



Wednesday, February 24, 2021

<p>The Honorable Gavin Newsom Governor, State of California State Capitol, Suite 1173 Sacramento, CA 95814</p>	<p>The Honorable Toni Atkins President Pro Tempore, California State Senate State Capitol, Room 205 Sacramento, CA 95814</p>	<p>The Honorable Anthony Rendon Speaker, California State Assembly State Capitol, Room 219 Sacramento, CA 95814</p>	
<p>The Honorable Holly Mitchell Chair, Senate Budget and Fiscal Review Committee State Capitol, Room 5050 Sacramento, CA 95814</p>		<p>The Honorable Phil Ting Chair, Assembly Budget Committee State Capitol, Room 6026 Sacramento, CA 95814</p>	
<p>The Honorable Richard Roth Chair, Senate Budget & Fiscal Review (B&FR) Subcommittee on Education State Capitol, Room 2080</p>	<p>The Honorable Richard Pan Chair, Senate B&FR Subcommittee on Health and Human Services State Capitol, Room 5114</p>	<p>The Honorable Kevin McCarty Chair, Assembly Budget on Education Finance State Capitol, Room 447</p>	<p>The Honorable Joaquin Arambula Chair, Assembly Budget on Health and Human Services State Capitol, Room 127</p>

RE: Requesting a \$245 Million Investment for the Establishment of the Whole Child Equity Fund in the 2021-22 State Budget for Birth-Eight Aged Children

Dear Governor, Madam Pro Temp, and Mr. Speaker and Chairs of the Budget Committees:

In alignment with the Blue Ribbon Commission on Early Care and Education (BRC), Lifting Children and Families Out of Poverty Taskforce, and the Master Plan for Early Learning and Care, the Whole Child Equity Partnership aims to increase equity and eradicate systemic barriers by prioritizing investments for children, families, and communities most impacted by historic inequitable access to high-quality services, including early care and education. COVID-19 exposed the cracks in our already ailing social safety nets, disproportionately impacting communities of color and low-income families. To respond to the pandemic, this year’s budget must rebuild a better and stronger social infrastructure - including the early care and education - to help families most in need. On behalf of the Whole Child Equity Partnership we ask you to place equity at the forefront as you plan to make investments in the 2021-22 budget year. We respectfully ask for **a one-time investment of \$245 million, over three years, to establish the Whole Child Equity Fund to prioritize the most underserved children, ages birth through eight.** See below for the budget request breakdown.

Whole Child Equity Fund Budget Breakdown	Cost
Create Equity Need Index to allocate Whole Child Equity Fund	\$5M
Whole Family Wellness Hubs	\$219M
Program and Training for Target Populations	\$21M
Total	\$245 M

The Whole Child Equity Partnership came together to build a racial equity agenda for California’s youngest children and their families. We believe this requires a whole child equity approach to support all children and families holistically, operationalized through the **Whole Child Equity Fund**. We are community-based organizations, community organizers, early learning and care and K-12 advocates, and health and wellness experts. We are working collectively to dismantle the legacy of institutionalized racism in our nation, evident in our historically under-resourced education, health care, and social systems. To this end, we offer a **Targeted Universalism** approach to achieve the universal goal of addressing the needs of the **whole child** to ensure **all** California children thrive. **Targeted Universalism** is a process that sets a universal goal and implements targeted strategies so that varying needs of different groups can be met – with an explicit focus on disadvantaged groups – while working towards the universal goal. Addressing the needs of the whole child requires prioritizing support for families facing the greatest challenges and providing integrated and coordinated services from early childhood through K–12 across various sectors: health care, education, and social services. It focuses on supports from trusted, aligned, and trained professionals who lift up the strengths and assets of children and families, strengthen cultural and linguistic competence, and address the trauma our systems inflict on young children and families.

We have come together to address historic underinvestment in communities of color and low-income communities through reimagining how California prioritizes funding. Currently, local communities receive an allocation for early learning and care (ELC) programs based on poverty level, previous historic investments, or existing infrastructure to run programs. **While these are important factors, this funding distribution continues to widen opportunity gaps in communities without infrastructure or programs already in place.** Inequities in ELC funding create a ripple effect where children and families with fewer resources receive fewer opportunities to learn and thrive. In addition, poorer communities of color are less likely to receive funding from the state to create community infrastructure, like parks, child care facilities, etc. Across systems, inequitable processes for allocating funds create a compounding and growing opportunity gap for poor children of color evident in persistent inequalities in our K-12 system. Prioritizing investments in communities facing the greatest challenges creates long-term social and economic benefits and should be at the heart of our state’s road to pandemic recovery.

We ask that the Whole Child Equity Fund be administered by the California Department of Social Services (CDSS) in partnership with other agencies that support child wellbeing including the California Department of Health Care Services (CDHCS), the California Department of Public Health (CDPH), and the California Department of Education (CDE), to:

- 1. Reimagine outdated systems that continue to exclude the highest-need communities by creating an Equity Index to be used to target the Whole Child Equity Fund.**

As we envision a better future for all Californians, especially our most impacted communities, we must reimagine how we fund our education, health care, and social systems, and how those systems serve our children and families. It is paramount that our state's policy response to COVID-19 addresses the years of historic under-investment in ELC programs and healthy childhood development for children of color and inequitable distribution of resources that are at the root of disparities across race in California.

