



Maternal and Child Health Access

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HEALTH EDUCATION AT LAUSD

CONTACT US

SAVE THE DATE

Thursday, July 19, 11 AM - 2 PM (go after our meeting!) - **Open House for Health Benefits Resource Center at St. Vincent Medical Center**, a one-stop information and referral service that can also assist with enrollment for health programs for children and pregnant women, CalFresh and other community resources. (800) 474-1811. St. Vincent Medical Center Professional Office Building, 201 S. Alvarado St Suite 405, LA 90057.

July 24, 2012 2-4pm & July 31, 2012 2-4pm Don't Guess - Be Sure! FREE Poison Prevention Training:

Next MCH Access Monthly Meeting:

Thursday, July 19, 2012 10 AM - 12 noon

LOCATION:

MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

SPEAKERS/TOPICS:

Astrid Campos, The California Partnership - Cuts to Welfare and Vital Social Services - what can be done

Also: Healthy Families to Medi-Cal transition - what has to happen first
State budget and legislation

PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

Please contact our office with any questions regarding this email or visit our website for further information about our organization.



Minutes from June meeting:

Guest Speaker: Dr. Kathleen West, Consultant Identifying Military/Veteran Families Among your Clients/Patients: Recognizing Their Special Needs and How You Can Help

Dr. West spoke to us of the myriad challenges military families face - families in which someone is in training, deployed, or returned as a veteran. Her presentation was chock-full of facts and figures of importance for us who serve families, with statistics about who is in the military, what the most salient issues are for health for those in the military and for their families, and the state of health care for those affected. Most importantly, about 40,000 military men and women will be returning to the LA area from the Iraq and Afghanistan wars within the next year. There are more "military-dependent" families than ever - 44% have children and more than 60,000 military families have two active duty parents. Nationally, 14% of those serving are women. The military is an intergenerational institution - more than one-third of the service members activated today are have a family history of military

MCH Access 1111 W. 6th St., 3rd Fl LA, CA 90017

* Do you do home visitation?

* Do you work with or have young children of your own?

* Then this training is for you!

"One man's medicine is another man's poison."

We are offering two FREE one-hour trainings on Poison Prevention. Alternately, we have some room in these last two weeks of July to provide a presentation at your agency for at least 20 clients or staff.

**Click [HERE](#) to RSVP
July 24, 2012 2-4pm**

**Click [HERE](#) to RSVP
July 31, 2012 2-4pm**

Contact Liz Ramirez lizr@mchaccess.org or Debra Winski debraw@mchaccess.org with any questions regarding these trainings

Voter Registration Training - Friday July 20th from 9am-4pm for organizations that may be interested in holding voter registration drives/assisting community members to register to vote, etc. The training will review the forms, and provide education on how to successfully conduct a voter registration drive and how to engage your stakeholders to get out and vote. This will be a train the trainer session. Southside Coalition of Clinics is working with the Southwest Voter Registration and Education Project to provide the training for staff, consumers, volunteers, or anyone that

service. About 16,000 non-citizens currently serve; the military branches recruit about 9,000 noncitizens annually and within the last decade, about 70,000 non-citizens became citizens by serving.

Military families are an at-risk population. About two million plus children have been affected by a parent's recent wartime deployment or multiple deployments. The affected parent is at risk for post traumatic stress disorder or other mental or physical health issues, and rates are increasing. Sexual trauma has increased - more than 1 in 7 women in the military have reported sexual assault, but underreporting is the norm. Childbirth in the military population is increasing, but facilities and health care are not geared toward women in the military.

One of the biggest issues is that with an all-volunteer army, deployments are multiple, whereas in the past, someone might only go out once. Now there is often little time between bouts of service. Post-Traumatic Stress, Traumatic Brain Injury, and prescription and other drug and alcohol use are the highest diagnoses. Many men and women are starting out with situations, such as time served for felonies, that require a waiver to enter service - 25% in 2006, down now to about 12% in 2011. The incidence of various types of Traumatic Brain Injury may be as high as 50% for combat-exposed troops; explosion-related injuries account for 81% of all injuries in the first nine years or so of the wars. The effect of these injuries on family life is underestimated and long-term effects are likely to require significant intervention.

