The Children’s Partnership (TCP) works with local, state, and national partners to advance solutions that provide all children – whatever their race, ethnicity, or place of birth – the resources and opportunities they need to grow up healthy and thrive. In order to achieve child health equity, advocates must come together to advance a shared agenda that boldly addresses systemic racism and pursues social justice for California’s 9 million children, of which three in four are children of color and half have at least one immigrant parent.

Dismantling systemic racism is necessary for children to be healthy; child health inequities are a direct result of centuries of patterns, procedures, practices and policies within organizations that consistently penalize and exploit people because of their race, color, culture or ethnic origin. These health inequities have been exacerbated by COVID-19, and the disproportionate impact on marginalized communities has had a crippling effect on the workforce and the health of California communities, children and families. Combined with new waves of COVID-19, economic insecurity, and ongoing racial injustice, the need is great to advance a 2021 agenda that meets the current challenges being faced by families.

In reimagining child wellbeing together, we can envision a whole child approach that considers a child’s full range of needs and harness the power of cross-sector partnership to achieve child health equity. Through community engagement, research, and advocacy and in alignment with our forthcoming strategic plan, The Children’s Partnership is focused on the following 2021 policy priorities for children in California:

**Healthy Children**

**Leverage and reform Medi-Cal to prioritize children**

- Emphasize opportunities for improving child wellbeing through CalAIM—the Medi-Cal reform initiative—including investments in community health workers/promotores de salud, incentives for building health plans’ population health management infrastructure for preventive care (well child care), as well as investments in the basic care coordination infrastructure for all children.

- Advance continuous coverage for children ages 0-5 to improve preventive care rates and continuity of care in early childhood

- Improve accountability and enforcement of health plans’ comprehensive childhood screening and treatment requirements (EPSDT) by tying preventive care utilization to capitation payments, developing performance standards for care coordination and child health outcomes;

- Support incorporation of social determinants of health screenings and interventions as a core function of services for children enrolled in the program

- Improve accountability for anti-racist practices by managed care plans through more robust reporting; monitoring; and payment incentives/penalties

- Establish a publicly available child health dashboard that displays how well plans are doing in advancing child health equity, disaggregated by race, ethnicity, and language

**Improve mental health for children and youth through family and community-centered healing**

- Leverage the Mental Health Services Act and pending regulation amendments of the Prevention Early Intervention Fund to ensure children ages birth through 18 receive equitable and culturally responsive investments across the state in their schools, homes, and communities

- Improve access to early childhood mental health services for young children and their caregivers, including through expansion of infant and early childhood mental health consultation services
Strengthen coordination and availability of health and social services for child and family wellbeing

- Advance a state budget request to allocate substantive funds toward pilot Whole Family Wellness Hubs, or multi-generational, place-based, and community-driven centers that integrate care and coordinate services, to be built in the highest areas of need as determined by an equity index.
- Remove barriers to health and nutrition programs through streamlined enrollment and horizontal integration across programs to increase access, such as legislation to auto-enroll WIC families into Medi-Cal, or express lane eligibility (WIC-ELE).
- Strengthen the network and coordination between child-serving providers, health and legal services, and other family-specific needs, including the advancement of medical legal partnership models.

Bring health care into the community and the community into health care

- Release policy recommendations and advance efforts that integrate a community-based workforce, such as community health workers, promotoras, doulas, navigators, and peer support specialists, in the delivery of health care services for children including the creation of permanent, sustainable, and inclusive funding models.
- Improve oral health status for children through expanding oral health delivery in community settings and ensuring Medi-Cal waivers include strategies for increasing access to oral health care for children via community sites.
- Expand access to telehealth to improve access to care and prioritize equity, including the promotion of school-based telehealth models, monitoring state and local evaluation of telehealth policy changes, and strengthening family education and awareness of telehealth opportunities.
- Support the cognitive development and socialization of dual language learners, children in mixed status families, and immigrant children through expansion of services and supports that respect and develop a child’s family’s culture and language.
- Release policy recommendations to increase health plans’ community engagement and investments in community health to center child health equity and address social needs.

