

## American Rescue Plan State Fiscal Recovery Fund Recommendation Cover Sheet

Please submit this document with any recommendations for funding from Rhode Island's allocation of federal fiscal recovery funds available through the American Rescue Plan Act. This information will be made available to the public along with any detailed documents submitted that describe the proposal. It is encouraged that such documents identify clear goals and objectives and quantifiable metrics.

**This is not a formal request for funds, and submission of recommendations does not guarantee a response, public hearing, or appropriation from the General Assembly.**

Name of Lead Agency: Horizon Healthcare Partners

Additional agencies making recommendation (if applicable): \_\_\_\_\_

Contact Person / Title: Dr. Cliff Cabral, CEO Phone: 401-743-1083

Address: 975 Waterman Avenue, East Providence, RI 02914

Email Address (if available): ccabral@hhpartners.org

Brief Project Description (attachments should contain details) HHP supports the RI Foundation's request for ARPA funds to address the behavioral health challenges exasperated by the pandemic. As they stated in their "Make It Happen: Investing for Rhode Island's Future," "COVID-19 highlighted long-standing systemic issues within the state's behavioral healthcare system for both children and adults. Increases in overdose deaths in 2021, extraordinarily long wait times for hospital admission, and the lack of meaningful access to behavioral health services across the continuum of care have brought the need for the expansion of outpatient community-based services to the forefront."

Total request: \$255 million

One-time or Recurring Expense? One-time expense

ARPA Eligibility Category (check all that apply) – See link for further information

<https://www.rilegislature.gov/commissions/arpa/commdocs/Treasury%20-%20Quick-Reference-Guide.pdf>

- Respond to the public health emergency and its economic impacts
- Premium pay to eligible workers
- Government services/state revenue replacement \_\_\_\_\_
- Water/sewer/broadband infrastructure  Facilities infrastructure



Senate President Dominick Ruggerio  
Speaker of the House Joseph Shekarchi  
Rhode Island State House  
82 Smith Street  
Providence, RI 02903

November 18, 2021

Dear Senate President Ruggerio and Speaker Shekarchi,

On behalf of all the Horizon Healthcare Partners (HHP), our collective staffs, our Board of Directors and the clients we serve, we thank you for your leadership during the COVID-19 pandemic. We are so appreciative of your constant efforts to remind Rhode Islanders about the importance of attending to their behavioral health during this incredibly stressful time.

As you may know, Child & Family, Community Care Alliance, Newport Mental Health, Thrive Behavioral Health, Tides Family Services and CODAC are the six behavioral health and substance use organizations that comprise HHP. Also, as you know, HHP agencies have remained open throughout the crisis due to the essential behavioral health services we provide to individuals and families that are most vulnerable in local communities across the state.

**We write to you today to urge you to spend \$255 million of the state's American Rescue Plan Act (ARPA) funds for the state's behavioral health needs.**

As I am sure you are aware, the Rhode Island Foundation has issued "*Make It Happen: Investing for Rhode Island's Future*" a comprehensive report including recommendations for how best to spend the state's \$1.1 billion ARPA funds. The report highlights the rigorous process the RI Foundation undertook to develop their recommendations stating, "During early Spring 2021, the Foundation contracted with the Economic Progress Institute (EPI) and the Rhode Island Public Expenditure Council (RIPEC) to staff the initiative and convened a 15-member Steering Committee to consider rigorous policy analysis, public, and stakeholder input to develop a set of spending recommendations that, if adopted, have the potential to significantly improve the lives of Rhode Islanders. The Committee, EPI, and RIPEC were focused on the recommendations that follow addressing needs that pre-existed COVID-19 and were exacerbated by the pandemic.

A vigorous community engagement process spanned several months and included electronic submissions from individuals and groups, focus groups with populations

hard-hit by COVID, community visioning sessions hosted by local nonprofits, and key stakeholder interviews.”

**We strongly support their assessment of the behavioral health needs of our state and their recommendation of \$255 million to address these urgent needs.**

Below is a summary of the recommendations made in the report, with the full behavioral section of their report attached below.

## Behavioral Health

### \$255 million

The goals and recommendations that follow attempt to address the well-documented, ongoing, epidemic among those battling mental health and substance abuse challenges.

**GOALS:** Decrease statewide emergency department visits by both children and adults for acute behavioral health crises by 20% each; decrease the number of unintentional opioid overdoses and suicides by 15% each; increase the number of Rhode Island licensed outpatient mental health counselors, social workers, psychologists, and psychiatrists to reach New England’s behavioral healthcare occupational median.

**RECOMMENDATION 1:** Invest \$170 million to build new facilities and renovate and upgrade existing facilities to expand and improve services and treatments across the behavioral health continuum of care.

