

April 14, 2021

The Honorable Gavin Newsom
Governor
State of California State Capitol
Suite 1173
Sacramento, CA 95814

The Honorable Toni Atkins
President Pro Tempore
California State Senate
State Capitol, Room 205
Sacramento, CA 95814

The Honorable Anthony Rendon
Speaker
California State Assembly
State Capitol, Room 219
Sacramento, CA 95814

The Honorable Nancy Skinner
Chair
Senate Budget and Fiscal Review
Committee
State Capitol, Room 5050
Sacramento, CA 95814

The Honorable Phil Ting
Chair
Assembly Budget Committee
State Capitol, Room 6026
Sacramento, CA 95814

RE: The Children's Partnership Priorities for the 2021-22 State Budget

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

In advance of the release of the May Revise, The Children's Partnership would like to express appreciation for your commitment to our shared values of inclusion and equity. The introduction of the Governor's January 2021-22 budget, as well as the Legislature's proposals and budget deliberations, have underscored your support for the pressing needs of children and families facing the greatest challenges during this time.

The Children's Partnership is a California-based children's policy and advocacy organization committed to improving the health and wellbeing of marginalized children where they live, learn and play. With advancing child health equity at the center of our vision, we respectfully request your focused attention on the needs of California's children, particularly those from low-income, marginalized communities of color as you finalize the May Revise and advance the Legislature's budget priorities.

Recognizing the myriad resources and whole child-whole family approach California children need to thrive, we believe that the 2021-22 budget can be further strengthened and improved upon in the following ways:

Eliminating barriers to critical health coverage for young children and pregnant women.

Timely well-child care is the foundation of a healthy start for children, particularly in the first years of life when 90 percent of brain development occurs.¹ Due to COVID-19, too many children are missing critical screenings and preventive care. Ensuring continuous coverage—

¹ <https://developingchild.harvard.edu>

allowing children to keep their coverage without administrative renewals--can significantly contribute to improving continuity of care for young children. This will have the effect of increasing those accessing preventive care, and reducing the share with unmet medical needs.² Currently, under the federal COVID-19 Public Health Emergency (PHE), Medi-Cal must continue coverage for all beneficiaries until at least January 2022. We recommend that as the part of the State's plan for unwinding this continuous coverage at the end of the PHE, California retain continuous coverage for Medi-Cal children from birth to age 5. This will maximize continuity of care during this important period of childhood development and increase preventive care rates. In addition, we recommend providing 12-month coverage for all postpartum beneficiaries. Finally, we would suggest DHCS seek federal funding to continue these policies on an ongoing basis.

Prioritizing child and youth mental health and systems that support their resilience. An effective response to the pandemic must involve a whole-child, whole-family wellness approach that includes a focus on preventive mental health services to ameliorate the potential for mental health diagnoses or crises later in life and systematic attention to the preparation of our early childhood programs and schools to respond. The state's own efforts to address Adverse Childhood Experiences show that strategies that build up protective factors, especially for young children, will prevent the consequences of unmitigated toxic stress, especially for children of color, across their lifespan. Expanding access to Early Childhood Mental Health Consultation programs (inclusive of telehealth and digital delivery models) via a county or regionalized hub model can be done through an investment in county-community partnerships, leveraging of the Mental Health Services Act (Prop 63) Prevention and Early Intervention Fund, and building on existing mental health investments through state-contracted child care and development programs. Additionally, supporting expansion of dyadic treatment, a form of therapy in which the infant or young child and caregiver are treated together, can be done through increasing provider education and technical assistance on the use of several evidence-based models (e.g., HealthySteps, DULCE, Parent-Child Interaction Treatment and Child-Parent Psychotherapy). This pandemic also requires significant investments in the early childhood and K12 workforce to build both systems' capacities to respond appropriately and effectively to child and youth trauma. Expanding the Mental Health Student Services Act at \$80.5 million would immediately provide school districts with the funds they need to address young people's mental health needs as they return to in-person instruction, and adding a complementary specific investment through Mental Health Services Oversight and Accountability Commission for a dedicated investment in young children will provide an opportunity to support our youngest Californians in a similar way. Finally, significant investments in advancing the adoption of telehealth would build off the implementation of AB 2315 (Quirk-Silva) which creates a cross agency workgroup to support the use for school-based telehealth for mental health services and could support the proposed investments in early childhood mental health. These one-time investments in programs that support children in their environment and their relationships with adults can be sustained through longer-term changes to Medi-Cal that could create universal access to these types of dyadic and whole child models of care.

Responding to COVID through Medical-Legal Partnerships. The COVID-19 pandemic continues to disproportionately devastate California's Latinx, Black, Pacific Islander, and immigrant families. Multiple surveys distributed to families across the state with partners like Parent Institute for Quality Education and the Education Trust West highlight the numerous struggles that families continue to face, including food and housing insecurity, eviction, lack

²<https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>

of broadband access, lack of child care, and lack of mental health and health supports.³ Community-based partnerships are key to helping families navigate food and housing insecurity exacerbated by the pandemic. These partnerships will ensure children continue to access education and address job loss services that often require legal assistance and/or navigation of multiple public programs and systems. As such, we urge you to increase investments in community-based partnerships, including an additional \$30 million investment in partnerships with CBOs to address health, housing, food and other basic needs through medical-legal partnerships and *promotores*/community health workers.

Reducing child food insecurity through Food4All. Food insecurity is one of the biggest challenges facing families in the pandemic, and is particularly detrimental to immigrant children and children in mixed- status families who continue to be excluded from federal relief, including over one million children in California. We request a budget investment to modernize the California Food Assistance Program to provide state-funded nutrition benefits to any Californian ineligible for CalFresh solely due to their immigration status. Ensuring every Californian who calls this state home are treated equitably and have sufficient food are important steps toward addressing hunger that worsens amid the COVID-19 crisis.

Reforming Medi-Cal to prioritize children. Investments in, as well as requirements for, population health management and basic care coordination are important to improve upon Medi-Cal's low preventive care rates and support for at-risk children as well as high-needs populations. Given the Administration's commitment to a whole child approach, particularly in the earliest years, CalAIM offers a unique opportunity for systemic change in Medi-Cal that prioritizes children. Therefore, the proposed \$1.1 billion investment in CalAIM should be extended to also include one-time incentive infrastructure investments in the basic care coordination systems for all Medi-Cal beneficiaries under CalAIM's population health management requirement.

As California continues to serve as a national leader in navigating today's multiple pandemics – ongoing racial injustice, a challenging economy and COVID-19, we have a tremendous opportunity to be responsive and innovative in addressing the needs of California's most marginalized children. We look forward to working with the Administration, Legislature and our communities on moving these proposals forward to further our collective commitment to child wellbeing.

Thank you for your consideration. If you have questions, please contact Aracely Navarro, Associate Director of Government and Community Relations, at anavarro@childrenspartnership.org.

Sincerely,



Mayra E. Alvarez, MHA
President

³ See <https://www.childrenspartnership.org/research/parents-of-young-children-in-california-continue-to-struggle-during-the-ongoing-pandemic/>