medicaid. Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program administered by states to provide medical benefits to low income persons who are aged, blind, disabled, or to low income children and families. Medicaid is jointly financed by states and the federal government according to the prevailing Federal Medical Benefits Percentage (FMAP). Rhode Island's FMAP, which is based on a measure of relative per capita personal income, is 52.12 percent for federal fiscal year 2012 and 51.26 percent for federal fiscal year 2013.

EOHHS, in accordance with the Global Consumer Choice Compact Waiver and a multitude of state and federal laws, specifies the scope of covered services, establishes fees for services and reimbursement rates for hospital and nursing facility services, and adjudicates and pays claims for medical services submitted by providers. The Medical Benefits Program covers a broad scope of medical services provided to eligible individuals by service providers licensed by the Department of Health or other appropriate state or federal accrediting authority, and enrolled as service providers by the Medical Benefits Program.

In the Governor's FY 2013 Budget, this program (renamed as "Medical Assistance") is relocated in its entirety to the budget of the Executive Office of Health and Human Services.

Statutory History

Title XIX of the Social Security Act was enacted by Congress under the provision of Public Law 89-97 on July 30, 1965. The Rhode Island Medical Benefits Program was implemented under Title 40, Chapter 8 of the Rhode Island General Laws. Title 42 Chapter 12.3 and Title 40-6.2 of the Rhode Island General Laws authorized the Department of Human Services to establish and administer the RIte Care Program.

The Budget

Department Of Human Services Medical Benefits

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Hospitals	242,629,803	247,406,604	240,371,850	239,062,103	-
Nursing Facilities	394,960,268	403,447,723	415,319,617	418,900,000	-
Managed Care	546,513,231	574,199,134	620,332,851	602,000,000	-
Other Services	108,806,756	123,500,877	118,007,014	116,500,000	-
Special Education	23,246,818	20,203,556	20,837,655	18,350,000	-
Pharmacy	39,262,079	37,733,842	56,124,448	53,300,000	-
Rhody Health	155,560,734	176,948,036	191,200,842	193,000,000	-
Total Expenditures	\$1,510,979,689	\$1,583,439,772	\$1,662,194,277	\$1,641,112,103	-
Expenditures By Object					
Operating Supplies and Expenses	57,915	57,636	-	-	-
Assistance and Grants	1,510,921,774	1,583,382,136	1,662,194,277	1,641,112,103	-
Subtotal: Operating Expenditures	1,510,979,689	1,583,439,772	1,662,194,277	1,641,112,103	-
Total Expenditures	\$1,510,979,689	\$1,583,439,772	\$1,662,194,277	\$1,641,112,103	-
Expenditures By Funds					
General Revenue	558,717,247	625,398,981	785,968,544	784,011,357	-
Federal Funds	945,995,707	949,365,996	865,091,738	845,962,103	-
Restricted Receipts	6,266,735	8,674,795	11,133,995	11,138,643	-
Total Expenditures	\$1,510,979,689	\$1,583,439,772	\$1,662,194,277	\$1,641,112,103	-
Program Measures					
Neonatal Intensive Care Unit Admissions Per 1,000 Live Births	98.8	89.0	89.0	89.0	N/A
Objective	89.0	89.0		89.0	N/A
Number of Physician Office Visits per Rite Care Enrollee	5.6	5.6	5.2	5.2	N/A
Objective	5.0	5.0		5.0	N/A
Number of Emergency Room Care Visits per 1,000 Rite Care Enrollees	680	630	630	630	N/A
Objective	560	560		560	N/A
Number of Hospital Days per 1,000 Rite Care Enrollees	568	568	570	570	N/A
Objective	570	570		570	N/A

The Program

Department Of Human Services Supplemental Security Income Program

Program Mission

To provide financial aid to individuals who are aged, blind, or disabled and who do not have sufficient resources to maintain a reasonable standard of health and well-being.

Program Description

The Supplemental Security Income (SSI) Program provides a floor of income for aged, blind and disabled persons who have little or no income or other resources. The basic federal SSI Cash Assistance Grant, annually adjusted for inflation, is funded in full by the federal government. Because the federal payment leaves many recipients below the federal poverty level, certain states have chosen to provide a supplement to the federal benefit; financed with state funds. Rhode Island now administers this state payment process separately from the federal SSA. Persons eligible for SSI are also eligible, under specified criteria, for in-state moving expenses, and for needs resulting from an emergency of a catastrophic nature.

Since the inception of SSI in 1974, the program caseload has grown each year. This reflects an increase in the aging population, new and emerging disabilities, less stringent disability requirements, and increases in allowable resource limits.

Statutory History

Title XVI of the Federal Social Security Act in 1974 created a federally administered Supplemental Security Income Program. This program replaced the assistance program previously administered by the State, which provided aid to aged, blind, and disabled Rhode Islanders. Title 40 Chapter 6 of the Rhode Island General Laws established the Supplemental Security Income Program.

The Budget

Department Of Human Services Supplemental Security Income Program

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	22,249,416	20,936,170	18,000,600	18,777,600	18,622,000
Total Expenditures	\$22,249,416	\$20,936,170	\$18,000,600	\$18,777,600	\$18,622,000
Expenditures By Object					
Assistance and Grants	22,249,416	20,936,170	18,000,600	18,777,600	18,622,000
Subtotal: Operating Expenditures	22,249,416	20,936,170	18,000,600	18,777,600	18,622,000
Total Expenditures	\$22,249,416	\$20,936,170	\$18,000,600	\$18,777,600	\$18,622,000
Expenditures By Funds					
General Revenue	22,249,416	20,936,170	18,000,600	18,777,600	18,622,000
Total Expenditures	\$22,249,416	\$20,936,170	\$18,000,600	\$18,777,600	\$18,622,000

The Program

Department Of Human Services Rhode Island Works

Program Mission

To provide assistance to clients to aid the transition to self-sufficiency.

Program Description

The Rhode Island Works Program (RIW), formerly the Family Independence Program (FIP), provides support, including child care and cash payments to needy children and their families, and also represents a strong emphasis on requiring families who receive cash assistance to prepare for, and achieve, employment.

When the federal TANF Program was reauthorized under Deficit Reduction Act of 2005, more stringent policies and accountability mandates were instituted. Rhode Island therefore needed to revamp its FIA welfare program and in June 2008, the Rhode Island Works Program was enacted. After thirteen years under FIP, which had a 60 month time limit for parents and maintained ongoing cash assistance for children even after parents time off the program, Rhode Island again tackled the chance to reform its program. Using many of the valuable lessons learned on services to low income children and parents a new cash assistance program was crafted. R.I. Works created shorter time limits on cash assistance (24 in 60 months, capped at 48 months for both parents and children).

The emphasis in RIW is to achieve gainful employment and self-sufficiency, with the ultimate outcome of strong, healthy families. RIW promotes work as the source of family income and has a lifetime limit of 60 months for the receipt of cash assistance. Child care, health care, and other supportive services are an entitlement to those families pursuing economic independence. While on cash assistance, RIW beneficiaries may participate in intensive readiness services if they lack literacy skills, or if they have little or no paid work experience. To further assist RIW parents, opportunities are available to participate in short term vocational training for up to 12 months as long as the program is designed to lead to full time employment. Enhanced financial incentives in the form of income allowances encourage families to increase earned income without immediately closing to cash assistance. Under RIW, child care is considered an essential component of the long-range plan to move clients from dependence to independence.

Statutory History

The Aid to Families with Dependent Children (AFDC) Program, which was initiated in the 1930s as Title IV of the Social Security Act, is replaced by the Temporary Assistance for Needy Families (TANF) in Title I of PRWORA. Child care funding is provided under Title VI of PRWORA. Title 40, Chapter 5.2 of the General Laws sets forth the Rhode Island Works Program.

The Budget

Department Of Human Services Rhode Island Works

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
RI Works	43,781,950	38,943,917	37,219,550	40,829,172	42,480,604
Child Care	46,836,781	48,756,512	48,921,000	47,065,725	47,728,446
Total Expenditures	\$90,618,731	\$87,700,429	\$86,140,550	\$87,894,897	\$90,209,050
Expenditures By Object					
Operating Supplies and Expenses	32,767	8,476	-	-	-
Assistance and Grants	90,585,964	87,691,953	86,140,550	87,894,897	90,209,050
Subtotal: Operating Expenditures	90,618,731	87,700,429	86,140,550	87,894,897	90,209,050
Total Expenditures	\$90,618,731	\$87,700,429	\$86,140,550	\$87,894,897	\$90,209,050
Expenditures By Funds					
General Revenue	7,142,693	9,251,637	9,668,635	9,668,635	9,392,481
Federal Funds	83,476,038	78,448,792	76,471,915	78,226,262	80,816,569
Total Expenditures	\$90,618,731	\$87,700,429	\$86,140,550	\$87,894,897	\$90,209,050
Program Measures					
Percent of RI Works Families with Earned Income	17.0%	15.3%	15.3%	15.3%	16.0%
Objective	26.0%	26.0%		26.0%	26.0%
Job Retention Rate for RI Works Families	14.3%	23.0%	28.0%	28.0%	35.0%
No Longer Receiving Cash Assistance					
Objective	40%	40%		40%	40%

The Program

Department Of Human Services State Funded Programs

Program Mission

To administer the General Public Assistance Program (GPA), which provides: (1) medical services to ill or disabled individuals who do not qualify for other federal programs, (2) emergency cash assistance for individuals who experience extreme financial hardship, (3) interim cash assistance individuals who are accepted for Title XIX Medical Assistance (Medicaid), but pending eligibility application for federal Social Security benefits (SSI), and (4) burial and funerary services for the indigent.

Program Description

The General Public Assistance (GPA) Program is designed to meet the health care needs of incapacitated and unemployable persons who are suffering from an illness, injury, or medical condition and do not qualify for other public assistance programs. The program provides for limited medical assistance (known as "GPA Medical" or GMED), consisting of physician services and a limited formulary of prescription medications. The GPA "Bridge" program provides interim cash assistance for totally disabled individuals who maintain a pending, but not yet approved, application for Supplemental Security Income (SSI). The GPA program also provides subsidized burials and funeral services for indigent persons. At the discretion of the Director of Human Services, very limited cash assistance is available from a special hardship contingency fund. Under state welfare reform statutes, two parent families who had formerly received services from GPA became eligible under FIP (now RIW).

Also Note: Though federally financed, benefit disbursements provided under the Supplemental Nutrition Assistance Program (SNAP) are budgeted within this program. However, administrative responsibility for SNAP is maintained by the Individual and Family Support program, with associated budgetary resources housed within that program.

Statutory History

Title 40 Chapter 6 of the Rhode Island General Laws (RIGL) established the General Public Assistance Program. R.I.G.L 40-6-8(d) established the State's administrative role with regard to the federal SNAP program.

The Budget

Department Of Human Services State Funded Programs

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Food Stamps - Benefits	225,310,142	263,761,762	298,243,902	298,243,902	298,243,902
General Public Assistance	3,279,154	3,478,439	3,466,535	3,502,120	3,502,120
Total Expenditures	\$228,589,296	\$267,240,201	\$301,710,437	\$301,746,022	\$301,746,022
Expenditures By Object					
Operating Supplies and Expenses	224,085	169,679	-	-	-
Assistance and Grants	228,365,211	267,070,522	301,710,437	301,746,022	301,746,022
Subtotal: Operating Expenditures	228,589,296	267,240,201	301,710,437	301,746,022	301,746,022
Total Expenditures	\$228,589,296	\$267,240,201	\$301,710,437	\$301,746,022	\$301,746,022
Expenditures By Funds					
General Revenue	2,234,708	2,445,265	2,491,925	2,915,669	2,541,960
Federal Funds	226,354,588	264,794,936	299,218,512	298,830,353	299,204,062
Total Expenditures	\$228,589,296	\$267,240,201	\$301,710,437	\$301,746,022	\$301,746,022

The Program

Department Of Human Services Elderly Affairs

Program Mission

As outlined in the Division of Elderly Affairs' State Plan on Aging under the Older Americans Act, (OAA) and in the relevant laws and policies of the State of Rhode Island, the Division is dedicated to providing leadership and advocacy in emerging elder issues. The Division is committed to providing services that are consumer-focused, high quality and easily accessible. The Division will continue to enhance and implement a comprehensive coordinated system of elder service delivery that expands the options for community-based care for all older Rhode Islanders, their families, caregivers and adults with disabilities. The Division will work to strengthen programs and services that enable older Rhode Islanders to live an independent, healthy and dignified lifestyle while continuing to make meaningful contributions in the community. DEA will also continue to serve as the statewide advocacy agency for the needs of elders and adults with disabilities.

Program Description

The Division of Elderly Affairs is the designated State Agency on Aging for Rhode Island. As such, the Division is responsible for the development and implementation of a comprehensive, coordinated system of community-based care for persons sixty years of age and older and adults with disabilities. The Division is headed by a director who is appointed by the Governor. Divisional responsibilities include developing and implementing a State Plan on Aging under the Federal Older Americans Act (OAA) and serving as the state's Single Planning and Service Area on Aging under the Older Americans Act. The primary focus of the Division of Elderly Affairs is to preserve the independence, dignity and capacity for choice of seniors, their families and caregivers. The Division is the lead state agency advocate to protect and preserve the rights of older individuals; operates services designed to assist seniors in remaining independent in the community and administers and funds a wide range of community programs, activities and services. Some services are provided directly by the Division staff, but many are provided through a strong and coordinated community-based network of senior centers, adult day centers, nutrition programs, senior housing and assisted living facilities, home care, advocacy groups, the Aging and Disability Resource Center (The POINT), Community Information Specialists (statewide regional POINTS), and other community partners. The Division's grants management staff and DEA Program staff coordinate the efforts and activities of the State Aging Network through the allocation and monitoring of federal and state funds.

Statutory History

The Department (now Division) of Elderly Affairs was created in 1977. R.I.G.L. 42-66 established and provides for the organization and functions of the department. Federal authority rests under the Older Americans Act of 1965 as amended. Article 9 of the FY 2012 Appropriations Act merged the former DEA as a division within the Department of Human Services.

The Budget

Department Of Human Services Elderly Affairs

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Administrative Services	891,085	448,191	237,281	332,605	524,843
Program Services	23,076,156	25,794,688	26,643,221	28,440,359	27,671,058
RIPAE	1,259,625	1,087,781	946,091	946,091	746,091
Total Expenditures	\$25,226,866	\$27,330,660	\$27,826,593	\$29,719,055	\$28,941,992
Expenditures By Object					
Personnel	2,525,148	2,750,038	2,982,410	2,948,422	3,092,737
Operating Supplies and Expenses	452,617	175,096	736,264	721,676	868,685
Assistance and Grants	22,346,743	24,388,091	24,009,416	25,957,454	24,889,067
Subtotal: Operating Expenditures	25,324,508	27,313,225	27,728,090	29,627,552	28,850,489
Capital Purchases and Equipment	2,358	17,435	98,503	91,503	91,503
Operating Transfers	(100,000)	-	-	-	-
Total Expenditures	\$25,226,866	\$27,330,660	\$27,826,593	\$29,719,055	\$28,941,992
Expenditures By Funds					
General Revenue	7,994,872	9,609,437	9,485,036	9,587,589	10,341,036
Federal Funds	16,491,994	17,621,223	17,769,466	19,559,375	18,028,865
Restricted Receipts	740,000	100,000	572,091	572,091	572,091
Total Expenditures	\$25,226,866	\$27,330,660	\$27,826,593	\$29,719,055	\$28,941,992
Program Measures					
Percentage of Elder Abuse Involving the Same Victim	36.0%	32.7%	33.0%	33.0%	33.0%
Objective	0.0%	0.0%		0.0%	0.0%
Self-Neglect Percentage of Reports Involving the Same Victim	39.0%	30.0%	30.0%	30.0%	30.0%
Objective	0.0%	0.0%		0.0%	0.0%
Percentage of Elder Abuse and Self-Neglect Reports Involving the Same Victim following Early Intervention	1.9%	1.5%	1.4%	1.4%	1.3%
Objective	0.0%	0.0%		0.0%	0.0%

Personnel

Department Of Human Services

Elderly Affairs

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Classified					
Assistant Admin Comm & Plan Services	135	1.0	90,662	1.0	90,662
Assistant Director	139	1.0	90,369	1.0	92,362
Chief Human Services Business Officer	133	1.0	85,549	1.0	85,549
Home and Community Care Coordinator	331	1.0	77,860	1.0	77,860
Chief Resource Specialist	131	1.0	76,446	1.0	77,971
Chief Program Development	134	3.0	221,294	3.0	224,026
Clinical Social Worker	B27	1.0	73,109	1.0	73,109
Fiscal Management Officer	326	1.0	71,162	1.0	71,162
Health Promotion Coordinator	329	1.0	64,349	1.0	67,421
Human Services Program Planner	327	1.0	60,328	1.0	60,328
Human Policy & System Specialist	324	2.0	115,464	2.0	117,477
Sr Resource Specialist	323	1.0	56,024	1.0	56,024
Customer Service Specialist III	323	1.0	56,019	1.0	57,656
Resource Specialist	322	1.0	55,969	1.0	55,969
Social Caseworker II	B24	6.0	333,667	6.0	339,438
Sr. Housing Specialist	326	1.0	54,948	1.0	56,941
Information Aide	315	1.0	43,603	1.0	45,151
Customer Service Specialist II	323	3.0	127,585	3.0	130,498
Subtotal		28.0	\$1,754,407	28.0	\$1,779,604
Unclassified					
Director	944	1.0	95,387	1.0	95,387
Asst Administrative Officer	124	1.0	47,831	1.0	49,334
Subtotal		2.0	\$143,218	2.0	\$144,721
Turnover		-	(49,717)	-	-
Subtotal		-	(\$49,717)	-	-
Total Salaries		30.0	\$1,847,908	30.0	\$1,924,325
Benefits					
Defined Contribution Plan		-	-	-	19,243
FICA		-	141,365	-	147,212
Medical		-	293,137	-	333,497
Payroll Accrual		-	-	-	11,441
Retiree Health		-	126,766	-	132,007
Retirement		-	424,649	-	407,552
Subtotal		-	\$985,917	-	\$1,050,952
Total Salaries and Benefits		30.0	\$2,833,825	30.0	\$2,975,277
Cost Per FTE Position			\$94,461		\$99,176
Statewide Benefit Assessment		-	69,297	-	72,160
Subtotal		-	\$69,297	-	\$72,160
Payroll Costs		30.0	\$2,903,122	30.0	\$3,047,437

Personnel

Department Of Human Services Elderly Affairs

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Clerical and Temporary Services		-	200	-	200
Information Technology		-	36,000	-	36,000
Management and Consultant Services		-	5,200	-	5,200
Other Contract Services		-	3,900	-	3,900
Subtotal		-	\$45,300	-	\$45,300
Total Personnel		30.0	\$2,948,422	30.0	\$3,092,737
Distribution By Source Of Funds					
General Revenue		5.9	639,898	10.8	1,164,677
Federal Funds		24.1	2,308,524	19.2	1,928,060
Total All Funds		30.0	\$2,948,422	30.0	\$3,092,737

Child Support Enforcement

Current Child Support Collected as a Percentage of Current Child Support Owed

This indicator is a measure of current child support collected as a percentage of current child support owed during each federal fiscal year. This standard is related to Child Support Enforcement's stated function to help strengthen families through financial support, and to reduce welfare dependency by ensuring that parents live up to their responsibilities of supporting their children.

The benchmark is the latest available national percentage of current child support owed that is collected on a federal fiscal year basis.

Veterans' Affairs

Percentage of Persons Completing the Veterans' Transitional Supportive Program Who Secure Housing by program Completion

This indicator measures the percentage of veterans participating in the Veterans' Transitional Supportive Program who secure housing by the end of the program. The Veterans' Transitional Supportive Program is a six month program designed for homeless veterans to assist in securing housing and income supports. Veterans who do not require nursing home care are eligible.

The department's benchmark is based on the effectiveness of thirteen federal programs for homeless veterans in the United States. The benchmark is the latest available national average.

Department Of Human Services Performance Measure Narratives

Health Care Quality, Financing & Purchasing

Length of Stay - Pneumonia

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Angina Pectoris

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Alcohol Dependency

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Department Of Human Services Performance Measure Narratives

Length of Stay - Chest Pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Congestive Heart Failure

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Depressive Disease

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Department Of Human Services Performance Measure Narratives

Length of Stay - Chronic Airway Obstructive Disease

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Abdominal pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Acute Pancreatitis

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Department Of Human Services Performance Measure Narratives

Length of Stay - Recurrent Depression

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Department Of Human Services Performance Measure Narratives

Medical Benefits

Neonatal Intensive Care Unit Admissions Per 1,000 Live Births

This indicator measures the percentage of neonatal intensive care unit admissions per 1,000 live births covered under the RItE Care program. Neonatal intensive care unit admissions are very sensitive to lifestyle factors in the population of pregnant females and rates vary from approximately eighty per thousand to one hundred and twenty per thousand, depending on the prevalence of risk factors in the population. This measure is indicative of improvements in the quality of prenatal health and nutrition care for pregnant females resulting in increased survival rates in low birth rate infants. Neonatal intensive care unit admissions are monitored and reported through the Medical Management Information System.

Number of Physician Office Visits per Rite Care Enrollee

These measures reflect the number of physician office visits per RItE Care Enrollee per one thousand RItE Care enrollees. The goal is to increase the rate of RItE Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the RItE Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

Note that earlier versions of this report contained estimates and objectives based on the original managed care experience and the expectation of the impact of managed care in the Medicaid market. Since that time there have been changes in the federal regulations and in standards of care (e.g., required length of hospital stay) which have led to increases in utilization of certain types of care which have required that we modify our objectives. These adjustments are reflected in this report.

Number of Emergency Room Care Visits per 1,000 Rite Care Enrollees

These measures reflect the number of emergency room care visits per one thousand RItE Care enrollees. The goal is to increase the rate of RItE Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the RItE Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

Note that earlier versions of this report contained estimates and objectives based on the original managed care experience and the expectation of the impact of managed care in the Medicaid market. Since that time there have been changes in the federal regulations and in standards of care (e.g., required length of hospital stay) which have led to increases in utilization of certain types of care which have required that we modify our objectives. These adjustments are reflected in this report.

