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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

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A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND
HOSPITALS -- CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS

Introduced By: Senators Cano, Seveney, Lawson, DiPalma, Quezada, Acosta, Kallman,
Burke, Valverde, and Zurier

Date Introduced: March 01, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE,
2 DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto
3 the following chapter:

4 CHAPTER 30

5 CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS

6 **40.1-30-1. Definitions.**

7 As used in this chapter, the following words and terms have the following meanings, unless
8 the context clearly indicates otherwise:

9 (1) "9-8-8 Administrator" means the administrator of the 9-8-8 Suicide Prevention and
10 Mental Health Crisis Hotline.

11 (2) "9-8-8 Crisis Hotline Center" or "hotline center" means a state-identified center
12 participating in the National Suicide Prevention Lifeline Network to respond to statewide or
13 regional 9-8-8 contacts.

14 (3) "9-8-8 Suicide Prevention and Mental Health Crisis Hotline" means the National
15 Suicide Prevention Lifeline ("NSPL") or its successor maintained by the director of the department
16 of behavioral healthcare, developmental disabilities and hospitals.

17 (4) "Community mental health centers," and "Certified community behavioral health
18 centers" means facilities as defined under Sec. 1913(c) of the Public Health Services Act and/or

1 Section 223(d) of the Protecting Access to Medicare Act of 2014, and Community Behavioral
2 Health Organizations as licensed and certified by relevant state agencies.

3 (5) "Core state behavioral health crisis services systems" refers to the hotlines, the response
4 teams, the revolving funds, and all other aspects of health crisis service systems which are
5 established in this chapter.

6 (6) "Crisis receiving and stabilization services" are facilities providing short-term (under
7 twenty-four (24) hours) care with capacity for diagnosis, initial management, observation, crisis
8 stabilization and follow up referral services to all persons in a home-like environment.

9 (7) "Department" means the department of behavioral healthcare, developmental
10 disabilities and hospitals established pursuant to this title.

11 (8) "Director" means the director of the department of behavioral healthcare,
12 developmental disabilities and hospitals.

13 (9) "EMS" means emergency medical services.

14 (10) "Federal Communications Commission" means the federal agency that regulates
15 interstate and international communications by radio, television, wire, satellite, and cable in all fifty
16 (50) states, the District of Columbia and U.S. territories. An independent U.S. government agency
17 overseen by Congress, the Commission is the United States' primary authority for communications
18 law, regulation, and technological innovation.

19 (11) "Mobile crisis teams" include behavioral health professionals and peers that provide
20 professional onsite community-based intervention such as de-escalation, stabilization, and other
21 services for individuals who are experiencing a behavioral health crisis.

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

27 (13) "Peers" means individuals employed on the basis of their personal lived experience of
28 mental illness and/or addiction and recovery who meet the state's peer certification requirements
29 where applicable.

30 (14) "Substance Abuse and Mental Health Services Administration" ("SAMHSA") is the
31 agency within the U.S. Department of Health and Human Services that leads public health efforts
32 to advance the behavioral health of the nation.

33 (15) "Veterans crisis line" ("VCL") means the veterans crisis line maintained by the
34 Secretary of Veterans Affairs under section 1720F(h) of title 38, United States Code.

1 **40.1-30-2. Crisis services systems established.**

2 (a) The director is hereby authorized to designate a crisis hotline center or centers to
3 provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8
4 suicide prevention and behavioral health crisis hotline from any jurisdiction within Rhode Island
5 twenty-four (24) hours a day, seven (7) days a week.

6 (b) The designated hotline center(s) must have an active agreement with the administrator
7 of the National Suicide Prevention Lifeline ("NSPL") maintained by the substance abuse and
8 mental health service administration, or any successor entity, for participation within the network.

9 (c) The designated hotline center(s) must meet NSPL requirements and best practices
10 guidelines for operational and clinical standards.

11 (d) The designated hotline center(s) must provide data, report, and participate in
12 evaluations and related quality improvement activities as required by the 9-8-8 system
13 administrator.

14 (e) To ensure cohesive, coordinated crisis care, the designated hotline center(s) must utilize
15 technology including chat and text that is interoperable between and across crisis and emergency
16 response systems used throughout the state (911, EMS, other non-behavioral health crisis services,
17 and others as necessary) and with the administrator of the NSPL.

18 (1) The state shall use its authority to assist the director in promulgating rules and
19 regulations to allow appropriate information sharing and communication between and across crisis
20 and emergency response systems for the purpose of real-time crisis care coordination including,
21 but not limited to, deployment of crisis and outgoing services and linked, flexible services specific
22 to crisis response.