As emphasized above, processes for allocating ELC programs are based on poverty level, previous historic investments, and capacity to run programs and as a result fail to prioritize racial justice allowing for widening opportunity gaps in communities without infrastructure of programs already in place.

An Equity Index offers a funding distribution mechanism to allocate dollars more equitably and effectively across child-focused systems. An Equity Index is a **research-based ranking of communities facing the greatest challenges and can include data like adverse childhood experiences (ACEs). Other data to be considered in creating an Equity Index to capture holistic needs of children and family include:** uninsured children, low birthweight, asthma hospitalization, lack of access to publicly funded ECE programs, low 3rd grade math and reading proficiency, civilian deaths or injuries by police, student homelessness, and poverty. **An Equity Index offers a solution to repair historic under-investments.** The purpose of an Equity Index is to shed light on communities that have the highest concentration of children 0-8 that are less likely to have access to early care and education, health services, and programs that support families. All these community conditions create systemic barriers that lead to children being underserved by their educational and health and wellness systems.

Equity Indexes are used widely to target limited resources. For example, the Los Angeles Unified School District used the Student Equity Need Index to target additional resources to highest need schools. See more [here](#).

We respectfully request that **\$5 million** of the Whole Child Equity Fund be allocated for the creation of a Taskforce to develop the Equity Index formula that will be used to allocate the Whole Child Equity Fund. Criteria for the development of the Equity Index must include: 1. Community engagement throughout the state, 2. Data analysis that is inclusive of race and poverty and other social and health detriments, and 3. Ensuring that the data allows for the most granular level, ideally at the zip code level.

- 2. We propose that \$219 million (of the Whole Child Equity Fund) be used to establish a minimum of 24 Pilot Whole Family Wellness Hubs in highest need areas as determined by a newly established Equity Index developed by the Taskforce and relevant agencies (CDSS, DHCS, DPH, CDE, etc.) (see above section).**

The pandemic has applied tremendous pressure to California’s health and wellness systems and raised the importance of health equity with Black, Latinx, and Native Hawaiian Pacific Islander Californians experiencing the disproportionate burden of COVID-19 cases and deaths. Whole Family Wellness Hubs, such as the Hope Street Margolis Family Center , are place-based community driven centers that provide integrated and coordinated services across a variety of areas such as health, mental health, youth services, child welfare, early learning including dual language immersion programs, home visiting, and education for both children and families. Whole Family Wellness Hubs are evidence-based models of success using a two-generation approach that acknowledges that supporting the healthy development of young children also requires supporting their parents’ ability to provide adequate care. Multi-year evaluation of Wellness Hub-like centers demonstrates that on average children show growth across domains including self-help, social skills, cognitive, and language scores. The proposed Whole Family Wellness Hubs would provide wrap-around services to children and families determined by the unique contours of each community, as determined by a community assessment. Whole Family Wellness Hubs could also include partnerships between early childhood providers and legal services organizations, where critical legal services that address the underlying causes of health inequities (e.g. access to housing, health coverage, food, education, and employment) are provided to families in early childhood settings. For example, in Project DULCE at Oakland’s Highland Hospital, family specialists, pediatricians, attorneys, and other child-serving providers collaborate with each other to address various issues their families face related to immigration, access to public benefits, and housing. Finally, in order to sustain themselves, hubs could potentially use a finance model that uses capitated reimbursement from Medi-Cal to conduct family assessments, provide direct services, and contract with community-based family support organizations and resources.¹

The chart below details the proposed budgetary investments for Whole Family Wellness Hubs. Included within this proposal is funding for grantee assessment of community needs, operational support for three years, acquisition/lease of building, establishing learning communities, and evaluation that measures student outcomes and capacity building of highest need communities in California. This information can be used to continuously inform the Master Plan.

Wellness Hubs Budget Breakdown	Cost
Whole Family Wellness Hub Programmatic Supports (\$1M/year/ site for total of 3 years)	\$72M
Grant administration cost (20%) and Learning Communities	\$15M
Building Infrastructure – lease/acquisition (\$5M/site)	\$120M
Evaluation (\$500,000/site)	\$12M
Total	\$219 M

¹ California Children’s Trust, “Whole-Family Wellness for Early Childhood: A New Model for Medi-Cal Delivery and Financing,” (September 2019). Available at <https://first5center.org/assets/files/CCT-Paper-v4.1-WEB.pdf>.

The Whole Child Equity Fund will be used to allocate resources for Wellness Hubs, under grant guidelines developed by the CDSS, guided by community input. Criteria for these grant allocations must include: highest need areas as identified by the Equity Index (see above) and ensuring grants are allocated to a local partnership that includes collaboration with county government, community based nonprofits, and health and child care experts, amongst others.

