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ARTICLE 10

RELATING TO HEALTH AND HUMAN SERVICES

SECTION 1. Section 40.1-1-13 of the General Laws in Chapter 40.1-1 entitled “Department of Behavioral Healthcare, Developmental Disabilities and Hospitals” is hereby amended to read as follows:

40.1-1-13. Powers and duties of the office.

Notwithstanding any provision of the Rhode Island general laws to the contrary, the department of behavioral healthcare, developmental disabilities and hospitals shall have the following powers and duties:

- (1) To establish and promulgate the overall plans, policies, objectives, and priorities for state substance abuse education, prevention, and treatment; provided, however, that the director shall obtain and consider input from all interested state departments and agencies prior to the promulgation of any such plans or policies;
- (2) Evaluate and monitor all state grants and contracts to local substance abuse service providers;
- (3) Develop, provide for, and coordinate the implementation of a comprehensive state plan for substance abuse education, prevention, and treatment;
- (4) Ensure the collection, analysis, and dissemination of information for planning and evaluation of substance abuse services;
- (5) Provide support, guidance, and technical assistance to individuals, local governments, community service providers, public and private organizations in their substance abuse education, prevention, and treatment activities;
- (6) Confer with all interested department directors to coordinate the administration of state programs and policies that directly affect substance abuse treatment and prevention;
- (7) Seek and receive funds from the federal government and private sources in order to further the purposes of this chapter;
- (8) To act in conjunction with the executive office of health and human services as the state’s co-designated agency (42 U.S.C. § 300x-30(a)) for administering federal aid and for the purposes of the calculation of the expenditures relative to the substance abuse block grant and federal funding maintenance of effort. The department of behavioral healthcare, developmental disabilities and hospitals, as the state’s substance abuse and mental health authority, will have the sole responsibility for the planning, policy and implementation efforts as it relates to the requirements set forth in pertinent substance abuse laws and regulations including 42 U.S.C. § 300x-21 et seq.;

1           (9) Propose, review, and/or approve, as appropriate, proposals, policies, or plans involving  
2 insurance and managed care systems for substance abuse services in Rhode Island;

3           (10) To enter into, in compliance with the provisions of chapter 2 of title 37, contractual  
4 relationships and memoranda of agreement as necessary for the purposes of this chapter;

5           (11) To license facilities and programs for the care and treatment of substance abusers and  
6 for the prevention of substance abuse, and provide the list of licensed chemical dependency  
7 professionals (LCDP) and licensed chemical dependency clinical supervisors (LCDCS) (licensed  
8 by the department of health pursuant to chapter 69 of title 5) for use by state agencies including,  
9 but not limited to, the adjudication office of the department of transportation, the district court and  
10 superior court and the division of probation and parole for referral of individuals requiring  
11 substance use disorder treatment;

12           (12) To promulgate rules and regulations necessary to carry out the requirements of this  
13 chapter;

14           (13) Perform other acts and exercise any other powers necessary or convenient to carry out  
15 the intent and purposes of this chapter;

16           (14) To exercise the authority and responsibilities relating to education, prevention, and  
17 treatment of substance abuse, as contained in, but not limited to, the following chapters: chapters  
18 1.10, 10.1, and 28.2 of title 23; chapters 21.2 and 21.3 of title 16; chapter 50.1 of title 42 [repealed];  
19 chapter 109 of title 42; chapter 69 of title 5; and § 35-4-18;

20           (15) To establish a Medicare Part D restricted-receipt account in the hospitals and  
21 community rehabilitation services program and the Rhode Island state psychiatric hospital program  
22 to receive and expend Medicare Part D reimbursements from pharmacy benefit providers consistent  
23 with the purposes of this chapter;

24           (16) To establish a RICLAS group home operations restricted-receipt account in the  
25 services for the developmentally disabled program to receive and expend rental income from  
26 RICLAS group clients for group home-related expenditures, including food, utilities, community  
27 activities, and the maintenance of group homes;

28           (17) To establish a non-Medicaid, third-party payor restricted-receipt account in the  
29 hospitals and community rehabilitation services program to receive and expend reimbursement  
30 from non-Medicaid, third-party payors to fund hospital patient services that are not Medicaid  
31 eligible; and

32           (18) To certify any and all recovery housing facilities directly, or through a contracted  
33 entity, as defined by department guidelines, which includes adherence to using National Alliance  
34 for Recovery Residences (NARR) standards. In accordance with a schedule to be determined by

1 the department, all referrals from state agencies or state-funded facilities shall be to certified  
2 houses, and only certified recovery housing facilities shall be eligible to receive state funding to  
3 deliver recovery housing services. As of January 1, 2027, all recovery housing facilities shall be  
4 registered with the department and shall adhere to the NARR certification process.

