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**Testimony on Governor's FY 2027, FY 2026 Revised and Capital Budgets –
Department of Health
House Finance Committee – Subcommittee on Human Services
March 24, 2026**

Good afternoon members of the House Finance Committee, Subcommittee on Human Services. My name is Jocelyn Antonio. I'm the Director of Program Implementation and Policy at the Hassenfeld Child Health Innovation Institute at Brown University School of Public Health. I am providing this testimony in my personal capacity.

I am writing to **urge the Committee to address two critical funding gaps in the FY27 proposed budget for the Rhode Island Department of Health**. Without these revisions, Rhode Island risks losing millions in federal matching funds and dismantling essential mental health infrastructure for our children.

The **proposed FY27 proposed budget fails** to include a **minimum of \$535,000 in state general funds**. This is not merely a spending gap; it is a lost opportunity. This state investment is required to “draw down” **\$1.6 million in new federal funding** for the **Maternal, Infant and Early Childhood Home Visiting (MIECVH) program**.

From a fiscal and public health perspective, failing to allocate these funds means Rhode Island is **leaving over \$1.5 million in federal resources on the table, resources specifically designed to strengthen the foundations of our youngest residents during their most vulnerable developmental years**.

Furthermore, the proposed FY27 budget provides **zero funding** for the continuation of the state's **Pediatric Psychiatry Resource Network (PediPRN) program**.

In the midst of a documented national crisis in pediatric mental health, **PediPRN serves as a vital lifeline, allowing primary care providers to consult with specialists to manage complex cases**. For the program to continue, according to Right from the Start, the budget would need to include **\$630,000 for FY2027 for PediPRN**. Without this monies, **essential infrastructure will be dismantled, and the burden of pediatric psychiatric care will shift back to our already overextended emergency departments, increasing costs and delaying life-saving interventions**.

Why Evidence-Based Family Home Visiting Program is a Public Health Priority
Family home visiting is a high-impact, evidence-based public health strategy that **addresses the social determinants of health** before they escalate into costly medical crises. These voluntary services pair trained home visitors, such as nurses, social workers, or early childhood educators, with families to provide essential support through the most critical years of a child's life [1], [2],[3].

Research has shown that family home visiting:

- **Improves** maternal and infant **health outcomes**
- **Reduces preterm birth, infant mortality, and postpartum depression**
- Boosts school readiness and positive parenting
- **Increases immunization and early developmental screening rates**
- **Lowers rates of child abuse, neglect, and domestic violence**
- Supports family stability and economic self-sufficiency [4], [5], [6]

Serving Families Who Need It Most

Family home visiting programs are especially impactful for [1], [2], [6], [7], [8]:

- First-time and teen parents
- Low-income and housing-insecure families
- Immigrant and non-English speaking households
- Families with developmental concerns or those on public health insurance
- Children born preterm or low birthweight
- Families navigating postpartum depression

These programs operate at the intersection of maternal health, early childhood development, and behavioral health—providing culturally responsive, relationship-centered support that reaches families where they are.

Why PediPRN is a Public Health Priority

According to the National Network of Child Psychiatry Access Programs **49 states**, except Idaho, operate a **pediatric psychiatric access program** like our own PediPRN.

The **goal** of PediPRN is simple but powerful: to **increase children's access to mental and behavioral health services through real-time teleconsultation** [9]. By connecting primary care provider to specialty psychiatrists, the **program ensures** that Rhode Island's **children receive comprehensive care**, addressing physical, mental, and behavioral health, in a single appointment.

Rhode Island faces a severe shortage of specialized mental health providers, meaning the burden of initial mental health care falls heavily on primary care providers. These providers are often forced to navigate a complex and overtaxed mental and behavioral healthcare system without specialized support. By continuing to fund PediPRN, you are **maintaining a proven system** that has already directly improved care for 3,001 pediatric patients across Rhode Island.

Conclusion

By restoring these funds, **Rhode Island can prioritize primary prevention over crisis management. Investing in MIECVH and PediPRN strengthen health equity, reduces long-term healthcare expenditures and builds a resilient future for our families by mitigating the impact of Adverse Childhood Experiences (ACEs).**

I respectfully urge the Committee to revise the FY27 budget to include \$535,000 for MIECVH and \$630,000 for PediPRN.

Thank you for your time and consideration.

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Reference:

- [1] C. Novoa and J. Taylor, "Home Visiting Programs Are Vital for Maternal and Infant Health," Sep. 2017. Accessed: Mar. 26, 2025. [Online]. Available: <https://www.americanprogress.org/article/home-visiting-programs-vital-maternal-infant-health/>
- [2] S. Schmit, L. Pavetti, and H. Matthews, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding | Center on Budget and Policy Priorities," Center on Budget and Policy Priorities, Mar. 2014. Accessed: Mar. 26, 2025. [Online]. Available: <https://www.cbpp.org/research/effective-evidence-based-home-visiting-programs-in-every-state-at-risk-if-congress-does>
- [3] C. Novoa, "Policymakers Must Fund Home Visiting Programs During COVID-19," Center for American Progress, Jul. 2020. Accessed: Mar. 26, 2025. [Online]. Available: <https://www.americanprogress.org/article/policymakers-must-fund-home-visiting-programs-covid-19/>
- [4] K. S. Howard and J. Brooks-Gunn, "The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect," *The Future of Children*, vol. 19, no. 2, pp. 119–146, 2009.
- [5] D. Caldera, L. Burrell, K. Rodriguez, S. S. Crowne, C. Rohde, and A. Duggan, "Impact of a statewide home visiting program on parenting and on child health and development," *Child Abuse & Neglect*, vol. 31, no. 8, pp. 829–852, Aug. 2007, doi: 10.1016/j.chiabu.2007.02.008.
- [6] J. H. Filene, J. W. Kaminski, L. A. Valle, and P. Cachat, "Components Associated With Home Visiting Program Outcomes: A Meta-analysis," *Pediatrics*, vol. 132, no. Supplement_2, pp. S100–S109, Nov. 2013, doi: 10.1542/peds.2013-1021H.
- [7] S. Peacock, S. Konrad, E. Watson, D. Nickel, and N. Muhajarine, "Effectiveness of home visiting programs on child outcomes: a systematic review," *BMC Public Health*, vol. 13, no. 1, p. 17, Jan. 2013, doi: 10.1186/1471-2458-13-17.
- [8] T. Adirim and L. Supplee, "Overview of the Federal Home Visiting Program," *Pediatrics*, vol. 132, no. Supplement_2, pp. S59–S64, Nov. 2013, doi: 10.1542/peds.2013-1021C.
- [9] "Map," NNCPAP National Network of Child Psychiatry Access Programs. Accessed: Mar. 23, 2026. [Online]. Available: <https://www.nncpap.org/map>