**RECOMMENDATION 2:** Invest \$50 million in technology infrastructure, including electronic medical records and other non-facility infrastructure, including one-time investments in mobile response and stabilization services, and technology that could increase the availability and access to telemedicine.

**RECOMMENDATION 3:** Invest \$30 million to increase provider capacity through a loan forgiveness program, as well as stipends/bonuses, to recruit and retain behavioral health professionals. The program should target BIPOC populations to build a culturally and linguistically diverse behavioral health workforce.

**RECOMMENDATION 4:** Invest \$5 million to complete a strategic plan for a behavioral health system of care for adults and children.

Again, Senate President Ruggiero and Speaker Shekarchi, we thank you for your leadership during this time and we look forward to working with you as we continue to reopen our state, knowing that we will always need to care for the behavioral health needs of the citizens of our great state. We stand as your partner in ensuring that all Rhode Islanders have access to behavioral health services to support their best selves.

Sincerely,



Dr. Cliff Cabral, CEO, Horizon Healthcare Partners

**MAKE IT HAPPEN:**

**Investing for  
Rhode Island's**

**Future**

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## Behavioral Health \$255 million

COVID-19 highlighted long-standing systemic issues within the state’s behavioral healthcare system for both children and adults. Increases in overdose deaths in 2021, extraordinarily long wait times for hospital admission, and the lack of meaningful access to behavioral health services across the continuum of care have brought the need for the expansion of outpatient community-based services to the forefront.

From April through May 2020, 36 percent of Americans reported depression or anxiety compared to 11 percent for January to June 2019.<sup>24</sup> Depression or anxiety reports were higher among Black and Hispanic residents, 45 and 47 percent respectively, compared to their White peers—40 percent.<sup>25</sup>

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<sup>23</sup> MassWorks | [Mass.gov](https://www.mass.gov)

<sup>24</sup> COVID-19 Pandemic Coincided with Elevated and Increasing Anxiety and Depression Symptoms

<sup>25</sup> COVID-19 Pandemic Coincided with Elevated and Increasing Anxiety and Depression Symptoms

## Investment Recommendations

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Drug overdoses are the leading cause of accidental deaths in Rhode Island, with more people dying annually from overdoses than from fires, firearms, and car crashes combined.<sup>26</sup> Black residents in Rhode Island have faced higher rates of overdose death each year compared to other residents.<sup>27</sup> Over time, overdose death rates have increased fastest among Black and Hispanic Rhode Islanders.<sup>28</sup> During the first eight months of 2020, the rate of unintentional drug overdose deaths in Rhode Island increased 28 percent relative to the same period in the prior year.<sup>29</sup>

Throughout the public engagement process and key stakeholder interviews, behavioral health was identified as a priority area for additional investments. Facilities, whether state or privately owned, are in dire need of repair, and new facilities are required to meet treatment needs in the least restrictive setting and close gaps in the continuum of care. Equally important is that services are provided in convenient and safe places by trusted providers who understand how to provide culturally and linguistically appropriate care. Increasing the diversity of providers across the behavioral health sector will help promote access to care. Now more than ever, behavioral health services across the continuum of care must be accessible to the people of Rhode Island who need it most.

**GOALS:** Decrease statewide emergency department visits by both children and adults for acute behavioral health crises by 20 percent each; decrease the number of unintentional opioid overdoses and suicides by 15 percent each; increase the number of Rhode Island licensed outpatient mental health counselors, social workers, psychologists, and psychiatrists to reach New England’s behavioral healthcare occupational median.

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<sup>26</sup> Drug Overdose Information | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals ([ri.gov](https://www.ri.gov))

<sup>27</sup> Drug Overdose Information | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals ([ri.gov](https://www.ri.gov))

<sup>28</sup> Race & Ethnicity – Prevent Overdose RI

<sup>29</sup> Men, jobless and people with mental health diagnoses most vulnerable in 2020 overdose spike | Brown University

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**RECOMMENDATION 1: Invest \$170 million to build new facilities and renovate and upgrade existing facilities to expand and improve services and treatments across the behavioral health continuum of care.**

We recommend that RI invest ARPA funds to build new facilities or renovate or upgrade existing state and private nonprofit facilities that provide high-quality behavioral health services in Rhode Island. These investments should be used to address the gaps and increase behavioral health services for children and adults, including but not limited to, residential treatment facilities for youth with serious substance use disorders or serious mental illness and the expansion of outpatient community-based services across the continuum of care. Investments should be aligned with a strategic plan for a behavioral health system of care and where appropriate integrated with other community-based services. (See [Recommendation 4](#))