5 (19) To establish, operate, and/or designate a RI 9-8-8 Suicide & Crisis Lifeline center or  
6 centers to provide telephone, text and chat crisis intervention services and crisis care coordination  
7 to individuals accessing the RI 9-8-8 Suicide & Crisis Lifeline.

8 SECTION 2. Title 40.1 of the General Laws entitled “Behavioral Healthcare,  
9 Development Disabilities and Hospitals” is hereby amended by adding thereto the following  
10 chapter:

11 CHAPTER 8.6

12 RHODE ISLAND 9-8-8 SUICIDE & CRISIS LIFELINE

13 **40.1-8.6-1. Definitions.**

14 As used in this chapter:

15 (1) “9-8-8 Suicide & Crisis Lifeline” or “lifeline” means the national network system  
16 operated by the National Suicide Prevention Lifeline (“NSPL”) or its successor entity, within  
17 which the department-approved or department-operated RI 9-8-8 Suicide & Crisis Lifeline Center  
18 participates.

19 (2) “Department” means the department of behavioral healthcare, developmental  
20 disabilities and hospitals.

21 (3) “Director” means the director of the department of behavioral healthcare,  
22 developmental disabilities and hospitals.

23 (4) “National Suicide Prevention Lifeline” (“NSPL”) means the national network of local  
24 crisis centers providing free and confidential emotional support to people in suicidal crisis or  
25 emotional distress twenty-four (24) hours a day, seven (7) days a week. Membership as an NSPL  
26 center requires nationally recognized certification which includes evidence-based training for all  
27 staff and volunteers in the management of NSPL calls.

28 (5) “Rhode Island (RI) 9-8-8 state administrator” means the administrator designated by  
29 the director of the department to manage the locally operated and funded center within the national  
30 network of the 9-8-8 Suicide & Crisis Lifeline within Rhode Island.

31 (6) “Rhode Island (RI) 9-8-8 Suicide & Crisis Lifeline Center” or “lifeline center” means  
32 a department-approved or department-operated center that participates in the National Suicide  
33 Prevention Lifeline Network and responds to statewide or regional 9-8-8 contacts that is operated  
34 by or under contract with the department.

1           **40.1-8.6-2. Behavioral health crisis services system established.**

2           (a) The director is hereby authorized to establish, operate, promulgate regulations with  
3 regard to, and/or designate a RI 9-8-8 Suicide & Crisis Lifeline center or centers to provide  
4 telephone, text and chat crisis intervention services and crisis care coordination to individuals  
5 accessing the RI 9-8-8 Suicide & Crisis Lifeline twenty-four (24) hours a day, seven (7) days a  
6 week.

7           (b) The director shall have the authority to provide general oversight of the RI 9-8-8  
8 Suicide & Crisis Lifeline Center(s) established by this chapter.

9           (c) The RI 9-8-8 Suicide & Crisis Lifeline center(s) shall have an active agreement with  
10 the administrator of the National Suicide Prevention Lifeline ("NSPL") maintained by SAMHSA,  
11 or any successor entity, for participation within the network.

12           (d) The designated RI 9-8-8 Suicide & Crisis Lifeline center(s) shall meet SAMHSA and  
13 NSPL or any successor entity's requirements and best practices guidelines for operational and  
14 clinical standards.

15           (e) The designated RI 9-8-8 Suicide & Crisis Lifeline center(s) shall provide and report  
16 data and participate in evaluations and related quality improvement activities as required by the 9-  
17 8-8 state administrator. The department shall provide the department of children, youth, and  
18 families with data regarding utilization of RI 9-8-8 services by children, youth, and their families,  
19 consistent with NSPL requirements and state and federal confidentiality and privacy laws and  
20 regulations.

