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Testimony on H-8211, Community Health Workers (CHWs)
House Finance Committee
May 12, 2026

Good afternoon, Chairperson Abney and members of the House Finance Committee. My name is **Jocelyn Antonio**, and I am a resident of Cumberland, Rhode Island. I am providing this testimony in my personal capacity as a public health professional.

I strongly urge your **support** for **H-8211 – Joint Resolution – Making an Appropriation of $10,000,000 to the Rhode Island Department of Health Community Health Worker Initiative**, sponsored by Representative Kislak and co-sponsored by Representatives McGaw, Cruz, Ajello, Donovan, Alzate, Diaz, Furtado, Cortvriend, and Tanzi.

This legislation would authorize the appropriation of the sum of $10,000,000 to the Rhode Island Department of Health Community Health Worker Initiative to support CHWs placement in libraries or other community-based organizations to support community and individual resilience.

CHWs deliver medically necessary services for patients with chronic health conditions—including behavioral health—or for those at risk of developing such conditions. They also support patients facing barriers to meeting their health or health-related social needs. Services include health promotion coaching, health education, navigation of care systems, service coordination, care planning, and follow-up [1], [2].

Behavioral Health and CHWs: A Public Health Priority

As a public health professional, I want to emphasize the crucial role that CHWs play in behavioral health prevention. CHWs work directly with individuals and families to build trust, identify needs, reduce stigma, and connect them to care. In a time when our behavioral health workforce is overstretched, CHWs fill a vital gap. They support understanding, access, and ongoing engagement in behavioral health services - particularly in underserved communities [3].

A 2018 systematic review by Weaver and Lapidos found clear evidence of both the feasibility and effectiveness of mental health interventions delivered by CHWs [4].

At the Hassenfeld Child Health Innovation Institute at Brown University's School of Public Health, Dr. Michael Silverstein and Nurse Practitioner Emily Feinberg have demonstrated the deep, measurable impact of CHWs on families and care systems through multiple research studies and clinical initiatives.

Below is a chart summarizing those findings – highlighting the role of CHWs had and the resulting health and system outcomes. In their integrated pediatric behavioral health initiative, CHWs were successfully incorporated within a team-based integrated pediatric behavioral

health care system. CHWs in behavioral health prevention reduced parenting stress, reduced depression symptoms, prevented depressive episodes in mothers, increased appropriate screening and diagnoses for children at risk for developmental and behavioral health disorders, and increased family and patient access to services and resources [3]. Additionally, I have attached a policy brief titled "Community Health Workers Help Primary Care Practices Support Children's Behavioral and Mental Health" that was released this year by the Hassenfeld Child Health Innovation Institute and CTC-RI on the impact of CHWs in Rhode Island.

Summary of CHW Roles and Outcomes Across Pediatric Behavioral Health Initiatives

Setting/Population	*CHW Roles (see key)*	*Results*
Mothers of children under 6 with autism	A, B, C, D, H	↓ parenting stress, ↓ maternal depressive symptoms[5]
Depressed mothers in Head Start	A, B, D, E, H	↑ mental health care engagement[6]
Head Start Randomized Control Trial	A, B, C, H	↓ depression symptoms[7], ↓ perceived stress[8], [9], ↑ engagement with specialty mental health services[8], [9]
Developmental Behavioral Pediatric Clinic (Boston Medical Center)	A, B, C, D, E, F, H	↑ Autism screening and diagnosing[10], ↑ EI access, especially Hispanic families[11], [12]
TeamUp for Children Integrated Behavioral Health Initiative (3 MA FQHCs)	A, B, C, D, E, F, G	↑ mental health service use[13], ↑ screening and identification of developmental or behavioral health issues[14], [15], ↓ wait times[16], addressed patients' unmet basic resource needs
TeamUp for Children Integrated Behavioral Health Initiative (6 RI Health Centers) [ongoing]	A, B, C, D, E, F, G	↑ Screening for children/adolescents, ↑ warm handoffs (80%+), ↑ CHW engagement in BH and material needs, ↑ support for diverse populations, ↓ PCP burden[17]

Key:
A = Cultural/Linguistic Mediation
B = Health Education
C = Coaching/Support
D = Care management and navigation
E = Outreach
F = Advocacy
G = Direct Service
H = Building individual and community capacity

CHWs Address Health Inequities

CHWs are often referred to as “experience-based experts”[3]. What sets them apart is their shared ethnicity, language, socioeconomic status, and life experiences with the communities they serve. According to the NIH, this proximity enables CHWs to act as cultural mediators and build authentic relationships, which is especially critical in behavioral health [2].

They are essential in our efforts to address persistent racial, ethnic, and socioeconomic disparities in access to care and health outcomes.

Sustainability and Urgency

According to the Washington County Coalition for Children, numerous federal and foundation grants that are funding CHWs in RI expired in 2024. This has resulted in a loss of CHWs positions statewide – along with the trust, relationships, and systems CHWs have helped build over time.

CHWs deserve sustainable funding – not just temporary grants or patchwork Medicaid billing. Their knowledge, skills, and community relationships must be compensated with the dignity and permanence their work demands.

Conclusion

CHWs are not just connectors—they are stabilizers, educators, advocates, and allies. Without them, we cannot meaningfully address behavioral health needs or eliminate health disparities.

I respectfully urge your support and passage of H-8211.

Thank you for your time and consideration.

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