



March 23, 2026

The Honorable Melissa A. Murray, Chair
Senate Committee on Health & Human Services
Rhode Island State House
Providence, RI 02903

RE: TESTIMONY IN SUPPORT OF SENATE BILL S 3066 — CHILDREN’S MOBILE RESPONSE AND STABILIZATION SERVICES

Chair Murray and Members of the Senate Committee on Health & Human Services:

On behalf of United Way of Rhode Island, we strongly support **S 3066**. This bill would establish a statewide **Children’s Mobile Response and Stabilization Services (MRSS)** program administered by DCYF in coordination with the Medicaid agency, available **24/7 statewide** for children and youth under age 21, with **in-person mobile response within 60 minutes** when clinically appropriate, and **no prior authorization or referral required** to initiate services.

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. Rapid, community-based behavioral health crisis response is foundational to family stability—helping prevent crises from escalating and keeping children connected to caregivers, school, and appropriate care.

National guidance clearly establishes that mobile crisis response is a core element of an effective crisis system. SAMHSA’s national crisis-care guidelines describe a coordinated continuum that includes crisis lines, **mobile crisis response**, and crisis stabilization services—designed to reach people quickly and connect them to the right level of care.

S 3066 takes that best practice and builds it into a durable statewide model with clear standards and accountability. The bill establishes consistent service components (assessment, de-escalation, family support, stabilization, and linkage to ongoing care), requires culturally and linguistically responsive delivery, and sets a **braided funding approach** so access is not dependent on insurance status—while prohibiting cost-sharing for families. It also strengthens oversight through data collection and annual reporting on utilization, outcomes, and diversion from emergency settings.

This matters for families in every community—especially those already living on the edge. United For ALICE reporting shows **39% of Rhode Island households** are below the ALICE Threshold (including **12% in poverty** and **27% ALICE**), meaning many working families have little margin to absorb a child’s behavioral health crisis without cascading impacts on employment,



housing, and stability. Reliable MRSS access helps families get support early—before needs escalate into higher-cost, higher-trauma outcomes.

United Way of Rhode Island respectfully urges your support for **S 3066**.

Sincerely,

Elijah McLean
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United Way of Rhode Island