

**OFFICE OF THE
MENTAL HEALTH ADVOCATE**

ANNUAL REPORT

**Fiscal Year 2006
(July 1, 2005 through June 30, 2006)**

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OFFICE OF THE MENTAL HEALTH ADVOCATE

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WHITE PAPER--OFFICE OF THE MENTAL HEALTH ADVOCATE

A Broken Continuum of Care.

Between 1975 and 1988, the Rhode Island Department of Mental Health, Retardation & Hospitals conceived and built a community based CONTINUUM OF CARE for citizens with mental illness. By 1988, the Continuum had become a model for the nation. During the last decade, the Department of Mental Health Retardation & Hospitals has not only permitted that Continuum to unravel, it has made policy choices that contribute directly to the process of decay. A continuum should be a seamless web of integrated treatment options. The Continuum that we successfully built in Rhode Island was heavily funded toward community-based interventions.

And it included, in a seamless way, a growing number of group homes, a hospital for long-term psychiatric care, and adequate resources for emergency hospitalization and acute in-patient care.

Beginning in 1995, the Department of MHRH made economic choices (many of which were reasonable) without any attention to the consequences upon our CONTINUUM OF CARE. These choices, and the chain of choices that followed, have dismantled our Continuum:

There is no longer an adequate supply of acute psychiatric in-patient beds; emergency rooms are full of mentally ill people who cannot find an acute bed.

The state hospital has abandoned its role at the center of a CONTINUUM OF CARE, and it has virtually rejected its role as a link in the statewide CONTINUUM OF CARE. Instead, it functions as a free-standing facility, as if it were simply another of several community hospitals.

The possibility of long-term psychiatric care is limited to a tiny minority of the patients among the many who would benefit from it.

We have a huge problem of criminalization of persons with serious mental illness. That is, we are institutionalizing people in prisons

rather than in hospitals. As of 2006, the state prison has nearly five times more institutionalized persons with mental illness than the state mental hospital. Two years ago the factor was three times the number of psychiatric patients in the hospital.

There has been virtually no growth in the availability of structured residential care in the community.

People who are mentally ill and at risk to themselves or others are increasingly neglected or under-treated.

The statutory rights of people with mental illness are going unenforced; in other words, the mental health system is, at last, illegal in its very operation.

The CONTINUUM OF CARE is broken. As maintenance of the Continuum declined, individual stakeholders—the Courts, the Public Defender's Office, the Department of Corrections, individual hospitals, out-of-network providers of mental health services—have initiated and funded their own programs, creating further fragmentation of what ought to be a unified Continuum of care. It is rather like placing band-aids on a gaping wound—it even wastes the band-aids. And as fragmentary solutions abound, the Continuum further declines. Increasing the fragmentation of services is the most wasteful public policy choice we can make. And that is, at present, the default choice we are making.

During FY 2006, the acute psychiatric units of community hospitals have been the repository of dozens of patients who do not need acute care, at a cost of approximately \$1,500 per day per patient. These patients remain in acute beds seven, eight, nine months at a time. (PLEASE DO THE MATH!) These patients need long-term care. No long-term care is available because the state's long-term care facility (Eleanor Slater Hospital) is virtually closed to new admissions. Costs at Eleanor Slater Hospital are 40% lower than in an acute facility, and if these patients were admitted to Eleanor Slater Hospital, their mere presence at Eleanor Slater would result in new resources allocated to residential placements. As long as long-term patients stay in acute facilities, they are relatively invisible, and they will continue to have no discharge options, and the CONTINUUM OF CARE further erodes. At a cost of millions in tax dollars.

Many Rhode Island patients who need long term psychiatric care, and who would benefit from it, are instead being placed in nursing homes. Rhode Island's nursing homes are filling up with mentally ill adults in their forties and fifties. And of course, mentally ill adults do not belong in nursing home facilities, and they place other nursing home patients at risk. Nursing homes are the new (but invisible) institutions for the mentally ill, along with prisons.

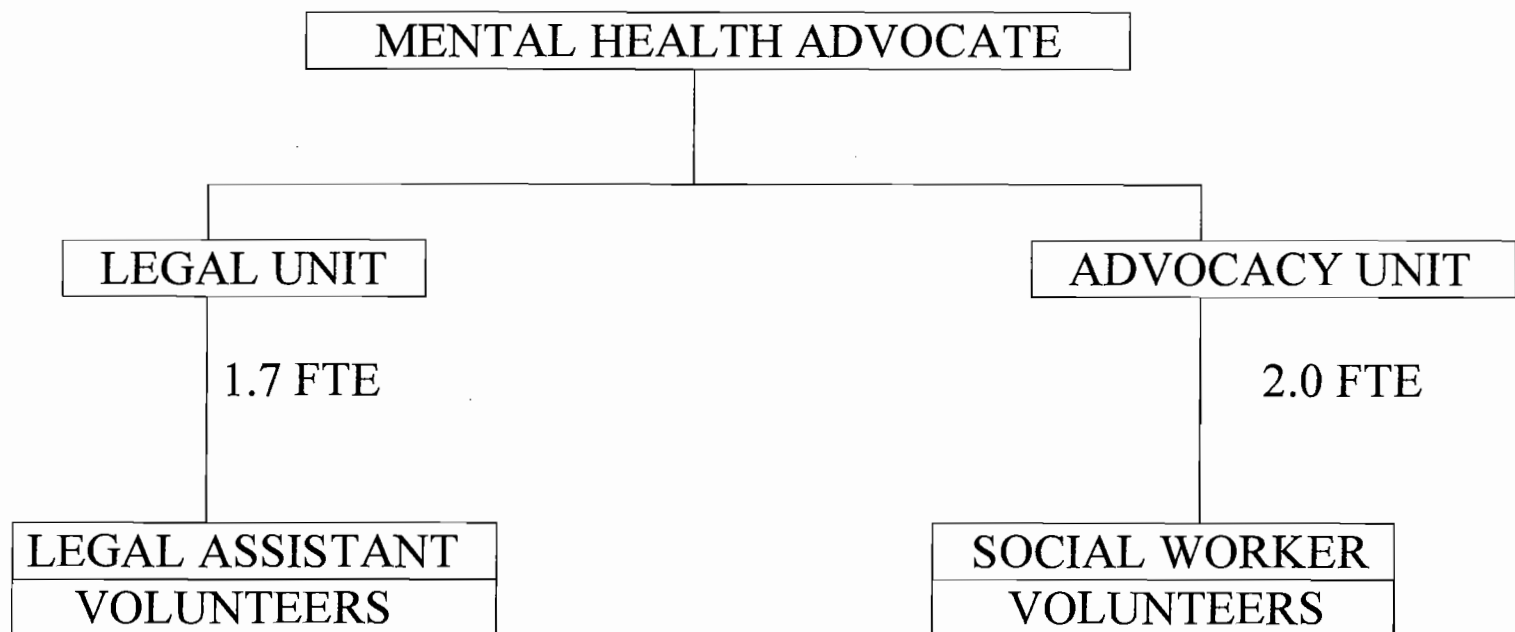
Finally, the private sector responds to this crisis by building new acute care beds which, if you are paying attention, we do not really need. If long-term beds were opened up, we would discover that we already have enough acute beds. During the last three years, the

private sector has built four new acute care psychiatric units (that is more than forty beds) in community hospitals. That is tens of millions of dollars in capital expenditures. These beds were immediately full, all the time. As of September 2006, yet another community hospital is applying for permission to add acute care beds, and those beds will fill. This is bad public health policy. This is what comes from bad leadership in the public sector. Or to put it more directly, this is what comes from bad government.

