

April 2, 2020

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The Honorable Gavin Newsom  
Governor, State of California  
State Capitol, 1st Floor  
Sacramento, California 95814

**RE: Supports for children and families during the COVID-19 pandemic**

Dear Governor Newsom:

With our deepest appreciation, we write to thank you and your administration for your steadfast leadership in response to COVID-19. Even when the decisions were complex and challenging, you made the health and safety of Californians your top priority. We appreciate the incredible commitment and responsiveness of your office, critical state agencies, and the Legislature to address the severe threat our families and communities face. On behalf of the undersigned organizations, we write this letter to respectfully request urgent action in key areas to further protect the health and well-being of California children who are some of the most vulnerable to the consequences of COVID-19.

As Californians have been forced to rapidly adjust to life under pandemic conditions, it has become clear that unity, equity, and compassion are key to ensuring our collective health and well-being. The State of California has demonstrated these values through the extraordinary steps it has taken to protect the health of all its residents. We thank Governor Newsom and his administration for their continued advocacy at the federal level, including sending a [letter](#) to federal lawmakers requesting additional support for California's safety-net programs, securing a presidential [Major Disaster Declaration](#) to provide more federal funding for emergency protective measures, quickly submitting a Medicaid 1135 waiver—one of the broadest in the nation, and acting to remove barriers to [telehealth services](#) for 22 million Californians.

We also applaud Governor Newsom for his quick and decisive actions at the state level that support children and their families, including signing [emergency legislation](#) (SB 89 and SB 117) that provide up to \$1.1 billion in funding to help California fight COVID-19 by, for example, [waiving attendance requirements](#) and allowing reimbursement for all impacted child care and development programs; and taking executive action to ensure that California's residents receive supports around housing, health, and food by [extending the eligibility period](#) for important safety net services, successfully negotiating with banks and other financial institutions to [halt foreclosures](#) for impacted individuals and families, and launching a [campaign](#) to protect the health and wellbeing of older Californians.

Even with all of the essential actions that California leadership has already taken, more is needed to support California's children. Though children are not the most vulnerable to the virus, they are some of the most vulnerable to its consequences.

As you know, many families across our state are one paycheck away from homelessness, or are already experiencing any number of hardships due to this

pandemic. As COVID-19 spreads into our communities, the challenges caused by the pandemic will grow exponentially. Without targeted interventions, the burden of these hardships will fall disproportionately on those communities who have been historically marginalized by our state and country. As California leadership continues to make difficult decisions to protect its residents, we offer the following recommendations to help ensure that our children and their families are protected and prioritized.

### **Bring care and education to children and families through technology.**

School closures have protected children and families from COVID-19, but have also disconnected over 6 million children and their families from education and health care services that are offered at schools. Schools are essential to the social and emotional health of children, and their closure has and will continue to have far reaching implications to their health and welfare. We thank Governor Newsom and leadership at the Department of Health Care Services for acting to remove barriers to telehealth services by [requesting](#) equivalent reimbursement for all telehealth/telephonic/virtual visits. We also applaud the work of the California Department of Education for providing [guidance](#) to help education leaders meet the needs of all students affected by school closures. However, many children across the state do not have access to devices or the internet to continue receiving virtual education and health care services. Additionally, school districts need more guidance on supporting children and younger students through distance learning and using telehealth to break down barriers to access and utilization of mental and behavioral health services for students as they cope with the change, and for some trauma, of experiencing this crisis. This is especially critical when we know that California, and the entire country, is in the midst of a youth mental health crisis as rates of depression, suicide, and self-harm among young people have increased. While a small number of schools currently operate telehealth programs, additional guidance will help shore up the availability of offerings for students and families. For example, the US Department of Health and Human Services Office of Civil Rights has [issued a notice](#) stating it will not "exercise its enforcement discretion" against covered entities for using technology for telehealth that does not fully comply with HIPAA HITECH rules, as long as there is a good faith attempt to meet the rules.

It is critical that the state administration continues to provide strong leadership, guidance, and technical assistance to localities to ensure continuity of care and support for children and their families in this time of crisis. State leadership should support its communities in taking action to sustain local safety nets, and will need to invest in expert consultation for those systems that do not have sufficient capacity to address challenges and transitions of the current scale. If we meet the current challenge, there are undoubtedly opportunities to promote longer-term systems change.

Accordingly, we suggest that:

- The California Department of Education (CDE) and the Department of Health Care Services (DHCS) should fully implement [AB 2315](#) (Quirk-Silva), by jointly developing and issuing detailed guidance to school districts, school-based health providers, and families on how they can use telehealth technologies to deliver mental and behavioral health services to students.
- The California Department of Education develop and issue guidance and resources to child development providers about supporting the continued social-emotional, and early learning of young children through digital platforms and

technology, with a particular focus on supporting California's vast majority of dual language learners.

