

**To:** Biden-Harris Transition Team  
**From:** First 5 Association of California  
**Date:** October 30, 2020

**MEMORANDUM:**  
**Policy Recommendations for Prioritizing Young Children and Families to Recover and Thrive**

The First 5 Association of California, representing our state's 58 First 5 county commissions, strives to fulfill our state's voter-approved mandate that all children deserve to be healthy, safe, and ready to succeed in school and life. For over 20 years, First 5 county commissions have invested over \$8 billion across California to champion optimal child development by building innovative systems around early learning, health, and human services that affect children ages 0-5 and their families. We know the ingredients necessary for our young children to flourish: **integrated systems of care** that recognize children's needs and are not siloed by government systems; **targeted universalism**, which focuses attention on historically marginalized communities, with an explicit and intentional focus on **racial equity**; and a **whole child/ whole family** approach that recognizes young children's wellbeing is woven with their parents' or caregivers' wellbeing. The proactive systems we build are grounded in the proven success of a **prevention framework**, which center the needs of children and families and lead to better child health and developmental outcomes, increased school success, and over time, increased economic benefit across all public systems.

First 5 has long seen how deep and structural inequities across California have disproportionately impacted our communities of color. Existing structural inequities have only been exacerbated by the COVID-19 pandemic and the escalating incidence and scale of natural disasters. Communities of color are being hit more acutely by the coronavirus and the subsequent economic recession, leaving families more financially unstable and insecure in meeting basic needs. The resulting toxic stress and trauma for young children and families will take a toll for years to come.

**Our country needs policies and leadership that will address the concurrent and connected crises of COVID-19, economic recession, and systemic racism—especially with respect to the impacts on our youngest children.** A Biden-Harris Administration has the opportunity to not only address the great and growing needs of families across our country, but to design federal policies that *proactively* support the wellbeing of young children. This paradigm shift will certainly require more funding and reinvestment, but just as important, it will require more attention on and the deliberate prioritization of young children within the next administration.

This memo offers the Biden-Harris transition team a set of recommendations based on the experiences of young children and families from across California, a state whose geographic, racial, economic, and cultural diversity make it a microcosm for the challenges and opportunities that we face as a nation. The recommendations herein span early learning, health and development, and family resiliency, and emphasize the need for system integration and coordination across all domains. These include key priorities around child care expansion to meet the growing needs of families and underpin our economic recovery ahead; health care

stabilization and the promotion of preventative and community-based care; home visiting expansion to help families facing incredible toxic stress and trauma; full funding to support individuals with disabilities through strengthening of the early intervention system; and the creation of a long-awaited national Paid Family Leave program.

Our network of First 5 county commissions across California are available as a resource to expand on and further develop any of the recommendations, and we are committed partners to advance our shared goals of improving the lives of young children and families.

## RECOMMENDATIONS

### I. Early Learning & Care

#### *First 100 Days: COVID-19 Response*

- **Build back better starting with child care.** The pandemic has left the child care field on the brink of collapse. Increased costs associated with providing safe and socially distanced care threaten the operations of child care programs across the country.<sup>1</sup> In August, 38% of child care programs in California said they were certain they would close permanently without additional public assistance.<sup>2</sup> Further, a lack available care options is accelerating the rate in which women, in particular, are leaving the job market. In a recent survey, 20% of working-age adults said they were not working because of COVID-19 disruptions to child care, and women were three times more likely than men to not be working.<sup>3</sup> Such trends underscore the interconnection of available care, workforce participation, and ultimately economic recovery.

As Representatives Cindy Axne (D-IA) and Katherine Clark (D-MA) assert in their recent TIME op-ed, child care is a public good, just like infrastructure and transportation, and needs to be treated as the “cornerstone of economic growth”.<sup>4</sup> During previous recessions, the federal government responded quickly to collapsing industries, such as the airline, automobile, and financial sectors, and child care should be no different. All sectors of our economy benefit from and depend on the availability of child care, and the next COVID-19 response stimulus package must highlight the essential nature of child care. Doing so will not only rebuild the economy, but will demonstrate support for predominantly women- and minority-owned small businesses.<sup>5</sup>