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**ORGANIZATION CHART
OFFICE OF THE MENTAL HEALTH ADVOCATE**



Narrative Information

AGENCY SUMMARY INFORMATION

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

I. PROGRAM TITLE: OFFICE OF THE MENTAL HEALTH ADVOCATE

II. AGENCY DESCRIPTION

The Office of the Mental Health Advocate is directed by statute to insure the legal, civil, and special rights of people with mental illness in Rhode Island. This includes 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.

In 1982, the Office was charged by statute to monitor the care of and protect the civil rights of residents of the twenty-nine licensed mental health group homes in the state.

In 1988 the Office was delegated the power to represent residents of in-patient substance abuse facilities.

In 2002, the federal government enacted new confidentiality legislation, the Healthcare Information Privacy Protection Act (HIPPA). This office is responsible to protect the rights of patients under that new statute and is responsible to ensure that licensed mental health treatment providers comply with the law.

III. 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 Office is codified at R.I. General Laws, Sections 40.1-5-13, 40.1-5-22 & 24 (Public Laws 1974, Ch. 119).

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In 1982, the legislature added to the Office's responsibilities the duty to review procedures, investigate complaints and monitor client grievances in the licensed mental health group homes of Rhode Island. (R.I. General Laws, Section 40.1-24.5-12, Public Laws 1982, Ch. 363.)

In 1988 the legislature delegated to the Office the power to represent residents at in-patient substance abuse treatment facilities (RI General Laws Section 40.1-5-24 (6)).

IV. PROGRAM OBJECTIVES

1. Involuntary Commitment – 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.

2. Direct Representation and Referral of Clients of the Mental Health System – To protect the legal rights of clients of the mental health system by means of direct legal representation and/or referral to appropriate resources.

3. Advocacy for Improvements in the Mental Health System – 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 provided by the mental health system.

4. Elimination of Stigma Associated With Mental Illness – 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. PROGRAM PURPOSE

The purpose of the Office of the Mental Health Advocate is to ensure that the mandates of the Mental Health Law (R.I. General Laws, Sec. 40.1-5-1, *et seq.*), of the Forensic Law (R.I. General Laws, Sec. 40.1-5.3-1, *et seq.*) and of the Community Residence

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Law (R.I. General Laws, Sec. 40.1-24.5-1, *et seq.*) are implemented and properly enforced throughout the state of Rhode Island. (Although the Office of the Mental Health Advocate engages in a wide variety of activities pursuant to its mandate, it operates out of a single appropriations account, and therefore is considered a single program for accounting and budget planning purposes.)

VI. PROPOSED BUDGET YEAR OPERATIONS

Proposed operations for FY 2006 anticipates level funding for the existing program. During the last decade the Office staff has been reduced from 7.0 FTE to 3.7 FTE. In FY 2004, the office, for fiscal reasons, was required to discharge a part-time “supportive employment” staff person (minimum wage, no fringe benefits or health insurance). This person performed telephone answering and filing functions in the Office. The long-term loss of staff and particularly the loss of the very inexpensive supportive employment staff person has meant that the telephones are now answered by a machine. The Office receives many calls from individuals who are both mentally impaired and indigent. The lack of a human interface on the telephone has a negative impact upon our delivery of services.

In terms of the Office’s mission, a staff of 3.7 FTE is a skeletal staff. The Office does, we hope, meet its priorities, and it does continue to perform its legislative mandates within its current staffing complement. The Office has ceased to perform regular compliance reviews at the community mental health centers and at the licensed mental health group homes. Since 1991, the Office policy has been to initiate an investigation only after specific complaints have been received.

In FY 1994, the Office was audited by the Office of the Auditor General, and the Report that the Auditor General produced praised the Office for the way it uses its resources, but recommended the addition of three new staff positions—a compliance review investigator, a social worker and a clerical staff person—so that the Office can adequately execute its statutory mission. Since the publication of the Auditor General’s Report, the Office has repeatedly, and unsuccessfully, requested funds sufficient to comply with the recommendations of the Auditor General.

Maintaining our services to clients of the mental health system continues to be the Office’s central challenge. Rhode Island’s mental health system has been stagnant—and in fact in decline—since 1990. As the system declines, more mentally ill people are

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neglected, more mentally ill people go to prison, more mentally ill people are inappropriately housed, more are subjected to risk and harm. The Office of the Mental Health Advocate must maintain the capacity to allocate its inelastic resources so as to challenge the system's most obvious failures. It must maintain a capacity to challenge capricious, cruel and illegal choices that are inevitable in a decaying bureaucracy. Otherwise, this state cannot hope to, and will not, maintain even a baseline of services for mentally ill individuals.

The Office is still in need of compliance review capacity. The proposed budget makes no progress in that direction. We believe that the permanent loss of capacity to regularly monitor policies and procedures in mental health facilities contributes to the decline that is becoming more visible in each succeeding fiscal year.

Within the context of the proposed budget, the Office will continue to represent indigent individuals in Civil Court Certification proceedings (our core mission). The Office will continue to press the mental health bureaucracy to address service gaps in the following areas:

1. More aggressive interventions on behalf of clients who are at risk for harm to self or others.
2. Address the ongoing crisis of inadequate beds to accommodate emergency hospitalizations.
3. More aggressive interventions by the mental health system—as distinct from the Corrections Department—to prevent the “criminalization” of people with mental illness.
4. A commitment to improve psychiatric care for prison inmates.
5. A commitment to expand the mental health system's inventory of structured community residential facilities.
6. A commitment to end homelessness among individuals with chronic serious mental illness.

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VII. LONG TERM TRENDS

A Challenge to Rhode Island's Mental Health Network.

Between 1975 and 1988, the Rhode Island Department of Mental Health conceived and built a community based NETWORK OF CARE for citizens with mental illness. By 1988, the Network had become a model for the nation. During the last decade, the Department of Mental Health has not only permitted that network to unravel, it has made policy choices that contribute directly to the process of decay. A network should be a seamless web of integrated treatment options. The network that we successfully built in Rhode Island was heavily funded toward community based interventions. And it included, in a seamless way, a growing number of group homes, a hospital for long-term psychiatric care, and adequate resources for emergency hospitalization.

Beginning in 1995, the Department of MHRH made economic choices (many of which were reasonable) without any attention to the consequences upon our NETWORK OF CARE. These choices, and the chain of choices that followed, have dismantled our Network:

- There is no longer an adequate supply of emergency beds.

- The state hospital has abandoned its role at the center of a NETWORK OF CARE, and it tries to function as a free standing facility, not unlike any other community hospital.

- The possibility of long term-care is limited to a tiny minority of the patients who would benefit from it.

- We have a huge problem of criminalization of persons with serious mental illness, that is, we are institutionalizing people in prisons rather than in hospitals. As of 2004 the state prison has three times more institutionalized persons with mental illness than the state mental hospital.

- There has been virtually no growth in the availability of structured residential care in the community.

- People who are mentally ill and at risk to themselves or others are increasingly neglected or under-treated.