Department Of Human Services Performance Measure Narratives

Number of Hospital Days per 1,000 Rite Care Enrollees

These measures reflect the number of hospital days per one thousand Rite Care enrollees. The goal is to increase the rate of Rite Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rite Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

Note that earlier versions of this report contained estimates and objectives based on the original managed care experience and the expectation of the impact of managed care in the Medicaid market. Since that time there have been changes in the federal regulations and in standards of care (e.g., required length of hospital stay) which have led to increases in utilization of certain types of care which have required that we modify our objectives. These adjustments are reflected in this report.

Rhode Island Works

Percent of RI Works Families with Earned Income

This indicator measures the percentage of Rhode Island Works (RIW) families, receiving some cash assistance, which also have earned income, i.e., families with a working parent or parents receiving a reduced RIW monthly grant. The data is extracted from the InRhodes client database. The continuing economic downturn in SFY 11 has greatly affected low income families, depressing their ability to obtain and maintain even part-time employment.

Job Retention Rate for RI Works Families No Longer Receiving Cash Assistance

A successful outcome for participants of the Rhode Island Works (RIW) is the ability of parents to obtain financial independence through stable employment. The Department of Human Services provides pre-placement training, education, job placement, and some job retention services for a minimum of twelve months after closing their cash assistance. When families close to cash assistance due to income exceeding RI Works standards but continue to receive work supports of Medical Assistance, Child Care, or Supplemental Nutrition Assistance, the InRhodes eligibility tracking system continues to run data matches with the State Wage Information Collection Agency (SWICA). Earnings information is reported at quarterly intervals by employers to SWICA and within six months is able to be shared with the Department of Human Services. Through sampling, it is possible to estimate job retention for former RI Works parents at 6 months post-employment.

Department Of Human Services Performance Measure Narratives

Elderly Affairs

Percentage of Elder Abuse Involving the Same Victim

This indicator measures repeated abuse on the part of perpetrator(s) toward the same elder victim within a twelve-month period. The Elder Protection Services Program seeks to reduce the elder abuse recidivism rate by investigating complaints of alleged abuse of persons 60 years of age or older, intervening to alleviate abuse, and coordinating available services.

The department's goal is to reduce the recidivism rate to zero, while the department seeks to lower recidivism each year.

Self-Neglect Percentage of Reports Involving the Same Victim

This indicator measures repeated self-neglect involving the same victim within a twelve-month period. The program assists adults, 60 and over, who, due to physical and/or mental impairments or diminished capacity, have difficulty performing essential self-care tasks. Such self-care tasks include securing food, clothing, shelter, and medical care, obtaining services necessary to maintain physical health, mental health, emotional well-being and general safety, and managing financial affairs. The Department of Elderly Affairs and community agency staff work cooperatively to meet the needs of these elders.

The department's goal is to reduce the recidivism to zero, while the department seeks to lower recidivism each year.

Percentage of Elder Abuse and Self-Neglect Reports Involving the Same Victim following Early Intervention

This indicator measures repeated abuse on the part of perpetrator(s) toward the same elder victim within a twelve-month period and repeated self-neglect involving the same victim within a twelve-month period both following early intervention. The Elder Protection Services Program seeks to reduce the elder abuse and self-neglect recidivism rates.

The department's goal is to reduce the recidivism rates to zero, while the department seeks to lower recidivism each year.

Agency

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Agency Mission

The mission of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is to administer and coordinate a comprehensive system of care for Rhode Island citizens with specific disabilities (i.e. mental illness, physical illness, developmental disability) and with substance use disorders or addiction; and to organize and administer a coordinated system of mental health promotion and substance abuse prevention.

Agency Description

BHDDH accomplishes its mission under its statutory responsibilities to fund, plan, design, develop, administer, and coordinate within its legislated, annual budget. The mission is carried out through a contracted, community-based service delivery system with the exceptions of direct services provided through the Eleanor Slater Hospital and RI Community Living and Supports (RICLAS).

In the last fiscal year, BHDDH licensed 643 programs and delivered services to approximately 48,000 consumers within three priority populations: developmental disabilities; behavioral healthcare (mental illness and substance abuse); and hospital level of care for chronic illness. The bulk of these services are offered through contracted and BHDDH-licensed programs. Direct services to BHDDH consumers are offered through the Eleanor Slater Hospital, a Joint Commission of Accreditation of Healthcare Organizations (JCAHO) accredited hospital; and through RICLAS within Developmental Disabilities for approximately 217 consumers. Typical BHDDH programs and services include individualized support plans for day, residential or family support services for individuals with developmental disabilities, individualized treatment and recovery plans, housing, vocational programs, inpatient treatment for mental health, inpatient treatment for substance abuse, outpatient treatment for mental health, outpatient treatment for substance abuse, inpatient psychiatric forensic services, hospital level care for physical illness, and prevention services for substance abuse.

In order to fulfill its mission, the Department is organized to provide services to distinct priority populations of consumers who represent the most vulnerable citizens of Rhode Island. The Director of BHDDH provides leadership, overall policy direction, resource management, and guidance for the Department in pursuit of its mission.

Statutory History

R.I.G.L. 42-12.1-1 et seq, established the organization and functions of the Department. The Department's statutory functions are identified as Mental Health, Mental Retardation and Developmental Disabilities, Curative and Forensic Services, and Substance Abuse Services under R.I.G.L 40.1-1-1 et seq. A number of other functions are also assigned by statute.

Budget

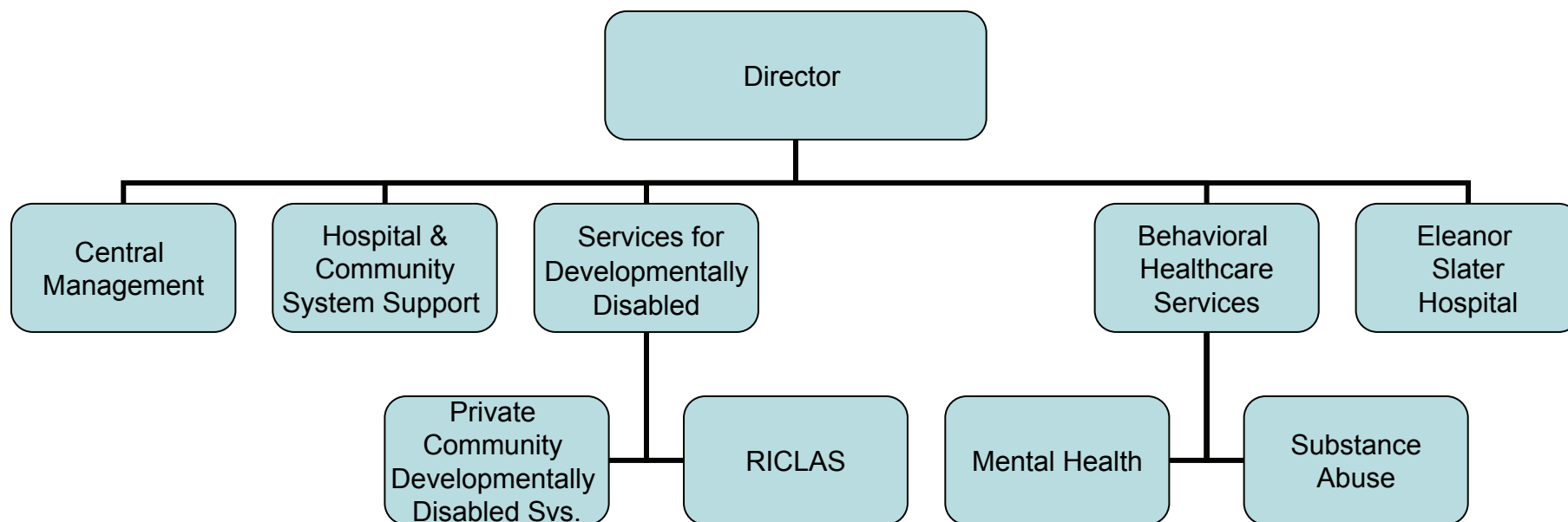
Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	801,112	810,306	1,149,644	1,097,171	1,159,154
Hospital & Community System Support	2,643,280	3,011,927	4,370,866	6,048,927	4,782,738
Service for the Developmentally Disabled	245,908,360	242,557,138	212,682,316	213,774,702	216,250,351
Behavioral Healthcare Services	79,964,888	102,085,765	108,742,469	108,871,508	111,024,517
Hospital & Community Rehabilitation Svcs	98,099,652	102,486,998	114,177,032	103,119,299	112,434,763
Substance Abuse	31,512,922	-	-	-	-
Total Expenditures	\$458,930,214	\$450,952,134	\$441,122,327	\$432,911,607	\$445,651,523
Expenditures By Object					
Personnel	113,674,409	120,168,989	114,771,101	121,514,768	121,762,724
Operating Supplies and Expenses	12,931,668	12,240,261	12,106,275	12,265,085	16,660,310
Assistance and Grants	326,235,639	311,231,679	288,856,158	288,059,405	290,397,448
Subtotal: Operating Expenditures	452,841,716	443,640,929	415,733,534	421,839,258	428,820,482
Capital Purchases and Equipment	1,355,173	3,027,595	25,388,793	11,072,349	16,831,041
Operating Transfers	4,733,325	4,283,610	-	-	-
Total Expenditures	\$458,930,214	\$450,952,134	\$441,122,327	\$432,911,607	\$445,651,523
Expenditures By Funds					
General Revenue	160,665,295	172,743,967	184,249,569	187,096,919	189,309,190
Federal Funds	287,059,335	267,384,605	225,489,947	228,999,437	233,935,148
Restricted Receipts	7,747,477	6,941,943	7,997,979	7,118,447	7,188,834
Operating Transfers from Other Funds	3,458,107	3,881,619	23,384,832	9,696,804	15,218,351
Total Expenditures	\$458,930,214	\$450,952,134	\$441,122,327	\$432,911,607	\$445,651,523
FTE Authorization	1,294.0	1,372.2	1,378.2	1,383.2	1,383.2
Agency Measures					
Minorities as a Percentage of the Workforce	21.0%	25.2%	26.2%	26.2%	26.2%
Females as a Percentage of the Workforce	68.5%	69.8%	68.9%	68.9%	68.9%
Persons with Disabilities as a Percentage of the Workforce	3.0%	2.3%	1.8%	1.8%	1.8%

The Agency

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

139



Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Agency Summary

	FY 2012		FY 2013	
Distribution by Category				
Classified	1,377.2	70,770,111	1,377.2	71,260,421
Unclassified	6.0	617,988	6.0	617,988
Overtime	-	10,300,061	-	3,348,636
Turnover	-	(7,849,477)	-	(4,605,872)
Total Salaries	1,383.2	\$73,838,683	1,383.2	\$70,621,173
Benefits				
Defined Contribution Plan	-	-	-	672,723
FICA	-	5,875,965	-	5,658,889
Holiday Pay	-	1,820,600	-	1,819,692
Medical	-	14,927,112	-	17,569,259
Payroll Accrual	-	-	-	404,954
Retiree Health	-	4,351,924	-	4,633,770
Retirement	-	14,579,876	-	14,247,236
Total Salaries and Benefits	1,383.2	\$115,394,160	1,383.2	\$115,627,696
Cost Per FTE Position		\$83,426		\$83,594
Statewide Benefit Assessment	-	2,378,699	-	2,502,497
Temporary and Seasonal	-	2,157,461	-	2,508,274
Payroll Costs	1,383.2	\$119,930,320	1,383.2	\$120,638,467
Purchased Services				
Building and Grounds Maintenance	-	150,481	-	151,041
Clerical and Temporary Services	-	68,863	-	67,363
Information Technology	-	1,900	-	1,900
Legal Services	-	2,562	-	2,562
Management and Consultant Services	-	38,000	-	38,000
Medical Services	-	77,896	-	74,896
Other Contract Services	-	1,036,395	-	640,841
Training and Educational Services	-	79,553	-	68,856
University and College Services	-	128,798	-	78,798
Total Personnel	1,383.2	\$121,514,768	1,383.2	\$121,762,724
Distribution by Source of Funds				

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Agency Summary

	FY 2012		FY 2013	
General Revenue	677.3	59,886,097	696.7	61,656,437
Federal Funds	675.6	58,750,223	657.5	57,329,193
Restricted Receipts	30.3	2,878,448	29.0	2,777,094
Total All Funds	1,383.2	\$121,514,768	1,383.2	\$121,762,724

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Central Management

Program Mission

Provide leadership, policy direction and management guidance to assure the department's mission meets the needs of Rhode Island citizens with disabilities and those with substance abuse or addiction problems.

Redesign critical and often cross-cutting functions so that they become more responsive, efficient and effective.

Identify priority population's trends and service needs so that new and emerging needs together with established programs share existing, budgeted resources.

Expand public awareness and knowledge of the mission of the department through community forums and through advocacy, emphasizing consumer choice, consumer relations and family involvement.

Provide Behavioral Health Disaster Emergency Response.

Program Description

The Director provides leadership, overall policy direction, resource management, and guidance for the Department in pursuit of its mission. BHDDH is organized into two major functional components-the administration of behavioral health and developmental disability services provided by privately-operated agencies and the administration of publicly-operated agencies and the administration of publicly-operated, 24/7 operations of Eleanor Slater Hospital and RICLAS. The administration of privately-operated agency services is organized in three functional components: Clinical Services, Program Services and Contracts and Logistics. These functional components manage, coordinate, and support services to individuals with developmental disabilities, those suffering from mental illness and substance use disorders; as well as support, the promotion of mental health and substance abuse prevention activities.

The Office of the Director performs the functions of Departmental administration, legislative affairs, constituent affairs, community and provider involvement, advocacy outreach, policy administration, hospital appeals, strategic planning, and promotion of the department's mission through public education and community forums. The Office of the Director supports the entire Department by providing: licensing of all programs, coordination and management of initiatives and projects that cross all Departmental program and operational units, emergency management, performance improvement, and funds development, and planning and overseeing of construction/renovation for buildings which support departmental functions.

Statutory History

Rhode Island General Laws 42-12.1-1 et seq. established the organization and functions of the Department. The Department's statutory functions are identified as Mental Health, Mental Retardation and Developmental Disabilities, Curative Services, Forensic Services, and Substance Abuse services under Rhode Island General Laws 40.1-1-1 et.seq. A number of other functions are also assigned by statute.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	801,112	810,306	1,149,644	1,097,171	1,159,154
Total Expenditures	\$801,112	\$810,306	\$1,149,644	\$1,097,171	\$1,159,154
Expenditures By Object					
Personnel	613,441	690,991	981,710	927,720	962,731
Operating Supplies and Expenses	128,955	108,820	136,036	137,553	164,525
Assistance and Grants	1,374	1,894	1,750	1,750	1,750
Subtotal: Operating Expenditures	743,770	801,705	1,119,496	1,067,023	1,129,006
Capital Purchases and Equipment	57,342	8,601	30,148	30,148	30,148
Total Expenditures	\$801,112	\$810,306	\$1,149,644	\$1,097,171	\$1,159,154
Expenditures By Funds					
General Revenue	801,112	810,306	829,195	776,722	797,214
Federal Funds	-	-	320,449	320,449	361,940
Total Expenditures	\$801,112	\$810,306	\$1,149,644	\$1,097,171	\$1,159,154
Program Measures					
Percentage of Providers Using Web-Based Complaint/Incident Reporting System	N/A	N/A	80.0%	80.0%	90.0%
Objective	N/A	N/A		80.0%	90.0%
Number of Serious Incidents Reported	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of DD Clients with Physical Restraints Included in Their Behavioral Plan	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of BH Providers Compliant with Staff Competency and Training Requirements	N/A	N/A	25.0%	25.0%	30.0%
Objective	100.0%	100.0%		100.0%	100.0%
Percentage of DD Providers Compliant with ISP Requirements	N/A	N/A	25.0%	25.0%	30.0%
Objective	100.0%	100.0%		100.0%	100.0%
Percentage of Community Residences Compliant with Fire Alarm and Sprinkler Code	N/A	N/A	17.0%	17.0%	25.0%
Objective	N/A	N/A		100.0%	100.0%
Licensed Services per Facility Surveyor	221	663	221	221	221
Objective	166	166		166	166

Percentage of ESH and RICLAS Clients who are Medicaid Eligible	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		96.0%	96.0%
Percentage of ESH and RICLAS Clients with Non-Medicaid Revenue	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Total ESH and RICLAS Non-Medicaid Revenue (in millions)	\$7.8	\$6.8	\$6.6	\$6.6	\$6.6
Objective	N/A	N/A		N/A	N/A
Percentage of ESH and RICLAS Claims Processed Successfully	N/A	N/A	90.0%	90.0%	95.0%
Objective	N/A	N/A		90.0%	95.0%
Percentage of Financial Reports Submitted On Time	N/A	N/A	85.0%	85.0%	90.0%
Objective	N/A	N/A		85.0%	90.0%

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Central Management

			FY 2012	FY 2013
Classified				
Executive Director (Envir Health)	0144A	1.0	110,372	110,372
Administrator II (MHRH)	0138A	1.0	88,092	92,793
Principal Health Facility Survey	0329A	3.0	207,272	207,272
Chief of Information and Public Relations	0129A	1.0	53,751	53,751
Chief Clerk	0B16A	1.0	49,184	49,184
	Subtotal	7.0	\$508,671	\$513,372
Unclassified				
Director (BHDDH)	950KF	1.0	143,206	143,206
	Subtotal	1.0	\$143,206	\$143,206
Turnover		-	(72,690)	(57,831)
	Subtotal	-	(\$72,690)	(\$57,831)
	Total Salaries	8.0	\$579,187	\$598,747
Benefits				
Defined Contribution Plan		-	-	5,987
FICA		-	41,826	43,321
Medical		-	66,610	75,267
Payroll Accrual		-	-	3,524
Retiree Health		-	39,730	41,071
Retirement		-	133,093	126,807
	Subtotal	-	\$281,259	\$295,977
	Total Salaries and Benefits	8.0	\$860,446	\$894,724
	Cost Per FTE Position		\$107,556	\$111,841
Statewide Benefit Assessment		-	21,716	22,449
	Subtotal	-	\$21,716	\$22,449
	Payroll Costs	8.0	\$882,162	\$917,173
Purchased Services				
Building and Grounds Maintenance		-	2,318	2,318
Clerical and Temporary Services		-	363	363
Legal Services		-	2,562	2,562
Other Contract Services		-	40,315	40,315
	Subtotal	-	\$45,558	\$45,558
	Total Personnel	8.0	\$927,720	\$962,731

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Central Management

Distribution By Source Of Funds	FY 2012		FY 2013	
General Revenue	5.4	637,647	6.7	658,139
Federal Funds	2.6	290,073	1.3	304,592
Total All Funds	8.0	\$927,720	8.0	\$962,731

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community System Support

Program Mission

Maintain numerous operational support functions to both the hospital and community patient care system for Financial Management.

Program Description

Through the Associate Director Financial Management, the Office of Operations (Hospital and Community System Support Program) provides operational support functions to both the hospital and community patient care system.

Financial Management provides the administrative and financial support to the entire department to insure its operational efficiency and fiscal integrity. The major functional areas include: Budget Development/Program Analysis; Business Services; Accounting and Financial Control; Federal Grants; Contract Management; Revenue Collection; Billing and Accounts Receivable; Patient Resources and Benefits; and Rate Setting and Cost/Financial Reporting.

Statutory History

Rhode Island General Laws Title 40.1 includes provisions relating to Hospitals and Community System Support.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community System Support

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Facilities & Maintenance	782,327	950,470	1,855,211	3,585,427	2,106,937
Financial Management	1,860,953	2,061,457	2,515,655	2,463,500	2,675,801
Total Expenditures	\$2,643,280	\$3,011,927	\$4,370,866	\$6,048,927	\$4,782,738
Expenditures By Object					
Personnel	1,845,398	2,024,361	2,757,065	2,702,236	2,878,858
Operating Supplies and Expenses	59,131	216,454	112,554	113,590	152,633
Assistance and Grants	636,119	1,107	1,247	1,247	1,247
Subtotal: Operating Expenditures	2,540,648	2,241,922	2,870,866	2,817,073	3,032,738
Capital Purchases and Equipment	102,632	770,005	1,500,000	3,231,854	1,750,000
Total Expenditures	\$2,643,280	\$3,011,927	\$4,370,866	\$6,048,927	\$4,782,738
Expenditures By Funds					
General Revenue	1,885,761	2,057,168	2,435,629	2,381,836	2,527,114
Federal Funds	635,016	-	-	-	-
Restricted Receipts	-	17,820	435,237	435,237	505,624
Operating Transfers from Other Funds	122,503	936,939	1,500,000	3,231,854	1,750,000
Total Expenditures	\$2,643,280	\$3,011,927	\$4,370,866	\$6,048,927	\$4,782,738

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community System Support

Classified		FY 2012		FY 2013	
Associate Director (Financial Mgmt.)	0144A	1.0	119,919	1.0	124,661
Admin. Financial Management	0137A	2.0	199,424	2.0	199,424
Administrator III	0140A	2.0	192,683	2.0	192,683
Deputy Chief Div of Facilities	0137A	1.0	93,899	1.0	93,899
Associate Administrator II	0134A	2.0	157,670	2.0	154,956
Chief Centr Power Plant Operations	0130A	1.0	75,804	1.0	75,804
Principal Rate Analyst (CBS)	0B28A	2.0	147,989	2.0	147,989
Assistant Administrator, Financial Mgmt.	0134A	1.0	73,242	1.0	77,168
Fiscal Management Officer	0B26A	1.0	72,263	1.0	72,263
Medical Care Specialist	0B25A	3.0	204,281	3.0	205,811
Supvr. of Patients' Res. & Ben.	0132A	1.0	63,415	1.0	66,156
Sr Rate Analyst (Comm Based Services)	0B25A	1.0	61,451	1.0	61,451
Administrator Officer	0124A	1.0	61,153	1.0	61,153
Coding Specialist/Abstractor	0326A	3.0	173,567	3.0	177,562
Fiscal Clerk	0314A	1.0	44,077	1.0	44,077
Senior Word Processing Typist	0312A	2.0	84,209	2.0	84,209
Accountant	0320A	1.0	38,536	1.0	38,536
Subtotal		26.0	\$1,863,582	26.0	\$1,877,802
Overtime		-	-	-	-
Turnover		-	(163,071)	-	(81,536)
Subtotal		-	(\$163,071)	-	(\$81,536)
Total Salaries		26.0	\$1,700,511	26.0	\$1,796,266
Benefits					
Defined Contribution Plan		-	-	-	17,963
FICA		-	128,931	-	135,961
Medical		-	255,184	-	300,654
Payroll Accrual		-	-	-	10,593
Retiree Health		-	116,645	-	123,211
Retirement		-	390,766	-	380,423
Subtotal		-	\$891,526	-	\$968,805
Total Salaries and Benefits		26.0	\$2,592,037	26.0	\$2,765,071
Cost Per FTE Position			\$99,694		\$106,349
Statewide Benefit Assessment		-	63,758	-	67,346
Subtotal		-	\$63,758	-	\$67,346
Payroll Costs		26.0	\$2,655,795	26.0	\$2,832,417

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community System Support

	FY 2012		FY 2013	
Purchased Services				
Building and Grounds Maintenance	-	7,066	-	7,066
Management and Consultant Services	-	38,000	-	38,000
Other Contract Services	-	1,375	-	1,375
Subtotal	-	\$46,441	-	\$46,441
Total Personnel	26.0	\$2,702,236	26.0	\$2,878,858
Distribution By Source Of Funds				
General Revenue	21.7	2,269,030	21.7	2,414,308
Restricted Receipts	4.3	433,206	4.3	464,550
Total All Funds	26.0	\$2,702,236	26.0	\$2,878,858

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Service for the Developmentally Disabled

Program Mission

To implement project Sustainability as noted in the Subprogram narrative for DD-Privately Operated Services and to assess current reorganization of social services staff, including the addition of a SIS Unit, for effectiveness in implementing the objectives of Project Sustainability; to continue expansion of shared living arrangements (SLA) and other community settings as an alternative to residential and institutional placements; to continue development and expansion of services for individuals who require ongoing assistance but may function successfully outside of traditional residential settings.