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<sup>1</sup> Workman, S. and Jessen-Howard, S. (2020, September 3) *True Cost of Providing Safe Child Care During the Coronavirus Pandemic*. Center for American Progress. [https://cdn.americanprogress.org/content/uploads/2020/09/03121957/COVIDchildcare-brief-update.pdf?\\_ga=2.44306861.803331573.1599750879-439792974.1598886907&utm\\_source=The+Hechinger+Report&utm\\_campaign=bf20afc04a-EMAIL\\_CAMPAIGN\\_EC\\_2020\\_09\\_16&utm\\_medium=email&utm\\_term=0\\_d3ee4c3e04-bf20afc04a-322805629](https://cdn.americanprogress.org/content/uploads/2020/09/03121957/COVIDchildcare-brief-update.pdf?_ga=2.44306861.803331573.1599750879-439792974.1598886907&utm_source=The+Hechinger+Report&utm_campaign=bf20afc04a-EMAIL_CAMPAIGN_EC_2020_09_16&utm_medium=email&utm_term=0_d3ee4c3e04-bf20afc04a-322805629)

<sup>2</sup> National Association for the Education of Young Children. *By the Numbers: COVID-19's Impact on Child Care* (July 2020) [California Factsheet]. <https://childcarerelief.org/states/california/>

<sup>3</sup> Heggeness, M. and Fields, J. (2020, August 18) *Working Moms Bear Brunt of Home Schooling While Working During COVID-19*. U.S. Census Bureau. <https://www.census.gov/library/stories/2020/08/parents-juggle-work-and-child-care-during-pandemic.html>

<sup>4</sup> Axne, C. and Clark, K (2020, July 23). *America Needs to Start Treating Childcare as What It Is: Vital Infrastructure*. TIME Magazine. [time.com/5888887/childcare-crisis-coronavirus/](https://time.com/5888887/childcare-crisis-coronavirus/)

<sup>5</sup> U.S. Bureau of Labor Statistics (2020, January 22). *Labor Force Statistics from the Current Population Survey*. [www.bls.gov/cps/cpsaat11.htm](http://www.bls.gov/cps/cpsaat11.htm)

The House of Representatives is strongly on record to dedicate at least \$50 billion to child care to remediate the harms of COVID-19.<sup>6</sup> Building upon these efforts, the First 5 Association calls for immediate and significant economic stimulus for the child care field through the enactment of the Biden-Harris child care plan to not just remediate, but expand the care systems that our economic recovery necessitates. Expanding child care and preschool access, building new facilities, and increasing pay, benefits and career development for child care professionals must all be prioritized in the first economic stimulus package.

### *Legislation*

- **Emphasize targeted universalism in the Child Care for Working Families Act, allowing states to identify critical child care needs.** A recent survey of California families revealed that 89% Californians believe high-quality child care and preschool should be available to all families who need it.<sup>7</sup> Enactment of the Child Care for Working Families Act (S. 568), legislation that will broadly expand access to high-quality programs for children ages 0-5, will fulfill this voter sentiment. Prior to COVID-19, 1.8 million income eligible children—primarily children of color—lacked access to full-day/full-year early learning opportunities throughout California.<sup>8</sup> This need is especially acute for infant-toddler care, in which the average cost is over \$17,000 per year.<sup>9</sup> This commitment to working families will help shrink California’s waitlists. As needs continue to unfold from the COVID-19 recession, states will require additional flexibility within such legislation to ensure the most acute child care needs are addressed and the most vulnerable families are serviced across mixed delivery systems.
- **Modernize Head Start eligibility to reflect progressive minimum wage laws.** The federal poverty threshold, used to determine Head Start eligibility, simply does not reflect the reality of California’s working families. In response to the state’s high cost-of-living and growing income inequality, California passed a progressive statewide minimum wage law, which will reach \$15 by January 1, 2023 for all employers,<sup>10</sup> at which point almost no working families will qualify for Head Start. States that have led the country in implementing minimum wage increases should not be penalized and forced to strip families of high-quality care like Head Start. Federal eligibility thresholds should be adjusted for states with higher minimum wages to provide continuous care and stability for families.

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<sup>6</sup> Passage of the Child Care is Essential Act (H.R. 7027), the Child Care for Economic Recovery Act (H.R. 7327), the HEROES Act recovery package (H.R. 6800).