Dr. West discussed these and additional issues such as suicide - an average of 17/day since 2001 - and depression. She then outlined the effects on court systems and families of the abuse and neglect of children and dependency court issues and family violence. Spouses in situations of violence have to choose between protection for self and children vs. potential expulsion and loss of income for spouse.

Optimal and appropriate responses to military families must come from public health, social services and the courts. We need to increase awareness that military families are in our facilities and services; we need to screen for deployment experiences. Family members and service members in need must have services and intervention services if needed. Special services are needed for reintegration challenges, mental health, substance abuse, and family violence. Dr. West invited questions and comments at kathleenwest3@gmail.com.

Guest Speaker: Nancy Gomez - Health Access - the Affordable Care Act

Nancy discussed the upcoming Supreme Court of the US, or SCOTUS, decision on health reform. Three main possibilities exist, that the Court would 1) strike down the entire bill 2) strike down the individual mandate 3) strike down the Medi-Cal expansion. It was not thought that the Court would leave the bill alone entirely. Ms. Gomez listed what the ACA has meant:

- children on their parents' health insurance until age 26; no preexisting conditions allowed as a reason not to provide health coverage to children;
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- preventive health services must be offered, and for free;

would like to participate and wanted to extend this as a South LA BHC event since SVREP is especially focused on registering South LA residents to vote. The training will be held at: The Webber Community Center/Special Services for Groups 5849 Crocker Street-Los Angeles (This is the old Webber bread factory) To RSVP please email: Yolanda or call (213) 741-0821 x262 by no later than July 18th.

**July 27-30, 2012
8:30am to 4:30pm
"We've Got You Covered" 2-Day Comprehensive Training**

This two-day training is designed for individuals who want to provide full-service outreach, enrollment and retention services for clients. Programs for children and adults are covered. All free or low cost health programs provided in LA County are included: Medi-Cal, Healthy Families, Healthy Kids, Healthy Way LA, Kaiser Permanente Child Health Plan, California Kids, as well as County Resources, Managed Care, Immigrant Issues, and Advocacy Tips for accessing and successfully using these programs and resources.

**Click [HERE](#) to RSVP
July 27-30, 12 8:30am to 4:30pm**

Contact Liz Ramirez at lizr@mchaccess.org 213 749 4261 ext. 317 or Donald Nollar donaldn@mchaccess.org 213 749 4261 ext. 301 with any questions regarding our specialized trainings.

insurance companies can no longer rescind coverage by searching for errors or technical mistakes on applications;

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- no more lifetime limits on dollar amounts for insurance coverage;
- insurers must spend 80% of premium costs on health services, or refund the difference; and on and on.

Ms. Gomez invited everyone to attend a rally for the ACA on either Monday June 25 or Thurs June 28 as the announcement came down. The rally will be at LAC-USC Medical Center at 12 noon. In addition, a press conference will take place on the July 1 implementation of mandatory maternity coverage - the press conference will be on Monday, July 2 at MCHA front steps.

Speaker: Lynn Kersey - Presumptive Eligibility for Pregnant Women Program - Changes

Lynn Kersey explained that PE providers now have the option of assisting patients in submitting the short Medi-Cal application known as the PREMED 2 by faxing it in to the county Medi-Cal office. This is a short application that only works as a follow-up to the initial PE form sent by the provider to the state, and the county will follow up on any missing/needed info - what a great option! MCHA is working on comments to the state about streamlining this process. In the meantime, if you are a PE provider click [HERE](#) to read about the application forms and the option to fax in. The county fax numbers are included there. Call or e-mail Lynn with any questions, comments or interest: (213) 749-4261 ext. 309 or lynnk@mchaccess.org

Speaker: Oral Health for Pregnant Women - Monica Ochoa, Oral Health Access Coordinator, MCHA

Monica explained a new [Denti-Cal Provider Bulletin Vol. 28, No.8](#) outlining three main issues:

Emergency services: ALL pregnant women, including those in Medi-Cal only for "pregnancy-related" care or on Presumptive Eligibility (PE), are eligible for FRADS Emergency Services.