To finalize and implement strategies to reduce the caseloads carried by the Division's social caseworkers and to develop enhanced screening and assessment procedures to ensure that individuals have a choice of appropriate, least restrictive supports and services and to develop improved data collection and analyses capabilities.

Program Description

The Division of Developmental Disabilities funds a statewide network of privately-operated and publicly-operated community supports for adults with development disabilities. The Division is responsible for planning, administering, and providing supports for adults with developmental disabilities by ensuring equitable access to, and allocation of, available resources; enhancing the quality of supports so that people can move toward personal futures of inclusion and participation in community life, and safeguarding them from abuse, neglect and mistreatment.

The Division's goals include: (a) providing more opportunities for individuals with developmental disabilities and their families to have more control over supports and services that they purchase within the funding available from the Division, (b) providing access to information that enables them to make informed decisions, (c) assisting providers in implementing innovative and flexible supports and services that address the individual needs of a person, (d) ensuring that individuals are provided services in the least restrictive environments, (e) insuring quality services that protect the rights of individuals with developmental disabilities, (f) providing the appropriate structure within the Division to respond to the changing needs of individuals and their families, and (g) providing a safe environment that assists individuals to meet their fullest potential and to become meaningful participants in their community; and (h) providing a competent, caring, stable workforce to provide needed supports and services for individuals with developmental disabilities.

The Division provides community day and residential services through Rhode Island Community Living and Supports (RICLAS), the state's publicly operated program. RICLAS supports approximately 221 people in various settings throughout Rhode Island.

Statutory History

Titles 40.1 and 43.1 of the Rhode Island General Laws. Over 15 years ago, the eligibility statute has changed and expanded to include individuals who meet the federal, functional definition of developmental disabilities in addition to mental retardation per se. In addition to meeting the federal criteria, this was also necessary since the individuals with developmental disabilities were entering the system who had never been institutionalized at Ladd School.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Service for the Developmentally Disabled

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Facilities & Maintenance	358,517	149,171	909,832	862,337	761,351
Private Community D.D Services	208,054,982	206,533,388	180,816,694	180,087,700	180,812,205
State Operated Res & Comm Svcs	37,494,861	35,874,579	30,955,790	32,824,665	34,676,795
Total Expenditures	\$245,908,360	\$242,557,138	\$212,682,316	\$213,774,702	\$216,250,351
Expenditures By Object					
Personnel	36,816,241	38,323,787	33,534,798	35,712,960	35,953,990
Operating Supplies and Expenses	3,933,278	2,675,274	3,227,461	2,513,114	4,010,124
Assistance and Grants	205,836,135	202,382,201	172,260,753	172,326,798	172,940,597
Subtotal: Operating Expenditures	246,585,654	243,381,262	209,023,012	210,552,872	212,904,711
Capital Purchases and Equipment	336,545	248,330	3,659,304	3,221,830	3,345,640
Operating Transfers	(1,013,839)	(1,072,454)	-	-	-
Total Expenditures	\$245,908,360	\$242,557,138	\$212,682,316	\$213,774,702	\$216,250,351
Expenditures By Funds					
General Revenue	86,852,586	91,500,102	97,336,360	98,501,962	100,536,726
Federal Funds	155,282,676	148,272,023	110,679,602	110,838,454	111,426,257
Restricted Receipts	1,888,916	2,033,498	2,006,522	1,776,017	1,776,017
Operating Transfers from Other Funds	1,884,182	751,515	2,659,832	2,658,269	2,511,351
Total Expenditures	\$245,908,360	\$242,557,138	\$212,682,316	\$213,774,702	\$216,250,351
Program Measures					
Penetration Rate of Clients Served Objective	3,390 N/A	3,425 N/A	3,425	3,425	3,425
Percentage of Applications for Service Found Eligible Objective	N/A	88.0%	88.0%	88.0%	88.0%
Percentage Newly Funded for DD Services who are Under 21 or over 50 years of Age Objective	N/A	17.5%	17.5%	17.5%	17.5%
Number of SIS Administrations Objective	N/A	N/A	1,000	1,000	1,000
Average Expenditures per Person Objective	\$57,751 N/A	\$57,085 N/A	\$50,000	\$50,000	\$50,000
Percentage of DD-Private Expenditures that are Medicaid Objective	99.0%	99.0%	99.0%	99.0%	99.0%

Percentage Who Self-Direct Their Supports	5.3%	6.6%	7.0%	7.0%	8.0%
Objective	5.0%	6.0%		7.0%	8.0%
Percentage Receiving Supports Outside of Residential Services	58.0%	68.0%	68.0%	68.0%	70.0%
Objective	N/A	N/A		70.0%	70.0%
Percentage Authorized to Receive Transportation	N/A	N/A	93.0%	93.0%	93.0%
Objective	N/A	N/A		95.0%	95.0%
Percentage Who Regularly Participate in Community Activities	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage Supported in Community Integrated Employment	19.0%	19.0%	19.0%	19.0%	21.0%
Objective	20.0%	20.0%		20.0%	20.0%
Average Family Satisfaction Rating with Supports Received	4.03	4.01	4.05	4.05	4.05
Objective	4.00	4.00		4.00	4.00
Percentage of Clients Accessing Day Services	84.0%	84.0%	80.0%	80.0%	80.0%
Objective	80.0%	80.0%		80.0%	80.0%
Number of People Requiring Movement to a Higher Level of Care	9	1	1	1	1
Objective	0	0		0	0
Number of Reported Incidents	438	373	365	365	350
Objective	425	400		375	350
Percentage of Staff on Workers' Compensation	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Service for the Developmentally Disabled

Classified		FY 2012		FY 2013	
Associate Director II (MHRH)	0144A	1.0	134,650	1.0	134,650
Consultant Public Health Nurse	0926A	1.0	97,730	1.0	98,836
Supv. Registered Nurse A	0924A	1.0	94,434	1.0	95,689
Administator of Program Management	0135A	2.0	172,520	2.0	172,520
Chief Reg Occupational Therapist	0135A	1.0	84,175	1.0	84,175
Professional Services Coordinator	0134A	3.0	251,031	3.0	252,510
Registered Nurse A	0920A	11.0	891,410	11.0	893,807
Asst Administrator, Financial Management	0134A	1.0	80,695	1.0	80,695
Registered Nurse B	0921A	6.0	467,109	6.0	469,576
Casework Supervisor II	0A28A	5.0	372,785	5.0	379,251
Clinical Psychologist	0A27A	3.0	222,504	3.0	222,504
Principal Rate Analyst (Comm. Based)	0B28A	2.0	147,664	2.0	147,664
Deputy Administrator (MHRH)	0136A	1.0	73,819	1.0	77,151
Administrator, Financial Management	0137A	1.0	72,506	1.0	72,506
Clinical Social Worker	0A27A	1.0	69,562	1.0	69,562
Audiologist	0327A	1.0	68,667	1.0	68,667
Licensed Practical Nurse	0517A	6.0	390,802	6.0	394,710
Human Services Program Planner	0327A	2.0	129,189	2.0	130,554
Social Caseworker II	0A24A	29.0	1,861,879	29.0	1,862,961
Coordinator of Comm Res Services	0324A	4.0	246,192	4.0	246,192
Workshop Manager	0324A	2.0	120,376	2.0	120,376
Social Caseworker	0A22A	1.0	59,935	1.0	59,935
Senior Dietitian	0322A	2.0	118,282	2.0	118,282
Supv of Billings & Acct Rec	0327A	1.0	58,537	1.0	58,537
Sr. Housing Specialist	0326A	1.0	54,980	1.0	59,419
Comm Facilities Compliance Officer	0324A	1.0	54,752	1.0	54,752
Supervisor of C & D Services	0321A	16.0	845,996	16.0	857,953
Assistant Business Management Officer	0319A	1.0	50,141	1.0	50,141
Senior Behavior Specialist	0320A	1.0	50,126	1.0	50,126
Assistant Adm Officer	0321A	1.0	49,658	1.0	51,295
Billing Specialist	0318A	1.0	48,930	1.0	48,930
Training Officer	0322A	1.0	48,544	1.0	48,544
Program Aide	0315A	7.0	315,549	7.0	316,232
Community Dietary Aide	0314A	10.0	441,243	10.0	443,509
Community Housekeeping Aide	0314A	6.0	263,681	6.0	264,383
Community Maintenance Tech Env	0314G	1.0	43,137	1.0	43,137
Dental Assistant	0312A	1.0	42,307	1.0	42,307
Clerk Secretary	0B16A	2.0	84,385	2.0	84,385
Community Prog. Liaison Worker	0319A	1.0	41,949	1.0	43,280
Community Living Aide	0314A	294.0	11,982,510	294.0	12,065,875
Information Aide	0315A	1.0	39,258	1.0	39,258
Principal Clerk Typist	0312A	2.0	76,133	2.0	76,857
Clerk	0307A	1.0	37,917	1.0	37,917
Fiscal Clerk	0314A	2.0	74,677	2.0	76,242

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Service for the Developmentally Disabled

		FY 2012		FY 2013	
Clerk Typist	0307A	1.0	36,584	1.0	36,585
Data Control Clerk	0315A	1.0	36,351	1.0	37,313
	Subtotal	441.0	\$21,005,261	441.0	\$21,139,750
Unclassified					
Act Treat Employment (Teacher)	0T002A	2.0	217,183	2.0	217,183
	Subtotal	2.0	\$217,183	2.0	\$217,183
Overtime		-	2,394,173	-	1,460,278
Turnover		-	(2,788,369)	-	(2,276,283)
	Subtotal	-	(\$394,196)	-	(\$816,005)
	Total Salaries	443.0	\$20,828,248	443.0	\$20,540,928
Benefits					
Defined Contribution Plan		-	-	-	190,806
FICA		-	1,690,000	-	1,671,510
Holiday Pay		-	518,244	-	518,244
Medical		-	4,709,484	-	5,483,550
Payroll Accrual		-	-	-	115,069
Retiree Health		-	1,264,358	-	1,308,695
Retirement		-	4,235,962	-	4,040,958
	Subtotal	-	\$12,418,048	-	\$13,328,832
	Total Salaries and Benefits	443.0	\$33,246,296	443.0	\$33,869,760
	Cost Per FTE Position		\$75,048		\$76,455
Statewide Benefit Assessment		-	691,087	-	715,320
Temporary and Seasonal		-	907,551	-	907,551
	Subtotal	-	\$1,598,638	-	\$1,622,871
	Payroll Costs	443.0	\$34,844,934	443.0	\$35,492,631
Purchased Services					
Building and Grounds Maintenance		-	110,717	-	110,717
Clerical and Temporary Services		-	2,500	-	1,000
Medical Services		-	72,896	-	69,896
Other Contract Services		-	607,360	-	215,890
Training and Educational Services		-	74,553	-	63,856
	Subtotal	-	\$868,026	-	\$461,359
	Total Personnel	443.0	\$35,712,960	443.0	\$35,953,990

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Service for the Developmentally Disabled

	FY 2012		FY 2013	
Distribution By Source Of Funds				
General Revenue	199.5	16,161,022	203.9	16,596,311
Federal Funds	243.5	19,477,652	239.1	19,283,393
Restricted Receipts	-	74,286	-	74,286
Total All Funds	443.0	\$35,712,960	443.0	\$35,953,990

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Behavioral Healthcare Services

Program Mission

Continue to integrate and consolidate functions and activities to maximize efficiency and better meet the needs of individuals with mental illness, substance abuse, and co-occurring disorders.

Continue to work on the development of programs for individuals with both a behavioral healthcare problem(s) and developmental disabilities, and developing a comprehensive assessment and utilization review process for behavioral health and developmental disabilities.

Develop strategies to sustain the innovations and practices resulting from the Access to Recovery and Strategic Prevention Framework State Incentive Grants.

Program Description

The Division of Behavioral Healthcare Services (DBH) is responsible for planning, coordinating, and administering comprehensive statewide systems of substance abuse prevention and the promotion of mental health; screening and brief intervention; early intervention and referral; substance abuse and mental illness clinical treatment services; and recovery support activities. Effective with the FY 2011 budget, the Division is consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Department has conducted and completed functional analyses of its organization and operations. A result of these analyses is the finalization of efforts to consolidate substance abuse and mental health treatment services administration into a single behavioral healthcare program area. The Department also continues to ensure the provision of quality and accessible care to client populations within the two systems, especially those with co-occurring mental illness and substance use disorders. The consolidated division continues to work closely with the criminal justice system, the public health care system, child welfare, education, and other allied human service agencies and organization. The consolidated Division is supported by the Department's three functional components (Clinical Services, Program Services, and Operations) and Contracts and Logistics, which supports administration and monitoring of the Division's funded services, comprised of over 100 contracts.

Statutory History

Title 40.1, Chapter 1 of the Rhode Island General Laws established the Division of Behavioral Health Care within the Department, which includes the program areas of integrated mental health services and substance abuse treatment and prevention services. In the FY 2011 budget, the Governor recommends consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Behavioral Healthcare Services

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Integrated Mental Health Svcs	5,132,867	4,834,052	4,313,334	4,583,566	4,325,371
Mental Health	74,802,781	73,196,283	77,461,107	76,497,215	78,535,085
Substance Abuse	29,240	24,055,430	26,968,028	27,790,727	28,164,061
Total Expenditures	\$79,964,888	\$102,085,765	\$108,742,469	\$108,871,508	\$111,024,517
Expenditures By Object					
Personnel	1,022,273	2,758,554	3,418,758	3,625,925	3,991,155
Operating Supplies and Expenses	146,436	252,189	99,652	135,265	238,858
Assistance and Grants	78,713,285	98,815,040	103,871,059	103,836,599	105,332,504
Subtotal: Operating Expenditures	79,881,994	101,825,783	107,389,469	107,597,789	109,562,517
Capital Purchases and Equipment	82,894	259,982	1,353,000	1,273,719	1,462,000
Total Expenditures	\$79,964,888	\$102,085,765	\$108,742,469	\$108,871,508	\$111,024,517
Expenditures By Funds					
General Revenue	29,606,019	39,191,009	36,009,986	35,978,914	34,886,857
Federal Funds	49,676,726	61,988,216	71,517,483	71,528,875	74,580,660
Restricted Receipts	-	127,633	90,000	125,000	125,000
Operating Transfers from Other Funds	682,143	778,907	1,125,000	1,238,719	1,432,000
Total Expenditures	\$79,964,888	\$102,085,765	\$108,742,469	\$108,871,508	\$111,024,517
Program Measures					
Unique Clients Served	13,368	13,670	13,600	13,600	13,600
Objective	N/A	N/A		13,600	13,600
Readmissions to Inpatient Detoxification	28.1%	26.2%	26.0%	26.0%	25.0%
Objective	31.5%	31.5%		31.5%	31.5%
Percentage with Identified Co-Occurring SA and MH Issues	55.5%	63.6%	60.0%	60.0%	60.0%
Objective	50.0%	50.0%		50.0%	50.0%
Change in Percentage Abstaining from Alcohol Abuse	52.3%	45.6%	45.0%	45.0%	45.0%
Objective	38.7%	38.1%		N/A	N/A
Change in Percentage Abstaining from Drug Abuse	44.8%	36.2%	40.0%	40.0%	40.0%
Objective	47.3%	47.1%		N/A	N/A
Change in Percentage Employed or Students	22.9%	23.8%	23.0%	23.0%	23.0%
Objective	13.8%	12.5%		N/A	N/A
Change in Percentage with Stable Housing	2.3%	3.3%	3.0%	3.0%	3.0%
Objective	2.5%	2.9%		N/A	N/A

Change in Percentage with Criminal Justice Involvement	2.5%	3.6%	3.0%	3.0%	3.0%
Objective	10.8%	12.8%		N/A	N/A
Change in Percentage Reporting Social Connectedness	N/A	126.2%	45.0%	45.0%	45.0%
Objective	N/A	46.1%		N/A	N/A
Percentage of Tobacco Sales to Minors	11.1%	11.0%	10.5%	10.5%	10.5%
Objective	20.0%	20.0%		20.0%	20.0%
Percentage of Tobacco Advertising/Labeling Violations	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of Alcohol Sales to Minors	10.7%	11.0%	11.0%	11.0%	11.0%
Objective	15.0%	15.0%		15.0%	15.0%
Number Involved in Student Assistance Program	10,648	10,339	10,000	10,000	9,750
Objective	N/A	N/A		10,000	9,750
Percentage of Youth Using Marijuana	N/A	N/A	24.0%	24.0%	23.0%
Objective	N/A	N/A		20.0%	20.0%
Penetration Rate of Clients Served	28.1	29.1	29.0	29.0	29.0
Objective	21.9	N/A		N/A	N/A
Readmissions to Acute Psychiatric Hospitalization	14.9%	16.7%	15.0%	15.0%	14.0%
Objective	14.4%	14.4%		14.4%	14.4%
Percentage Receiving an Annual Physical Exam	78.5%	77.2%	85.0%	85.0%	90.0%
Objective	100%	100%		100%	100%
Percentage with a Regular Physical Health Care Provider	92.8%	92.4%	93.0%	93.0%	95.0%
Objective	100%	100%		100%	100%
Percentage with Identified Co-Occurring SA and MH Issues	42.2%	43.0%	45.0%	45.0%	45.0%
Objective	20.3%	N/A		N/A	N/A
Percentage Employed	19.0%	18.6%	18.0%	18.0%	19.0%
Objective	19.0%	N/A		N/A	N/A
Percentage with Stable Housing	96.8%	96.2%	97.0%	97.0%	97.0%
Objective	97.3%	N/A		N/A	N/A
Change in Percentage with Criminal Justice Involvement	3.0%	3.0%	3.0%	3.0%	3.0%
Objective	1.0%	N/A		N/A	N/A
Percentage Reporting Social Connectedness	71.0%	71.0%	73.0%	73.0%	75.0%
Objective	71.0%	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Behavioral Healthcare Services

		FY 2012		FY 2013	
Classified					
Consultant Public Health Nurse	0926A	1.0	107,891	1.0	107,891
Administrator III (MHRH)	0140A	3.0	306,623	3.0	306,623
Administrator II (MHRH)	0138A	1.0	89,286	1.0	89,286
Supervising Accountant	0131A	1.0	79,647	1.0	79,647
Assistant Admin. Financial Management	0134A	1.0	77,013	1.0	77,478
Fiscal Management Officer	0B26A	1.0	72,618	1.0	72,618
Administrator, Mental Health	0137A	1.0	72,506	1.0	72,506
Habilitative Services Manager	0332A	2.0	144,199	2.0	144,717
Senior Public Health Promotion Specialist	0331A	8.0	566,057	8.0	566,067
Professional Services Coordinator	0134A	3.0	208,866 (1)	3.0	214,860 (1)
Programming Services Officer	0131A	1.0	64,558	1.0	65,726
Administrative Officer	0124A	1.0	58,316 (1)	1.0	58,316 (1)
Assistant Admin., Substance Abuse	0128A	1.0	51,741 (1)	1.0	51,741 (1)
Program Planner	0325A	1.0	44,639 (1)	1.0	44,639 (1)
Chief Clerk	0B16A	1.0	43,794	1.0	44,652
Data Control Clerk	0315A	3.0	125,772	3.0	125,772
Asst. Admin Officer	0121A	1.0	40,325	1.0	41,355
Principal Clerk Stenographer	0313A	1.0	39,271	1.0	39,271
Community Program Liaison Worker	0319A	3.0	112,581 (1)	3.0	112,581 (1)
Senior Clerk Typist	0309A	1.0	37,224	1.0	38,450
	Subtotal	36.0	\$2,342,927	36.0	\$2,354,196
Unclassified					
Project Manager	0128A	1.0	72,405	1.0	72,405
	Subtotal	1.0	\$72,405	1.0	\$72,405
Turnover		-	(211,101)	-	-
	Subtotal	-	(\$211,101)	-	-
	Total Salaries	37.0	\$2,204,231	37.0	\$2,426,601
Benefits					
Defined Contribution Plan		-	-	-	24,265
FICA		-	168,184	-	185,195
Medical		-	370,367	-	476,635
Payroll Accrual		-	-	-	14,319
Retiree Health		-	151,194	-	166,446
Retirement		-	506,513	-	513,918
	Subtotal	-	\$1,196,258	-	\$1,380,778
	Total Salaries and Benefits	37.0	\$3,400,489	37.0	\$3,807,379
	Cost Per FTE Position		\$91,905		\$102,902
Statewide Benefit Assessment		-	82,638	-	90,978
	Subtotal	-	\$82,638	-	\$90,978

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Behavioral Healthcare Services

Payroll Costs	FY 2012		FY 2013	
	37.0	\$3,483,127	37.0	\$3,898,357
Purchased Services				
Clerical and Temporary Services	-	14,000	-	14,000
University and College Services	-	128,798	-	78,798
Subtotal	-	\$142,798	-	\$92,798
Total Personnel	37.0	\$3,625,925	37.0	\$3,991,155
Distribution By Source Of Funds				
General Revenue	22.7	2,147,094	22.6	2,375,720
Federal Funds	14.3	1,478,831	14.4	1,615,435
Total All Funds	37.0	\$3,625,925	37.0	\$3,991,155

1 Federally funded FTE to administer new grant awards in the Substance Abuse subprogram.

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

Program Mission

Plan, coordinate, and manage programs and services associated with the Eleanor Slater Hospital.