The NETWORK OF CARE is in disarray. As cultivation of the Network declined, individual players—the Courts, the Public Defender's Office, the Department of Corrections, individual hospitals, outside providers of mental health services—have initiated and funded their own programs, creating further fragmentation of what ought to be a unified system of care. It is rather like placing

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VII. Long Term Trends (Continued).

band-aids on a gaping wound. And as fragmentary solutions abound, the Network further declines. Increasing the fragmentation of services is the most wasteful public policy choice we can make. And that is, at present, the default choice we are making.

This process of decay has created a mental health public policy crisis in Rhode Island. And at this point in time, Rhode Island's NETWORK OF MENTAL HEALTH CARE looks a lot like the disorganized and fragmented systems in the states that were once far behind us. If Rhode Island does not soon find and retain great leadership in the Department of Mental Health, Retardation & Hospitals, and support that leadership, we will have to start all over again to build a Network.

VIII. PROGRAM TITLE: LEGAL UNIT

EXPLANATION: Provides direct legal representation or lawyer referral services to mentally disabled individuals. Under the proposed budget for FY 2006, all functions performed by this unit will be maintained. In FY 2005, this unit specifically performs the following functions:

1. Acts as legal counsel for all indigent persons and assists non-indigent persons to secure legal counsel relating to the application of the provisions of the Mental Health Law, including but not limited to judicial proceedings thereunder (R.I. General Laws, Sec. 40.1-5-24 (6)). Primarily, this function involves providing legal counsel to persons who have been involuntarily hospitalized in a Rhode Island psychiatric facility.
2. Takes appropriate action to protect the rights of clients of the community mental health centers. Primarily, this function involves claims and litigation brought against community mental health centers on behalf of clients (or individuals eligible to be clients) of the centers (R.I. General Laws, Sec. 40.1-5-24 (5)). This function is ancillary to the activities of the advocacy unit, see *infra*.

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3. Assists any patient being treated under the provisions of the Mental Health Law and any resident in a community facility or program to obtain appropriate legal services by referring such persons to appropriate agencies or by providing them with direct assistance. Assists in the preparation and transmission of necessary correspondence, application forms, and other communications to effect an appropriate referral.

4. Takes appropriate action to protect the rights of patients held in forensic status (R.I. General Laws, Sec. 40.1-5-24 (4)). Primarily, this function involves representing prison inmates and forensic patients in hearings in Superior Court relating to changes in treatment or in residential placement. This program area requires more attention than the Office's present resources permit.

5. Provides legal representation for indigent persons in residential substance abuse programs (R.I. General Laws, Sec. 40.1-5-24 (6)).

IX: PROGRAM TITLE: ADVOCACY UNIT

EXPLANATION: Protects the rights of clients of the mental health system whether in hospitals, group residences, or out-patient programs of community mental health centers. In FY 2005, this unit specifically performs the following functions:

1. Interviews newly admitted patients in all hospitals subject to the Mental Health Law, generally advising them of their legal rights and treatment rights and their remedies under the Mental Health Law (R.I. General Laws, Sec. 40.1-5-22 (1)). Also, the Office performs this same function in licensed mental health group homes.

2. Reviews complaints reported to the Office regarding inadequacies in the mental health system (R.I. General Laws, Sec. 40.1-5-22 (4) and Sec. 40.1-24.5-12 (2)).

3. Reviews periodically the procedures established by facilities and community residences (R.I. General Laws, Sec. 40.1-5-22 (2) and 40.1-24.5-12 (1)).

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IX. PROGRAM TITLE: ADVOCACY UNIT (Cont'd.)

4. Investigates and reports to appropriate administrative authority any circumstances which reflect inadequacies under the Mental Health Law (R.I. General Laws, Sec. 40.1-5-22 (5) and Sec. 40.1-24.5-12 (3)).

5. Participates in and organizes public education advocacy including speaking engagements, teaching in training programs, and publishing (R.I. General Laws, Sec. 40.1-5.21 and Sec. 40.1-5-22 (7)).

X. AGENCY BUDGET SUMMARY

Summary of Major Changes (FY 2006) in Funding and Data.

There will not be any major changes in funding in FY 2006. The proposed budget in FY 2006 calls for level funding. This leaves the Office without a staff person to answer telephones and without a staff person to perform compliance review functions. The Office will continue to cope with these resource problems.

Summary of Major Changes (Current Year, FY 2005) in Funding and Data.

There are no major changes anticipated in funding during FY 2005. It is worth noting, however, that the Office computer network is now nearly five years old and the fax machine is very old, and the Office paper shredder has worn out and will be replaced in FY 2005. The FY 2005 appropriation does not contemplate that any resources will be used to address these possible areas of concern. The proposed budget for FY 2005, Revised, calls for level funding in both personnel and operating expenses, and the budget does not anticipate any reduction in personnel costs related to "turnover." The elimination of a "turnover" calculation is fully explained in the section of this document that explains Budget Object Code personnel expenses.

Agency Summary			Office of the Mental Health Advocate		
Explanation	FY 2003	FY 2004	FY 2005 Enacted	FY 2005 Revised	FY 2006 Request
Expenditures by Program					
Program 1	307,243	322,704	331,668	333,646	347,006
Program 2					
Program 3					
Program 4					
Program 5					
Program 6					
Total Expenditures	307,243	322,704	331,668	333,646	347,006
Expenditures by Object					
Personnel	297,105	312,020	321,969	323,947	337,307
Other State Operating	10,138	10,684	9,699	9,699	9,699
Aid to Local Units of Government					
Assistance, Grants and Benefits					
Subtotal Operating Expenditures	307,243	322,704	331,668	333,646	347,006
Capital Improvements					
Capital Projects Debt Service					
Total Expenditures	307,243	322,704	331,668	333,646	347,006

Agency Summary			Office of the Mental Health Advocate		
Explanation	FY 2003	FY 2004	FY 2005 Enacted	FY 2005 Revised	FY 2006 Request
Expenditures by Fund					
State General Revenues	307,243	322,704	331,668	333,646	347,006
Federal Grants					
Restricted Receipts					
Other (List Each)					
Total Expenditures	307,243	322,704	331,668	333,646	347,006
FTE Positions	3.7	3.7	3.7	3.7	3.7

Personnel Supplement Data				Office of the Mental Health Advocate			
Positions	Pay Grade	FY 2005 Revised			FY 2006 Request		
		FTE	Amount	Notes	FTE	Amount	Notes
Unclassified							
Mental Health Advocate	0862F	1.0	80,655		1.0	80,655	
Staff Attorney 3	0832A	1.7	110,745		1.7	111,657	
Executive Administrative Aide	0820A	1.0	36,765		1.0	38,904	
Subtotal		3.7	228,165		3.7	231,216	
Total Payroll		3.7	228,165		3.7	231,216	
Overtime							
Turnover Expectancy			0			0	
Program Reduction			0			0	
			0			0	
Benefits							
Retirement			29,981			36,925	
Medical			34,528			37,264	
FICA			17,455			17,688	
Other Benefits							
Medical Benefits Salary Disbursement							
Holiday Pay							
Payroll Accrual			1,088			1,128	
Subtotal			83,052			93,005	