<sup>7</sup> Children Now (2020, August). *Recent Finding from a Survey of Parents in California*. EMC Research. [www.childrennow.org/portfolio-posts/emc-memo/](http://www.childrennow.org/portfolio-posts/emc-memo/)

<sup>8</sup> Schumacher, K. (2019). *Subsidized Child Care Can Help Reduce Barriers for Children of Color, but Few Receive It in California* [Fact sheet]. The California Budget and Policy Center. [calbudgetcenter.org/resources/subsidized-child-care-can-help-reduce-barriers-to-success-for-children-of-color-but-few-receive-it-in-california/](http://calbudgetcenter.org/resources/subsidized-child-care-can-help-reduce-barriers-to-success-for-children-of-color-but-few-receive-it-in-california/)

<sup>9</sup> KidsData.org (2018). Child care cost, by Age Group and Facility Type. Resource & Referral Network. [www.kidsdata.org/topic/1849/child-care-cost/table](http://www.kidsdata.org/topic/1849/child-care-cost/table)

<sup>10</sup> California Department of Industrial Relations (2019, December). *Minimum Wage*. State of California. [www.dir.ca.gov/dlse/faq\\_minimumwage.htm](http://www.dir.ca.gov/dlse/faq_minimumwage.htm)

## II. Comprehensive Health & Development

### *First 100 Days: COVID-19 Response*

- **Increase the Federal Medical Assistance Percentage (FMAP) for the Medicaid program.** The looming state budget deficits and higher demand for safety net services, including health care, necessitate additional and temporary federal assistance in the FMAP. Sixty-four percent of California’s children ages 0 to 5, or 1.3 million, receive health care through Medicaid, making this program essential to providing care for our youngest and most vulnerable children.<sup>11</sup> First 5 Association supports temporarily increasing the FMAP by at least 14 percentage points, as introduced through the HEROES Act, to help share the cost burden and to ensure state and local governments can continue to provide life-saving health care and critical mental health care during these exceptional times.
- **Issue guidance that culturally-relevant and preventative care services are billable to Medicaid.** Despite gains in health care coverage in California, far too many children and families cannot actually access the care they need and are entitled to, or receive supports in a manner that is culturally and linguistically responsive. States need flexibility and culturally responsive health care options offered through clinical, community-based, and in-home settings. The Centers for Medicare & Medicaid Services (CMS) can provide much-needed clarity that an array of preventative care models to promote early childhood development and maternal wellbeing—including early childhood mental health consultation, home visiting, dyadic care—are billable to Medicaid. The same is true with culturally-relevant care to promote positive birth outcomes. The Biden-Harris plan prominently addresses maternal mortality, especially among Black women, which remains unacceptably high in California and across the nation.<sup>12</sup> Access to community health workers, doulas and promotoras to offer culturally-relevant care, as well as language access services, must too be billable to Medicaid. First 5 has long advanced such innovative and community-oriented care models and is a resource to the administration to advance such policies.
- **Further expand home visiting to reach vulnerable populations.** First 5 Association commends the Biden-Harris call to double funding for the Maternal Infant Early Childhood Home Visiting (MIECHV) program. Recognizing the critical nature of home visiting programs, especially given the toxic stress and trauma afflicted throughout the pandemic, First 5 Association calls for further expansion to ensure voluntary home visiting programs can reach even more vulnerable populations at this critical time. The MIECHV program exists in 22 of 58 counties in California, and only meets 2% of estimated need.<sup>13,14</sup> First 5 commission have built innovative family support systems of care and tailored home visiting and family strengthening programs to reach an array of vulnerable populations—such as pregnant and parenting teens, immigrant and refugee communities, military families, individuals who are incarcerated as they near release and reunification with their families,

<sup>11</sup>California Health and Human Services (2020, June). Open Data Eligible Individuals Under Age 21 Enrolled in Medi-Cal by County. <https://data.chhs.ca.gov/dataset/eligible-individuals-under-age-21-enrolled-in-medi-cal-by-county>

<sup>12</sup> Kidsdata.org (2017). Infant mortality rate, by race/ethnicity. California Department of Public Health & National Center for Health Statistics. [www.kidsdata.org/topic/295/infantmortality-](http://www.kidsdata.org/topic/295/infantmortality-)

<sup>13</sup> Health Resources & Services Administration (Fiscal Year 2019) *California’s MIECHV Program FY 2019* [factsheet]. [mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/ca.pdf](https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/ca.pdf)

<sup>14</sup> Hutchful, E. (2019, July) *Home Visiting Can Improve Outcomes for Children, but Few Receive Services* [factsheet]. California Budget & Policy Center. [calbudgetcenter.org/resources/home-visiting-can-improve-outcomes-for-children-but-few-receive-services/](http://calbudgetcenter.org/resources/home-visiting-can-improve-outcomes-for-children-but-few-receive-services/)

and fatherhood programming to support fathers to be meaningfully engaged with their children.<sup>15</sup> Expansion of home visiting, coupled with the clarified connection to Medicaid financing, should continue until MIECHV expansion reaches at least 10% of eligible populations in large states like California. Such expansion should work in tandem with local and state blended funds to serve more vulnerable families through voluntary home visiting programs, and First 5's experience with building home visiting systems can help inform program expansion and system coordination.