Ensure that all associated programs and services meet Joint Commission, Centers for Medicaid and Medicare Services (CMS), and third party standards to achieve full accreditation status and to maximize reimbursement.

Develop a continuum of treatment and residential options for psychiatric and developmentally disabled, psycho geriatric and adult psychiatric clients.

Program Description

The Division of Hospitals and Community Rehabilitative Services provides hospital level care services that are licensed by the Department of Health (DOH) and accredited by the Joint Commission.

The Eleanor Slater Hospital's current census is two hundred and eighty one (281), across two (2) sites: The Cranston Campus, with one hundred and sixty seven (167) beds, and Zambarano Campus in Burrville, with one hundred and fourteen (114) beds. The Cranston Campus provides acute medical-surgical services, long term inpatient psycho geriatric and adult psychiatric treatment. The Zambarano Campus is an important provider of long term and specialty rehabilitative care services. Hospital funding levels and full-time equivalent (FTE) position authorization dictate actual bed utilization and census.

As part of the capital Hospital Consolidation, the new Psychiatric Services Building will provide both staff and patient consolidation to the extent that it will yield maximum therapeutic and economic benefits through levels of efficiency currently not available due to the age of both physical plants located at the Cranston Campus. The patients currently serviced in the Adolph Mayer and Pinel Buildings will be moved into this new state on the art building. This effort will create for Eleanor Slater a single hospital zone which will provide its patients with all the life safety environmentally required and necessary assets which will protect the patients to the maximum extent in response to their unique psychological status and needs. In doing so it will better be able to support the community's efforts to provide both acute and long term care to those patients who are psychiatrically challenged. Lastly the patients will benefit from a therapeutic care environment which will enhance their treatment and capacity to respond more positively to their individualized needs resulting in improved positive outcomes. This addition will also aid in expanding the Forensic Unit capacity.

Statutory History

Title 40, Chapter 3 of the Rhode Island General Laws and the Public Laws of 1969, Chapter 134, Section 6a, includes provisions related to the General Hospital; Title 40.1, Chapter 3 includes provisions related to Zambarano; Titles 40.1, 5.19, 21.28, 21.30 and 21.31 include provisions relative to the Central Pharmacy.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Eleanor Slater Hospital	66,938,051	67,891,179	78,644,586	66,351,091	74,863,159
Zambrano Hospital	29,244,542	31,897,994	32,647,838	33,648,420	34,613,185
Central Pharmacy Services	1,917,059	2,697,825	2,884,608	3,119,788	2,958,419
Total Expenditures	\$98,099,652	\$102,486,998	\$114,177,032	\$103,119,299	\$112,434,763
Expenditures By Object					
Personnel	71,923,626	76,371,296	74,078,770	78,545,927	77,975,990
Operating Supplies and Expenses	8,593,710	8,987,524	8,530,572	9,365,563	12,094,170
Assistance and Grants	11,080,445	10,031,437	12,721,349	11,893,011	12,121,350
Subtotal: Operating Expenditures	91,597,781	95,390,257	95,330,691	99,804,501	102,191,510
Capital Purchases and Equipment	754,707	1,740,677	18,846,341	3,314,798	10,243,253
Operating Transfers	5,747,164	5,356,064	-	-	-
Total Expenditures	\$98,099,652	\$102,486,998	\$114,177,032	\$103,119,299	\$112,434,763
Expenditures By Funds					
General Revenue	28,998,799	39,185,382	47,638,399	49,457,485	50,561,279
Federal Funds	62,592,180	57,124,366	42,972,413	46,311,659	47,566,291
Restricted Receipts	5,770,043	4,762,992	5,466,220	4,782,193	4,782,193
Operating Transfers from Other Funds	738,630	1,414,258	18,100,000	2,567,962	9,525,000
Total Expenditures	\$98,099,652	\$102,486,998	\$114,177,032	\$103,119,299	\$112,434,763
Program Measures					
Percent of Medical Admissions from Acute Community Hospitals or Nursing Homes	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Psychiatric Admissions to Long Term Hospitalization from Community	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Medical Patients Discharged to a Less Restrictive Setting	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Psychiatric Patients Discharged to a Less Restrictive Setting	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of Budget Spent on Specialized Care	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

Classified	FY 2012			FY 2013		
Chief of Medical Staff & Clinical Services	0154A	1.0	183,520	1.0	184,005	
Assistant Medical Program Director	0747A	1.0	175,442	1.0	175,442	
Asst Chief of Psychiatric Services	0149A	1.0	148,802	1.0	149,371	
Chief Executive Officer (Eleanor Slater)	0146A	1.0	141,718	1.0	144,408	
Physician Administrator (Geriatric)	0741A	1.0	138,618	1.0	138,618	
Physician Administrator (General)	0741A	3.0	410,481	3.0	412,105	
Radiologist	0742A	1.0	127,398	1.0	127,398	
Exec. Nurse/Eleanor Slater Hospital	0142A	1.0	122,411	1.0	122,411	
Physician II (General)	0740A	12.0	1,417,235	12.0	1,423,546	
Psychiatrist IV	0447A	3.0	347,322	3.0	351,072	
Manager of Nursing Services	0140A	3.0	319,235	3.0	319,235	
Chief, Clinical Laboratory Svcs.	0139A	1.0	101,097	1.0	106,415	
Nursing Instructor	0924A	3.0	298,329	3.0	298,586	
Supervisor Registered Nurse B	0925A	10.0	988,350	10.0	989,832	
Supervising Registered Nurse A	0924A	8.0	764,583	8.0	766,607	
Administrator II (MHRH)	0138A	4.0	380,338	4.0	385,167	
Infection Control Nurse	0924A	2.0	188,992	2.0	189,747	
Adm JCAHO Accrd Std Hosp Cnt Q	0135A	1.0	91,300	1.0	91,300	
Asst Dir of Nursing Services	0334A	1.0	88,724	1.0	88,724	
Supervisor Clinical Lab Scientist Gen.	0334A	3.0	261,624	3.0	261,789	
Chief Case Work Supervisor	0134A	1.0	85,259	1.0	89,301	
Registered Nurse A	0920A	54.1	4,488,472	54.1	4,526,228	
Associate Administrator I (MHRH)	0132A	2.0	160,678	2.0	164,523	
Clinical Psychologist (PH.D. Qual)	0332A	1.0	80,086	1.0	80,086	
Professional Services Coordinator	0134A	1.0	77,539	1.0	81,011	
Associate Administrator II	0134A	1.0	77,478	1.0	77,478	
Registered Nurse B	0921A	77.2	5,649,824	77.2	5,721,677	
Supervisor of Pharmacy Services	0B32A	3.0	217,581	3.0	217,581	
Senior Clinical Lab Scientist (General)	3130A	2.0	143,383	2.0	143,383	
Clinical Social Worker	0A27A	11.0	769,363	11.0	770,823	
Business Management Officer	0B26A	1.0	68,484	1.0	70,946	
Supervising Therapeutic Activities	0327A	2.0	135,010	2.0	135,010	
Hospital Administrator Compliance Off.	0329A	5.0	330,435	5.0	336,029	
Licensed Practical Nurse	0517A	4.0	262,802	4.0	262,802	
Clinical Psychologist	0A27A	11.0	716,841	11.0	721,782	
Senior Respiratory Therapist	3126A	1.0	63,950	1.0	64,164	
Clinical Laboratory Scientist	0327A	3.0	188,463	3.0	189,132	
Supervising Respiratory Therapy	0328A	3.0	186,483	3.0	187,580	
Supt. of Property Control & Supply	0323A	1.0	59,716	1.0	59,716	
Laundry Manager	0323A	1.0	59,551	1.0	59,551	
Data Entry Unit Supervisor	0B21A	1.0	59,199	1.0	59,199	
Senior Food Service Administrator	3126A	1.0	56,498	1.0	56,498	
Supervisor of Housekeeping Services	0322A	2.0	104,219	2.0	105,546	
Mental Health Worker	0320A	25.0	1,292,565	25.0	1,302,727	

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

		FY 2012		FY 2013	
Technical Staff Assistant	3120A	1.0	51,680	1.0	51,680
Senior Group Worker	0322A	15.0	766,523	15.0	773,483
Training Officer	0322A	1.0	48,881	1.0	48,881
Physical Therapy Assistant	0320A	1.0	48,839	1.0	48,839
Building Superintendent	0318A	3.0	145,589	3.0	145,589
Adaptive Equip Design & Fabricatr	0318A	3.0	144,015	3.0	144,015
Chief Clerk	0B16A	1.0	47,316	1.0	47,316
Property Control & Supply Officer	0317A	1.0	47,166	1.0	47,166
Principal Dietitian	0324A	1.5	69,453	1.5	69,453
Pharmacy Aide II	0318A	6.0	268,298	6.0	275,361
Executive Assistant (MHRH)	0118A	2.0	88,823	2.0	89,683
Clerk Secretary	0B16A	3.0	133,076	3.0	133,076
Sr. X-Ray Technologist	0318A	2.0	87,275	2.0	87,275
Clinical Laboratory Technician	0320A	5.0	217,932	5.0	220,797
Chief Transportation & Grounds (RIMC)	0321A	1.0	43,566	1.0	44,683
Institution Housekeeper	0315A	3.0	129,413	3.0	130,862
Laboratory Assistant	0314A	2.0	85,957	2.0	86,709
Public Properties Officer	3112G	1.0	42,582	1.0	42,582
Principal Clerk-Stenographer	0313A	1.0	42,203	1.0	42,203
Community Living Aide	0314A	31.0	1,307,582	31.0	1,311,583
Institution Attendant (Psychiatric)	0314A	98.0	4,105,301	98.0	4,122,346
Respiratory Therapist	0322A	3.0	125,283	3.0	126,419
Medical Records Technician	0320A	3.0	123,323	3.0	126,686
Sr. Laundry Worker	0312A	1.0	40,667	1.0	41,059
Med Records Clerk Supervisor	0315A	3.0	120,768	3.0	121,767
Fiscal Clerk	3114A	2.0	80,032	2.0	80,945
Sr. Telephone Operator	4113A	1.0	40,013	1.0	40,750
Senior Janitor	3112A	1.0	39,925	1.0	39,925
Data Control Clerk	0315A	1.0	39,330	1.0	41,128
Diesel Truck & Heavy Equipment Mech.	3118A	1.0	39,253	1.0	40,122
Food Service Supervisor	0314A	12.5	487,119	12.5	489,695
Laborer	0308A	2.0	77,410	2.0	77,932
Groundskeeper	3111G	2.0	77,328	2.0	77,328
Accountant	0320A	1.0	38,536	1.0	38,536
Clinical Laboratory Technician	0320A	2.0	77,072	2.0	77,072
Garment Worker	3111A	1.0	38,214	1.0	39,044
Dental Assistant	0312A	1.0	38,102	1.0	38,438
Certified Nursing Assistant	0313A	196.0	7,426,007	196.0	7,470,298
Medical Records Clerk	3111A	7.0	265,145	7.0	266,391
Senior Word Processing Typist	0312A	10.9	412,661	10.9	417,332
Motor Equipment Operator	3111G	9.0	336,186	9.0	336,186
Word Processing Typist	3110A	1.0	37,346	1.0	37,346
Senior Clerk Typist	3109A	1.0	37,250	1.0	37,250
Behavior Specialist	0316A	16.0	592,403	16.0	599,941
Sr. Cook	0315A	4.0	147,970	4.0	150,867

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

		FY 2012		FY 2013	
Laundry Worker	0309A	14.0	509,941	14.0	513,003
Cook	0312A	10.0	362,006	10.0	364,722
Sr. Stores Clerk	3111A	2.0	68,553	2.0	69,731
Janitor	0309A	54.5	1,862,087	54.5	1,875,825
Telephone Operator	3110A	1.0	34,099	1.0	34,099
Cook's Helper	0309A	45.5	1,524,773	45.5	1,533,331
	Subtotal	867.2	\$45,049,670	867.2	\$45,375,301
Unclassified					
Teacher (MR Spec Ed)	0T001A	2.0	185,194	2.0	185,194
	Subtotal	2.0	\$185,194	2.0	\$185,194
Overtime		-	7,905,888	-	1,888,358
Turnover		-	(4,614,246)	-	(2,190,222)
	Subtotal	-	\$3,291,642	-	(\$301,864)
	Total Salaries	869.2	\$48,526,506	869.2	\$45,258,631
Benefits					
Defined Contribution Plan		-	-	-	433,702
FICA		-	3,847,024	-	3,622,902
Holiday Pay		-	1,302,356	-	1,301,448
Medical		-	9,525,467	-	11,233,153
Payroll Accrual		-	-	-	261,449
Retiree Health		-	2,779,997	-	2,994,347
Retirement		-	9,313,542	-	9,185,130
	Subtotal	-	\$26,768,386	-	\$29,032,131
	Total Salaries and Benefits	869.2	\$75,294,892	869.2	\$74,290,762
	Cost Per FTE Position		\$86,626		\$85,470
Statewide Benefit Assessment		-	1,519,500	-	1,606,404
Temporary and Seasonal		-	1,249,910	-	1,600,723
	Subtotal	-	\$2,769,410	-	\$3,207,127
	Payroll Costs	869.2	\$78,064,302	869.2	\$77,497,889

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Hospital & Community Rehabilitation Svcs

	FY 2012		FY 2013	
Purchased Services				
Building and Grounds Maintenance	-	30,380	-	30,940
Clerical and Temporary Services	-	52,000	-	52,000
Information Technology	-	1,900	-	1,900
Medical Services	-	5,000	-	5,000
Other Contract Services	-	387,345	-	383,261
Training and Educational Services	-	5,000	-	5,000
Subtotal	-	\$481,625	-	\$478,101
Total Personnel	869.2	\$78,545,927	869.2	\$77,975,990
Distribution By Source Of Funds				
General Revenue	428.0	38,671,304	441.8	39,611,959
Federal Funds	415.2	37,503,667	402.7	36,125,773
Restricted Receipts	26.0	2,370,956	24.7	2,238,258
Total All Funds	869.2	\$78,545,927	869.2	\$77,975,990

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Substance Abuse

Program Mission

Continue to implement the integrated behavioral health licensing standards through community monitoring.

Implement Prevention Program Standards for all BHDDH funded and contracted prevention services.

Under direction from Executive Director of the Division of Behavioral Health, develop a statewide substance abuse plan that addresses treatment delivery systems for all Rhode Islanders.

Implement the Access to Recovery (STR) grant which will increase funding and resources for all levels of clinical care and recovery support services.

Monitor contract for combined acute psychiatric and medical detoxification which includes step-down and diversion levels of care.

Program Description

Substance Abuse is responsible for planning, coordinating, and administering a comprehensive statewide system of substance abuse treatment and prevention activities through contracts with community-based providers. Substance Abuse is comprised of the following units: a Prevention Unit which plans and provides technical assistance, contract oversight, program development and evaluation of primary prevention and intervention services; a Treatment Unit which is responsible for the provision, availability and monitoring of contract treatment services. Specific responsibilities include: developing comprehensive statewide policies, plans and programs; assessing treatment and prevention needs and capacity; evaluating and monitoring state grants and contracts; providing technical assistance and guidance to programs, chemical dependency professionals, and general public; and researching and recommending alternative funding and service delivery strategies to enhance system efficiency and effectiveness. The planning, finance and contracting, and data management functions, which previously existed both in Integrated Mental Health and Substance Abuse, have been merged and provide Division wide support in these functional areas.

In FY 2011, the Substance Abuse program merged with the Integrated Mental Health Services program and renamed Behavioral Healthcare Services.

Statutory History

Title 40.1-1-4 of the Rhode Island General Laws established the Division of Behavioral Healthcare within the Department of Mental Health, Retardation and Hospitals, which includes the Substance Abuse Program. In the FY 2011 budget, the Governor recommends consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Substance Abuse

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Substance Abuse	31,512,922	-	-	-	-
Total Expenditures	\$31,512,922	-	-	-	-
Expenditures By Object					
Personnel	1,453,430	-	-	-	-
Operating Supplies and Expenses	70,158	-	-	-	-
Assistance and Grants	29,968,281	-	-	-	-
Subtotal: Operating Expenditures	31,491,869	-	-	-	-
Capital Purchases and Equipment	21,053	-	-	-	-
Total Expenditures	\$31,512,922	-	-	-	-
Expenditures By Funds					
General Revenue	12,521,018	-	-	-	-
Federal Funds	18,872,737	-	-	-	-
Restricted Receipts	88,518	-	-	-	-
Operating Transfers from Other Funds	30,649	-	-	-	-
Total Expenditures	\$31,512,922	-	-	-	-

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Central Management

Percentage of Providers Using Web-Based Complaint/Incident Reporting System

BHDDH recently made an electronic reporting tool available to all providers. This web-based system is for all licensed BHDDH Providers to report serious incidents, including abuse, neglect and mistreatment of individuals receiving services through licensed BH and DD Providers and programs.

Providing and increasing the Provider's ability to utilize an electronic reporting system streamlines and simplifies the reporting process for the providers and Department staff. Such electronic reporting immediately creates a live electronic database and will enable the Department to gather, collect and analyze valid data in a more timely and relevant manner. Timely access to valid data and a streamlined reporting process will increase reporting and its relevance.

An increase in reporting to protection services through this new system will increase the Department's ability to address quality issues, program integrity, and improve the provision of behavioral health and DD community based services.

This measure is defined as the percentage of DD and BH providers using the Web-Based system to report Complaints/Incidents electronically to the Department

Numerator: Number of licensed DD and BH providers trained on and using the web-based complaint/incident database.

Denominator: Total number of licensed behavioral healthcare and developmental disability providers

Data Source: Complaint/Incident database.

Number of Serious Incidents Reported

The Office of Quality Assurance is statutorily authorized to investigate allegations of abuse, neglect and mistreatment of adults with developmental disabilities receiving services from agencies licensed to provide services to adults with developmental disabilities and severely disabled adults (over 18 and under 60) residing in the community who are victims of care giver abuse. There is a twenty-four hour hotline and electronic database established for citizens, families, health care professionals and providers to call in reports of serious incidents of abuse, neglect and mistreatment. The mission of this unit is to provide assistance to individuals, to work with agencies to provide protective services to severely disabled adults, enhance and promote individual rights, reduce the likelihood of certain events repeating and improving the quality of life and care to adults with developmental disabilities and severe disabilities living in the community. Increasing reporting to this unit will further the Department's mission to provide community based services to individuals in safe and healthy environments.

The QA database collects data on the number of reports and the reporting agency. Over the next three years the QA Unit will look to increase reporting by 10% annually. Increase reporting indicates that providers, first responders and health care professionals are aware of the available services of the Department and are working to improve increased health and safety for individuals with disabilities residing in the community.

This measure is defined as the number of serious incidents reported to the QI Unit of BHDDH

Data Source: QA Serious Reportable Incident database.

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of DD Clients with Physical Restraints Included in Their Behavioral Plan

The policy of both the Department and Federal funders is that restraints should be used only after every other intervention has been exhausted and considered. Behavioral plans by regulation and state statutes are to include positive reinforcement and diversion techniques. Physical restraint should be utilized as a last resort only for the safety of the participant. By regulation the Department requires DD providers to provide the Department with restraint data and information. In addition, the department considers the use of restraints that result in physical injury to either staff or the participant to be a serious reportable incident.

With the implementation of the new Regulations the Department will be focusing on ISPS with behavioral plans and working with the Providers and Stakeholders on alternatives to physical restraints. By tracking this metric the Department will put focus on the reduction in the use of physical restraints and restraints that result in injury, thereby promoting the health and safety of DD individuals in the community receiving services from licensed DD Providers.

This measure is defined as the percentage of clients with physical restraints included in their behavioral plan, and is calculated as:

Numerator: Number of DD clients with physical restraints included in their behavioral plan

Denominator: Number of behavioral plans reviewed.

Data Source: Behavioral Plan Data

Percentage of BH Providers Compliant with Staff Competency and Training Requirements

Regulation of Behavioral Health Organizations involves the licensing of mental health and substance abuse services. The Department licenses all behavioral health (mental health and substance abuse) services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiates actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with "Section 9.0 Staff Competency and Training" of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations ("BH Rules and Regulations").

The objective is that one hundred percent of Behavioral Healthcare Providers demonstrate compliance with the prevailing standards of care by utilizing highly skilled and trained professionals to provide an array of quality services so that recovery plans may be effectively individualized and implemented. Providers are given the opportunity to follow-up on any noted deficiencies with corrective action plans.

This measure is defined as the percentage of behavioral healthcare providers compliant with staff competency and training requirements

Numerator: Number of behavioral healthcare providers not cited with deficiencies re staff competency and training during audit

Denominator: Number of behavioral healthcare providers audited

Data Source: Licensing Informix Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of DD Providers Compliant with ISP Requirements

The Department licenses all developmental disability services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiating actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with “Section 37.0 Development of an Individualized Service Plan” of the Rules and Regulations for Licensing Agencies Providing Services to Adults with Developmental Disabilities (“DD Rules and Regulations”).

The objective is that one hundred percent of Developmental Disability Providers demonstrate compliance with the prevailing standards of care in developing individualized service plans to ensure that individual needs are identified and fulfilled by adequate and appropriate service delivery systems. Providers are given the opportunity to follow-up on any noted deficiencies with corrective action plans.

This measure is defined as the percentage of developmental disability providers compliant with Individualized Service Plan (ISP) requirements, and calculated as:

Numerator: Number of developmental disability providers not cited with deficiencies re ISPs during audit
Denominator: Number of developmental disability providers audited

Data Source: Licensing Informix Database

Percentage of Community Residences Compliant with Fire Alarm and Sprinkler Code

Regulation of Behavioral Health Organizations and Agencies Providing Services to Adults with Developmental Disabilities or Cognitive Disabilities involves the licensing of mental health, substance abuse, developmental disability, and cognitive disability services. The Department licenses all such services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiating actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with minimum life safety requirements of all licensed residences, such as installation of mandatory fire detection and suppression systems.

This measure is defined as the percentage of licensed community residences that are in compliance with the installation of mandatory fire alarms and automatic sprinklers, and calculated as:

Numerator: Number of licensed community residences that complete installation of both fire alarms and automatic sprinkler systems

Denominator: Number of licensed community residences that require mandatory fire alarms and automatic sprinkler systems

Data Source: Office of the State Fire Marshal Inspection Reports.