Personnel Supplement Data**Office of the Mental Health Advocate**

Positions	Pay Grade	FY 2005 Revised			FY 2006 Request		
		FTE	Amount	Notes	FTE	Amount	Notes
Total Salaries and Benefits			311,217			324,221	
Cost per FTE Position		3.7	84,113		3.7	87,627	
Temporary and Seasonal (FICA)			0			0	
Assessed Fringe Benefit			9,355			9,711	
Total Payroll			320,572			333,932	
Purchase of Services							
Medical Services			2,200			2,200	
Architect/Engineering Services							
Educational/Professional Services							
Buildings and Grounds Maintenance			975			975	
Security Services							
Legal Services			200			200	
Management/Audit Services							
Special Clerical Services							
Miscellaneous Special Services							
University/College Contractual Transfers							
Total			3,375			3,375	
Total All Personnel		3.7	323,947		3.7	337,307	

Personnel Supplement Data**Office of the Mental Health Advocate**

Positions	Pay Grade	FY 2005 Revised			FY 2006 Request		
		FTE	Amount	Notes	FTE	Amount	Notes
Source of Funds:							
General Revenue		3.7	323,947		3.7	337,307	
Federal							
Restricted							
Other							
Total All Funds		3.7	323,947		3.7	337,307	
Notes:							

Account/BOC**Mental Health Advocate**

MENTAL HEALTH ADVOCATE'S OFFICE			FY2003 Spent	FY2004 Spent	FY 2005 Enacted	FY2005 Revised	FY2006 Request
26101011	2819-10000	MENTAL HEALTH ADVOCATE'S OFFICE					
613100	0230	WAGES:UNCLASSIFIED:PERMANENT	217,089.00	224,469.00	227,135.00	228,165.00	231,216.00
631110	0261	MEDICAL SERVICES	2,300.00	4,245.00	2,200.00	2,200.00	2,200.00
631920	0263	OTHER PROFESSIONAL SERVICES:INTERPRETERS	68.00	83.00	0.00	0.00	0.00
633170	0264	BUILDINGS / GROUNDS:CLEANING SERVICES	0.00	0.00	1,014.00	705.00	705.00
632830	0265	PROTECTIVE SERVICES:ENVIRONMENTAL	270.00	360.00	0.00	270.00	270.00
631210	0266	LEGAL SERVICES	261.00	125.00	200.00	200.00	200.00
631990	0268	TEMPORARY SERVICES	5,863.00	0.00	0.00	0.00	0.00
619900	0274	WAGES & BENEFITS:PAYROLL ACCRUAL (FISCAL	0.00	0.00	1,083.00	1,088.00	1,128.00
621000	0280	STATE RETIREMENT CONTRIBUTION	16,689.00	21,581.00	26,143.00	26,262.00	32,971.00
621700	0281	EMPLOYER SOCIAL SECURITY (FICA)	16,543.00	17,130.00	17,376.00	17,455.00	17,688.00
628100	0283	FRINGE BENEFITS ASSESSMENT	8,249.00	8,530.00	9,313.00	9,355.00	9,711.00
628300	0294	RETIREE MEDICAL INSURANCE	2,274.00	2,892.00	3,021.00	3,719.00	3,954.00
622100	0295	EMPLOYEE MEDICAL INSURANCE	24,392.00	29,337.00	31,888.00	31,888.00	34,438.00
622200	0297	EMPLOYEE DENTAL CARE	1,899.00	2,037.00	2,164.00	2,164.00	2,312.00
622300	0298	EMPLOYEE VISION CARE	558.00	527.00	432.00	476.00	514.00
639320	0320	TELEPHONE SERVICE - MOBILE AND CELLULAR	1,102.00	1,036.00	1,100.00	1,050.00	1,050.00
639530	0321	POSTAGE	464.00	561.00	485.00	485.00	485.00
639310	0322	TELEPHONE SERVICE- LAND BASE	529.00	572.00	480.00	550.00	550.00
634410	0323	OFFICE SUPPLIES	574.00	999.00	713.00	750.00	750.00
639220	0324	"SUBSCRIPTIONS: NEWSPAPERS	0.00	0.00	0.00	780.00	780.00
639210	0324	MEMBERSHIP DUES AND FEES	691.00	684.00	650.00	50.00	50.00
639610	0326	INSURANCE:GENERAL COVERAGE	225.00	195.00	226.00	226.00	226.00
636130	0327	CENTREX TELEPHONE CHARGES	1,037.00	1,276.00	1,200.00	1,200.00	1,200.00
639460	0331	PRINTING	224.00	262.00	213.00	201.00	201.00
639130	0341	IN- STATE TRAVEL	2,956.00	3,072.00	2,900.00	2,900.00	2,900.00

Monday, August 30, 2004

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MENTAL HEALTH ADVOCATE'S OFFICE			FY2003 Spent	FY2004 Spent	FY 2005 Enacted	FY2005 Revised	FY2006 Request
639140	0343	ADDITIONAL - IN STATE TRAVEL	221.00	471.00	225.00	225.00	225.00
633120	0361	BUILDING MAINTENANCE AND REPAIRS	0.00	0.00	250.00	0.00	0.00
633600	0363	MAINT. / REPAIRS: OFFICE EQUIPMENT	1,595.00	950.00	850.00	850.00	850.00
634820	0420	CLOTHING AND APPAREL	0.00	10.00	0.00	0.00	0.00
634710	0431	BUILDINGS / GROUNDS:LANDSCAPING SUPPLIES	0.00	30.00	0.00	0.00	0.00
634720	0433	BUILDINGS / GROUNDS:JANITORIAL SUPPLIES	650.00	704.00	27.00	27.00	27.00
636110	0438	INFORMATION PROCESSING CHARGES	52.00	52.00	100.00	55.00	55.00
634310	0442	COMPUTERS / PRINTERS SUPPLIES	0.00	149.00	130.00	110.00	110.00
634960	0455	OTHER SECURITY SUPPLIES	0.00	301.00	0.00	0.00	0.00
661681	0658	OFFICE FURNITURE AND EQUIPMENT	20.00	64.00	150.00	240.00	240.00
641701	0660	"PC'S	448.00	0.00	0.00	0.00	0.00
MENTAL HEALTH ADVOCATE'S OFFICE			307,243.00	322,704.00	331,668.00	333,646.00	347,006.00
			307,243.00	322,704.00	331,668.00	333,646.00	347,006.00

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 230 (613100): Unclassified Permanent

\$228,165

\$231,216

FY 2005 Revised: At present, the Office has 3.7 FTE's: the Mental Health Advocate (1.0 FTE); two Staff Attorneys (1.7 FTE); and one Executive Administrative Aide (1.0 FTE). The Executive Administrative Aide will receive a "step increase" and a longevity pay raise during FY 2005.

The personnel cost attributable to all positions in the Office has been calculated without any reduction reflecting "turnover." This is because in an agency that employs 3.7 FTE, the concepts underlying "turnover" calculations are inapplicable, and they lead to a chronic underestimation of personnel costs. "Turnover" is a concept/principle that is rational only when applied to offices with a significant pool of employees. Presuming "turnover" in an office with only 3.7 FTE's results in a budget estimate that misrepresents true budget costs, and is therefore misrepresentative. An honest budget proposal should not contain obvious misrepresentations.