23 (f) The designated hotline center(s) shall have the authority to deploy crisis and outgoing
24 services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization
25 services or other local resources as appropriate and according to guidelines and best practices
26 established by the NSPL. The designated center(s) shall also actively collaborate with mental health
27 and substance use disorder treatment providers including hospital emergency departments and
28 inpatient psychiatric settings, local community mental health centers, including certified
29 community behavioral health clinics and community behavioral health centers, crisis receiving and
30 stabilization centers, and mobile crisis teams throughout the state to coordinate linkages for persons
31 contacting 9-8-8 with ongoing care needs and establishing formal agreements where appropriate.

32 (g) The designated hotline center(s) shall coordinate access to crisis receiving and
33 stabilization services for individuals accessing the 9-8-8 suicide prevention and behavioral health
34 crisis hotline through appropriate information sharing regarding availability of services.

1 (h) The department, in consultation with the governor's council on behavioral health
2 established pursuant to chapter 29 of 40.1, the department of public safety established pursuant to
3 chapter 7.3 of title 42, and with any entity within the department which is designated by the director
4 as having primary oversight of suicide prevention and crisis service activities and essential
5 coordination with designated 9-8-8 hotline center(s), shall work in concert with the NSPL and VCL
6 networks for the purposes of ensuring consistency of public messaging about 9-8-8 services.

7 (i) The designated hotline center(s) shall meet the requirements set forth by NSPL for
8 servicing high risk and specialized populations as identified by the Substance Abuse and Mental
9 Health Services Administration, including training requirements and policies for transferring such
10 callers to an appropriate specialized center or subnetworks within or external to the NSPL network.
11 These populations shall include, but not be limited to, LGBTQ+ youth, minorities, rural individuals,
12 and other high-risk populations as well as those with co-occurring substance use, and for providing
13 linguistically and culturally competent care.

14 (j) The designated hotline center(s) must provide follow-up services to individuals
15 accessing the 9-8-8 suicide prevention and behavioral health crisis hotline consistent with guidance
16 and policies established by the NSPL.

17 (k) Commencing on December 31, 2022, and annually on or before December 31
18 thereafter, a written annual report compiled by the department relating to the 9-8-8 suicide
19 prevention and behavioral health crisis hotline's usage and the services provided shall be provided
20 to the governor, the speaker of the house of representatives and the president of the senate. This
21 report shall also be filed at the same time with the Substance Abuse and Mental Health Services
22 Administration.

23 (l) The director may, but is not required to, operate the 9-8-8 suicide prevention hotline in
24 conjunction with the state's E-911 emergency telephone system established pursuant to chapter 21
25 of title 39, but only if the director of the department of behavioral healthcare, developmental
26 disabilities and hospitals and the director of the department of public safety concur that such
27 operation is both feasible and in the best interests of the people of the state.

28 **40.1-30-3. Response to calls -- Mobile crisis teams.**

29 (a) There are hereby established, and the state shall provide, onsite response services to
30 crisis calls utilizing state and/or locally funded mobile crisis teams:

31 (b) The mobile crisis teams shall be:

32 (1) Jurisdiction-based behavioral health teams including licensed behavioral health
33 professionals and including peers; and/or

34 (2) Behavioral health teams embedded in EMS and including peers.

1 (c) Mobile crisis teams shall collaborate with local law enforcement agencies and include
2 police as co-responders in behavioral health teams, including police, licensed behavioral health
3 professionals and peers, only as needed to respond in high-risk situations that cannot be managed
4 without law enforcement, and shall:

5 (1) Be designed in partnership with community members, including people with lived
6 experience utilizing crisis services;

7 (2) Be staffed by personnel that reflect the demographics of the community served; and

8 (3) Collect customer service data from individuals served by demographic requirements,
9 including race and ethnicity, set forth by SAMHSA and consistent with the state block grant
10 requirements for continuous evaluation and quality improvement.

11 **40.1-30-4. Funding.**

12 (a) The state shall establish a revolving fund within the general treasurer's office to fund
13 treatment for crisis receiving and stabilization services as related to a call which meets the following
14 criteria:

15 (1) Crisis receiving and stabilization services as related to the call shall be funded by the
16 state if the individual meets the state's definition of uninsured or if the crisis stabilization service is
17 not a covered service by the individual's health coverage; or

18 (2) For Medicaid recipients, the state executive office of health and human services shall
19 work with the entity responsible for the development of crisis receiving and stabilization services
20 to explore options for appropriate coding of and payment for crisis management services.

21 (c) The director shall promulgate rules and regulations to determine how payment will be
22 made to the provider of service.

23 **40.1-30-5. Revolving fund for maintaining 9-8-8 suicide prevention and mental health**
24 **crisis system.**

25 (a) The state shall establish a revolving statewide 9-8-8 trust fund within the office of the
26 general treasurer for the purposes of creating and maintaining a statewide 9-8-8 suicide prevention
27 and mental health crisis system pursuant to the National Suicide Hotline Designation Act of 2020,
28 the Federal Communication Commission's rules adopted July 16, 2020, and national guidelines for
29 crisis care.