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Licensed Services per Facility Surveyor

The extent to which the Department is able to perform its licensing function in an efficient and effective manner helps determine whether Rhode Island will come to fully realizing desired standards of care.

Recognizing significant growth in the numbers and types of community providers and the increasing complexity of populations served in residential and community settings, coupled with current budget realities that constrain staff resources, the Department is examining how it performs its oversight activities. The Department is seeking opportunities to improve the ability of the program to perform its mandated responsibilities within existing resources and in a manner that promotes the vision of recovery.

To achieve both of these goals, the Department is working to identify program efficiencies to ensure inspections are made, complaints are investigated, licenses are issued within reasonable timeframes, and health and safety standards are maintained in all facilities/programs. One area of investigation is staffing and workload.

This measure is defined as the ratio of licensed services per principal health facility surveyor, and is calculated as:

Numerator: Number of licensed services

Denominator: Total number of filled Principal health Facility Surveyor positions

Data Source: Licensing Database and Human Resources

Percentage of ESH and RICLAS Clients who are Medicaid Eligible

The Department administers services to individuals in need of long-term care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS. Note that the population served is primarily Medicaid eligible, however some individuals are dual-eligible for Medicaid and Medicare, or may even have alternative funding streams.

This measure is defined as the percent of individuals who receive services from Eleanor Slater Hospital or RICLAS and are Medicaid eligible, and calculated as:

Numerator: # of individuals served who are Medicaid eligible

Denominator: Total number of active RICLAS and ESH clients

Data Source: BHDDH Informix Database

Percentage of ESH and RICLAS Clients with Non-Medicaid Revenue

The Department administers services to individuals in need of long-term care at ESH and through RICLAS. Part of that administration includes the identification of funding for these services. The population served is primarily Medicaid eligible, however some individuals are dual-eligible for both Medicaid and Medicare, and may have other potential sources for funding their long-term care. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS.

This measure is defined as the percent of individuals who fund ESH or RICLAS services through non-Medicaid sources, and is calculated as:

Numerator: # of individuals served with a pay source other than Medicaid (e.g., self-pay, Medicare, United Health Care, Blue Cross, Neighborhood Health, and any other third party revenue source).

Denominator: Total number of active RICLAS and ESH clients

Data Source: BHDDH Informix Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Total ESH and RICLAS Non-Medicaid Revenue (in millions)

The Department administers services to individuals in need of long-term care at ESH and through RICLAS. Part of that administration includes the identification of funding for these services. The population served is primarily Medicaid eligible, however some individuals are dual-eligible for both Medicaid and Medicare, and may have other potential sources for funding their long-term care. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS.

This measure is defined as the dollar amount of non-Medicaid revenue (in millions) received for services provided at ESH and RICLAS. Non-Medicaid revenue includes all revenue from individuals who self-pay, or have Medicare, United Health Care, Blue Cross, Neighborhood health, and any other third party revenue source.

Data Source: BHDDH Informix Database

Percentage of ESH and RICLAS Claims Processed Successfully

The Department administers services to individuals in need of long-term care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS. Note that the population served is primarily Medicaid eligible; some individuals are dual-eligible for Medicaid and Medicare. In addition to identifying what other revenue sources available to an individual, it is critical that services are billed and paid in order to maintain cash flow for the State.

This measure is defined as the percent of claims processed successfully for services provided by Eleanor Slater Hospital or RICLAS, and calculated as:

Numerator: number of paid claims

Denominator: total number of claims submitted

Data Source: BHDDH Informix Database

Percentage of Financial Reports Submitted On Time

The Department is the fiduciary agent for State general revenues, federal revenues and other restricted revenues. It is the responsibility of fiscal staff to submit timely financial reports to the General Assembly, Department of Administration, and both federal and restricted funding sources.

This measure is defined as the percent of financial reports that are submitted on time, and calculated as:

Numerator: number of reports submitted on time this period

Denominator: Total number of reports due this period

Reports counted in this measure include those to the Department of Administration (both the Budget Office and Controller's Office), Legislative reports, as well as Federal and Grant-related reports.

Data Source: BHDDH Financial Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Service for the Developmentally Disabled

Penetration Rate of Clients Served

The Department is responsible to administer the DD system of care. This administration includes providing clinically necessary supports to individuals in need while containing costs. Rhode Island and the northeastern part of the US have a relatively higher incidence than the rest of the country of individuals with developmental disabilities who require supports.

This measure is defined as the penetration rate of clients served per 100,000 populations, and calculated as:

Numerator: Unduplicated count of clients served * 100,000

Denominator: RI population

Data Source: Claims Data Warehouse, U.S. Census data

Percentage of Applications for Service Found Eligible

The eligibility determination can be used as an indicator to assess growth to the system and whether the system is able to continue to provide the same array and intensity of services with continued penetration and case growth. This measure will provide the Department with an understanding of continued case growth and further help evaluate the effect of the growth on the system and the impact on the overall budget to provide services to this population.

This measure is defined as the percentage of applications found eligible to receive DD services, and calculated as:

Numerator: Number of applications found eligible to received DD services

Denominator: Total number of applications received.

Data Source: BHDDH Informix database

Percentage Newly Funded for DD Services who are Under 21 or over 50 years of Age

The Department is responsible to administer the DD system of care. The administration includes determining eligibility for individuals who apply for DD services. The current system is intended to provide services to individuals who are 21 and older. When individuals are graduated early from LEA's it increases the overall cost of the system. In addition, individuals who are over 50 when they first receive services often are in need of a high cost services. For example, an individual who is over 50 may live with an aged parent. When the parent is hospitalized as a result of a health issue, the parent can no longer care for the child and enters the system in crisis at a higher cost.

This measure is defined as the percent of people who are first funded for DD services who are under 21 or over 50 years of age, and calculated as:

Numerator: Number of people newly funded for DD services who are under 21 or over 50 years of age

Denominator: Number of people newly funded for DD services

Data Source: BHDDH Informix database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Number of SIS Administrations

The Support Intensity Scale (SIS) will be used to establish our rate system for the future. The use of this instrument replaces a subjective Personal Capacity Inventory that was used to provide funding at four levels. This instrument was developed over a 5-year period in reaction to changes in how society views and relates to people with disabilities. It is used in several states and other countries.

The Department plans to complete 1000 SIS in FY2012 and will use this information to help agencies and organizations understand the support needs of those with developmental disabilities, as well as to establish funding levels based on the support needs that have been indicated by this representative sample.

This measure is defined as the number of SISs completed for clients in the DD system of care.

Data Source: SIS tracking system

Average Expenditures per Person

The Department is responsible to administer the DD Privately Operated system of care. The administration includes providing clinically necessary supports to individuals in need while containing costs. The system has moved from an average cost of \$108,000 per person, to a current level of \$58,000 per person. This has been accomplished through providing additional community supports in less restrictive settings, as well as through the updated rate models as a result of Project Sustainability.

This measure is defined as the average cost per person in the DD Privately Operated system, and calculated as:

Numerator: DD-Private Expenditures (in millions)

Denominator: Total number of clients served through DD-Private

Data Source: Claims Data Warehouse

Percentage of DD-Private Expenditures that are Medicaid

The Department is responsible to administer the DD system of care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that services are billable through Medicaid.

This measure is defined as the percent of DD-private expenditures that are Medicaid-reimbursed, and calculated as:

Numerator: DD-Private Expenditures (in millions) that are Medicaid-reimbursable

Denominator: total DD-Private Expenditures (in millions)

Data Source: RIFANS

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Who Self-Direct Their Supports

Self-directed supports have been available to individuals with developmental disabilities for a number of years. This option allows the individual to hire their own employee and direct their services. This is a Medicaid allowable option that must be administered through a fiscal intermediary. The state currently has three fiscal intermediaries. Both CMS and the State would like to promote this option because it is often less costly and there is increased consumer satisfaction.

This measure is defined as the percent of people served who self-direct their plans of care, and calculated as:

Numerator: number of people served in self-directed care
Denominator: total number of people who receive DD services

Data Source: BHDDH Informix database

Percentage Receiving Supports Outside of Residential Services

Individuals with developmental disabilities who are served in less restrictive environments have greater opportunities for community based supports, which are less costly than residential group home services.

This measure is defined as the percent of people served who receive non-residential group home services, and calculated as:

Numerator: number of people receiving services that are not residential group home services
Denominator: total number of people who receive DD services

Data Source: Claims Data Warehouse.

Percentage Authorized to Receive Transportation

The Department is responsible to administer the DD Privately Operated system of care. The administration includes providing clinically necessary supports to individuals in need while containing costs. This includes transportation to and from day activities. This service began to be separately authorized effective July 1, 2011.

This measure is defined as the percent of people served who are authorized to receive transportation to and from day activities, and calculated as:

Numerator: number of people served who are authorized to receive transportation to and from day activities
Denominator: total number of people who receive DD services

Data Source: BHDDH Informix database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Who Regularly Participate in Community Activities

It is both a State and national goal to provide community based services to individuals with developmental disabilities. There are better outcomes for both individuals and the State when individuals are engaged in community activities and not served through the old workshop model. This service began to be billed separately effective July 1, 2011 services.

This measure is defined as the percent of people served who regularly participate in community based day activities, and calculated as:

Numerator: number of people participating in community based day activities

Denominator: number of people who participate in any day activity

Data Source: Claims Data Warehouse.

Percentage Supported in Community Integrated Employment

The main goal of supported employment for the developmentally disabled is to promote integration into work and community settings so that these individuals are not separated or isolated from others. The review of this measure will provide the Department with a benchmark for promoting and expanding employment programs as opposed to traditional day program settings. A point in time survey was completed in 2011 and this information will be reviewed to help provide an understanding of the current time spent of individuals in either employment or day programs

It is the Department's philosophy to offer more employment programs, especially for those graduating high school at 21, as this will lead to community integration, the expansion and utilization of the Sherlock Plan/Medicaid Buy-In, and overall improved quality of independent living for these individuals.

This measure is defined as the percent of people receiving day services who are supported in community integrated employment, and calculated as:

Numerator: number of clients receiving employment and day services

Denominator: number of clients receiving days services only

Data Source: Claims Data Warehouse

Average Family Satisfaction Rating with Supports Received

Although many RICLAS individuals are not able to directly articulate their level of satisfaction with their service experience, we gather family feedback through a questionnaire. The survey elicits feedback regarding support services, activities, medical needs and effectiveness of communication. Categories ranging from Poor (1) to Excellent (5) are tabulated and an overall satisfaction rating is calculated.

This measure is defined as the average satisfaction rating of family members of people receiving RICLAS supports, and calculated as:

Numerator: Sum of satisfaction ratings across all survey respondents.

Denominator: Total number of survey respondents.

Data Source: RICLAS Satisfaction Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Clients Accessing Day Services

The overall purpose and significance of day programs/activities is to provide opportunities for mental stimulation, physical activity, and community participation. It allows for socialization with peers and individuals in the community that lead to the development of friendships. Growth is fostered when individuals are offered the ability to learn new skills or hone existing ones.

Retirement is generally the result of the normal aging process. Individuals may experience declining physical health or diminished mental capacity that precludes participation in day program activities. The RICLAS population is aging and we predict that the percentages will decrease over time. Our goal is to strive to maintain individuals' capabilities and abilities to attend day programs/activities.

This measure is defined as the percentage of clients accessing day services, and calculated as:

Numerator: Number of clients attending day programs
Denominator: Total RICLAS population served

Data Source: RICLAS Census and Billing data

Number of People Requiring Movement to a Higher Level of Care

The RICLAS mission is to provide an inclusive community experience for our supported population. One related goal is to provide and maintain optimal levels of healthcare and prevention of illness and injury, thereby preventing people supported from moving to a higher level of care. Healthcare assessments and provision of comprehensive healthcare through primary care physicians, specialist and nursing services are critical to reaching these goals. To the extent that clients do not need to be moved to a higher level of care, this goal is met.

This measure is defined as the number of RICLAS clients discharged to a higher level of care who are not able to return to RICLAS service.

Data Source: RICLAS Census

Number of Reported Incidents

The Incident Management system was developed to document significant reportable events in an individual's life, and to ensure communication and follow-up to those events. We identify and manage trends related to appropriate supports and staff effectiveness. Of critical importance in this system is the tracking of injuries and potential injuries to ensure health and safety of individuals supported and the appropriateness of placements and supports. Although incidents cannot be completely prevented, through diligent quality improvement processes we expect to continue to bring the level of incidents down.

This measure is defined as the number of reportable incidents.

Data Source: RICLAS Incident Management System

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Staff on Workers' Compensation

Due to the age and disabilities of many individuals receiving support from RICLAS, staff is involved in situations that involve lifting, assistance with stability and mobility, and other actions to assure individual safety and prevent accidents. Though all staff is thoroughly trained in procedures to reduce injury to self and others, injuries do occur – often as a result of the unavailability of other staff to assist with the action.

Tracking work-related injuries is important for assessing adequacy of staffing and needs for additional staff training.

This measure is defined as the percentage of RICLAS employees on Worker's Compensation, and calculated as:

Numerator: Number of RICLAS employees receiving Worker's Compensation Insurance.

Denominator: Total number of RICLAS employees.

Data Source: Disability Management, OHHS HR Service Center

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Behavioral Healthcare Services

Unique Clients Served

Treatment is effective and recovery is possible. This statement is the core belief of the Division of Behavioral Healthcare. The data shows however, both in Rhode Island and nationwide, that many individuals identified as having a substance use disorder don't receive the treatment that they need. By measuring the number of individuals accessing treatment in Rhode Island, we can determine the effectiveness of our efforts to outreach, educate, screen and facilitate entry into the behavioral healthcare system. The Department anticipates that several mechanisms currently in place or in development should lead to a continued access to treatment. These efforts include: education on screening, brief intervention and referral to treatment (sbirt); Access to Recovery; a new Unified Psychiatric Hospitalization/Detoxification contract; and Health Homes.

This measure is defined as the unduplicated count of clients served.

Data Source: BH client data system (RIBHOLD)

Readmissions to Inpatient Detoxification

Inpatient detoxification is the first step for many in the continuum of substance use disorder treatment. Alone, inpatient detoxification is not an effective treatment that leads to long term recovery. Efforts to successfully treat substance use disorders require use of evidence-based clinical interventions and recovery support services that meet the needs of the individual. Providing connections to these services post-detoxification is critical in promoting abstinence and community reintegration. Failure to provide these supports often results in readmissions to inpatient care, cycling through the system without making any substantial changes that lead to recovery. By measuring readmission to detoxification, we can determine the effectiveness of connection to treatment and recovery support services and identify gaps that indicate need for system change or enhancement. The Department would anticipate that with increased efforts, including use of Access to Recovery and a new Unified Inpatient Psychiatric Hospitalization/Detoxification contract, these numbers would decrease annually.

This measure is defined as the readmission rate to inpatient detoxification, and calculated as:

Numerator: Number of DBH-funded inpatient detoxification admissions that are readmission within 90 days of discharge

Denominator: Total number of DBH-funded inpatient detoxification admissions

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with Identified Co-Occurring SA and MH Issues

Mental and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time and visa versus. Nationally approximately 8.9 million adults have co-occurring disorders; that is they have both a mental and substance use disorder. Only 7.4% of individuals receive treatment for both conditions, with 55.8% receiving no treatment at all. Integrated treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes. Identification of co-occurring diagnoses is the first step in the provision of effective treatment. The Department continues to work with providers to improve the understanding of co-occurring disorders and promote use of evidence based practice with this population. BHDDH recently established a unified training contract for behavioral health as opposed to separate contracts for mental health and substance abuse. The Department also has established a new contract for the provision of psychiatric hospitalization and detoxification services, emphasizing the need to recognize and address co-occurring issues. The Access to Recovery grant has provided a new source of funding to provide integrated treatment for eligible participants, primarily uninsured Rhode Island residents involved in the criminal justice system. BHDDH has also placed an emphasis on the review of treatment records of co-occurring clients in its' current licensing/treatment unit audits for licensed behavioral healthcare organizations.

This measure is defined as the % of clients with identified co-occurring SA and MH issues, and calculated as:

Numerator: Number of clients in SA treatment with a MH diagnosis or reporting they also have a mental health issue.

Denominator: Total number of clients with non-missing values in the associated data fields.

Data Source: BH client data system (RIBHOLD)

Change in Percentage Abstaining from Alcohol Abuse

The Substance Abuse, Mental Health Service Administration (SAMHSA) provides the following definition for recovery from substance use disorders: A process of change through which individuals work to improve their own health and well-being, live a self-directed life, and strive to achieve their full potential. Abstinence is an important choice for individuals with addictions. For most of the individuals diagnosed with substance use disorders receiving treatment at BHDDH licensed Behavioral Healthcare Organizations, abstinence is a requirement to obtain recovery. Measuring abstinence from alcohol is critical in determining the effectiveness of our treatment system in promoting recovery. Alcohol continues to be the primary abused substance by individuals in our treatment system. Costs of alcohol dependence affect all Rhode Islanders and include, but are not limited to: multiple Emergency Room visits; multiple detoxifications; criminal justice involvement; increased health related costs; DUI offenses and alcohol related accidents.

This measure is defined as the relative change in % of clients abstaining from alcohol abuse at admission vs. discharge, and calculated as:

Numerator: % of clients abstaining from alcohol abuse at discharge - % of clients abstaining from alcohol abuse at admission.

Denominator: % of clients abstaining from alcohol abuse at admission.

A positive % indicates an increase in alcohol abstinence from admission to discharge. E.g., In FY2011, 59.5% of clients abstained from alcohol at admission, increasing to 86.7% at discharge. This is a relative increase of 45.6%.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage Abstaining from Drug Abuse

The Substance Abuse, Mental Health Service Administration (SAMHSA) provides the following definition for recovery from substance use disorders: A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential. Abstinence is an important choice for individuals with addictions. For most of the individuals diagnosed with substance use disorders receiving treatment at BHDDH licensed Behavioral Healthcare Organizations, abstinence is a requirement to obtain recovery. Measuring abstinence from illicit drugs is critical in determining the effectiveness of our treatment system in promoting recovery.

This measure is defined as the relative change in % of clients abstaining from drug abuse at admission vs. discharge, and calculated as:

Numerator: % of clients abstaining from drug abuse at discharge - % of clients abstaining from drug abuse at admission.

Denominator: % of clients abstaining from drug abuse at admission.

A positive % indicates an increase in drug abstinence from admission to discharge. E.g., In FY2011, 57.8% of clients were drug abstinent at admission, increasing to 78.7% at discharge. This is a relative increase of 36.2%.

Data Source: BH client data system (RIBHOLD)

Change in Percentage Employed or Students

SAMHSA has delineated four major dimensions that are essential to a life in recovery. Purpose is identified as one of those dimensions and defined as: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society. BHDDH in collaboration with the Governor's Council on Behavioral Healthcare has created a Recovery Oriented Systems of Care (ROSC) Subcommittee to guide the work of the Department in implementing a true ROSC in Rhode Island. Consistent with the definition of recovery, BHDDH seeks to provide opportunity for individuals with substance use disorders to find purpose through employment and education involvement. Measuring employment and school enrollment provides us with an indication of the success of these efforts and helps to identify gaps and areas for improvement.

This measure is defined as the relative change in % of clients employed or students at admission vs. discharge, and calculated as:

Numerator: % of clients employed (full or part-time) or students at discharge - % of clients employed (full or part-time) or students at admission.

Denominator: % of clients employed or students at admission.

A positive % indicates an increase in employment/school attendance from admission to discharge. E.g., In FY2011, 36.6% of clients were employed/in school at admission, increasing to 45.3% at discharge. This is a relative increase of 23.8%.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage with Stable Housing

Another major dimension identified by SAMHSA as crucial to living a life in recovery is: Home – defined as a safe and stable place to live. In its mission to support recovery, BHDDH must address the issue of safe housing. Without safe housing, the odds of individuals obtaining and sustaining meaningful recovery are significantly reduced. BHDDH continues to support recovery housing with federal funding through the Substance Abuse Treatment and Prevention Block Grant and the Access to Recovery grant. Coordination with recovery housing and other recovery support services has become an important component of contracts for providers of substance use disorder treatment. Measuring stability in housing provides the Department with information on system effectiveness and gaps as we move toward a recovery oriented system of care.

This measure is defined as the relative change in % of clients with stable housing at admission vs. discharge, and calculated as:

Numerator: % of clients with stable housing (not homeless) at discharge - % of clients with stable housing (not homeless) at admission.

Denominator: % of clients with stable housing (not homeless) at admission.

A positive % indicates an increase in housing stability from admission to discharge. E.g., In FY2011, 89.7% of clients were in stable housing at admission, increasing to 92.6% at discharge. This is a relative increase of 3.3%.

Data Source: BH client data system (RIBHOLD)

Change in Percentage with Criminal Justice Involvement

Individuals with substance use disorders represent the majority of persons involved with the criminal justice system. Statistics may vary, but all clearly demonstrate a significant correlation between addiction and incarceration. Effective treatment that enables individuals to embark on the journey of recovery should support lifestyle changes that will decrease involvement with the criminal justice system. Community corrections relies on a partnership with BHDDH and its licensed providers to provide the needed treatment to reduce recidivism and continued criminal offenses. Measuring the rates of those with no arrests post discharge from substance abuse treatment provides us with a means to determine the success of those efforts.

This measure is defined as the relative change in % of clients who were not arrested in the 30 days prior to admission vs. discharge, and calculated as:

Numerator: % of clients not arrested in the 30 days prior to discharge - % of clients not arrested in the 30 days prior to admission.

Denominator: % of clients not arrested in the 30 days prior to admission

A positive % indicates a decrease in clients arrested from admission to discharge. E.g., In FY2011, 92.9% of clients were arrest-free in the 30 days prior to admission, increasing to 96.2% at discharge. This is a relative increase of 3.6%.

Of note: as the percentage of clients for any type of measure approaches 100%, the ability to effect a substantial change from year to year (reflected as an increase) diminishes. RI's relative increase on this measure is smaller than the national average each year because nationally, only 82% of clients were arrest-free at admission (vs. RI's 92.9%). Thus, nationally there was greater room for improvement from admission to discharge.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage Reporting Social Connectedness

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Peers, family members, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation. Measuring social connectedness provides a gauge for success on this crucial component of recovery.

This measure is defined as the relative change in % of clients attending self-help programs in the 30 days prior to admission vs. discharge, and calculated as:

Numerator: % of clients attending self-help programs (e.g., AA, NA, etc.) in the 30 days prior to discharge - % of clients attending self-help programs in the 30 days prior to admission.