### *Budget*

- **Fully fund the Individuals with Disabilities Education Act (IDEA), inclusive of Part C and Section 619.** IDEA is the cornerstone of guaranteeing free and appropriate education for children with disabilities. Critical components are Part C and Section 619, which serve young children with developmental disabilities through early intervention and preschool programs. Currently, California's Part C, Early Start program, serves 3% of infants and toddlers, while research suggests that 18% of young children have a developmental or behavioral delay and would benefit from early intervention services.<sup>16</sup> The Harris-Biden administration can address this by supporting H.R. 1878 (Rep. Huffman, D-CA) and H.R. 4107 (Rep. DeSaulnier, D-CA), bipartisan legislation that will actualize full funding for all parts of IDEA inclusive of Part C and 619 programs, and include this the FY 2022 budget proposal. First 5 investments bolster the early identification and intervention system by embedding screening practices and supporting care coordination to ensure young children with developmental delays are identified and connected to care as early as possible. We are available as a resource to discuss system complexities and the critical role of full IDEA funding.

### *Executive Orders & Administrative Action*

- **Issue a federal rule change to clarify that states can provide continuous Medicaid and CHIP eligibility from birth until 3rd birthday.** Recognizing the significance of the first three years of life when 85% of brain development occurs is crucial for supporting the optimal development of children for years to come. The American Academy of Pediatrics recommends 12 well-child visits by a child's 3<sup>rd</sup> birthday. These visits are critical for administering immunizations, as well as for tracking a child's developmental trajectory and making referrals as appropriate. Providing continuous Medicaid eligibility for the first three years will promote continuity of care for these visits, and will help ensure more timely connections to early intervention supports if a developmental delay is identified.
- **Issue guidance clarifying state flexibility to meet Medicaid match requirements.** As proposed by the Trump Administration in January 2020, the Medicaid Fiscal Accountability Rule (MFAR) would have far-reaching consequences for states, including California, and would decrease our state's ability to finance the non-federal share of Medicaid. Dwindling state General Funds make this proposed policy more troubling, and the Biden-Harris

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<sup>15</sup> 45 of 58 First 5 commissions invest in home visiting programs that serve an array of vulnerable populations. Specific examples include but are not limited to: First 5 San Diego, First Steps Program. [www.saysandiego.org/program/first-5-first-steps/](http://www.saysandiego.org/program/first-5-first-steps/); First 5 Tulare, Gang Awareness Parenting Program. [www.first5tc.org/copy-of-new-school-readiness](http://www.first5tc.org/copy-of-new-school-readiness); First 5 Alameda, Alameda County Fathers Corps. [www.first5alameda.org/alameda-county-fathers-corps](http://www.first5alameda.org/alameda-county-fathers-corps)

<sup>16</sup> Jenco, M. (2019, September 26.) *Study: 1 in 6 children has developmental disability*. AAP News & Journals Gateway. [www.aappublications.org/news/2019/09/26/disabilities092619](http://www.aappublications.org/news/2019/09/26/disabilities092619)

Administration has the ability to put the issue to rest by directing CMS to issue guidance reassuring states of flexibility in the use of funding sources to meet required Medicaid matches.

### III. Family Resiliency

#### *First 100 Days: COVID-19 Response*

- **Establish an economic innovation fund to support programs that drive economic empowerment & address birth inequities.** The Biden-Harris plans to expand economic opportunities through the creation of a \$5,000 tax credit for informal caregiving, \$8,000 refundable child care tax credits for low- and middle-income families, and offering 12 week of paid family leave demonstrate a commitment to children, parents, and caregivers. To complement such structural reforms, the administration should also create an Economic Innovation Fund to support approaches and programs that will spur economic empowerment by supporting families in historically marginalized communities, including those that improve maternal wellbeing and birth outcomes, and help address inequities that underlie birth disparities across our nation. For example, the City and County of San Francisco recently launched a Universal Basic Income program for pregnant and post-partum women of Black and Pacific Islander descent.<sup>17</sup> Similar pilots should be encouraged and expanded.