FY 2006 Request: Level funding is requested in FY 2006 in order to ensure continuation of the mission of the Office. The office requests 3.7 FTE's. This includes the Mental Health Advocate, two Staff Attorneys and one Executive Administrative Aide. One of the Staff Attorneys will receive a longevity pay raise during FY 2006.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005
Revised

FY 2006
Requested

BOC 230 (613100) CONTINUED

In FY 2004, in order to reduce costs, the Office was required to discharge a disabled, part-time, minimum wage employee whose primary responsibilities were to answer the telephone and to file papers. This individual cost the state approximately \$5,800 in wages, and the employee received no benefits. The loss of this staff member means that the Office telephone will be answered primarily by a machine. It also means that the office has no staff person who can be assigned to maintain files. In light of the fact that this Office's mission is mandated by the U.S. Constitution, and in light of the fact that we provide assistance to indigent individuals who are disoriented and/or held involuntarily in mental hospitals, the loss of a human interface at the telephone has a negative impact on the Office's mission. In the FY 2005 and FY 2006 budget requests, due to the realities of the state's resources, this Office is not seeking to hire a replacement for this lost staff member.

In FY 1994, the Office was audited by the Office of the Auditor General, and the Report that the Auditor General produced praised the Office for the way it uses its resources, but recommended the addition of three new staff positions—a compliance review investigator, a social worker and a clerical staff person—so that the Office can adequately execute its statutory mission. Since the date of the Auditor General's Report, the Office has repeatedly, and unsuccessfully, requested funds sufficient to comply with the recommendations of the Auditor General.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005
Revised

FY 2006
Requested

Budget Object Code 261 (631100): Medical Services / Independent Psychiatric Evaluations (SPECIAL PERSONAL SERVICES)

\$2,200

\$2,200

FY 2005 Revised: Due to mandated budget reductions, this allocation has been set at \$2,200. Most clients of the Office are entitled by law to an independent psychiatric evaluation, at state expense, if they request it, and therefore, it is possible that the actual expense may be higher than projected.

FY 2006 Request: The Office anticipates that expenses related to psychiatric evaluations of clients will likely be unchanged in FY 2006. As to the possibility of excess spending in this BOC, see above.

Budget Object Code 264 (633170): Building & Grounds: Cleaning Services

\$705

\$705

FY 2005 Revised: The revised budget provides \$705 for regular cleaning and janitorial services (once every four weeks). The Office needs regular light-duty cleaning by a housekeeper. The Office has considered other housekeeping options that may cost less, and they are impossible to implement.

FY 2006 Request: The FY 2006 proposed budget allocates sufficient funds to maintain the contract for periodic light housekeeping.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005 Revised	FY 2006 Requested
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Budget Object Code 265 (632830): Protective Services: Environmental

\$270

\$270

FY 2005 Revised: The Office has experienced problems with mice, squirrels, carpenter ants and bees. These pests put personnel and clients at risk. The pest control contractor comes bi-monthly and also whenever there is a crisis.

FY 2006 Request: Same as above.

Budget Object Code 266 (631210): Legal Services

\$200

\$200

FY 2005 Revised: Service of subpoenas is required at times in the course of legal proceedings. The Office anticipates expending \$200 for this service.

FY 2006 Request: Same as above.

Budget Object Code 268 (631990): Special Clerical Services

\$0

\$0

FY 2005 Revised: Between FY 1994 and FY 2003, the Office employed a disabled person at minimum wage in a part-time capacity, without benefits, to assist in telephone reception and other clerical tasks. (The job was described as "supportive employment" for a disabled person.) This staff position cost approximately \$5,800 annually. As a consequence of this loss of staff, the telephones are now frequently answered by a machine. For additional narrative concerning this matter, see BOC 230, *supra*.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005
Revised

FY 2006
Requested

Budget Object Code 268 (631990): Special Clerical Services (Continued)

Also included in this BOC is the anticipated cost of stenographic transcriptions of court proceedings. This is a necessary expense in the event of a judicial review of litigation. By history, expenses allocated to this BOC have been very infrequent. In FY 2005, the Office is allocating zero funds to this possible expense. In light of currently pending litigation and probable outcomes of that litigation, there is a high probability that in FY 2005, unlike previous years, there will be some expenses related to obtaining stenographic transcripts.

FY 2006 Request: Same as above, except we cannot speculate as to stenographic expenses beyond FY 2005.

Budget Object Code 274 (619900): Payroll Accrual

\$1088

\$1128

FY 2005 Revised & FY 2006 Request: This personnel related expense is intended to account for the annual overlap (of a few days) between the end of the twenty-sixth pay period of the current fiscal year and beginning of the first pay period of the next fiscal year.

Budget Object Code 280 (621000): Employee Retirement

\$26,262

\$32,971

FY 2005 Revised: This expenditure is the state's contribution to employee retirement during FY 2005.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

FY 2006 Request: This expenditure is considerably higher in FY 2006 due to the increase in the state's contribution from 11.51% in FY 2005 to 14.26% in FY 2006.

Budget Object Code 281 (621700): Social Security (FICA & Medicare)

\$17,455

\$17,688

FY 2005 Revised: This expenditure is the calculated amount of Social Security (FICA & Medicare) expenses for FY 2005.

FY 2006 Request: Same as above, calculated using factors applicable to FY 2006.

Budget Object Code 283 (628100): Assessed Fringe Benefit

\$9,355

\$9,711

FY 2005 Revised: This personnel related assessment is calculated as a percentage of gross payroll and is intended to finance expenses related to workers' compensation administration and other state funded benefits programs.

FY 2006 Request: Same as above. The increased expense reflects an increase in the assessment from 4.1% (FY 2005) to 4.2% (FY 2006).

Budget Object Code 294 (628300): Retiree Health Insurance

\$3,719

\$3,954

FY 2005 Revised: The revised request for FY 2005 reflects a slight increase in this expense. The assessment increases from 1.33% (FY 2005, Enacted) to 1.63% (FY 2005, Revised).

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005
Revised

FY 2006
Requested

FY 2006 Request: Funds allocated to this BOC increase in FY 2006 because of the increase in the state's contribution from 1.63% in FY 2005 to 1.71% in FY 2006.

Budget Object Code 295 (622100): Medical Insurance

\$31,888

\$34,438

FY 2005 Revised: This expense is based on a formula provided in the budget instructions manual.

FY 2006 Request: The FY 2006 request is based on the same instructions issued with budget preparation materials.

Budget Object Code 297 (622200): Dental Insurance

\$2,164

\$2,312

FY 2005 Revised: This expense is based on a formula provided in the instructions manual.

FY 2006 Request: The FY 2006 request is based on the instructions issued with budget preparation materials.

Budget Object Code 298 (622300): Vision Insurance

\$476

\$514

FY 2005 Revised: This expense is based on a formula provided in the instructions manual.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

FY 2006 Request: The FY 2006 request is based on the instructions issued with budget preparation materials.

Budget Object Code 298 (622300): Vision Insurance

\$476

\$514

FY 2005 Revised: This expense is based on a formula provided in the instructions manual.

FY 2006 Request: The FY 2006 request is based on the instructions issued with budget preparation materials.

Budget Object Code 320 (639320): Telephone—Cellular

\$1,050

\$1,050

FY 2005 Revised & 2006 Request: The Office has purchased a cellular telephone for use by the Advocate. This expense is necessary because the Advocate spends considerable time away from the Office in court or at meetings. He needs to be accessible to staff and to clients who require his assistance. The expense is based on a state-wide Master Price Agreement contract. The anticipated expense for FY 2006 is the same as for FY 2005.

Budget Object Code 321 (639500): Postage

\$485

\$485

FY 2005 Revised: The expense is based on estimates of postage expenses in FY 2005, and is based on the Office's experience in FY 2004.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005 Revised	FY 2006 Requested
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FY 2006 Request: This expense is based on estimates of postage expenses in FY 2005.

