

**Written Testimony**  
**Rhode Island General Assembly**

**To:** House Finance Committee

**From:** E. Denise Meza-Mathews

**Date:** 3/25/26

**Re:** In Support of H-7127 FY27 DOH & EOHHS Budgets

H-7794 (Giraldo) & S-2845 (Valverde) & proposed budget for EOHHS which includes 50% of the OHIC recommended Medicaid rate increase for Family Home Visiting – Home Based Services

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Dear Finance Committee:

I am a social worker who supports parents and caregivers access services and supports themselves and their children in addition to also working in the aging and disability sector in United Way's Community Services. I am in support of this proposed budget given the strong link to Adverse Childhood Experiences and outcomes for Rhode Islanders across the lifespan. Adverse Childhood Experiences (ACEs)—such as abuse, neglect, and household dysfunction—create chronic "toxic stress" that alters brain development, immune systems, and DNA, directly causing increased risk of chronic diseases (heart disease, cancer, diabetes), mental illness, and premature mortality in adulthood. Funding these early interventions actively prevents these worsened outcomes and allow children to have responsive caregivers who have the skills and services to provide a protective environment for their children even when they experience environmental stressors, which has been shown to improve mental and behavioral health outcomes for school-aged children and teens. As a social worker on a clinical path at the RIC Masters in Social Work Program, I have completed over 600 clinical hours in the children intensive services at Community Care Alliance in Woonsocket, RI a resilient community who despite adversity really benefits from these services. I would like to quote Donna Vear Hamilton, LICSW, a clinician with over 20 years of experience in the field of mental health services for children leading this unit which provides home-based services:

*"The shift in how health care is delivered, especially for children and families, is imperative in addressing the structural barriers to access and improving engagement.*

*Home-based services work because they remove several of these structural challenges, including transportation, rigid clinic hours, and unfamiliar clinical environments. When services are*

delivered in the home, providers gain a clearer, more authentic understanding of the child's environment, family dynamics, and daily stressors.

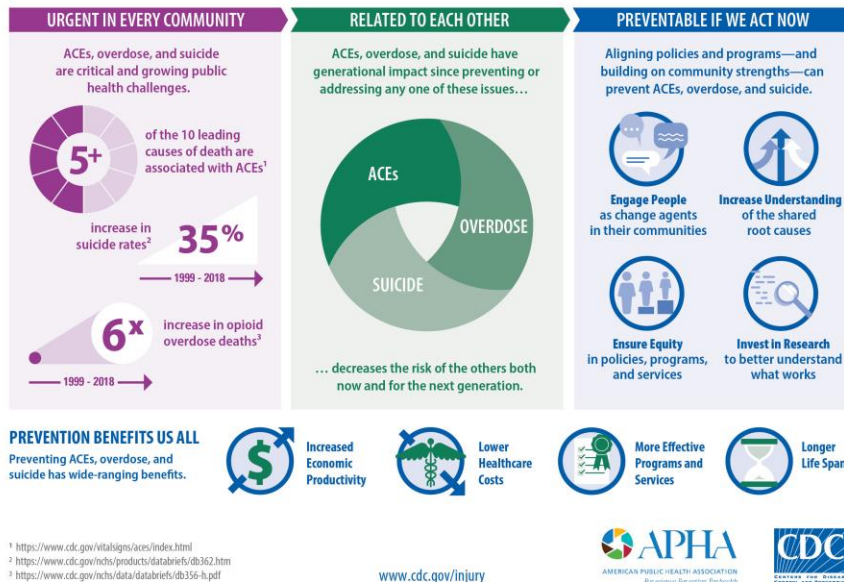
For families impacted by intergenerational trauma or systemic inequities, traditional systems can feel stigmatizing or unsafe. Meeting families in their own space can reduce that power imbalance and create a more collaborative relationship, which improves engagement and outcomes.

From a systems perspective, this approach is also preventative. By addressing concerns earlier and more consistently, home-based care can reduce the need for higher levels of intervention, like emergency room visits or inpatient hospitalization. It helps stabilize the family unit rather than reacting only when a crisis escalates.”

Passing this budget increase would actively support children, families, and others in Rhode Island now while creating cost-saving interventions for long term care.

## ADDRESS IT TODAY. PREVENT IT TOMORROW.

We can reduce the generational impact of adverse childhood experiences (ACEs), overdose, and suicide.



Thank you for reviewing your testimony and your recommendation to pass this budget in support of Rhode Island families.

Best,

E. Denise Meza-Mathews