#### *Budget*

- **Create a National Paid Family Leave (PFL) Program.** A wide body of research shows that PFL supports child development, maternal wellbeing, and household financial stability.<sup>18</sup> First 5 Association believes each baby or newly placed child deserves 6 months of care and bonding from a caregiver receiving PFL. This begins by establishing and funding in the FY 2022 budget a National PFL Program that provides at minimum 12 weeks of job-protected paid leave, guarantees access for workers with the lowest incomes, seamlessly integrates with state programs, and sets ambitious targets to extend leave benefits over time.

#### *Executive Orders & Administrative Action*

- **Issue an Executive Order affirming that all completed 2020 Census questionnaires count towards apportionment.** First 5s throughout California were actively involved in Census outreach to ensure a complete and accurate count, especially among young children ages 0-5. However, deep seated fear and distrust, particularly among immigrant communities, created barriers to outreach and ultimately completion rates. The Biden-Harris Administration immediate plans to overturn Public Charge benefit rules are needed to ensure families are connected to the safety net services they are entitled to, and similar action is needed around the Census in attempt to restore trust in our government systems. Issuing an Executive Order to affirm that all residents, including immigrant communities, count and are vital to our democracy is one such opportunity.

<sup>17</sup> Office of the Mayor, City and County of San Francisco (2020, September 14). *Mayor London Breed Announces Launch of Pilot Program to Provide Basic Income to Black and Pacific Islander Women During Pregnancy* [Press Release].

[sfmayor.org/article/mayor-london-breed-announces-launch-pilot-program-provide-basic-income-black-and-pacific](https://sfmayor.org/article/mayor-london-breed-announces-launch-pilot-program-provide-basic-income-black-and-pacific)

<sup>18</sup> Waldfogel, J., Doran, E., Pac, J. (2019). Paid family and medical leave improved the well-being of children and families. Society for Research in Child Development. <https://www.srcd.org/research/paid-family-and-medicalleave-improves-well-being-children-and-families>

- **Issue an Executive Order to establish a trauma taskforce to fully understand and address the needs of families separated at the border.** First 5 Association commends the Biden-Harris plan to halt the practice of family separations at the border. However, we must still care for the thousands of families traumatized by the separations from loved ones, and a taskforce ought to be established to advise how to best offer the trauma-informed care and mental health supports necessary to aid the healing of afflicted families.

### *Legislation*

- **Address food insecurity by increasing baseline SNAP benefits.** Food and nutrition is important for all stages of life, but it is critically important during the first few years during active growth and development.<sup>19</sup> Currently, 1 in 3 Black and Latinx household living with children reside in a household facing food insecurity.<sup>20</sup> Increasing the baseline for SNAP benefits by 30%, as proposed and championed by Senator Harris (D-CA) through the Closing the Meal Gap Act of 2020 (S. 3719), will help alleviate these pains and increase access to food and nutrition felt by far too many families.
- **Create a national diaper bank demonstration project.** Basic needs are essential needs, and concrete materials, like diapers, are continually a significant health and financial concern for parents living in deep poverty. As introduced in 2019 through H.R. 1846 (Rep. Lee D-CA & Rep. DeLauro D-CT), the End the Diaper Need Act would dedicate \$100 million towards a demonstration program for distributing free diapers and diapering products to reduce the diaper need among low-income families and underserved communities. Further, this legislation encourages integration with other basic needs assistance programs—including SNAP, MIECHV, CHIP, Women Infant and Children (WIC), and Temporary Assistance for Needy Families (TANF)—showcasing the interconnection of family health, nutrition, economic wellbeing, and child development.

Children and families across California and our nation depend on strong leadership and bold action. Enactment of the Biden-Harris plan and the policies proposed in this memo will ensure equitable supports for children and families delivered through proactive, family-centered systems. The First 5 Association and First 5 county commissions across California are a policy resource and program partner to ensure our nation's youngest generation and future leaders receive the strongest possible start in life.

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<sup>19</sup> Rose-Jacobs, R., Black, M., Casey, P., Cook, J., Cutts, D., Chilton, M., Heeren, T., Levenson, S.; Meyers, A., Frank, D. (2008, January). *Household Food Insecurity: Associations With At-Risk Infant and Toddler Development*. *Pediatrics*, 121 (1) 65-72; DOI: <https://pediatrics.aappublications.org/content/121/1/65.short>

<sup>20</sup> Schanzenback, D., Tomeh, N (2020, July 14). *Visualizing Food Insecurity*. Northwestern Institute for Policy Research. [www.ipr.northwestern.edu/state-food-insecurity.html](http://www.ipr.northwestern.edu/state-food-insecurity.html)