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# Executive Summary

*Whole-Family Wellness for Early Childhood: A New Model for Medi-Cal Delivery and Financing* outlines a new approach for California to conceptualize, deliver, and fund a system of care for Medi-Cal eligible infants and toddlers that is grounded in family wellness. At present, California is not adequately addressing the needs of young children on Medi-Cal, allowing millions to miss out on important preventive care each year because Medi-Cal health plans do not meet the whole family's needs.

The need for family- and community-centered care is particularly critical in pregnancy and the first five years of life, when the architecture of the brain is established and neural connections grow at the fastest rate of a person's lifetime. During this period, the brain shapes key abilities for long-term wellness, such as forming trusting relationships, being open to learning, and regulating emotions. Healthy, loving caregivers promote healthy development in young children; thus, the whole-family context is vital.

Currently in California, the Medi-Cal system focuses on delivering individual services for children, outside the context of their families and communities. For example, healthcare providers and systems must determine a young child's "psychopathology" before they offer mental health care or are reimbursed for it. Yet many clinicians do not receive training in early childhood mental health, and the diagnostic criteria are based on adult symptoms, calling accurate diagnosis into question. At the same time, young children in genuine distress due to family conflict, community violence, economic hardship, and parental mental illness may not fall under a diagnosis, but still need support.

The proposed new model of care, the Whole-Family Wellness Hub-and-Spoke Model, recognizes the importance of early prevention, identification, and support to mitigate adversity, and to bolster protective factors and family resilience. Providers would include community-based organizations, county-operated clinics, Federally Qualified Health Centers, and primary care practices, working together to provide peer support and age-appropriate models for attachment and bonding (Hubs), as well as resources to address broader social needs (Spokes). This family-centered model of care and parenting support is preventive, need-based, and therapeutic; it focuses on supporting children and families in community settings that build social connections and directly address the social determinants of health. The model would be financed by accessing and leveraging multiple sources of funding (e.g., Early and Periodic Screening, Diagnostic and Treatment [EPSDT], Realignment, Mental Health Services Act [MHSA] dollars).