The need to build new, or renovate existing, state and private nonprofit facilities is key to increasing high-quality behavioral health services and expanding the services offered across the continuum. This capital investment also is most consistent with the one-time nature of ARPA funding. The gaps in the behavioral health services continuum of care vary for adults and children/youth. With respect to children and youth, residential treatment facilities for individuals with serious substance use disorders, residential facilities for individuals with serious mental health needs, and the expansion of outpatient, community-based services across the continuum of care are urgently needed to fill the gaps in essential behavioral health services. Adults in Rhode Island would benefit from expanding outpatient residential facilities, including step-up/step-down facilities and services, and investing in other necessary, outpatient community-based services across the continuum of care. In order to reach those most in need, it is imperative that services be conveniently located and provided by behavioral healthcare providers who are trusted by the community. The current gaps in services cause the overuse of hospital emergency departments, increased physical and emotional disease complications due to delayed care, and often avoidable involvement with the criminal justice system and/or the Department of Children Youth and Families (DCYF).

**RECOMMENDATION 2:** Invest \$50 million in technology infrastructure, including electronic medical records and other non-facility infrastructure, including one-time investments in mobile response and stabilization services, and technology that could increase the availability and access to telemedicine.

We recommend that funds be provided to enable electronic medical/health records for community-based behavioral healthcare providers, technology necessary for increasing the availability of telemedicine, and technology-based prevention services.

Electronic medical records (EMR) improve patient care through improved management, reduction in medication errors, reduction in unnecessary investigations, and improved communication and interactions among primary care providers, patients, and other providers involved in the patient's care.<sup>30</sup> Community-based behavioral health service providers would benefit from funds to install EMR systems and/or system upgrades, as well as technical assistance for implementation of these systems. While some providers have a basic form of EMR that provides some services, like billing capabilities, most providers do not have EMR that can communicate with hospital or other providers, leaving out a critical piece of patient care. This recommendation provides funds for community-based behavioral healthcare providers to improve patient care.

We further recommend one-time investments (workforce training and vehicle purchases) in mobile response and stabilization services that are aimed at ensuring the safety and well-being of children, youth and their families who may be experiencing emotional or behavioral stress to avert a psychiatric admission or other out-of-home placement.

The mobile response and stabilization services model responds to a behavioral health crisis by dispatching a mobile crisis team to reach a person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner.<sup>31</sup>

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<sup>30</sup> National Institutes of Health Do electronic medical records improve quality of care? ([nih.gov](http://nih.gov))

<sup>31</sup> National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary ([samhsa.gov](http://samhsa.gov))



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The goal of the mobile response is to reduce reliance on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and DCYF, and the human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient facilities are over-burdened with referrals that might be best supported with less intrusive, less expensive services and supports.<sup>32</sup>

The Executive Office of Health and Human Services (EOHHS) has identified a statewide mobile mental health crisis system as one way to address the existing gaps and access in Rhode Island's behavioral health services.<sup>33</sup> The Substance Abuse and Mental Health Service Administration has developed national guidelines outlining best practices for behavioral health crisis care, including mobile crisis response teams.<sup>34</sup> This recommendation provides funding for one-time investments related to the development of mobile response and stabilization services. Additional funding would be required on a continuing basis to sustain these services.

**RECOMMENDATION 3: Invest \$30 million to increase provider capacity through a loan forgiveness program, as well as stipends/bonuses, to recruit and retain behavioral health professionals. The program should target BIPOC populations to build a culturally and linguistically diverse behavioral health workforce.**

We recommend that RI invest an additional \$30 million by offering loan forgiveness, stipends, and bonuses to increase provider capacity particularly targeting BIPOC populations in behavioral healthcare professional shortage areas. These additional funds would be focused on behavioral health professionals, including but not limited to, adult or child psychiatrists, health service psychologists, licensed clinical social workers, psychiatric nurse specialists, mental health counselors, and licensed professional counselors. As a condition of receiving this assistance, behavioral healthcare professionals would agree to work for a specified period of time in these areas.

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<sup>32</sup> National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary ([samhsa.gov](https://www.samhsa.gov))

<sup>33</sup> Behavioral Health System Review | Executive Office of Health and Human Services ([ri.gov](https://ri.gov))

<sup>34</sup> National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary ([samhsa.gov](https://www.samhsa.gov))

## Investment Recommendations

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The Rhode Island Department of Health administers the state's Health Professionals Loan Repayment Program, which is designed both to improve access to care and retain personnel who provide healthcare services in underserved communities and to address health professional shortages that cause disparities in health.<sup>35</sup> This program has not been able to deliver the volume, diversity, and spectrum of critical health professionals for the healthcare system, including behavioral healthcare providers.