Strong, Economically Stable, Connected Families

Ensure a more effective and equitable COVID response

- Ensure access to the COVID-19 vaccine for marginalized communities by publicly reporting vaccine data by race, ethnicity, zip code and occupation; ensuring community health clinics have sufficient vaccine supply for their patients; bringing the vaccine to community spaces including schools and Head Start and early learning and care centers; and partnering with community-based organizations to provide vaccine information to mixed-generation, mixed-status, and immigrant households.
- Secure immediate investments in trauma-responsive schools and early care settings, such as resources for capacity building for our early childhood and K-12 workforce and collaborative partnerships between schools and early learning centers and community-based mental health and health care providers.

Strengthen coordination and availability of health and social services for child and family wellbeing

- Advance a state budget request to allocate substantive funds toward pilot Whole Family Wellness Hubs, or multi-generational, place-based, and community-driven centers that integrate care and coordinate services, to be built in the highest areas of need as determined by an equity index.
- Remove barriers to health and nutrition programs through streamlined enrollment and horizontal integration across programs to increase access, such as legislation to auto-enroll WIC families into Medi-Cal, or express lane eligibility (WIC-ELE).
- Strengthen the network and coordination between child-serving providers, health and legal services, and other family-specific needs, including the advancement of medical legal partnership models.

Advance effective strategies that consider the effects of social determinants on child and family wellness

- Promote enrollment of families in the California Earned Income Tax Credit (CalEITC) and Young Child Tax Credit (YCTC) to redistribute thousands of dollars to working families, including those from immigrant communities.
- Support advocacy efforts to increase broadband access for marginalized and underserved communities.
- Recognize racism as itself a threat to public health and a core social determinant of health that shapes other determinants—the conditions in which children live, learn, play, and develop and devote resources to address it as such.
- Support the development of policy to combat racism and its effects.
- Utilize federal Medicaid dollars through the EPSDT as a funding source to incentivize the incorporation of social determinants of health screening into the basic package of well-child care.

Convene a youth council of Black, Indigenous and Latinx young people to direct community-informed policy solutions that expand access to mental health services and prevention, integrating community-defined and youth-led practices into publicly-funded models of care and public schools.
FEDERAL POLICY

► Advocate for federal COVID relief efforts that are inclusive of all families, regardless of immigration status
► Increase federal flexibilities to improve state and local child health programs including, streamlined enrollment, continuous coverage, and the ability to use Medicaid dollars to address the impacts of where children live, learn, play, and develop
► Advance the prioritization of a child-focused agenda across federal departments, including the creation of the White House Office on Children and Youth
► Strengthen programs supporting economic security for families including transforming the Child Tax Credit into a monthly child allowance
► Support comprehensive federal immigration reform that includes a pathway to citizenship for the 11 million undocumented in the country, upholds and creates a pathway for citizenship for DACA and TPS, keeps families together, eliminates the harmful impacts of public charge and eliminates immigration consequences for use of public benefits, removes sponsor liability, and reforms the onerous immigration process
► Expand and improve the Department of Homeland’s Security’s policy prohibiting immigration enforcement actions from taking place in certain locations deemed “sensitive locations,” such as schools, early learning centers, and vaccination sites

Safe and Welcoming Communities

Build up strong, well-resourced schools and early learning programs

► Divest from policing in schools and invest in services that support the whole child including mental health supports, cultural identity and leadership development, the arts, and dual immersion/bilingual programs
► Secure greater investment in school-based health and mental health programs through streamlining the process of Medicaid billing and administration within schools and furthering adoption of infant and early childhood mental health consultation
► Support the expansion of schools as community resources through investments that include culturally responsive health and mental health services, access to critical nutrition, and socioemotional development through community outreach and education

Uphold the rights and dignity of immigrant families and advance their meaningful integration

► Support the implementation and expansion of public benefits programs including Medi-Cal, Cal-Fresh, and housing assistance to all income-eligible families regardless of immigration status
► Ensure state COVID relief efforts are inclusive of immigrant families
► Provide cash relief that makes up for the entire amount of federal support that immigrant and mixed status families were excluded from
► Increase enrollment of immigrant children and youth in Medi-Cal and continue monitoring the chilling effect of Trump Administration era anti-immigrant policies
► Improve language access and cultural humility in health care delivery

For questions about The Children’s Partnership’s 2021 Policy Priorities, please contact Aracely Navarro at anavarro@childrenspartnership.org. For more information, visit childrenspartnership.org and follow us on Twitter @KidsPartnership.