Budget Object Code 322 (639310): Telephone

\$550	\$550
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FY 2005 Revised: This BOC covers the expense for the 1-800 line that the Office maintains primarily for clients who are indigent, homeless, or hospitalized and would have no other means of contacting the office.

FY 2006 Request: Same as above.

Budget Object Code 323 (634400): Office Expense

\$750	\$750
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FY 2005 Revised: This expense pertains to office expenses of a miscellaneous character, paper, photocopy supplies, etc. The Office allocates \$750 to this expense.

FY 2006 Request: The FY 2006 request is based on the Office's estimate that expenses related to this BOC will remain relatively constant.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 324 (639220): Subscriptions

\$780

\$780

FY 2005 Revised: This expense covers the Office's annual fee for the Lexis Nexis search engine that gives us access to Rhode Island and U.S. law. This service is based on a statewide contract, and it replaces our former practice of purchasing a CD ROM that had only RI law on it. This contract vastly improves our capacity to accomplish legal research, and it is provided at a reasonable cost. As a consequence of advances in technology, every state agency that has attorneys on staff would be remiss not to subscribe to a search engine. The annual cost of this service is \$840 per year. In FY 2005 the cost is \$676 because the Office was entitled to a small rebate from last year's contract.

In an effort to keep expenses to a minimum, the Office discontinued its annual payments to maintain its hard cover set of the RI General Laws. There are a number of professional journals concerning disability law which the Office formerly paid to receive and has discontinued. It is highly desirable that the Office renew its subscriptions to the Mental & Physical Disability Law Reporter and to the Mental Health Law Reporter. At present these journals are beyond our budgetary means.

FY 2006 Request: Same as above.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 324 (639210): Membership Dues and Fees

\$50

\$50

FY 2005 Revised: In its role as an important advocacy agency within state government, it is necessary that the Office pay annual dues in order to participate in some of the organizations and coalitions that promote mental health treatment in the public sector. These organizations include the RI Coalition for Behavioral Health and the Children's Policy Coalition. The membership fees and dues are relatively minimal.

FY 2006 Request: Same as above.

Budget Object Code 326 (639610): Insurance

\$226

\$226

FY 2005 Revised & FY 2006 Request: The amount of funds allocated to insurance expenses is determined by the state Budget Office.

Budget Object Code 327 (636130): Central Telephone Services

\$1,200

\$1,200

FY 2005 Revised: In FY 2001, the telephones in the Office, and in all buildings at the John O. Pastore Center, were upgraded with fiber optic cables and new modular units. The Office is assessed by a central billing office for its portion of the entire system's monthly costs. The expense requested for FY 2005 Revised represents the charges that have customarily been assessed to the office, on an annualized basis.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE 104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

FY 2005
Revised

FY 2006
Requested

FY 2006 Request: The FY 2006 request is based upon the same annualized expectation as was applied in the FY 2005 Revised budget request. We do not anticipate that this expense will change significantly.

Budget Object Code 331 (639460): Printing & Binding

\$201

\$201

FY 2005 Revised & FY 2006 Request: Due to budgetary cutbacks, the revised budget for FY 2005 allocates \$201 to this expense. The budget for FY 2006 allocates the same amount. This BOC pertains to the cost of printing of letterhead, envelopes and business cards, large-scale photocopying which is periodically necessary in connection with litigation, for preparation of the annual report, and for public education activities.

Budget Object Code 341 (639130): Mileage

\$2,900

\$2,900

FY 2005 Revised: The Office anticipates that it will spend \$2,900 on mileage reimbursement. Office staff is required, on a daily basis, to travel to court, to hospitals, to mental health centers and to public functions.

FY 2006 Request: The Office allocates \$2,900 to this expense in FY 2006 in the expectation that mileage expenses will not decrease over the next twenty-four months.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 342 (639160): Out of State Travel

\$0

\$0

FY 2005 Revised & 2006 Request: There is no request for funds for this category for either fiscal year.

Budget Object Code 343 (639140): Other Travel Cost

\$225

\$225

FY 2005 Revised & FY 2006: This expense concerns bridge tolls and parking fees related to business travel. The Office anticipates that this expense will be virtually unchanged in FY 2005 and FY 2006.

Budget Object Code 361 (633100): Repair to Building

\$0

\$0

FY 2005 Revised & FY 2006: The budget for FY 2005 Revised and for FY 2006 allocates \$0 to this expense. The Office occupies a building that requires periodic gutter repair, window repair, touch-up painting, and periodic interior paint in general. We may have some unanticipated expenses for repair to the building, but there is no money budgeted for this contingency.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 363 (633600): Maintenance/Repairs: Office Equipment

\$850

\$850

FY 2005 Revised & FY 2006: This allocation of funds covers maintenance on the photocopy machine and the FAX machine and the computers. The Office anticipates that it will spend this amount. The FY 2006 allocation remains the same.

Budget Object Code 382 (637120): Rental Equipment

\$0

\$0

FY 2005 Revised & FY 2006: No rental of equipment is anticipated for either FY 2005 or FY 2006.

Budget Object Code 433 (634720): Buildings/Grounds: Janitorial Supplies

\$27

\$27

FY 2005 Revised & FY 2006: This allocation of funds covers the cost of dishwashing liquid, paper towels, toilet paper, air fresheners, etc. The Office anticipates that costs will be \$27 in FY 2005 and the same in FY 2006.

Budget Object Code 438 (636100): Central Information Technical Services

\$55

\$55

FY 2005 Revised & FY 2006: This fiscal allocation is intended to pay for information technology services (e-mail, internet and software) provided by the State IT Office.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 441 (631750): Staff Education

\$0

\$0

FY 2005 Revised & FY 2006 Request: The Office does not anticipate any expenses related to staff education for either FY 2005 or FY 2006. Attorneys on the staff are required to attend and complete ten hours of Continuing Legal Education annually in order to maintain their license to practice law. They must finance this training out of personal funds. The Executive Administrative Assistant on staff should be enhancing her skills with training in software applications and office management procedures, and this expense should be allocated out of the annual budget. The budget at this time, however, does not allow for such training.

Budget Object Code 442 (634310): Computer Supplies

\$110

\$110

FY 2005 Revised & FY 2006: This BOC is for toner and ink jet cartridges for office computers.

Budget Object Code 445 (634320): Computer Software

\$0

\$0

FY 2005 Revised & FY 2006: The Office is allocating \$0 for the purchase of computer software. We do not anticipate that any software purchases will be necessary in either FY 2005 or FY 2006. We hope that this anticipation is borne out by events.

Narrative Information

SUMMARY: ACCOUNTS DATA

Agency: MENTAL HEALTH ADVOCATE

104726101011

Program: MENTAL HEALTH ADVOCATE

SUMMARY: ACCOUNTS DATA

**FY 2005
Revised**

**FY 2006
Requested**

Budget Object Code 658 (661681): Office Furniture and Equipment

\$240

\$240

FY 2005 Revised: The Office anticipates the purchase in FY 2005 of a shredder as the one in the office is broken. In the interest of confidentiality, contemporary standards mandate that any law office must possess a paper shredder. The projected price of a new shredder is an estimate. The machine that wore out was not adequate for the volume of paper generated by this Office. We should purchase a machine that can do the job.

FY 2006: In FY 2006, the Office anticipates the purchase of a fax machine as the one presently in use is old and is wearing out. The projected price of a new fax machine is an estimate.

