



December 16, 2021

Governor Gavin Newsom
California State Capitol
Sacramento, CA 95814

Re: The Children's Partnership's Initial 2021-2022 Budget Priorities

Dear Governor Newsom:

The Children's Partnership (TCP), a California-based children's policy and advocacy organization committed to advancing child health equity through policy, community engagement, and research, appreciates your leadership which continues to move the state towards a more just, equitable, and inclusive society where every child, no matter their background, has access to the opportunities, resources, and supports they need to be healthy and thrive.

As we continue to navigate through a pandemic that has disproportionately impacted children and families of color in our state, outlined below are our proposed initial policy recommendations that we are requesting be included in the 2021-2022 budget. These recommendations support children and their families through systemic reforms focusing on the whole child, and include:

Implement Continuous Multi-Year Medi-Cal Coverage for Young Children

We urge the administration to fund the adoption of continuous multi-year Medi-Cal coverage for children, both already enrolled in Medi-Cal and newly applying, until their fifth birthday.

This proposal will be included in the proposed legislation authored by Senator Nancy Skinner, Omnibus 2.0 - a follow-up to SB 65 which was chaptered into law this year. Providing continuous health coverage will promote continuity of care for young children at this critical stage of their growth, when 90% of brain development occurs. Cycling on and off health insurance coverage—or churning—is disruptive to health care, and is especially problematic in early childhood when frequent contact with the healthcare system is necessary.¹ In addition, churn disrupts a family's relationship with a pediatric health care home, which is often the sole source of consistent support for families, particularly before children enter school.

¹ <https://www.communitycatalyst.org/resources/publications/churn-toolkit>

Continuous coverage for young children will also help California effectively respond to Medi-Cal's historically low preventive care rates for children. The provision of continuous coverage will ensure that families have access to well-child visits and vaccinations without concerns about whether those visits will be covered by Medi-Cal. This coverage is particularly important given evidence that the pandemic has drastically reduced pediatric health care utilization.^{2,3,4}

Increase Access to Mental Health Services through School-Based Telehealth Guidelines

We request your support of the implementation of the statewide race equity driven guidelines for the use of telehealth technology to provide mental health and behavioral health services to children and youth in public schools. California, like the entire country, is in the midst of a youth mental health emergency as rates of untreated depression, suicide, and self-harm among young people continue to increase. Last week, the U.S. Surgeon General issued a rare health advisory highlighting the urgent need to address the nation's youth mental health crisis. As students across California continue to face challenges in accessing mental and behavioral health care in their communities, schools are singularly well positioned to help fill gaps in access to care. The school-based telehealth model is an evidence-supported opportunity proven effective in several sites throughout the country. Coordinated and innovative strategies, such as school-based telehealth models, break down barriers to access and utilization of services by leveraging technological solutions to meet most young people where they are – in school. With the leadership of the Department of Health Care Services, (DHCS), the California Department of Education (CDE) and other key stakeholders, we seek to develop guidelines for the utilization of telehealth to improve access to mental health services in schools.

Expand Infant and Early Childhood Mental Health Services

We also request expanded early childhood mental health and trauma-informed care investments with no less than \$200 million serving young children ages 0 to 5 and their families in community settings, including through investments in Infant and Early Childhood Mental Health (IECMH) consultations, an evidence-based approach that has been identified as a way to address rates of preschool suspension and expulsion, and improve children's social-emotional wellbeing. Research has proven that the brain development of infants and toddlers is more rapid and foundational than that of any other age group. Babies' earliest relationships and experiences shape the architecture of their brain, creating a foundation on which future development and learning unfolds. Yet, alarmingly, 9.5–14% of all children birth to six experience emotional, relational, or behavioral disturbances that meet medical necessity

² California State Auditor, 2018-111 "Millions of Children in Medi-Cal are Not Receiving Preventive Health Services."; Medi-Cal Preventive Care Utilization Report, 2020, DHCS.

³<https://www.commonwealthfund.org/publications/2020/oct/impact-covid-19-pandemic-outpatient-care-visits-return-prepandemic-levels>, and <https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-090.aspx#YourActionsSavesLives>

⁴<https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8>

criteria for mental illness⁵ and Adverse Childhood Experiences (ACEs) are experienced by more than one in three children under 6 years old. To meet the State's goal of reducing ACEs by half and to advance your commitment to improving the mental health of our state's children and youth 0-25, one key component is the prioritization of the social-emotional health of children ages 0 to 5 through a multi-layered, multi-systems approach that brings mental health services for infants and toddlers directly into communities.

An Inclusive and Robust Community Health Workforce

With the inclusion of Community Health Workers and *promotores* (CHW/P) as a Medicaid benefit in the proposed State Plan Amendment (SPA), we look forward to working with the Administration to **create a dedicated community health worker benefit that is available and specific to all children enrolled in Medi-Cal**. Although CHWs are more frequently deployed to work with adults, evidence suggests community health workers can help manage childhood chronic health conditions, reduce child morbidity and mortality, improve maternal and newborn health, support breastfeeding, bolster immunization uptake, and help families enroll in health insurance, among other child-focused benefits. Further, community-based organizations (CBOs) who employ *promotores* and CHWs should also be able to supervise a CHW and bill for their services. **Valuing the leadership of community organizations will strengthen the capacity of our health care systems to respond in a more equitable manner to the specific needs of our communities.**

We look forward to working with the Administration and Legislature to recommend public policy solutions that advance child health equity and serve the best interests of California's children, families and communities.

Please contact Aracely Navarro, Associate Director, Government & Community Relations at anavarro@childrenspartnership.org or (916) 838-7295 if you have any questions about our state budget priorities.

Again, thank you for your continued leadership in our shared work to raise a healthier generation of Californians.

Sincerely,



Mayra E. Alvarez, MHA
President

⁵ Zero to Three, 2017: *The Basics of Infant and Early Childhood Mental Health: A Briefing Paper*; Brauner & Stephens, 2006: *Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations*

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