



April 14, 2026

The Honorable Louis DiPalma, Chair
Senate Finance Committee
Rhode Island Statehouse
Providence, 02903

**RE: TESTIMONY IN SUPPORT OF HOUSE BILL 7127 — ARTICLE 10 — RHODE ISLAND 988
SUICIDE & CRISIS LIFELINE AND BEHAVIORAL HEALTH CRISIS CARE COORDINATION**

Chair DiPalma and Members of the Senate Finance Committee:

On behalf of United Way of Rhode Island, we express our strong support for **Article 10 of House Bill 7127**, which strengthens Rhode Island’s behavioral health crisis infrastructure by authorizing BHDDH to establish, operate, and/or designate **Rhode Island 988 Suicide & Crisis Lifeline center(s)** to provide **24/7 telephone, text, and chat crisis intervention services and crisis care coordination**, with statewide oversight, quality standards, and reporting requirements.

United Way’s policy and advocacy work is guided by our strategic framework: **Strong Families, Strong Nonprofits, Strong United Way**. We prioritize policies that strengthen household stability, expand access to opportunity, and ensure public systems deliver measurable value. A well-coordinated crisis system is a core component of family stability: timely crisis intervention and follow-up reduce preventable escalation, support continuity of care, and help individuals remain connected to home, work, and community.

Article 10 aligns with national best practice for crisis system design. SAMHSA’s crisis-care guidance and national guidelines emphasize a coordinated continuum—anchored by crisis call/text/chat capacity and connected to mobile response and stabilization—so that people can access the right level of care anytime and anywhere. Article 10 reflects this approach by requiring the designated lifeline center(s) to meet SAMHSA/NSPL requirements and best-practice clinical and operational standards, participate in quality improvement and evaluation, and make referrals to follow-up services.

These investments are particularly important given the level of economic strain in Rhode Island. United For ALICE (ALICE households are families who are working and still priced out of stability by the high cost of basics) reports that **39% of Rhode Island households** are below the ALICE Threshold (poverty plus ALICE), meaning that many working families have limited financial margin to absorb shocks that can contribute to stress and instability. In that context, strengthening crisis response and coordination is both a health investment and a stability investment—reducing avoidable reliance on emergency departments and supporting earlier intervention and connection to ongoing care.

Finally, Article 10 creates an important opportunity to strengthen **post-crisis coordination** through partnership with **United Way 211**. While 988 provides crisis intervention and crisis care



coordination, many crises are compounded by unmet basic needs—housing instability, food insecurity, utility insecurity, and employment disruption. United Way 211 is Rhode Island’s 24/7 entry point for these non-clinical needs and can serve as a seamless “next step” for stabilizing supports following a behavioral health crisis. Formal coordination pathways between 988 and 211—consistent with the Article 10 requirement that lifeline centers make referrals to follow-up services—would improve continuity of support and help address contributing stressors that can drive repeat crises.

United Way of Rhode Island respectfully urges your support for **House Bill 7127, Article 10**. Strengthening Rhode Island’s 988 system and crisis care coordination is a practical, evidence-aligned step that improves access, supports timely intervention, and advances mental wellness and stability for Rhode Islanders statewide.

Sincerely,

Elijah McLean
Manager, Government Relations & Policy
United Way of Rhode Island