Denominator: % of clients attending self-help programs in the 30 days prior to admission

A positive % indicates an increase in clients attending self-help programs from admission to discharge. E.g., In FY2011, 18.1% of clients attended self-help programs in the 30 days prior to admission, increasing to 40.9% at discharge. This is a relative increase of 126.2%.

Of note: Collection of this measure began in Rhode Island in 2011. Figures may reflect initial data collection start-up issues and should stabilize over time.

Data Source: BH client data system (RIBHOLD)

Percentage of Tobacco Sales to Minors

The Division of Behavioral Healthcare Services collaborates with police, municipal task forces, youth groups and tobacco vendors to reduce youth access to tobacco products. The division contracts with municipal police departments for ongoing enforcement and provides training to police departments. Reducing youth access to tobacco products is a federal mandate and carries penalties of the loss of federal funds for non-compliance.

This measure is defined as the percentage of surveyed sites selling tobacco to youth under age 18, and calculated as:

Numerator: Number of surveyed tobacco retail sales outlets selling tobacco products to youth under age 18

Denominator: Total number of tobacco retail sales outlets surveyed, based on random sample

Data Source: Synar Survey, FDA tobacco contract data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Tobacco Advertising/Labeling Violations

The Department recently received a contract from the federal Food and Drug Administration (FDA) to enforce certain provisions of the 2009 Tobacco Control Act which prohibits the sale of cigarettes and smokeless tobacco to individuals under the age of eighteen and places restrictions on the advertising and labeling of these products. The Department will utilize existing contracts with municipal police departments to conduct ongoing compliance inspections of all retail tobacco outlets in the State to reduce youth access to tobacco products and will directly conduct the advertising and labeling inspections.

This measure is defined as the percentage of retail sales outlets surveyed with tobacco advertising and labeling violations, and calculated as:

Numerator: Number of advertising/labeling violations at retail sales outlets

Denominator: Total number of retail sales outlets surveyed, based on random sample

Data Source: FDA tobacco contract data

Percentage of Alcohol Sales to Minors

This indicator measures violations regarding the sale of alcohol to youth under age 21. A primary objective of the Division of Behavioral Healthcare (DHS) is the reduction of underage drinking in Rhode Island. Through targeted federal funding, DBH will mobilize and train police departments in the best practices of enforcing alcohol beverage sales laws. These practices are aimed at reducing both retail and social availability of alcohol to youth. Training is conducted annually to provide police officers with methods for conducting compliance checks of licensed liquor establishments. With the assistance of municipal and state police officers, random compliance checks using underage buyers are conducted on licensed liquor establishments throughout the state. It is expected that with ongoing compliance checks and responsible beverage service training, alcohol sales to minors will remain low or decrease over time.

This measure is defined as the percentage of surveyed sites selling alcohol to youth under age 21, and calculated as:

Numerator: Number of surveyed alcohol retail sales outlets selling alcohol to minors

Denominator: Total number of alcohol retail sales outlets surveyed, based on random sample

Data Source: Alcohol Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Number Involved in Student Assistance Program

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals collaborates with three contractors (R.I. Employee Assistance, Codac, and Child & Family Services of Newport County) to provide student assistance services within approximately 26 Rhode Island high school and junior high/middle schools. The student assistance provider agencies place a trained, Master's level Student Assistance Counselor in each school 2 ½ to 5 days per week. Student Assistance Counselors perform assessments and conduct individual and group educational sessions for students determined to be at-risk for alcohol, drug, school, family, peer or other personal problems. The Student Assistance Program's (SAP) primary focus is early identification and referral. Students that are identified as 'at-risk' are referred for further treatment. Each contractor is required to enter data into our web-based prevention management information system (PBPS).

Through early identification, intervention, and referral, we hope to decrease or prevent youth substance abuse. Our goal is to measure the effectiveness of prevention efforts by tracking Student Assistance Program participation over time. We are assuming that as we offer earlier interventions, the number of students needing assistance will decrease over time.

This measure is defined as the number of students participating in the Student Assistance Program.

Data Source: Performance Based Prevention System (PBPS)

Percentage of Youth Using Marijuana

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals collaborates with municipal task forces to reduce substance abuse in student populations. Data from the 2009 State Epidemiologic Profile indicate that 25 percent of Rhode Island students reported recent marijuana use. This prevalence rate was higher than the national average, as determined by the National Survey on Drug Use and Health (NSDUH). The Department contracts with nine communities to address issues of drug use. The primary focus of these contracts is to reduce the percent of students in grades 9-12 youth reporting current (past 30 day) use of marijuana and other drugs and to increase the percent of students in those same grades expressing disapproval of the use of marijuana and other drugs. Funding for this initiative began November 1, 2011. The grant period is three base years with two additional option years. The contracted communities will survey all students in their high school in the Spring 2012 and each subsequent year afterwards to ascertain marijuana use.

This measure is defined as the percentage of youth in grades 9-12 reporting marijuana use in the past 30 days, and calculated as:

Numerator: Number of students reporting marijuana use in the past 30 days

Denominator: Number of students surveyed

Data Source: Communities that Care and MO survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Penetration Rate of Clients Served

Penetration rate of clients served through the State mental health system can be used as an indicator to assess growth in the system and whether the system is able to continue to provide the same array and intensity of services with continued penetration into the general population. This measure provides the Department with an understanding of continued case growth and the impact on the overall budget required to provide services to this population. This measure also can be used as a benchmark to compare RI's penetration relative to other states in the region and the country, as well as a comparison to the need for MH services in the general population as measured by the household survey and SAMHSA's estimated proportion of SMI adults in the RI population.

This measure is defined as the penetration rate of clients served per 1,000 population, and calculated as:

Numerator: Unduplicated count of clients served * 1000

Denominator: RI population

Data Source: BH client data system (RIBHOLD), U.S Census data

Readmissions to Acute Psychiatric Hospitalization

The recidivism rate of inpatient care is an indicator that can be used to review the effectiveness of the coordination of care between the hospital inpatient setting and the subsequent outpatient provider. High recidivism rates can indicate a lack of coordinated care and/or the efficacy of outpatient services. With the addition of Health Homes, the reemergence of the role of the Community Mental Health Center liaison to hospitals, and a new unified Inpatient Psychiatric Hospitalization/Detoxification contract, it is expected that these rates should improve over the next few years and reduce utilization of the more costly inpatient setting.

This measure is defined as the readmission rate to acute psychiatric hospitalization, and calculated as:

Numerator: Number of DBH-funded psychiatric hospitalization admissions that are readmission within 90 days of discharge

Denominator: Total number of DBH-funded psychiatric hospitalization admissions

Data Source: BH client data system (RIBHOLD)

Percentage Receiving an Annual Physical Exam

Improving access to physical care will include obtaining an annual physical exam. Coordination of care efforts by a Health Home team will improve the connection to a primary care physician or agency for an annual physical. As a result of this preventive intervention, medical issues ideally will be detected earlier and potentially treated in the least intensive (and most cost effective) setting possible.

This measure is defined as the % of CSP clients receiving an annual physical exam, and calculated as:

Numerator: Number of clients reporting they had a complete physical exam (including annual screening tests) in the past 12 months.

Denominator: Total number of clients with a non-missing value on that survey item.

Data Source: RI Consumer Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with a Regular Physical Health Care Provider

Limited access to physical health care is a major contributor to the poor health care received by individuals with serious mental illness. This indicator is vital to improving the quality of life for individuals and is the focus of the Health Homes initiative. Regular coordination of physical health care with behavioral health care for these individuals should result in reduced utilization of emergency rooms, decreased inpatient hospitalizations, and longer life expectancy.

This measure is defined as the % of CSP clients with a regular source of physical health care, and calculated as:

Numerator: Number of clients reporting they have a usual health care provider, other than a hospital emergency department.

Denominator: Total number of clients with a non-missing value on that survey item.

Data Source: RI Consumer Survey

Percentage with Identified Co-Occurring SA and MH Issues

Failure to identify individuals with co-occurring mental health and substance abuse diagnosis often leads to inappropriate placement and/or treatment in criminal justice and inpatient settings. With appropriate screening and referrals for treatment, less intensive services can be accessed. Each Community Mental Health Center has professionals with substance abuse and mental health expertise that are expected to work to assess, refer, and most importantly integrate care at the entry point into the system to ensure that the most appropriate and integrated treatment settings are available to the individual.

This measure is defined as the % of clients with identified co-occurring SA and MH issues, and calculated as:

Numerator: Number of adult clients in MH treatment with a SA diagnosis or reporting they also have a substance abuse issue.

Denominator: Total number of adult clients with non-missing values in the associated data fields.

Data Source: BH client data system (RIBHOLD)

Percentage Employed

Consumer groups in Rhode Island, including the statewide consumer organization MHCA, report that their members' rate of employment is one of their top priorities. Having something meaningful to do, while also earning some money to help relieve the effects of extreme poverty that most mental health consumers experience in their lives, is extremely high on the list of parts of their lives that consumers want to change.

As part of recovery and the Department's focus on a recovery oriented system of care, a review of this indicator will help shape and identify goals and policies for benchmarking employment. As individuals become employed, they become educated on the Sherlock Plan/Medicaid Buy-In Plan, resulting in a reduction of 100% fiscal reliance on Medicaid.

This measure is defined as the percentage of adult clients employed (full or part time)

Numerator: Number of clients who were employed (full or part-time)

Denominator: Total number of clients with a non-missing value on employment status

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with Stable Housing

Most consumers report that employment and stable housing are the cornerstones to obtaining recovery and physical well-being. The review of this indicator will help generate further use of Thresholds funds to promote the expansion of housing opportunities statewide.

This measure is defined as the percentage of clients with stable housing (not homeless), and calculated as:

Numerator: Number of clients reporting they were not homeless or living in a shelter

Denominator: Total number of clients with a non-missing value on residential arrangement

Data Source: BH client data system (RIBHOLD)

Change in Percentage with Criminal Justice Involvement

Mental illness is a significant causative factor in criminal behavior. Improving the diagnosis and treatment of mental illness for those patients involved with the criminal justice system should reduce the numbers of individuals who become incarcerated or re-incarcerated due to untreated mental illness.

Two court diversion programs continue to report a positive impact in their interaction between the judicial system and the presence of a Community Mental health clinician offering treatment alternatives to incarceration prior to a court room proceeding. A trauma informed grant has also had a similar positive impact for returning veterans and other individuals with trauma histories.

The involvement with law enforcement has also expanded to an annual Police training where law enforcement officials are trained to recognize signs and symptoms of mental illness, thereby directing clients to the treatment provider system as opposed the criminal justice system. The savings for all of these programs are not only in the costs, but also in the quality of the life as individuals are provided the opportunity for recovery as opposed to incarceration, which can lead to additional traumatization and negative mental and physical health experiences.

This measure is defined as the relative change in percentage of clients not intaked into the ACI in the past year vs. the current year, and calculated as:

Numerator: % of the adult clients with no intake into the ACI in the current year - % of those clients with no intake into the ACI in the past year.

Denominator: % of adult clients intaked into the ACI in the past year.

A positive change in % means intakes went down from the past to the present year. E.g., In FY2010, 95% of clients were not intaked into the ACI in the past year, increasing to 98% in the current year. This is a relative increase of 3%.

Data Source: BH client data system (RIBHOLD), DOC intake data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Reporting Social Connectedness

The more social connectedness an individual feels translates into a greater sense of community integration, meaningful activity, and self determination. Attention to this quality of care indicator promotes a recovery oriented system of care that goes beyond just the individual, and provides a connection to and acceptance within the community. The connection to the community supports gains made in clinical treatment and provides for life beyond treatment at a Community Mental Health Center.

This measure is defined as the percentage of clients who report positive social connectedness, and calculated as:

Numerator: Number of clients who agree or strongly agree, on average, with the following items;

--I am happy with the friendships I have.

--I have people with whom I can do enjoyable things.

--I feel I belong in my community.

--In a crisis, I would have the support I need from my family or friends.

Denominator: Total number of clients with a non-missing value on those survey items

Data Source: RI Consumer Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Hospital & Community Rehabilitation Svcs

Percent of Medical Admissions from Acute Community Hospitals or Nursing Homes

This indicator measures the percentage of medical patients admitted who require long term hospitalization either permanently or temporarily. Eleanor Slater Hospital provides the community healthcare delivery system with a clinical and financial resource to help with patient flow. The movement of patients in the community is essential to the maintenance of a dynamic, cost-effective service system. Admission to Eleanor Slater hospital patients languishing in costly beds, and frees those community hospital beds to accommodate those who need them most. While facilitating patient flow is an essential component of Eleanor Slater, it also provides care to those who may require its services permanently due to the lack of access to the level of care they require in the community.

The objective is to admit only those patients who are hospital level of care and for whom no other services exist to meet their unique long term medical needs.

This measure is defined as the percentage of medical patients requiring long-term hospital care who were admitted from acute community hospitals and nursing homes, and calculated as:

Numerator: number of medical patient admissions from acute community hospitals and nursing homes

Denominator: total number of medical patients

Data Source: ESH Data

Psychiatric Admissions to Long Term Hospitalization from Community

This indicator measures the percentage of psychiatric patients admitted who require long term hospitalization either permanently or temporarily. The hospital provides the community mental health system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients in the community is essential to the maintenance of a dynamic service system that minimizes patients underserved and accommodates those who need it most. While facilitating patient flow is an essential component of Eleanor Slater, the hospital also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to admit only those patients who are hospital level of care and for whom no other services exist to meet their unique long term psychiatric needs.

This measure is defined as the % of psychiatric patients who require long-term hospital care and who were admitted from community mental health providers, and calculated as:

Numerator: number of psychiatric admissions to long-term hospital care from community mental health providers

Denominator: total number of psychiatric patients

Data Source: ESH data system

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Medical Patients Discharged to a Less Restrictive Setting

This indicator measures the percentage of medical patients discharged who no longer require long term hospitalization either permanently or temporarily. The hospital provides the community healthcare delivery system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients in the community is essential to the maintenance of a dynamic service system which minimizes patients languishing in beds designed to accommodate those who need them most. While facilitating patient flow is an essential component of Eleanor Slater it also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to discharge only those patients who no longer are hospital level of care and for whom a community least restrictive setting is available, and calculated as:

This measure is defined as the percentage of medical patients discharged to community least restrictive settings.

Numerator: Patients discharged to community hospital or other less restrictive settings

Denominator: Total number of active medical patients.

Data Source: ESH Data

Psychiatric Patients Discharged to a Less Restrictive Setting

This indicator measures the percentage of psychiatric patients discharged who no longer require long term hospitalization either permanently or temporarily. The hospital provides the community mental health system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients back to the community is essential to the maintenance of a dynamic service system which minimizes patients underserved to accommodate those who need it most. While facilitating patient flow is an essential component of Eleanor Slater it also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to discharge only those patients who are hospital level of care and for whom no other services exist to meet their unique long term psychiatric needs.

This measure is defined as the percentage of psychiatric patients discharged to community least restrictive settings, and calculated as:

Numerator: Patients discharged to group home or other less restrictive settings

Denominator: Total number of active psychiatric patients

Data Source: ESH Data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Budget Spent on Specialized Care

This indicator measures the percentage of dollars spent on one-to-one care for patients as part of their individualized care. Patients who exhibit the need to be protected from self harm and/or require the highest level of safety are placed on this level of supervision by policy and a doctor's order. This necessary and essential level of treatment is primarily financed through overtime, as it is in addition to the current facility staffing.

The objective is to minimize the expenditure through sound clinical practice recognizing the unpredictability of certain patient behaviors based upon their significant psychiatric diagnosis.

This measure is defined as the percentage of the operating budget spent on overtime for the provision of one-to-one care, and calculated as:

Numerator: \$ spent on overtime for provision of one-on-one care.

Denominator: Hospital's operating budget.

Data Source: ESH Financial Data

Agency

Governor's Commission On Disabilities

Agency Mission

The Commission's objective is to ensure that all people with disabilities are afforded the opportunities to exercise all the rights and responsibilities accorded to citizens of this State and each person with a disability is able to reach his/her maximum potential in independence, human development, productivity and self-sufficiency.

Agency Description

The Commission consists of 24 Commissioners appointed by the Governor; a staff of 4; several college fellows; and many volunteers.

The Commission is responsible for protecting the rights of individuals with disabilities: coordinating the state compliance with federal and state disability rights laws; providing technical assistance to public and private agencies, businesses, and citizens in complying with those laws; managing the state's ADA/504 Accessibility renovation projects, to overcome physical and communication barriers in state owned facilities; making polling places accessible to individuals with the full range of disabilities; training election officials, poll workers, and election volunteers to promote the access and participation of individuals with the full range of disabilities in elections for Federal office; providing individuals with the full range of disabilities with information about their rights; and investigating disability discrimination complaints involving physical barriers at public or private facilities, and ordering corrective action.

The Commission also advocates for the adoption of public policies so that each person with a disability is able to reach her/his maximum potential in independence, human development, productivity and self-sufficiency.

The Commission's Disability Business Enterprise program assists small disadvantaged businesses owned by persons with disabilities; firms where sixty percent (60%) of the employees are persons with disabilities; and non-profit rehabilitation facilities to win state funded and state directed public construction contracts and state contracts for goods and services.

Statutory History

The Commission's responsibilities are defined in RI General Laws: 42-51; 42-87; 37-8-15 & 15.1; 42-46-5(b); 42-46-13(f); 23-6-22; 37-2.2; 30-15-6; 28-5.1-9; 31-28-7.3; 42-102-2(e) and 17-9.1-31, Article I § 2, RI Constitution and federal laws: Section 504 of the Rehabilitation Act, Nondiscrimination on the Basis of Disability (29 USC 794); the Americans with Disabilities Act (42 USC 12101 et. seq.); and Section 261 of the Help America Vote Act, Election Assistance to Individuals with Disabilities (42 USC 15461).

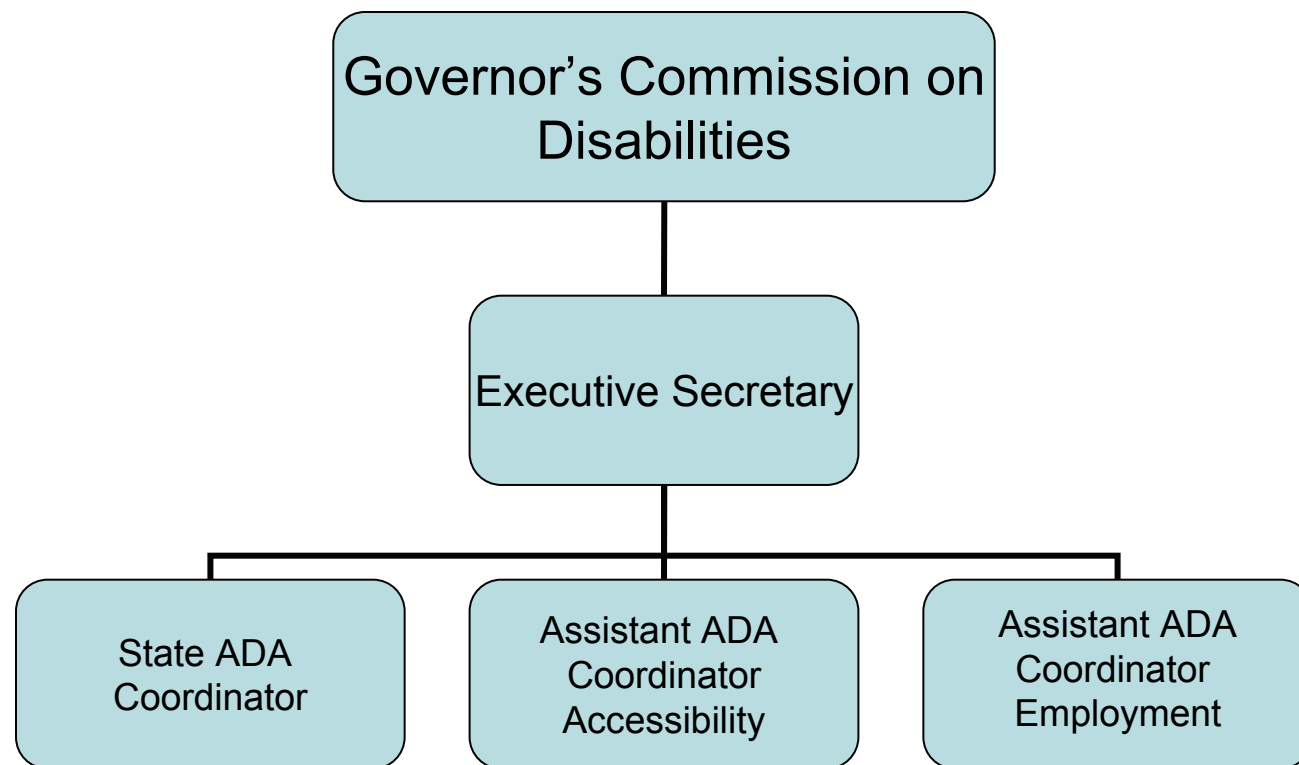
Budget

Governor's Commission On Disabilities

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	578,829	514,758	829,892	771,835	756,292
Total Expenditures	\$578,829	\$514,758	\$829,892	\$771,835	\$756,292
Expenditures By Object					
Personnel	362,394	382,231	419,445	414,911	403,157
Operating Supplies and Expenses	22,075	29,112	24,812	35,149	40,500
Assistance and Grants	49,860	68,873	133,754	67,894	60,754
Subtotal: Operating Expenditures	434,329	480,216	578,011	517,954	504,411
Capital Purchases and Equipment	142,250	7,042	251,881	253,881	251,881
Operating Transfers	2,250	27,500	-	-	-
Total Expenditures	\$578,829	\$514,758	\$829,892	\$771,835	\$756,292
Expenditures By Funds					
General Revenue	343,441	352,190	388,786	387,929	371,096
Federal Funds	85,780	124,377	181,842	122,546	125,502
Restricted Receipts	7,931	5,191	9,264	11,360	9,694
Operating Transfers from Other Funds	141,677	33,000	250,000	250,000	250,000
Total Expenditures	\$578,829	\$514,758	\$829,892	\$771,835	\$756,292
FTE Authorization	4.0	4.0	4.0	4.0	4.0
Agency Measures					
Minorities as a Percentage of the Workforce	50.0%	50.0%	50.0%	50.0%	50.0%
Females as a Percentage of the Workforce	25.0%	25.0%	25.0%	25.0%	25.0%
Persons with Disabilities as a Percentage of the Workforce	75.0%	75.0%	75.0%	75.0%	100.0%
Advocacy on Behalf of People with Disabilities and Their Families - Total Bills Successfully Disposed	76.0%	58.0%	38.0%	38.0%	39.0%
Objective	59.0%	69.0%		60.0%	60.0%
Percentage of Disability Discrimination Complaints resolved Prior to a Hearing	99.0%	100.0%	50.0%	50.0%	50.0%
Objective	100.0%	100.0%		100.0%	100.0%

The Agency

Governor's Commission on Disabilities



Personnel

Governor's Commission On Disabilities Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	1.0	81,951	1.0	81,951
Unclassified	3.0	187,660	3.0	226,179
Turnover	-	-	-	(50,001)
Total Salaries	4.0	\$269,611	4.0	\$258,129
Benefits				
Defined Contribution Plan	-	-	-	2,581
FICA	-	20,625	-	19,748
Medical	-	27,367	-	29,425
Payroll Accrual	-	-	-	1,377
Retiree Health	-	18,495	-	17,708
Retirement	-	61,956	-	56,736
Total Salaries and Benefits	4.0	\$398,054	4.0	\$385,704
Cost Per FTE Position		\$99,514		\$96,426
Statewide Benefit Assessment	-	10,110	-	9,680
Payroll Costs	4.0	\$408,164	4.0	\$395,384
Purchased Services				
Building and Grounds Maintenance	-	1,832	-	2,486
Clerical and Temporary Services	-	76	-	76
Other Contract Services	-	4,839	-	5,211
Total Personnel	4.0	\$414,911	4.0	\$403,157
Distribution by Source of Funds				
General Revenue	3.5	364,334	3.5	347,395
Federal Funds	0.5	48,107	0.5	53,206
Restricted Receipts	-	2,470	-	2,556
Total All Funds	4.0	\$414,911	4.0	\$403,157

Governor's Commission On Disabilities Performance Measure Narratives

Central Management

Advocacy on Behalf of People with Disabilities and Their Families - Total Bills Successfully Disposed

This performance indicator measures the favorable disposition of state legislation affecting persons with disabilities. The measure includes all legislation on which the Commission takes a position. The measure is related to the commission's stated role

Percentage of Disability Discrimination Complaints resolved Prior to a Hearing

This performance indicator measures technical assistance; on-site access surveys, design plan reviews, telephone and internet consultation and training provided through a grant from the National Institute on Disability and Rehabilitation Research and the

Agency

Commission On The Deaf & Hard Of Hearing

Agency Mission

To promote greater accessibility to services for the deaf and hard of hearing by developing awareness, communication access, and training programs to agencies, organizations, and businesses.