Budget Object Code 660: Computer Equipment

\$0

\$0

FY 2005 Revised & FY 2006: No funds are allocated to this type expense for either FY 2005 or FY 2006

Minorities as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
General Government				
Administration	9.1%	9.5%	9.7%	
Business Regulation	5.0%	4.0%	5.0%	
Labor & Training	10.8%	10.8%	11.0%	
Legislature	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	
Lieutenant Governor	10.0%	10.0%	10.0%	
Secretary of State	6.0%	21.7%	21.7%	
General Treasurer	14.6%	15.0%	15.0%	
Boards for Design Professionals	-	-	-	
Board of Elections	7.0%	14.0%	14.0%	
Rhode Island Ethics Commission	10.5%	-	-	
Governor's Office	6.0%	17.0%	16.0%	
Public Utilities Commission	11.6%	11.6%	11.1%	
Rhode Island Commission on Women	-	-	-	
Human Services				
Children, Youth, and Families	12.6%	13.0%	13.0%	
Elderly Affairs	11.0%	11.0%	11.0%	
Health	10.6%	11.0%	12.0%	
Human Services	11.0%	13.0%	13.0%	
Mental Health, Retardation, & Hospitals	14.7%	14.7%	14.7%	
Office of the Child Advocate	12.5%	12.5%	-	
Commission on the Deaf & Hard of Hearing	-	-	-	
RI Developmental Disabilities Council	-	-	-	
Governor's Commission on Disabilities	45.4%	45.4%	45.4%	
Commission for Human Rights	46.0%	43.0%	43.0%	
Office of the Mental Health Advocate	-	-	-	0%
Education				
Elementary and Secondary	8.7%	8.7%	10.0%	
Higher Education - Board of Governors	11.0%	19.0%	19.0%	
RI State Council on the Arts	-	-	-	
RI Atomic Energy Commission	-	-	-	-
Higher Education Assistance Authority	4.5%	6.5%	6.5%	
Historical Preservation and Heritage Commission	11.4%	11.4%	11.4%	
Public Telecommunications Authority	21.1%	19.0%	19.0%	

Minorities as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
Public Safety				
Attorney General	14.1%	14.1%	14.9%	14.9%
Corrections	11.9%	12.0%	12.1%	
Judicial	7.7%	7.7%	7.7%	
Military Staff	7.0%	7.0%	7.0%	
E-911	20.8%	17.7%	20.9%	22.9%
Fire Safety Code Board of Appeal and Review	33.0%	-	-	
State Fire Marshal	-	4.8%	1.0%	
Commission on Judicial Tenure and Discipline	-	-	-	
Rhode Island Justice Commission	-	-	-	
Municipal Police Training Academy	-	-	-	
State Police	5.6%	5.6%	7.1%	
Office of the Public Defender	12.0%	15.0%	17.0%	
Sheriffs of Several Counties (1)	-	-	-	
Natural Resources				
Environmental Management	6.5%	6.0%	5.8%	
Coastal Resources Management Council	-	-	-	
Water Resources Board	-	-	-	
Transportation				
Transportation	9.0%	8.9%	9.2%	
Statewide Standard	14.5%	14.5%	14.5%	

(1) Data for FY 2002 through FY 2004 is reflected in Department of Administration

Females as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
General Government				
Administration	49.7%	50.0%	50.0%	
Business Regulation	50.0%	53.0%	53.0%	
Labor & Training	64.9%	64.9%	63.5%	
Legislature	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	
Lieutenant Governor	50.0%	50.0%	50.0%	
Secretary of State	55.0%	62.3%	62.3%	
General Treasurer	65.9%	65.0%	65.0%	
Boards for Design Professionals	100.0%	100.0%	100.0%	
Board of Elections	50.0%	50.0%	50.0%	
Rhode Island Ethics Commission	52.6%	55.5%	55.5%	
Governor's Office	62.0%	59.0%	66.0%	
Public Utilities Commission	39.5%	39.5%	37.7%	
Rhode Island Commission on Women	100.0%	100.0%	100.0%	
Human Services				
Children, Youth, and Families	63.2%	63.0%	63.0%	
Elderly Affairs	84.9%	84.9%	84.9%	
Health	66.3%	67.0%	68.0%	
Human Services	74.0%	74.0%	74.0%	
Mental Health, Retardation, & Hospitals	64.2%	64.2%	64.4%	
Office of the Child Advocate	100.0%	100.0%	100.0%	
Commission on the Deaf & Hard of Hearing	50.0%	50.0%	50.0%	
RI Developmental Disabilities Council	100.0%	100.0%	100.0%	
Governor's Commission on Disabilities	24.2%	24.2%	24.2%	
Commission for Human Rights	75.0%	71.0%	71.0%	
Office of the Mental Health Advocate	75.0%	75.0%	75.0%	75.0%
Education				
Elementary and Secondary	74.6%	74.6%	74.6%	
Higher Education - Board of Governors	56.7%	73.4%	73.4%	
RI State Council on the Arts	83.3%	71.4%	71.4%	
RI Atomic Energy Commission	25.0%	25.0%	33.3%	33.3%
Higher Education Assistance Authority	73.3%	71.7%	71.7%	
Historical Preservation and Heritage Commission	71.6%	71.6%	71.6%	
Public Telecommunications Authority	36.8%	38.1%	38.1%	

Females as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
Public Safety				
Attorney General	55.5%	56.5%	55.3%	55.3%
Corrections	22.8%	23.0%	23.2%	
Judicial	66.6%	66.6%	66.6%	
Military Staff	19.0%	19.0%	19.0%	
E-911	43.8%	43.1%	43.8%	43.8%
Fire Safety Code Board of Appeal and Review	66.7%	66.7%	66.7%	
State Fire Marshal	19.0%	19.0%	26.0%	
Commission on Judicial Tenure and Discipline	100.0%	100.0%	100.0%	
Rhode Island Justice Commission	75.0%	75.0%	75.0%	
Municipal Police Training Academy	25.0%	25.0%	25.0%	
State Police	14.4%	14.4%	14.3%	
Office of the Public Defender	60.0%	60.0%	60.0%	
Sheriffs of Several Counties (1)	-	-	-	
Natural Resources				
Environmental Management	34.7%	34.0%	33.5%	
Coastal Resources Management Council	39.3%	39.3%	39.3%	
Water Resources Board	55.5%	55.5%	55.5%	55.5%
Transportation				
Transportation	20.0%	20.2%	21.0%	
Statewide Standard	48.4%	48.4%	48.4%	
<i>(1) Data for FY 2002 through FY 2004 is reflected in Department of Administration</i>				
	46	46		
	100.0%			

Persons with Disabilities as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
General Government				
Administration				
Business Regulation				
Labor & Training				
Legislature				
Lieutenant Governor				
Secretary of State				
General Treasurer				
Boards for Design Professionals				
Board of Elections				
Rhode Island Ethics Commission				
Governor's Office				
Public Utilities Commission				
Rhode Island Commission on Women				
Human Services				
Children, Youth, and Families				
Elderly Affairs				
Health				
Human Services				
Mental Health, Retardation, & Hospitals				
Office of the Child Advocate				
Commission on the Deaf & Hard of Hearing				
RI Developmental Disabilities Council				
Governor's Commission on Disabilities				
Commission for Human Rights				
Office of the Mental Health Advocate	0.0%	0.0%	0.0%	0.0%
Education				
Elementary and Secondary				
Higher Education - Board of Governors				
RI State Council on the Arts				
RI Atomic Energy Commission	11.0%	11.0%	11.0%	11.0%
Higher Education Assistance Authority				
Historical Preservation and Heritage Commission				
Public Telecommunications Authority				