21           (f) The designated RI 9-8-8 Suicide & Crisis Lifeline center(s) shall make referrals,  
22 consistent with guidance and policies established by the NSPL or any successor entity, to follow-  
23 up services for individuals who access the RI 9-8-8 Suicide & Crisis Lifeline.

24           (g) The director shall consult with the director of the department of children, youth, and  
25 families prior to promulgating rules and regulations specific to RI 9-8-8 services for children,  
26 youth, and their families.

27           (h) Nothing in § 40.1-8.6-2, § 40.1-8.6-3, or § 40.1-8.6-4 shall be construed to restrict the  
28 authority of the department of children, youth and family (DCYF) pursuant to chapters 72 and  
29 72.1 of title 42.

30           **40.1-8.6-3. Funding of the 988 Suicide & Crisis Lifeline.**

31           (a) The director shall have the authority to expend any and all funds allocated to support  
32 the operations of the RI 9-8-8 Suicide & Crisis Lifeline.

33           **40.1-8.6-4. Implementation.**

34           (a) The director shall designate the RI 9-8-8 state administrator. The RI 9-8-8 state

1 administrator shall be an employee of the department and shall serve at the pleasure of the director,  
2 or shall be a contractor who has a contract with the department and shall serve for the period  
3 designated in the contract and in accordance with the terms of such contract.

4 (b) All state agencies and/or departments shall provide to the department any and all data  
5 and other information necessary for the department to comply with federal and/or state reporting  
6 requirements with respect to the establishment and/or operation of the RI 9-8-8 Suicide & Crisis  
7 Lifeline.

8 SECTION 3. Sections 42-160-3 and 42-160-5 of the General Laws in Chapter 42-160  
9 entitled "Rhode Island Pay for Success Act" are hereby amended to read as follows:

10 **42-160-3. Annual reporting.**

11 The executive office, in collaboration with the Rhode Island Coalition to End  
12 Homelessness or other qualified organization as determined by the executive office, shall provide  
13 yearly progress reports to the general assembly beginning no later than January 30, 2022, and  
14 annually thereafter until January 30, ~~2027~~ 2028. These reports will include recommendations on a  
15 proposed structure for entering into pay for success contracts, for administering the program, and  
16 for any and all matters related thereto that the executive office deems necessary to administer future  
17 pay for success projects at the conclusion of the pilot program in ~~2026~~ 2027. As a condition of this  
18 project, HUD requires that a third party conduct a transparent and rigorous evaluation of the  
19 intervention to determine whether the outcomes have indeed achieved success. The evaluation  
20 results will be reported yearly to the governor and general assembly.

21 **42-160-5. Pilot program established.**

22 There is established a ~~five~~ six (6)-year ~~(5)~~ pay-for-success pilot program to be administered  
23 by the Rhode Island executive office of health and human services. The pilot will follow the  
24 proposal outlined in the 2016 pay-for-success grant proposal to HUD and 2017 feasibility study.  
25 The pay-for-success project will provide a person-centered housing and supportive services  
26 intervention (PSH) for one hundred twenty-five (125) persons in Rhode Island experiencing  
27 homelessness who are high utilizers of the healthcare and justice systems. The pilot program will  
28 leverage eight hundred seventy-five thousand dollars (\$875,000) of HUD/DOJ grant funds.  
29 Contract agreements with the executive office of health and human services pursuant to this chapter  
30 shall not exceed one million five hundred thousand dollars (\$1,500,000) per fiscal year or six  
31 million dollars (\$6,000,000) in the aggregate over the ~~five (5)~~ six (6) years of the pilot program, as  
32 determined by the department; provided, no agreements shall be entered by the department after  
33 July 1, ~~2026~~ 2027, without further authorization by the general assembly.

34 SECTION 4. Section 42-166-2 of the General Laws in Chapter 42-166 entitled "The

1     Ladders to Licensure Program" is hereby amended to read as follows:

2                 **42-166-2. Use of appropriated funds.**

3                 Any appropriated funds shall be used to provide grants to ~~three (3) or four (4)~~ at least two  
4     (2) grantee partnerships, consisting of multiple ~~private sector~~ health and human services employer  
5     organizations and education grantee partnerships (with at least one focused on behavioral health  
6     and one focused on nursing). Employers will be required to contribute a twenty-five percent (25%)  
7     in-kind match and a ten percent (10%) cash match.

8                 SECTION 5. This act shall take effect upon passage.