30 (b) The fund shall consist of:

31 (1) The statewide 9-8-8 fee assessed on users;

32 (2) Appropriations made by the general assembly;

33 (3) Grants and gifts intended for deposit in the fund;

34 (4) Interest, premiums, gains, or other earnings on the fund; and

1 (5) Money from any other source that is deposited in or transferred to the fund.

2 (c) Money in the fund:

3 (1) Shall not revert at the end of any state fiscal year but remains available for the purposes
4 of the fund in subsequent state fiscal years;

5 (2) Is not subject to transfer to any other fund or to transfer, assignment, or reassignment
6 for any other use or purpose outside of those specified in this chapter; and

7 (3) Shall be periodically appropriated for the purposes of the fund.

8 (d) A written annual report of fund deposits and expenditures shall be provided to the
9 governor, the president of the senate, and the speaker of the house of representatives and the Federal
10 Communications Commission, on or before December 31, 2023, and annually on or before
11 December 31 thereafter.

12 **40.1-30-6. Statewide fee.**

13 (a) The general assembly shall establish a monthly statewide 9-8-8 fee on each resident
14 that is a subscriber of commercial landline telephone, mobile telephone and/or IP-enabled voice
15 services at a rate that provides for the robust creation, operation, and maintenance of a statewide 9-
16 8-8 suicide prevention and behavioral health crisis system and the continuum of services provided
17 pursuant to national guidelines for crisis services.

18 (b) The revenue generated by a 9-8-8 fee shall be sequestered in the revolving trust fund
19 established in §40.1-30-5 to be obligated or expended only in support of 9-8-8 services, or
20 enhancements of such services.

21 (c) The revenue generated by a 9-8-8 fee shall only be used to offset costs that are or will
22 be reasonably attributed to:

23 (1) Primarily ensuring the efficient and effective routing of calls made to the 9-8-8 suicide
24 prevention and behavioral health crisis hotline to the designated hotline center(s) including staffing
25 and technological infrastructure enhancements necessary to achieve operational and clinical
26 standards and best practices set forth by NSPL;

27 (2) Personnel, including recruitment of personnel that reflect the demographics of the
28 community served; specialized training of staff to serve at-risk communities, including culturally
29 and linguistically competent services for LGBTQ+, racially, ethnically, and linguistically diverse
30 communities; and the provision of acute behavioral health, crisis outreach and stabilization services
31 by directly responding to the 9-8-8 national suicide prevention and behavioral health crisis hotline;

32 (3) Provision of data, reporting, participation in evaluations and related quality
33 improvement activities as required by the 9-8-8 administrator; and

34 (4) Administration, oversight and evaluation of the fund.

1 (d) The 9-8-8 fee may be adjusted by the general assembly as needed to provide for
2 continuous operation, volume increases and maintenance.

3 (e) A written annual report compiled by the department on the revenue generated by the 9-
4 8-8 fee shall be provided to the governor, the president of the senate, the speaker of the house of
5 representatives, and the Federal Communications Commission.

6 **40.1-30-7. Implementation.**

7 (a) The director shall provide general oversight to the core state behavioral health crisis
8 services systems established by this chapter. During the course of this oversight, the director may
9 assign and designate tasks to existing agencies, boards or committees within the department to
10 accomplish the planning required for implementation or ongoing oversight of this chapter in
11 coordination with designated hotline center(s), 9-1-1 centers, the state mental health authority, state
12 substance abuse agency, law enforcement, hospital emergency departments and the National
13 Suicide Prevention Lifeline.

14 (b) The director shall designate the 9-8-8 administrator after consultation with the
15 governor's council on behavioral health. The 9-8-8 administrator shall be an employee of the
16 department and shall serve at the pleasure of the director.

17 (c) The revolving trust fund established in this chapter shall be maintained by the general
18 treasurer. The general treasurer shall draw upon the fund based upon orders from the director. The
19 fund may also be funded by appropriations from the general assembly as well as interest earnings,
20 money received from the federal government, gifts, bequests, donations, or otherwise from any
21 public or private source.

22 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND
HOSPITALS -- CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS

1 This act would establish a core state behavioral health crisis services system, to be
2 administered by the director of behavioral healthcare, developmental disabilities and hospitals. The
3 systems would include establishing and administering a 9-8-8 suicide prevention hotline,
4 establishing mobile crisis response teams, and establishing a revolving trust fund to pay for the
5 costs of the system generated by a fee on subscribers of commercial land line telephone, mobile
6 telephone and/or IP-enabled voice services.

7 This act would take effect upon passage.

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