To conduct an ongoing needs assessment to identify gaps and recommend improvements to improve the quality of living for the deaf and hard of hearing populations in Rhode Island.

To provide statewide centralized sign language interpreter referral services, including emergency referrals.

To advocate for the enactment of legislation that will promote accessibility of services.

To develop a statewide coordinating council to implement the comprehensive statewide strategic plan for children who are deaf or have hearing loss.

To oversee state agency compliance with the Americans with Disabilities Act regulations related to deaf and hard of hearing access issues through monitoring, training, and advocating.

To work with federal, state, and local organizations and agencies to improve the quality of life for deaf and hard of hearing persons in Rhode Island. To coordinate sign language and equipment interpreter services between agencies and organizations with the goal of centralizing services.

Agency Description

The Commission on the Deaf and Hard of Hearing advocates and coordinates the promotion of an accessible environment in which deaf and hard of hearing persons in Rhode Island are afforded equal opportunity in all aspects of their lives. The commission develops policy and recommends appropriate programs and legislation to enhance cooperation and coordination among agencies and organizations now serving, or having the potential to serve, the deaf and hard of hearing. The CDHH reports to the Board of Commissioners which is composed of 13 members, of whom nine are deaf and hard of hearing consumers. The remaining four members are one (1) state senator, one (1) state representative, and two (2) hearing consumers/providers.

Statutory History

R.I.G.L. 23-1.8 includes provisions relating to the Commission on the Deaf and Hard of Hearing. The current commission results from the 1992 restructure of the former Commission on the Deaf and Hearing Impaired, originally established in 1977.

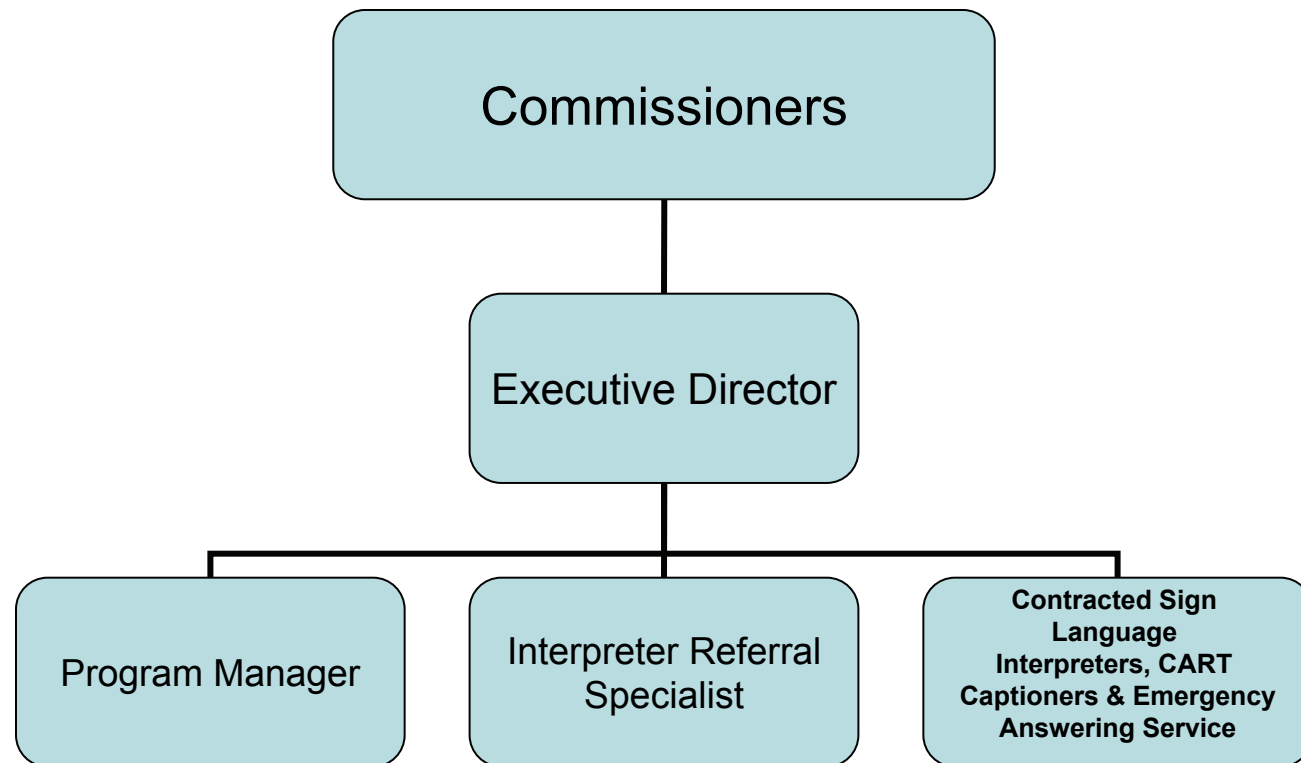
Budget

Commission On The Deaf & Hard Of Hearing

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	339,304	358,036	387,985	386,286	390,251
Total Expenditures	\$339,304	\$358,036	\$387,985	\$386,286	\$390,251
Expenditures By Object					
Personnel	331,079	349,985	379,805	372,833	380,646
Operating Supplies and Expenses	7,069	7,453	8,180	10,336	9,605
Subtotal: Operating Expenditures	338,148	357,438	387,985	383,169	390,251
Capital Purchases and Equipment	1,156	598	-	3,117	-
Total Expenditures	\$339,304	\$358,036	\$387,985	\$386,286	\$390,251
Expenditures By Funds					
General Revenue	339,304	358,036	387,985	386,286	390,251
Total Expenditures	\$339,304	\$358,036	\$387,985	\$386,286	\$390,251
FTE Authorization	3.0	3.0	3.0	3.0	3.0
Agency Measures					
Minorities as a Percentage of the Workforce	-	-	-	-	-
Females as a percentage of the Workforce	33.0%	33.0%	33.0%	33.0%	33.0%
Persons with Disabilities as a Percentage of the Workforce	67.0%	67.0%	67.0%	67.0%	67.0%
Percentage of Interpreter Requests Filled with at Least 72 Hours Notice	92.0%	94.0%	90.0%	90.0%	90.0%
Objective	95.0%	95.0%		95.0%	95.0%
Percentage of Information Requests Responded to With Relevant Information Requests Responded to With Relevant Informatin or Referral Within One Week	92.0%	92.0%	92.0%	92.0%	92.0%
Objective	100.0%	100.0%		100.0%	100.0%
Percentage of Legislation Affecting Deaf and Hard of Hearing Citizens Favorably Disposed	15.0%	75.0%	75.0%	75.0%	75.0%
Objective	80.0%	80.0%		80.0%	80.0%

The Agency

Commission on Deaf and Hard of Hearing



Personnel

Commission On The Deaf & Hard Of Hearing Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Unclassified	3.0	196,994	3.0	197,265
Total Salaries	3.0	\$196,994	3.0	\$197,265
Benefits				
Defined Contribution Plan	-	-	-	1,973
FICA	-	15,070	-	15,091
Medical	-	45,199	-	50,809
Payroll Accrual	-	-	-	1,166
Retiree Health	-	13,514	-	13,532
Retirement	-	45,269	-	41,779
Total Salaries and Benefits	3.0	\$316,046	3.0	\$321,615
Cost Per FTE Position		\$105,349		\$107,205
Statewide Benefit Assessment	-	7,387	-	7,397
Payroll Costs	3.0	\$323,433	3.0	\$329,012
Purchased Services				
Other Contract Services	-	49,400	-	51,634
Total Personnel	3.0	\$372,833	3.0	\$380,646
Distribution by Source of Funds				
General Revenue	3.0	372,833	3.0	380,646
Total All Funds	3.0	\$372,833	3.0	\$380,646

Commission On The Deaf & Hard Of Hearing Performance Measure Narratives

Central Management

Percentage of Information Requests Responded to With Relevant Information Requests Responded to With Relevant Informatin or Referral Within One Week

The response rate to requests for information within one week is one indicator of the commission's success in promoting awareness and understanding of the issues relating to the deaf and hard of hearing. The commission maintains a detailed log of request

Percentage of Legislation Affecting Deaf and Hard of Hearing Citizens Favorably Disposed

Measuring the percentage of bills affecting deaf and hard of hearing citizens that are favorably disposed is an indicator of the commission's success in monitoring pertinent legislation, initiating legislation, and lobbying effectively for relevant bills

Percentage of Interpreter Requests Filled with at Least 72 Hours Notice

The annual percentage of requests filled for interpreters/CART and assistive listening equipment referrals is an indicator of the commission's success in promoting accessible and effective communications between deaf/heard of hearing consumers and the gen

Agency

Office Of The Child Advocate

Agency Mission

To monitor the Department of Children, Youth and Families to ensure that it offers children in its care adequate protection and quality services, while affording these children respect for their individual rights and dignity. These activities include, but are not limited to, public education, legislative advocacy, investigation, and litigation.

To review and make recommendations regarding the Department of Children, Youth and Families procedures; to investigate institutional abuse allegations and child fatalities; to provide information and referral on matters relating to children; participate in voluntary admissions procedures; to monitor child placements; to conduct annual site visits at residential/group care programs; and to review the Department of Children, Youth and Families' compliance with day-care licensing laws.

Agency Description

The Office of the Child Advocate is charged with fulfilling a statutory mandate to protect the legal, civil and special rights of all children and youth involved in the care of the Department of Children, Youth, and Families (DCYF). In so doing, the Office strives to improve conditions and circumstances through monitoring, compliance, and advocacy.

The office is staffed with 5.8 authorized full-time equivalent (FTE) positions. The office is responsible for oversight of DCYF care for 5,300 children and yearly monitoring site visits to monitor their care at 120 group homes and residential programs in the state. The office also provides direct legal representation for at least 35-40 children voluntarily placed in state care.

The office reviews and monitors systematic and individual issues related to 250 residents at the Rhode Island Training School. It provides direct oversight and on-site visits on a weekly basis. The Office of the Child Advocate also files Victim Compensation claims for children who have been physically and/or sexually assaulted and are in the care of the State.

Statutory History

In 1980, the General Assembly created the Office of the Child Advocate. Its powers and duties are codified in R.I.G.L. 42-73. The office of the Child Advocate possesses a statutory right of access, including subpoena power, to all providers, the Family Court, Department of Children, Youth and Families, and law enforcement records. There is also a right of physical access to all child-care programs and children in care.

In 1992, the office of the Child Advocate's responsibilities with respect to children in state care were statutorily expanded to include review of child fatality cases and representation of child victims of crime pursuant to the Criminal Injuries Compensation Act.

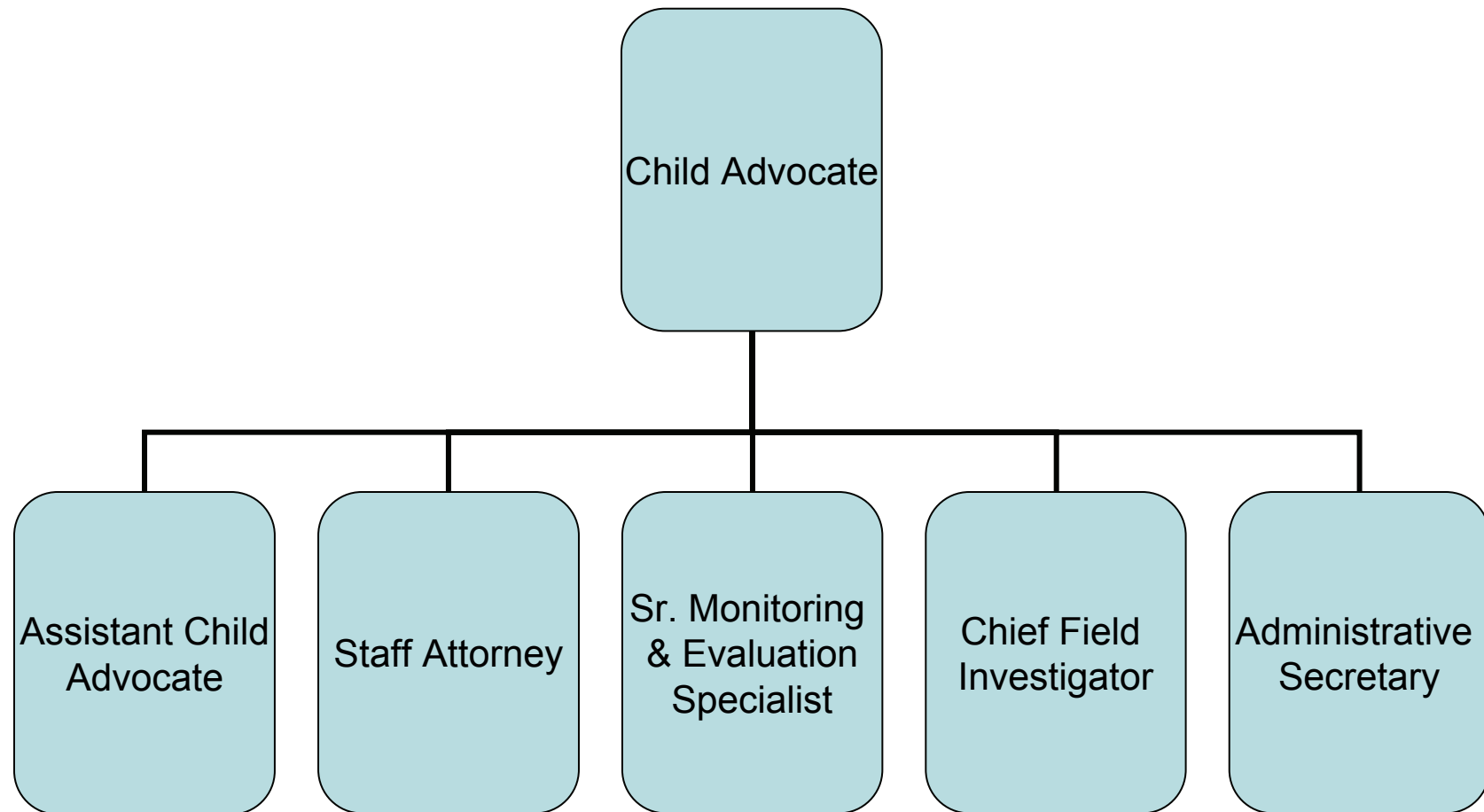
Budget

Office Of The Child Advocate

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	552,865	597,596	652,432	578,868	661,503
Total Expenditures	\$552,865	\$597,596	\$652,432	\$578,868	\$661,503
Expenditures By Object					
Personnel	540,677	585,520	642,174	562,588	641,545
Operating Supplies and Expenses	12,188	12,076	10,258	15,280	18,958
Subtotal: Operating Expenditures	552,865	597,596	652,432	577,868	660,503
Capital Purchases and Equipment	-	-	-	1,000	1,000
Total Expenditures	\$552,865	\$597,596	\$652,432	\$578,868	\$661,503
Expenditures By Funds					
General Revenue	506,961	550,911	603,384	528,834	611,469
Federal Funds	45,904	46,685	49,048	50,034	50,034
Total Expenditures	\$552,865	\$597,596	\$652,432	\$578,868	\$661,503
FTE Authorization	5.8	5.8	5.8	5.8	5.8
Agency Measures					
Minorities as a Percentage of the Workforce	33.0%	33.0%	18.0%	18.0%	18.0%
Females as a Percentage of the Workforce	83.0%	83.0%	100.0%	100.0%	100.0%
Persons with Disabilities as a Percentage of the Workforce	1.0%	1.0%	1.0%	1.0%	1.0%
Oversight and Investigation - Percentage of Site visits to be Completed - Actual/Estimated	90.0%	85.0%	3.5%	35.0%	80.0%
Objective	100.0%	100.0%		100.0%	100.0%

The Agency

Office of the Child Advocate



Personnel

Office Of The Child Advocate Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Unclassified	5.8	400,765	5.8	396,534
Turnover	-	(54,711)	-	-
Total Salaries	5.8	\$346,054	5.8	\$396,534
Benefits				
Defined Contribution	-	-	-	3,966
FICA	-	26,466	-	30,335
Medical	-	73,833	-	82,310
Payroll Accrual	-	-	-	2,347
Retiree Health	-	23,738	-	27,203
Retirement	-	79,520	-	83,981
Total Salaries and Benefits	5.8	\$549,611	5.8	\$626,676
Cost Per FTE Position		\$94,761		\$108,048
Statewide Benefit Assessment	-	12,977	-	14,869
Payroll Costs	5.8	\$562,588	5.8	\$641,545
Purchased Services				
Total Personnel	5.8	\$562,588	5.8	\$641,545
Distribution by Source of Funds				
General Revenue	5.4	512,848	5.4	595,483
Federal Funds	0.4	49,740	0.4	46,062
Total All Funds	5.8	\$562,588	5.8	\$641,545

Office Of The Child Advocate Performance Measure Narratives

Central Management

Oversight and Investigation - Percentage of Site visits to be Completed - Actual/Estimated

Oversight and investigation are the primary reasons for the creation of the Office of the Child Advocate (OCA) pursuant to Rhode Island General Laws § 42-73-7, 1-8 et. seq. The OCA was established at approximately the same time as the Department for Chil

Agency

Office Of The Mental Health Advocate

Agency Mission

To ensure the legal, civil, and special rights of people with mental illness in Rhode Island.

To protect the liberty interests and treatment rights of individuals subjected to involuntary commitment and to the involuntary administration of medication in psychiatric facilities, including penal inmates.

To protect the legal rights of clients of the mental health system by means of direct legal representation and/or referral to appropriate resources.

To monitor and evaluate the quality of services available to clients of the mental health system, and to investigate incidents. To address shortcomings and gaps in the services and programs administered by the mental health providers.

To address stigmatizing legal inequities and social barriers that impact upon the lives of individuals with mental illness by means of legislative advocacy, litigation, education, support for the mental health consumer movement, and by outreach to the public at large.v

Agency Description

The Office of the Mental Health Advocate accomplishes its mission by providing legal representation at involuntary commitment proceedings, monitoring procedures and policies at in-patient treatment facilities and community-based mental health programs, proposing and evaluating legislation, and litigating civil rights and treatment rights disputes. The Office also provides counsel to clients of the mental health system who bring complaints involving mental health issues and other issues vital to maintaining quality of life, such as housing and protection from creditors. The Office is also charged to protect the treatment rights of criminally insane persons and prison inmates in the forensic hospital (patients who are under criminal process) and to provide legal representation for indigent persons receiving in-patient substance abuse treatment.

Statutory History

The Office of the Mental Health Advocate was created in 1975 when the legislature re-wrote and reformed the Mental Health Law of Rhode Island. This reform was part of a national movement toward deinstitutionalization of mentally ill individuals, a movement which began in the 1950's and became a centerpiece of public policy in the 1970's after the United States Supreme Court declared that all states must provide Constitutional Due Process and legal counsel to individuals subjected to involuntary hospitalization. The original statute authorizing the Mental Health Advocate is codified at RI General Laws, Sections 40.1-5-13, 40.1-5-22 and 24 (Public Laws 1974, Ch. 119).