- CDE provide additional funding to school-based health centers and their community partners to be able to stay open to provide telehealth services during the pandemic and prepare to support children when they return to school.
- The Department of Public Health and the Department of Social Services promote the [utilization of telehealth for home visiting programs](#) across the state. Home visitors are unable to meet with families in person during this time of social distancing in response to COVID-19, which will lead to disconnection and isolation among vulnerable families who most need support. Utilizing telehealth, including electronic platforms such as video, texting, or online content to support long-distance health services and wraparound supports, will enable home visiting programs to continue to provide important services for families, like assessment, information sharing, linkages to services, health monitoring, and critical support. Additionally, CDPH and CDSS should issue joint guidance to direct presumptive eligibility to “fast track” families who may benefit from voluntary home visiting program supports.
- The California Department of Education, the Department of Developmental Services, and the Department of Health Care Services jointly develop and issue detailed guidance to school districts, Regional Centers and families that specifically details how they can use telehealth technologies to continue delivering special education services. There are school districts that have been reluctant to provide any distance instruction because they believe that federal disability law presents insurmountable barriers to remote education, triggering recent [guidance](#) from the US Department of Education emphasizing that federal law disability law should not prevent any school from offering educational programs through distance education. School districts need more information on how disability and delay-related modifications and services may be effectively provided virtually, including early intervention programs such as Part C and 619, with home visiting components or in-person service definitions.
- The state invest in long-term solutions to close the digital divide and increase access to broadband and computing devices in marginalized communities across California. Ensuring that community health centers can provide care via telehealth and ensuring that schools can provide education via the internet are both important steps for supporting families in this crisis. However, they leave behind many low-income children across the state if these strategies are not paired with solutions that increase connectivity for communities with low levels of internet access and provide families with the affordable hardware devices (tablets, laptops, mobile hotspots, signal repeaters, etc.) necessary for accessing health care and educational materials.
- The state offer direct technical assistance and support to county Mental Health Plans (MHPs), and Special Education Local Plan Area (SELPA) authorities, ensuring coordination with Managed Care Plans. Technical assistance should support the conversion of contracted and county-operated programs to remote and technology-enabled modalities, such as support on how to adjust Medi-Cal rates to maximize federal funding and FMAP increases.

**Ensure equal access to testing and safety net supports for immigrants and their children, most of whom are U.S. Citizens.**

The last few weeks have made it clear that health and wellbeing is collective: all people's health and financial security, no matter their background, are intertwined. The health of the people who are on the frontlines of our health care, food and farming industries -- many of them immigrants -- are interconnected with our families, neighbors and communities. Yet the federal government continues to exclude immigrant communities from testing and safety-net supports. The [Families First Coronavirus Response Act](#), which creates an optional state Medicaid program that provides COVID-19 testing that will be funded with 100 percent federal Medicaid funds. However, this will be available only to uninsured people who meet federal Medicaid's immigrant eligibility requirements; unfortunately, it will [exclude huge swaths of California's immigrant communities](#). The [C.A.R.E.S Act](#) similarly [excludes immigrants from its supports](#), including denying full access for Dreamers, TPS-holders, and mixed status families to testing and treatment; and denying direct stimulus payments ("recovery rebates") to any household where the head or spouse does not have a Social Security Number. This exclusion would [leave roughly 5M children across the country out of stimulus payments](#), likely many more, and most of them citizens. In a state where half of California's 10 million children have at least one immigrant parent, California's leaders must step up and fill the gap to protect its immigrant families.

Accordingly, we suggest that California:

- Ensure equal access for immigrant communities to COVID-19 measures, including testing through Medi-Cal, as well as safety net supports. This should include accessing supports provided through California's [emergency grant funding](#) to California counties, Continuums of Care, and the state's largest 13 cities to help protect the health and safety of people experiencing homelessness during the pandemic. California may look to New York as a model, who just issued [guidance](#) clarifying that COVID-19 testing, evaluation, and treatment will be covered by NYS Medicaid as an emergency service, so that undocumented immigrants who are limited to emergency services may be covered for these services.
- Expedite the implementation of the Health4All Elders proposal which would provide full-scope Medi-Cal to an estimated 27,000 low-income undocumented seniors ages 65 and older by removing immigration status as an eligibility exclusion.
- Expand public benefits such as the California Expanded Income Tax Credit (CalEITC) and nutrition programs to include all immigrant communities.
- Create and fund a "Disaster Relief Fund" within the Employment Development Department (EDD) for undocumented residents who are unable to work due to the COVID-19 pandemic.

At the federal level, California leadership should continue lifting up the needs of the millions of immigrant families across the state, and ask that the federal government to:

- Expand Emergency Medicaid or Disaster-SNAP to cover those who are not eligible for regular Medicaid or SNAP but who are in need of assistance including Dreamers, TPS-holders, and mixed status families; and
- Allow people who pay federal income taxes with an Individual Taxpayer Identification Number (ITIN) to receive the stimulus checks.