Funding for this program has been limited with a FY2022 budget of just over \$1 million from all sources, including federal funds and restricted receipts (no general revenue allocation). These funds are used to pay a portion of an eligible healthcare professional's student loans if the participant agrees to work for two years in a health professional shortage area. The restricted receipts are donated funds and are used to provide the 50 percent minimum match for the federal grant.<sup>36</sup>

A Health Professional Shortage Area is a geographic area, population group, or healthcare facility that has been designated by the Health Resources and Services Administration as having a shortage of health professionals in primary, dental, or mental healthcare.<sup>37</sup> As of March 31, 2021, Rhode Island had the highest percentage—40 percent—of the state population living in a mental health shortage area in New England.<sup>38</sup> Massachusetts, on the other hand, had the second lowest percentage in the country—4 percent.<sup>39</sup>

Rhode Island has a shortage of child psychiatrists and psychologists, as well as other behavioral health providers. Increasing the funds in the Health Professional Loan Repayment program, with direction to invest in expanding the behavioral health work force, is one way to increase the number of providers to meet unmet needs. Medicaid is the single largest payer for mental health services in the United States and is increasingly playing a larger role in the reimbursement of substance use disorder services.<sup>40</sup> We consistently heard that Medicaid reimbursement rates are insufficient to provide competitive wages to attract and retain behavioral health providers across the various disciplines. (See recommendation 4, proposing funding for analysis of Medicaid reimbursement rates).

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<sup>35</sup> Health Professionals Loan Repayment Program: Department of Health ([ri.gov](https://ri.gov))

<sup>36</sup> FY 2022 Budget Enacted Section III Agency Analyses.pdf ([rilegislature.gov](https://rilegislature.gov))

<sup>37</sup> What is Shortage Designation? | Bureau of Health Workforce ([hrsa.gov](https://hrsa.gov))

<sup>38</sup> Over one-third of Americans live in areas lacking mental health professionals - USAFacts

<sup>39</sup> Over one-third of Americans live in areas lacking mental health professionals - USAFacts

<sup>40</sup> Behavioral Health Services | Medicaid

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These funds could also be used for bonuses and stipends for behavioral health professionals to retain current behavioral health staff and incentivize new staff, particularly BIPOC individuals, to enter the behavioral health field. In addition, these incentives should increase provider capacity that especially targets BIPOC populations. Bonuses and stipends can reach behavioral health workers who may not have loans or may provide more effective incentives to certain professionals.

**RECOMMENDATION 4: Invest \$5 million to complete a strategic plan for a behavioral health system of care for adults and children.**

We recommend that RI complete a long overdue, coordinated strategic plan that examines the current behavioral health system in RI for children and adults, identifies the gaps in the respective continuums of care, and develops and implements a plan to fill those gaps thereby providing a high-quality behavioral healthcare system that meets the needs of Rhode Islanders. This plan should include an assessment of Medicaid reimbursement rates and the associated cost of providing services across the continuum of care. The plan should also include an Olmstead plan to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. These funds also could be used to enhance planning and service delivery capacities at agencies and nonprofits.

Rhode Island has the opportunity to align the youth and adult behavioral health systems and to address the gaps within their respective continuums of care. A gap analysis and Medicaid rate assessment are critical to be able to target ARPA and other funds to areas with the most crucial needs. This effort would build on the work that is underway for the children's behavioral health care system. We also recommend funding to temporarily increase capacity at state agencies to disburse funds and for nonprofits to quickly enhance services to address waiting lists, backlogs, and other issues to quickly provide behavioral health services to those in need.

## Investment Recommendations

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Investing in Rhode Island’s behavioral healthcare system presents many opportunities. ARPA funds should be leveraged with local, philanthropic, and private funds along with other state and federal resources. Nonprofit providers should also collaborate and partner when possible, to deliver a broader spectrum of services that better align with community needs. While many nonprofits providing behavioral health services operate throughout Rhode Island, they provide a wide array of services for varying needs and populations. When creating new programs or adding substantial funding to existing programs, agencies, or nonprofits, challenges are also present. Staff is required not only to effectively and efficiently disburse or utilize funds, but also to account for the proper and intended use of those funds. We must plan and prepare to ensure that the ARPA funds make an immediate and profound impact on those most affected by the pandemic.

<sup>43</sup> RI Department of Labor & Training Monthly Labor Force Report, August 2021

<sup>44</sup> RI Department of Labor & Training Labor Supply & Demand, Q2 2021

<sup>45</sup> RI Department of Labor & Training Labor Supply & Demand, Q2 2021