Budget

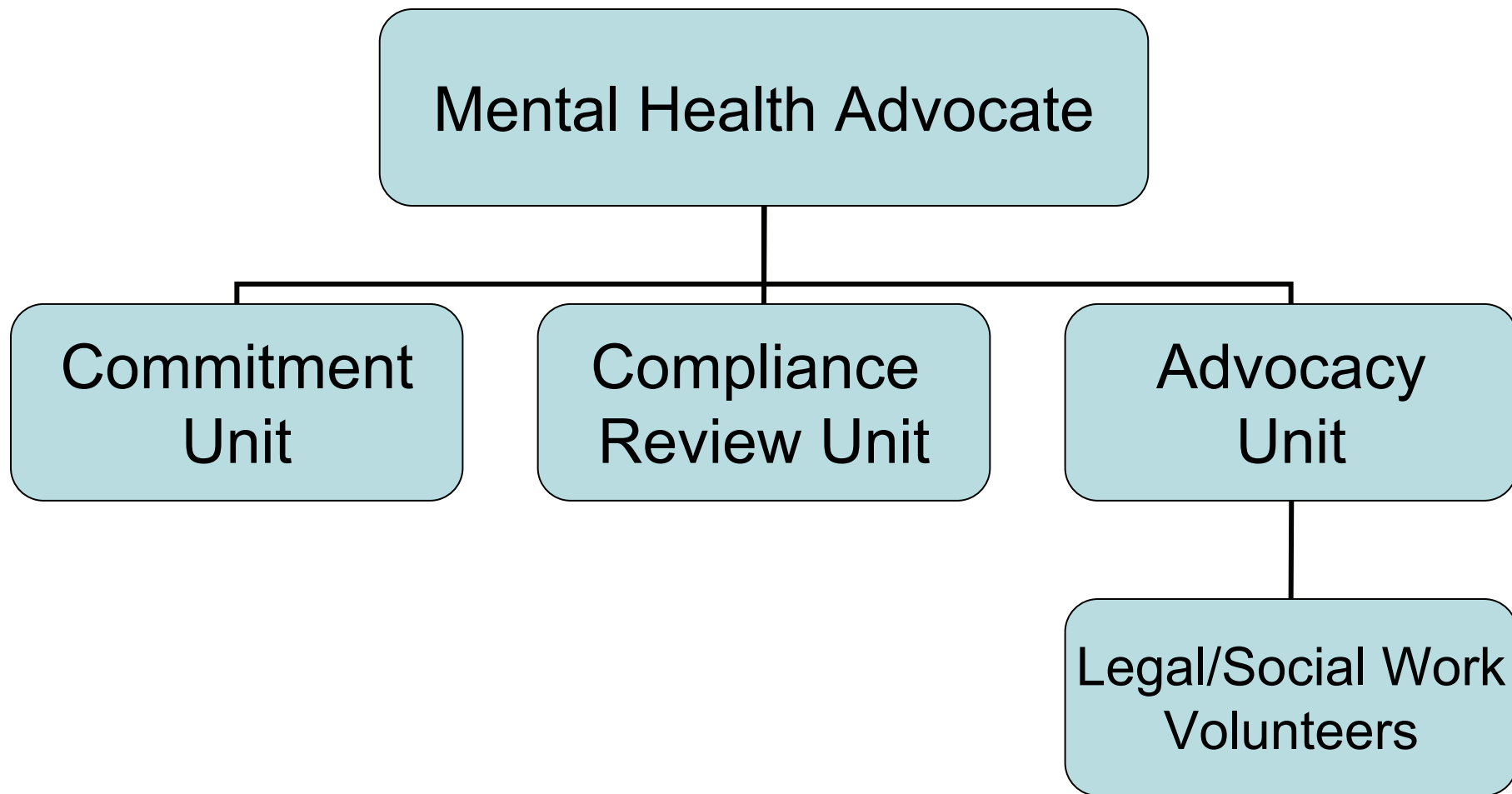
Office Of The Mental Health Advocate

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	381,030	399,837	468,718	413,172	447,119
Total Expenditures	\$381,030	\$399,837	\$468,718	\$413,172	\$447,119
Expenditures By Object					
Personnel	369,352	388,169	459,406	402,091	436,039
Operating Supplies and Expenses	11,678	11,668	9,312	11,081	11,080
Subtotal: Operating Expenditures	381,030	399,837	468,718	413,172	447,119
Total Expenditures	\$381,030	\$399,837	\$468,718	\$413,172	\$447,119
Expenditures By Funds					
General Revenue	381,030	399,837	468,718	413,172	447,119
Total Expenditures	\$381,030	\$399,837	\$468,718	\$413,172	\$447,119
FTE Authorization	3.7	3.7	3.7	3.7	3.7
Agency Measures					
Minorities as a Percentage of the Workforce	-	-	-	-	-
Females as a Percentage of the Workforce	50.0%	50.0%	50.0%	50.0%	50.0%
Persons with Disabilities as a Percentage of the Workforce	-	-	-	-	-
Litigation/Advocacy - Housing	80.0%	81.3%	80.0%	80.0%	80.0%
Objective	80.0%	80.0%		80.0%	80.0%
Litigation - Involuntary Petitions	24.2%	13.1%	20.0%	20.0%	20.0%
Objective	20.0%	20.0%		20.0%	20.0%
Compliance/Advocacy - Treatment	85.0%	84.3%	75.0%	75.0%	75.0%
Rights					
Objective	75.0%	75.0%		75.0%	75.0%

The Agency

Office of the Mental Health Advocate

212



Personnel

Office Of The Child Advocate Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Unclassified	5.8	400,765	5.8	396,534
Turnover	-	(54,711)	-	-
Total Salaries	5.8	\$346,054	5.8	\$396,534
Benefits				
Defined Contribution	-	-	-	3,966
FICA	-	26,466	-	30,335
Medical	-	73,833	-	82,310
Payroll Accrual	-	-	-	2,347
Retiree Health	-	23,738	-	27,203
Retirement	-	79,520	-	83,981
Total Salaries and Benefits	5.8	\$549,611	5.8	\$626,676
Cost Per FTE Position		\$94,761		\$108,048
Statewide Benefit Assessment	-	12,977	-	14,869
Payroll Costs	5.8	\$562,588	5.8	\$641,545
Purchased Services				
Total Personnel	5.8	\$562,588	5.8	\$641,545
Distribution by Source of Funds				
General Revenue	5.4	512,848	5.4	595,483
Federal Funds	0.4	49,740	0.4	46,062
Total All Funds	5.8	\$562,588	5.8	\$641,545

Office Of The Mental Health Advocate Performance Measure Narratives

Central Management

Litigation/Advocacy - Housing

The Office of the Mental Health Advocate engages in housing rights advocacy on behalf of clients of the publicly funded mental health system. This advocacy includes discrimination in housing, lease compliance and eviction cases, among other things. This

Litigation - Involuntary Petitions

This performance indicator measures withdrawals and dismissals of involuntary petitions that seek to confine mentally disabled individuals in mental health treatment facilities. The measure is the percentage of involuntary commitment petitions filed in

Compliance/Advocacy - Treatment Rights

The Office of the Mental Health Advocate represents individuals engaged in treatment under the Mental Health Law, and also has jurisdiction (without regard to individual representation) to monitor compliance with treatment rights under the Mental Health L

Capital Budget

Department of Children, Youth and Families

Governor's Recommendations

Thomas C. Slater Training School

Training School Repairs and Improvements - The Governor recommends a total of \$1.1 million from Rhode Island Capital Plan funds for various repairs and improvements to the Rhode Island Training School for Youth. This includes \$900,000 in FY 2012 and \$195,000 in FY 2013. Some of the repairs and improvements include flashing protection and the installation of a sprinkler system retrofit, conduits, cement pads, and backflow preventors.

Vocational Building – The Governor recommends a total of \$294,780 for the construction of a prefabricated steel building to be used as a trades shop for the vocational educational program on the grounds of the Youth Development Center. Prior to FY 2012, \$13,894 was spent from federal funds. For FY 2013, this recommendation includes \$79,900 from Rhode Island Capital Plan funds and \$200,896 from federal funds.

Generators - The Governor recommends \$441,000 in FY 2013 from the Rhode Island Capital Plan fund for the purchase and installation of three generators at the Thomas C. Slater Training School. The new generators would accommodate the use of the HVAC system during power failures.

Maintenance Building – The Governor recommends \$535,000 in FY 2013 from the Rhode Island Capital Plan fund for the construction of a maintenance building that will be utilized as part of the Thomas C. Slater Training School. This facility will consist of a shop area and warehouse.

Old Training School – The Governor recommends \$75,000 from the Rhode Island Capital Plan fund in FY 2012 for costs associated with the closing of the old Rhode Island Training School, which includes the preparation of the grounds for future sale.

Private Providers

Groden Center Mt. Hope – The Governor recommends \$275,000 in FY 2012 from the Rhode Island Capital Plan Fund for the construction of two new stair towers at the Groden Center – Mt. Hope Facility. This project is comprised of the demolition of the existing ladders and construction of the new stair towers, for fire evacuation purposes, out of brick to match the existing building.

In FY 2013, the Governor recommends \$275,000 from the Rhode Island Capital Plan Fund for the repair of deteriorating bricks and windows at the Groden Center- Mt. Hope Facility. These repairs will assist in preserving the building and provide a safe and healthy environment for the agency's clients.

The Governor recommends \$50,000 in FY 2013 from the Rhode Island Capital Plan fund for a feasibility study of the electrical, plumbing, and HVAC system at the Groden Center.

Fire Code Upgrades - The Governor recommends \$2.0 million from the Rhode Island Capital Plan Fund from FY 2012 to FY 2013 to assess and upgrade fire protection systems for group homes, foster homes, and other facilities associated with Children's Behavioral Health Services and the Child Welfare Programs. Prior to FY 2012, \$2.2 million in RICAP funds was spent on this project.

NAFI Center – The Governor recommends a total of \$1.1 million from FY 2012 through FY 2013 from the Rhode Island Capital Plan Fund for repairs and renovations to this facility. Included in this

Department of Children, Youth and Families

recommendation is an upgrade to the facility's fire alarm system. Prior to FY 2012, there had been \$61,200 spent from Rhode Island Capital Plan funds for this project.

Department of Human Services

Governor's Recommendations

Establishment and Refurbishment of Blind Vending Facilities – The Governor recommends financing of \$165,000 per year from FY 2012 through FY 2017 from the Rhode Island Capital Plan Fund to support ongoing improvements at vending facilities operated under the Business Enterprises Program (BEP) of the Office of Rehabilitation Services (ORS). These facilities are managed exclusively by legally blind individuals. Currently, ORS operates seventeen BEP outlets throughout the State, all of which are located within state, local, or federally-owned or occupied properties. These facilities offer significant convenience to both governmental employees and the public at large, while also providing a source of meaningful employment to the client-entrepreneurs.

Veterans' Home HVAC System Upgrade - The Governor recommends restricted receipts of \$100,000 in FY 2013 to complete a \$2.9 million capital project that began in FY 1998. The project has upgraded the heating system and added air conditioning at the RI Veterans' Home to provide a healthier environment for the residents at the Home. The project is financed from dedicated revenue within the Veterans' Home restricted receipt account and will be completed in FY 2013. The final project phase involves installation of new HVAC units in the connecting corridor of the south building (N-5).

Veterans' Home - Renovations to N-5, N-6, and N-7 Buildings – The Governor recommends \$2.3 million in FY 2012 to renovate the N-5, N-6, and N-7 nursing units at the Veterans' Home. The project will enhance resident health and improve the visitor environment in the facility, and includes repairs to bedrooms, bathrooms, corridors and auxiliary rooms. The project will be financed from dedicated revenues within the Veterans' Home restricted receipt account.

Veterans' Home - Renovations to N-2 and N-3 Buildings – The Governor recommends \$720,000 in FY 2014 and \$705,000 in FY 2015 to renovate the N-2 and N-3 nursing units at the Veterans' Home. The project will enhance resident health and improve the visitor environment in the facility, and includes repairs to bedrooms, bathrooms, corridors and auxiliary rooms. The project will be financed from dedicated revenues within the Veterans' Home restricted receipt account.

Veterans' Home - Electrical Distribution System - The Governor recommends \$390,177 in FY 2012 to complete modifications to the emergency electrical system at the Veterans' Home. The project will result in full compliance with the most recent electrical code requirements. The \$525,000 project is financed from dedicated revenues within the Veterans' Home restricted receipt account.

Veterans' Home - Fire Reserve Connection - The Governor recommends \$350,000 in FY 2012 to complete upgrades to the fire suppression water supply at the Veterans' Home. The project includes connection lines to the Bristol municipal water supply, installation of a pressure control mechanism, and a full redesign of the pump house to ensure the proper water level is maintained. The project will be financed from dedicated revenues within the Veterans' Home restricted receipt account.

Veterans' Home - Entrance Improvements - The Governor recommends \$49,140 in FY 2012 to complete the redesign and renovation of the entrance area at the Veterans' Home. The project entails both curb re-configuration and canopy installations to improve accessibility and enhance resident and visitor safety. The project is to be financed from dedicated revenues within the Veterans' Home restricted receipt account.

Veterans' Cemetery - Columbarium -

Department of Human Services

The Governor recommends \$960,000 from federal sources to construct a third columbarium on the grounds of the Rhode Island Veterans' Memorial cemetery in Exeter. A columbarium is essentially a vault or wall containing recesses or "niches" in which to place funerary urns. The Cemetery currently maintains two columbariums, both of which are currently at or near capacity. This project is in conformance with the federally approved "master plan" for the Cemetery, and is thus eligible for full federal reimbursement. Total project financing is apportioned between fiscal years 2012 and 2013, in the amounts of \$515,000 and \$445,000, respectively.

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

Governor's Recommendations

Regan Building Renovations - The Governor recommends \$5.0 million from FY 2012 through FY 2017 for the rehabilitation of the BHDDH institutional facilities at the Pastore Center, funded from the Rhode Island Capital Plan Fund. The scope of this plan includes the ongoing repair, renovation, upgrade and rejuvenation of the BHDDH-owned facilities at the Pastore Center complex. The recommended funding amounts are as follows: \$2.0 million in FY 2012; 1.0 million in FY 2013; \$450,000 in FY2014; \$550,000 each year in FY 2015 and FY 2016; and \$500,000 in FY 2017. Prior to FY 2012 expenditures totaled \$3.2 million.

Hospital Consolidation – The Governor recommends expenditures of \$36.5 million for the consolidation of the Eleanor Slater Hospital buildings through the construction of a new facility. This project will be funded through the Rhode Island Capital Plan Fund. The goal of the new structure is to merge the Pastore Center hospital system, which is currently scattered throughout the complex, into one building. This will result in more efficient and cost effective operations due to new staffing patterns, the reduction of maintenance and utility budgets, and improved security. The total amounts recommended by year are as follows: \$630,000 in FY 2012; \$5.5 million in FY 2013; \$11.0 million in FY 2014; \$8.6 million in FY 2015; and \$10.0 million in FY 2016. Expenditures prior to FY 2012 total \$793,203.

Community Facilities Fire Code Upgrade - The Governor recommends \$5.0 million from FY 2012 through FY 2015 from the Rhode Island Capital Plan Fund to install or upgrade fire alarm and sprinkler systems in residential, workshop, day program, and out-patient facilities for the Divisions of Developmental Disabilities, RI Community Living and Supports, and Behavioral Health Services. Prior to FY 2012, \$1.6 million in RICAP funds had been expended on this project. The project is budgeted with \$1.3 million in expenditures in FY 2012, with subsequent annual expenditures of \$750,000 in FY 2013 – FY 2017.

Private Home Based Waiver Community Facilities Fire Code Upgrade - The Governor recommends \$11.0 million to install or upgrade fire alarm and sprinkler systems in state-owned and privately-owned residential, workshop, day program, and out-patient facilities licensed and operated for the Division of Developmental Disabilities under the Home and Community Based Waiver system. The cost of upgrading these facilities is eligible for federal participation with a state - federal match rate of approximately 47% state - 53% federal, except during years when the ARRA enhanced match rate is in effect. The \$11.0 million amount includes \$4.1 million from the Rhode Island Capital Plan Fund and \$6.9 million of federal funds. The total amounts recommended by year are as follows: \$4.7 million in Pre FY 2012; \$1.8 million in FY 2012; \$1.6 million in FY 2013; \$1.9 million in FY 2014; and \$993,619 in FY 2015.

Zambarano Buildings - The Governor recommends \$1.5 million from FY 2012 through FY 2017 from the Rhode Island Capital Plan Fund for renovations at the Eleanor Slater Hospital on the Zambarano campus. The funding for will be used to resurface paved areas and replace the roofs on the Wallum Lake House, the CI/Hamble building, and the laundry building. The amounts recommended by year are as follows: \$277,516 in FY 2012; \$725,000 in FY 2013; and \$125,000 annually in FY 2014 through FY 2017. Prior to FY 2012, expenditures totaled \$2.2 million.

Barry and Simpson Hall Repairs/Renovations (formerly Eleanor Slater HVAC and Elevator Upgrades) – The Governor recommends expenditures of \$7.0 million from the Rhode Island Capital Plan Fund for HVAC and elevator upgrades to Barry and Simpson Halls on the Pastore Campus. None of these administrative buildings has central air conditioning equipment and the electrical systems were not designed for the loads imposed by window units. The amounts recommended by year are as follows: \$500,000 in FY

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

2012; \$2.0 million in FY 2013; \$3.0 million in FY 2014; and \$1.5 million in FY 2015.

Mental Health Services

Mental Health Residences - The Governor recommends \$4.5 million for fiscal years 2012 through 2017 that would be principally provided to RIHMFC (Rhode Island Housing & Mortgage Finance Corporation) to provide low-cost housing for people with mental illness. The project will be financed from the Rhode Island Capital Plan Fund. The amounts recommended in FY 2012 through FY 2017 are as follows: \$500,000 in FY2012 and \$800,000 per year in FY 2013 through FY 2017. Expenditures prior to FY 2012 total \$9.4 million, including \$8.0 million in Rhode Island Capital Funds and \$1.4 million in general obligation bonds issued in 1990.

Furniture - Mental Health Residences – The Governor recommends expenditures of \$274,918 through FY 2017 for furniture purchases for mental health residences. The amounts recommended from the Rhode Island Capital Fund by year are as follows: \$24,087 in Pre FY 2012; \$21,831 in FY 2012; \$32,000 in FY 2013; \$40,000 in FY 2014; \$47,000 in FY 2015; and \$55,000 each year in FY 2016 through FY 2017.

Community Mental Health Facilities - Capital Repairs – The Governor recommends \$2.1 million from FY 2012 through FY 2017 for maintenance and repairs to 30 group homes, 12 outpatient facilities, and one regional work center. The funds are used to maintain the physical structure and make emergency repairs, including: roofs, siding, windows, HVAC systems, emergency generators, individual sewage disposal systems (ISDS), water wells, flooring, and kitchen and bathroom renovations. The amounts recommended from the Rhode Island Capital Plan Fund by year are as follows: \$416,888 in FY 2012; \$300,000 per year in FY 2013 through FY 2015; and \$400,000 per year in FY 2016 through FY 2017. Expenditures prior to FY 2012 total \$4.0 million, including \$732,060 in Rhode Island Capital Funds and \$3.2 million in general obligation bonds issued in 1990.

Developmental Disabilities

MR/DD Residential Development - The Governor recommends \$6.0 million from FY 2012 through FY 2017 for the Access to Independence program and continuation of the development of housing for individuals with developmental disabilities. The Access to Independence program provides funding to families for adaptations to their homes, including the installation of ramps, modifications of bathrooms, installation of lifts or other equipment purchases. The residential program also provides grants to individuals and agencies for down payments and contributions toward ownership, enabling individuals to reside in the community rather than in group-homes. These projects will be financed with \$6.0 million from the Rhode Island Capital Plan Fund. The amounts recommended by year are \$1.0 million per year in FY 2012 - through FY 2017. Prior to FY 2012, expenditures totaled \$4.5 million.

MR Community Facilities - Capital Repairs –

The Governor recommends \$9.1 million from FY 2012 to FY 2017 to maintain and repair 270 group homes, of which 149 are state-owned and 121 are not state-owned. The funds are used to maintain the physical structure and related systems, including: roofs, HVAC systems, individual sewage disposal systems (ISDS), water wells, flooring, windows, siding, and kitchen and bathroom renovations. The amounts recommended from the Rhode Island Capital Plan Fund by year are as follows: \$1.2 million in FY 2012; \$1.3 million in FY 2013; \$1.5 million in FY 2014; and \$1.7 million each year in FY 2015 – FY 2017.

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

Management Information System – The Governor recommends expenditures of \$1.2 million for a DD Management Information System, including \$422,877 from authorized and issued general obligation bond funds and \$780,384 in federal funds. The project will design and implement an information system that integrates eligibility determination, case management, provider certification, claims processing, contract oversight, and monitoring.

Regional Center Repairs/Rehabilitation - The Governor recommends \$4.5 million in Rhode Island Capital Plan funds from FY 2012 through FY 2017 for repairs to the Developmental Disability Regional Centers. Repair projects may include HVAC systems, roofs, septic systems and interior and exterior modifications. The Governor recommends expenditures of \$795,932 in FY 2012 and \$750,000 per year from FY 2013 through FY 2017. Prior to FY 2012, there had been \$1.6 million in RICAP funds and \$1.6 million in issued general obligation bonds expended on this project.

Substance Abuse Services

Asset Protection/ADA Renovations - The Governor recommends \$1.8 million from the Rhode Island Capital Plan Fund from FY 2012 through FY 2017 for Substance Abuse asset protection projects. The project includes general renovations to state-owned Substance Abuse facilities to include remodeling for A.D.A. compliance, replacement of roofs, HVAC systems and for emergency repairs. This recommendation includes \$300,000 per year in FY 2012 through FY 2017. Prior to FY 2012, expenditures totaled \$1.1 million.

Governor's Commission on Disabilities

Governor's Recommendations

Handicapped Accessibility – Facility Renovations – The Commission oversees the expenditure of capital funds for handicapped accessibility projects that have been determined to be necessary by the Rhode Island Coordinating Committee. This committee was established, under the direction of the Commission on Disabilities, to evaluate current services, policies, and practices of state agencies with regard to the requirements of the Americans with Disabilities Act and other pertinent federal regulations. The Coordinating Committee developed the *Self Evaluation and Compliance Plan*, which identifies those areas where the state needs to make improvements and describes a plan of action, including descriptions of specific projects needed to bring about compliance.

The Commission is utilizing approximately \$160,000 of its FY 2012 RICAP appropriation to conduct a comprehensive statewide architectural and engineering study of all state-owned facilities for handicapped accessibility compliance. Four firms have been engaged to conduct the study of 138 state-owned facilities, estimated to be complete in January, 2012. The results of the study, including cost estimates to removal access barriers, will inform the Commission's request for a state wide bond referenda to bring all state facilities into compliance, probably for the November, 2014 ballot.

The Governor recommends total project funding of \$4.5 million. Between FY 2012 and FY 2017, comprised of \$1.7 million from the RI Capital Plan Fund and \$34,968 in bond funds are recommended. Prior to FY 2012, a total of \$2.8 million has been expended consisting of \$829,987 in RICAP financing and \$2.0 million in bond funds.