- In addition, women in eligibility aid codes described as "emergency" qualify for three more emergency dental benefits

Pregnancy-Related Benefits: ALL pregnant women in Medi-Cal now qualify for ALL of the **pregnancy-related (preventive dental services)** listed by procedure code on the Provider Bulletin noted above. Earlier Provider Bulletins had excluded certain groups of pregnant women from some of these critical emergency and non-emergency dental services. Specific aid codes now eligible for emergency and non-emergency dental services have been extended to: **44, 48, 7G, 7N and 76.**

- **Other services to address oral health issues that could complicate a woman's pregnancy:** A new process has been adopted for reimbursement to providers for services necessary to address oral health conditions that could complicate a woman's pregnancy. This process should be used when none of the dental procedure codes specified in the provider bulletin noted above are adequate to meet a pregnant or postpartum woman's need.

**Tuesday, July 31:
Children and Air
Pollution**

Children's Hospital Los Angeles Page Conference Room-Ground Floor - Los Angeles Healthcare Provider Alliance for Children and Physicians for Social Responsibility-Los Angeles. As part of the landmark USC Children's Health Study, for the past 20 years scientists have followed thousands of children to determine how breathing different types and levels of air pollutants affects their lungs. Now that the children are older, the USC scientists are analyzing other adverse health outcomes. 10:00 a.m. Professor Andrea Hricko, M.P.H., will describe the study's research findings and will discuss new information on "traffic-related air pollution" (TRAP) and its potential impacts on children. 11:00 a.m. Lunch served 11:15 a.m. Angelo Logan, East Yard Communities for Environmental Justice, will share updates on the campaign to prevent expansion of the 710 freeway and mitigate pollution. Please contact Ariana Milman at 213-689-9170 or amilman@psr-la.org to RSVP.

RESOURCES

Free STD testing kits now available at Second District kiosks Last year in LA County, 33,000 women

This information is found on pg 6 of the Provider Bulletin in the last two paragraphs, just before the section titled "Reminder".

As Denti-Cal moves forward with the implementation of the June Provider Bulletin, MCHA will closely monitor any issues that may arise. See our Information sheet on this bulletin and the changes at the meeting or on our website.

Ending Healthy Families - Two Viewpoints

MCHA will discuss in detail the issues surrounding the Governor's proposal to shift current Healthy Families program children into Medi-Cal. The shift will be phased in over one year with significant safeguards built into the planning process, according to the Western Center on Law and Poverty. Here's the timeline for implementation of [AB 1494](#) of (the HF to MC legislation) and what must happen before children transition. Children will be allowed to remain with their current doctor if their doctor is not a Medi-Cal provider, and managed care plans must allow that continuity provision.

- The department cannot enroll children in the Medi-Cal program from the Healthy Families program until all necessary federal approvals and waivers have been obtained, or no sooner than January 1, 2013.
- The California Health and Human Services Agency, in consultation with the Managed Risk Medical Insurance Board, the State Department of Health Care Services, the Department of Managed Health Care, and diverse stakeholders groups, shall provide the fiscal and policy committees of the Legislature with a strategic plan for the transition of the Healthy Families Program by no later than October 1, 2012. This strategic plan shall, at a minimum, address all of the following:

(A) State, county, and local administrative components which facilitate a successful subscriber transition such as communication and outreach to subscribers and applicants, eligibility processing, enrollment, communication, and linkage with health plan providers, payments of applicable premiums, and overall systems operation functions.

