



California Pan-Ethnic  
HEALTH NETWORK

### ***Investing in Immigrant Community Health and Resilience***

*Medi-Cal changes in 2026-27 will put millions of Californians at risk of losing coverage*

*Solution: Expand community health worker, promotora, and health representative capacity to keep Californians connected to health care*

#### **Background**

California's Medi-Cal program serves nearly 15 million Californians, roughly 35% of people in our state.<sup>1</sup> Over the next two years, overlapping federal H.R. 1 and state Medi-Cal eligibility changes are likely to make it harder for Californians to enroll and stay enrolled in health care through Medi-Cal. These changes will put as many as 3 million eligible Californians at risk of losing access to critical physical and behavioral health services.<sup>2</sup> Communities of color, including immigrants and limited English-proficient Californians, will be disproportionately impacted. The impacts of these policies on immigrant Californians, which includes a state level freeze on enrollment for undocumented, potential loss of coverage for vulnerable H.R. 1 populations, elimination of dental coverage and required premiums, are compounded by a wave of militarized immigration enforcement, hateful rhetoric and violence directed at immigrant communities. These aim to create fear and isolate communities from accessing health care and other critical supports.

***Clear trusted, and linguistically accessible support can prevent coverage disruptions and gaps in access to essential care.***

A new \$6 million initiative, at the Department of Health Care Access and Information (HCAI), is helping to facilitate connections between CHW/P/Rs serving vulnerable communities and immigration legal services providers by:

- Building and strengthening working relationships;
- Improving information sharing and coordination of community outreach and education;
- Increasing referrals and linkages to immigration legal services; and
- Increasing referrals and linkages to appropriate health, mental health, oral health, and social services.<sup>3</sup>

With health care coverage at risk for the same communities, policymakers can help keep Californians covered by building and expanding on HCAI's initiative with a critical focus on culturally and linguistically responsive health navigation services.

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<sup>1</sup> <https://www.chcf.org/medi-cal/#:~:text=Medi%2DCal%20provides%20health%20insurance,%2C%20storytelling%2C%20and%20policy%20analysis.>

<sup>2</sup> <https://calmatters.org/health/2025/07/federal-budget-health-care-medicare-medi-cal/>

<sup>3</sup> [https://drive.google.com/file/d/1S5EQGtUvnOw1F\\_GPRZpQEwhHExo3P2P1/view?usp=sharing](https://drive.google.com/file/d/1S5EQGtUvnOw1F_GPRZpQEwhHExo3P2P1/view?usp=sharing)

## **Problem**

Unfortunately, there isn't clear guidance to Medi-Cal members about federal and state changes and what they will mean for individuals and families. Even when guidance exists, immigrant communities may receive information late, in ways that are not linguistically accessible, or from messengers they do not trust. Immigration-related trauma can deepen disengagement, reduce care-seeking and willingness to engage with Medi-Cal services, as well as compound mental health needs during a moment where immigrant families need clear support to stay covered and connected to care.

Recent research shows that immigration enforcement trauma functions as a community-wide mental health issue, not just an individual level one. A 2020 multi-state study of Latino high school students found that 59% feared that someone close to them would be deported, and knew someone who had been deported, and one-third changed their daily routines, such as avoiding doctors or after school activities, out of fear of enforcement. More than half of surveyed students met clinical thresholds for anxiety (66%), PTSD (58%), or depression (55%).<sup>1</sup>

CHW/P/Rs are uniquely positioned to meet this need because they come from the communities most impacted and are already embedded in trusted community networks. Many CHW/P/Rs are immigrants and refugees themselves and are actively supporting families to navigate fear, trauma, and the rapid changes in immigration law, policies, and enforcement practices. DHCS' Medi-Cal Provider Manual highlights the unique role Community health workers, promotoras/es, and representatives (CHW/P/Rs), trusted messengers who come from the communities they serve, can play in helping Medi-Cal members to enroll or maintain enrollment in government or other assistance programs that are related to improving their health if such navigation services are provided pursuant to a plan of care or treatment plan.<sup>4</sup> California policymakers can reduce preventable coverage losses and protect community health by augmenting HCAI's Immigrant Community Health and Resilience fund, building on the state's existing investments and scaling proven, community-led approaches through CHW/P/Rs and CBO partners.

**Budget Request:** Allocate \$4 million to augment and expand HCAI's Immigrant Community Health and Resilience fund by strengthening CHW/P/R and CBO capacity for health navigation, including trauma-informed outreach/education, enrollment and renewal support, and referrals/linkages to low- or no-cost health, mental health, and oral health care.

*Please contact Omar Altamimi, Sr. Legislative Advocate at [oaltamimi@cpehn.org](mailto:oaltamimi@cpehn.org) for any questions.*

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<sup>4</sup> [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access\\_token=6UyVkkRRfByXTZEWlh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkkRRfByXTZEWlh8j8QaYyIPyP5ULO)