Persons with Disabilities as a Percentage of the Workforce

	FY 2003	FY 2004	FY 2005	FY 2006
Public Safety				
Attorney General	6.0%	6.1%	6.1%	6.1%
Corrections				
Judicial				
Military Staff				
E-911	1.9%	1.9%	2.8%	3.3%
Fire Safety Code Board of Appeal and Review				
State Fire Marshal				
Commission on Judicial Tenure and Discipline				
Rhode Island Justice Commission				
Municipal Police Training Academy				
State Police				
Office of the Public Defender				
Sheriffs of Several Counties (1)				
Natural Resources				
Environmental Management				
Coastal Resources Management Council				
Water Resources Board	-	-	-	-
Transportation				
Transportation				
Statewide Standard				

Annual Performance Review

Performance Measure Name:

Percentage of Treatment Rights Cases Favorably Disposed.

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

The performance measure provided is an indicator of treatment rights cases which were resolved favorably. The measure is related to the agency's stated objective to protect the legal rights of clients of psychiatric facilities. Data for this performance indicator is from the internal records kept by the Office of the Mental Health Advocate.

FY 2004 Performance Review: Please provide a brief (no more than one paragraph) explanation of [how] the actual data for FY 2004 differs from the data you projected for FY 2004 in the FY 2005 Technical Appendix budget document taking into account trends, program objectives and program funding levels.

The actual data for FY 2004 is 231 successfully resolved treatment rights cases out of 338 cases taken on. A resolution rate of 68.3% is not significantly at variance with the projected rate of 61.2%. From the perspective of trends, program objectives and program funding levels, the data for FY 2004 reflects an effort at level funding for this particular performance measure. The Office does not perceive or anticipate that trends or objectives will vary significantly over the fiscal years pertinent to this budget request.

	<u>Projected FY2004</u>	<u>Actual FY2004</u>	FY2005	FY2006
Actual/Estimated Value	61.2%	68.3%	61.2	61.2

FY 2005 and FY 2006 Performance Projections:

Please provide a brief (no more than one paragraph) explanation of the data submitted for FY 2005 and FY 2006 as it relates to trends, program objectives and program funding levels:

Trends, Program Objectives & Program Funding: The singular significant trend in the area of patient treatment rights is that, year by year, our mental health system is decaying. This trend has been visible since 1990 and it has accelerated since 1995. We do not anticipate that this trend will have a significant impact upon this Office's resources because, in fact, we probably cannot take on more treatment rights cases than our present capacity permits. We do not anticipate that outcomes will change dramatically. Our program objectives will not change: Advancing the treatment rights of patients is a core function of this Office. We anticipate that program funding levels will not significantly change in FY 2005 and FY 2006.

Contact: H. Reed Cosper, 401-462-2004 / hcospers@doa.state.ri.us

Annual Performance Review

Performance Measure Name:

Percentage of Involuntary Petitions That Are Withdrawn or Dismissed

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 Civil Court that are dismissed or withdrawn. The performance measure provided is an indicator of treatment rights cases which were resolved favorably. The measure is related to the agency's stated objective to protect the liberty interests of individuals subjected to involuntary commitment in psychiatric facilities.

FY 2004 Performance Review: Please provide a brief (no more than one paragraph) explanation of [how] the actual data for FY 2004 differs from the data you projected for FY 2004 in the FY 2005 Technical Appendix budget document taking into account trends, program objectives and program funding levels.

The actual data for FY 2004 is 115 successfully resolved treatment rights cases out of 353 petitions filed in court (32.6%). A resolution rate of 32.6% is significantly at variance with the projected rate of 21.4%. During FY 2004, the Office allocated more attorney time and resources to the involuntary treatment judicial calendar. It is possible that this increase in resources has resulted in an increase in successful defense of involuntary petitions filed with the court. From the perspective of trends, program objectives and program funding levels, the data for FY 2004 reflects an effort at level funding for this particular performance measure. The increase in resource allocation has been somewhat unplanned and unanticipated. The Office does not perceive or anticipate that trends or objectives will vary significantly over the out-year fiscal years pertinent to this budget request.

	<u>Projected FY2004</u>	<u>Actual FY2004</u>	FY2005	FY2006
Actual/Estimated Value	21.4%	32.5%	30%	30%

FY 2005 and FY 2006 Performance Projections:

Please provide a brief (no more than one paragraph) explanation of the data submitted for FY 2005 and FY 2006 as it relates to trends, program objectives and program funding levels:

Trends, Program Objectives & Program Funding: In our view, the rate of involuntary petitions filed will continue to increase incrementally year by year. This is because the use of outpatient court ordered treatment continues to increase, by increments, annually. We do not anticipate that this trend will have a significant impact upon this Office's resources because the increase is only incremental. We do not anticipate that outcomes will change dramatically. Our program objectives in this area will not change: Acting in the role of legal counsel in involuntary commitment proceedings is a duty imposed by the U.S. Constitution. We anticipate that program funding levels will not significantly change in FY 2005 and FY 2006.

Contact: H. Reed Cospers, 401-462-2004 / hcosper@doa.state.ri.us

Annual Performance Review

Performance Measure Name:

Percentage of Confidentiality and Medical Records Cases Favorably Disposed

The Office of the Mental Health Advocate represents individuals engaged in treatment under the Mental Health Law to ensure patient confidentiality and appropriate access to medical records. The performance measure provided is an indicator of confidentiality and medical records cases that were resolved favorably. The measure is related to the agency's stated objective to protect the legal rights of clients of psychiatric facilities (that is, hospitals, group homes and community mental health centers).

FY 2004 Performance Review: Please provide a brief (no more than one paragraph) explanation of [how] the actual data for FY 2004 differs from the data you projected for FY 2004 in the FY 2005 Technical Appendix budget document taking into account trends, program objectives and program funding levels.

The actual data for FY 2004 is 25 successfully resolved treatment rights cases out of 34 cases taken on. A resolution rate of 73.5% is not significantly at variance with the projected rate of 80.1%. From the perspective of trends, program objectives and program funding levels, the data for FY 2004 reflects an effort at level funding for this particular performance measure. The Office does not perceive or anticipate that trends or objectives will vary significantly over the fiscal years pertinent to this budget request.

	<u>Projected FY2004</u>	<u>Actual FY2004</u>	FY2005	FY2006
Actual/Estimated Value	80.1%	75.3%	80.1	80.1

FY 2005 and FY 2006 Performance Projections:

Please provide a brief (no more than one paragraph) explanation of the data submitted for FY 2005 and FY 2006 as it relates to trends, program objectives and program funding levels:

Trends, Program Objectives & Program Funding: The significant trend in medical records confidentiality is the ever-increasing constraint upon the release of information. (The latest constraint is the federal Health Information Privacy Protection Act (HIPPA). This development has led the office to challenge hospital practices in connection with disclosing medical information to probate courts in guardianship proceedings. We do not anticipate that outcomes in out-lying fiscal years will change dramatically. The confidentiality of patient records among the basic rights of patients; and we anticipate that program funding levels will not significantly change in FY 2005 and FY 2006.

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