### **Provide for the economic stability and well-being of children and families.**

We thank California for taking action to ensure that California's most vulnerable residents receive supports around housing, health, and food by [extending the eligibility](#)

[period](#) for important safety net services, [removing the waiting period](#) for unemployment and disability insurance, and successfully negotiating with banks and other financial institutions to [halt foreclosures](#) for impacted individuals and families. A significant portion of California's children already face poverty and family employment instability. However, the current sudden economic downturn will leave far more families on the brink and they could easily fall into economic distress.

Accordingly, California can do more to ensure its most vulnerable child populations do not fall through the cracks during this time, including:

- Ensure economic supports for all Californians, including immigrant families, who are unable to attend work due to COVID-19 illness, mandatory precautions, or child care/school closures, including through paid sick leave policies, expanding unemployment insurance coverage, and other temporary assistance programs.
- Simplify the process for families to enroll in safety net programs by allowing streamlined enrollment using data from other programs to enroll families for other benefits, and utilize presumptive eligibility. For example, as families apply for unemployment benefits, they could be notified of their potential eligibility for coverage such as Covered California subsidies or Medi-Cal. Recognizing that UI offices are inundated, EDD data from unemployment claims could be electronically shared with DHCS and CDSS to identify individuals filing claims who are eligible for but not enrolled in Medi-Cal and provide presumptive eligibility for those that appear eligible.
- Ensure flexibility for the administration of critical safety-net services by allowing state agencies to use telephonic or electronic signature for any document that currently requires a "wet signature"; telephonic or video conferences for any interview, assessment, or in-person visit and if they cannot to waive that requirement for good cause as a public health emergency.
- The California Department of Education and California's Health and Human Services agency should issue joint guidance to its local homeless education liaisons and their affiliated local school districts on how they could mitigate the loss of learning and prevent additional trauma of the over 200,000 students experiencing homelessness in California who [are disproportionately impacted by school closures](#). As suggested by the [United States Interagency Council on Homelessness](#), the guidance should help local homeless education liaisons follow up with identified homeless families to assess academic needs, and basic needs such as health care access, food, housing, and other resources.
- Enact a statewide moratorium on rent for tenants who are unable to pay rent due to COVID-19.
- Help connect unemployed or furloughed workers to Unemployment Insurance-related services such as career counseling and reemployment assistance remotely.

### **Engage in accessible and clear community information campaigns about consumer health care.**

Californians are frightened and do not have a clear understanding of what to do or where to go for information during this time. State leadership should provide communities with critical information, based on real-time and accurate availability, through culturally and linguistically appropriate communication, including:

- Greater availability of translated and culturally appropriate consumer forms and notices.

- Clear messaging to mixed-status families and immigrant communities that public charge does not count COVID-19 prevention/testing/treatment, even under Medi-Cal; sensitive locations include hospitals and health centers; and how to connect immigrants to care if they are un/underinsured.
- Clear messaging to Medi-Cal beneficiaries about their continued coverage as part of the new federal requirement for Medicaid match (such as children who would otherwise “age out” of Medi-Cal can continue their coverage) and about access to care during pandemic for other health needs, including accessing order/delivery of prescription drugs; telehealth options; out-of-network access of medically necessary care; waiver/relaxation of prior authorizations; what to do if provider cancels medically-necessary appointments, care, or services; and how to access their managed care plan on a 24-hour basis.
- Explore the usage of existing online platforms that provide information and referral to allow better handoff and help connect individuals in real-time to agencies that have the capacity to assist.
- Partner with professional organizations and trade associations representing community-based organizations to disseminate quality information to the public and practitioners. CBOs are essential partners in California's child serving systems.

**Facilitate public-private partnerships to address COVID-19.**

Social technology companies are coming together and finding innovative ways to minimize COVID-19's impact on public health and to limit disruptions to economies and supply chains. California could help facilitate these partnerships by:

- Creating a taskforce across agencies to help coordinate efforts, responses, and needs to streamline current processes to ensure seamlessness for Californians seeking critical services.
- Simplifying the government contract process by waiving detailed reporting requirements and instead using metrics of numbers served, key activities and other outcomes that can be easily measured by nonprofit organizations with limited infrastructure; allowing state agencies to provide contracts or grants under \$1,000,000 without competitive bidding; and providing flexibility for state contracts to be amended if services cannot be rendered in the current COVID-19 context.

Thank you for considering these recommendations. We know you and your entire Administration are working around the clock and we are thankful for your leadership and the tireless efforts of executive agency staff. California has and will continue to serve as a model for the nation in the fight for children's health and wellbeing. We look forward to the continued partnering with your administration and partners across the state in the pursuit of a health equity agenda that centers historically marginalized children and their families. Please do let us know how we can work together to continue supporting children and families during this time.

Sincerely,



CC: Richard Figueroa, Office of the Governor  
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