(B) Methods and processes for diverse stakeholder engagement throughout the entire transition, including all phases of the transition.

(C) State monitoring of managed care health plans' performance and accountability for provision of services, and initial quality indicators for children and adolescents transitioning to Medi-Cal.

(D) Health care and dental delivery system components such as standards for informing and enrollment materials, network adequacy, performance measures and metrics, fiscal solvency, and related factors that ensure timely access to quality health and dental care for children and adolescents transitioning to Medi-Cal.

(E) Inclusion of applicable operational steps, timelines, and key milestones.

(F) A time certain for the transfer of the Healthy Families Advisory Board to the State Department of Health Care Services.

were infected with Chlamydia or gonorrhea and 25% of those were in South LA. This initiative incorporates six components: community engagement; expanded screening; social marketing; case management; school level programs and public relations.

dontthinkknow.org

provides access to fee STD home test kits, results and access to free treatment at clinics. Two kiosks are available now at pharmacies in Florence and Watts.

Frequently Asked

Questions sheet about the Obama Administration's Relief Process for Eligible Undocumented Youth is available in English and Spanish click [HERE](#).

Cancer in California

A great deal is known about who gets cancer and who dies from it, but little data exists on the quality and cost of cancer care in California. This California Health Care Foundation Almanac report looks at what we know in our state.

More than one million Californians alive today have a history of cancer. In 2009, more than 55,000 Californians died of cancer, and more than 147,000 new cases were diagnosed. Cancer treatment represents \$125 billion in health care spending nationally. The good news is that cancer

- The transition cannot occur until 90 days after the department has submitted an implementation plan to the fiscal and policy committees of the Legislature. The implementation plans shall include, but not be limited to, information on health and dental plan network adequacy, continuity of care, eligibility and enrollment requirements, consumer protections, and family notifications.

The department shall transition individuals from the Healthy Families Program to the Medi-Cal program in four phases; families are notified of this transition at least 60 days prior to the phase 1 transition and at least 90 days prior to the phase 2, 3, and 4 transitions.

(A) Phase 1. Individuals enrolled in a Healthy Families Program health plan that is a Medi-Cal managed care health plan shall be enrolled in the same plan no earlier than **January 1, 2013** (about 415,000 kids)

(B) Phase 2. Individuals enrolled in a Healthy Families Program managed care health plan that is a subcontractor of a Medi-Cal managed health care plan, to the extent possible, shall be enrolled into a Medi-Cal managed health care plan that includes the individuals' current plan. The transition of individuals described in this subparagraph shall begin no earlier than **April 1, 2013** (about 249,000 kids)

(C) Phase 3. Individuals enrolled in a Healthy Families Program plan that is not a Medi-Cal managed care plan and does not contract or subcontract with a Medi-Cal managed care plan shall be enrolled in a Medi-Cal managed care plan in that county. Enrollment shall include consideration of the individuals' primary care providers pursuant to the requirements of this Section and Section 14011.6, and to the extent the individuals are otherwise eligible under this chapter and Chapter 8 (commencing with Section 14200). The transition of individuals described in this subparagraph shall begin no earlier than **August 1, 2013** (about 173,000 kids).

(D) Phase 4. Individuals residing in a county that is not a Medi-Cal managed care county shall be provided services under the Medi-Cal fee-for-service delivery system. The transition of individuals described in this subparagraph shall begin no earlier than **September 1, 2013** (about 43,000 kids).

Varying opinions

Most articles and op-ed pieces focused on a coalition of children's groups, providers and others in opposition to the transition:

In a Ventura County Star opinion piece, United Ways of California President and CEO Peter Manzo writes that his organization "is deeply disappointed the final state budget eliminates the Healthy Families program and will shift nearly 900,000 children to Medi-Cal as soon as January 2013." He writes, "This budget decision puts at risk the health of millions of California children," adding, "This is an unsound fiscal move that makes no budget sense in California." Medi-Cal is California's Medicaid Program, and Healthy Families is the state's Children's Health Insurance Program. Read more [HERE](#):

Not all children's groups oppose Healthy Families transition

By [Emily Bazar](#) | July 9, 2012 As the Legislature debated - and

mortality rates have fallen 22% since 1989 and rates of new cancer diagnoses have dropped 9%.