We believe our request is aligned with several of the Governor's priorities, including the Early Learning and Care Master Plan and the 2020 Budget investments for community schools. There is widespread agreement amongst education practitioners, advocates, and policymakers that California needs a more holistic approach and assessment to influence better child outcomes that must include education, health, mental health, safety, and economic well-being services that are easily accessible by children and their families. The same thoughtfulness must be given to our youngest learners. Whole Family Wellness Hubs and Community Schools are very similar in their vision and can provide similar opportunities for different age groups dependent on children and family needs.

- 3. In agreement with the BRC, the Whole Child Partnership proposes an allocation of \$21M from the Whole Child Equity Fund to address the needs of Black children, families and communities, and prioritize program and access opportunities to low-income children of color furthest from opportunity including young children impacted by the immigration system**

We propose that funding be used to offer evidence-based, anti-bias training for those providing services and to all early care and education professionals across settings. Integrate anti-bias component in all training, coaching, and other interventions to eliminate bias and to create **a welcoming, safe, and liberating learning environment that embraces all children's cultural, racial, and linguistic strengths.** Provider training should include positive reinforcement practices for how to help improve a child's behavior instead of using suspensions, expulsions, and other forms of punitive disciplinary measures. Early care and education professionals should be trained in other disciplinary options that will support a child's healthy development. In addition to trainings, CDSS shall make available grant opportunities to early care and education professionals that undergo this training to also include the expansion of **programs that support young Black learners through Anti-Racist Black Language Pedagogy.** California is home to one of the largest populations of Black children in the nation, with larger populations of Black children than Alabama, Mississippi, Louisiana, or South Carolina. Yet, there are no state ECE programs targeted to reach young Black children and their families, despite persistent challenges in 3rd grade English Language Art (ELA) and math scores among Black children. A whole child equity approach requires an intentional approach to build culturally competent educators who embrace the racial, linguistic, and cultural gifts of all of California's children including its youngest Black learners. The goal for these grants and trainings is to celebrate Black culture. Further, we recommend funding is used for trainings on culturally relevant mental health supports and strategies to address the impact of COVID-19, racial violence towards the Black community, and family separation through criminalization of immigrants. As targeted programs are developed, the Whole Child Equity Partnership recommends that the CDSS is given flexibility to engage communities on how best to structure programmatic allocation to address urgent needs as identified by data under the Equity Need Index (see above).

California has the unique opportunity to build on the strengths stemming from its diverse families and children while committing to providing opportunity for all children and families through equity-based strategies and policies. The BRC calls on our decision-makers to “Use a targeted universalism process to... meet universal goals by first, targeting the most excluded.... [by] recognizing that different groups are situated differently relative to the institutions and resources of society.” To address the differences in situatedness, the BRC proposes for “[investments]” in outreach to the vulnerable populations, their organizations, and the agencies that partner with and serve them since these populations are often isolated and difficult to reach.” The Whole Child Equity Partnership recommends grants allocated to provide anti-bias training and targeted supports for Black children should be prioritized to Black serving organizations or executive team is predominantly Black, in order to be culturally excellent trainers.

Research shows that children of color, particularly Black children, are disproportionately disciplined in educational settings and are more likely to be suspended and expelled from early education settings than their white counterparts, disrupting their access to early education and affecting their future developmental and educational success. Given the racial reckoning of this moment, disproportionate impact of COVID-19 on Black Californians, along with historic barriers of oppression, California leaders must commit to rectifying these wrongs through real investments in this year’s budget.

Investments to support funding for the Whole Child Equity Fund may include unspent funds from 2019-20. According to a report from the Legislative Analyst’s Office (LAO), of the 10,000 additional CSPP slots provided in the 2019-20 budget, only 5,400 were used.² This LAO report suggests that unused funds would “roll over” into the following budget year, however it is not clear whether that is common practice or would occur in a future instance of underspending allocated funds.

Governor Newsom’s administration has made it a priority to think of Whole Child, Whole Family, and Whole Community solutions. California has before it a tremendous opportunity to breakdown historic silos. To achieve that goal, the state needs an integrated model of services that must serve our youngest learners between the ages of birth to eight. During this foundational period of cognitive and socio-emotional development, there must be an intentional effort to support children and families. As we know that children and families with fewer resources receive fewer opportunities to learn and thrive. Investments in high need communities can create long-term social and economic benefits. This proposal addresses themes that our state is grappling with: ensuring resources reach children and families that have been hit the hardest by this pandemic and serving children furthest from opportunity.

Thank you for your consideration. The Whole Child Equity Partnership looks forward to working with you and your staff on moving this proposal forward. Please contact Khydeeja Alam Javid with Advancement Project California if you have any questions. She can be reached at kalam@advanceproj.org or 831-245-8391

² <https://lao.ca.gov/Publications/Report/4167>

Sincerely,



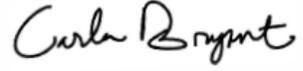
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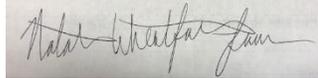
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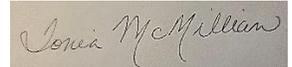
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