The bad news is that while we know a great deal about who gets cancer and who dies from it, we do not know much about the quality of the care provided or its cost. Read more [HERE](#).

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ultimately approved - a budget-cutting plan to transfer nearly 900,000 California children on the [Healthy Families program](#) into Medi-Cal next year, dozens of groups joined in opposition. They ranged from the [California Medical Association](#), a professional organization that represents the state's doctors, to the [California Primary Care Association](#), which represents community clinics. Mostly, they were groups that focus on children and families, such as [Children Now](#) and [United Ways of California](#). They warned that the transition could disrupt care for thousands of children and ultimately lead to a lack of access to care, particularly in parts of California where doctors - especially those who accept Medi-Cal - are scarce. But it turns out that opposition to the proposal was not unanimous, even among nonprofits that advocate for children and families. Read more [HERE](#).

Federal report shows drops in infant mortality, preterm birth rates

Annual statistics compilation notes increases in poverty, drop in secure parental employment

The infant mortality rate, the preterm birth rate, and the adolescent birth rate all continued to decline, average mathematics scores increased for 4th and 8th grade students, the violent crime victimization rate among youth fell, as did the percentage of young children living in a home where someone smoked, according to the federal government's annual statistical report on the well-being of the nation's children and youth. However, the percentage of children living in poverty increased, and the percentage of children with at least one parent employed full time, year-round decreased, the report said

These and other findings are described in America's Children in Brief: Key National Indicators of Well-Being, 2012. Read more [HERE](#).

Message from Ric Loya, LAUSD (see contact information at end):

WHAT CAN YOU DO TO HELP SAVE HEALTH EDUCATION IN THE LAUSD AND WHY SHOULD YOU

Health education as a formal semester high school course has been around over 50 years in the LAUSD. It is in this course that reproductive health issues are taught along with HIV-STDs and a host of other vital health topics. Because it is a semester course only credentialed health teachers are allowed to provide instruction (NOTE: mini courses of a few weeks can be taught by just about anyone). Since health education and sex education are not required in California the LAUSD BOARD OF EDUCATION has made both a real priority. IF health education is dropped in LAUSD, there is no place to teach health, which is not required by the state AND since sex education is not required it would

also go out the window. HIV-AIDS education is required and would have to be taught somewhere by someone. SO - a lot is a stake here.

A few months ago a plan came out to drop health but this plan was fought back. Then a move to make an elective and this was also fought back BY THE BOARD OF EDUCATION because of all the public pressure to keep health. Now the Superintendent appears to be trying an end run. He says health is required BUT says "the District will continue to allow schools that are electing to choose an alternate option for meeting the Health requirement to continue." In other words - have one day of health online and count that as a semester or have it taught a few weeks in a French class, a few weeks in a Biology class, a few weeks in History and count that as health. The quality of such instruction would be in the toilet to say the least.

WHAT NEEDS TO BE DONE

The L.A. Board of Education members need to get e-mails and even phone calls urging their continued support for the health education requirement in the LAUSD and to stop all the waivers and strange options. Urge maintaining a high quality of health education as in the past. E-mails are best and have made a real difference over the last several months. Phone calls are great but take more time and one usually ends up talking to a deputy anyway who then summarizes what you say on the phone to a few sentences. Keep in mind that a strong majority of Board members has been very supportive of keeping our health education requirement in high school. They care about the future health of our community and like Dr. Fielding, Director of the County Health Department see this as a public health issue (Fielding letter at www.CASHE.org).

L.A. Board of Education Members:

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