



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy work
that makes lasting
change!



In this monthly mailing

[SUMMARY OF FEBRUARY 19
MEETING](#)

[GUEST SPEAKER: KENNETH
GAINES, RN, MSN, MA, PHN
CNL, CLEC DIRECTOR,
MATERNAL CHILD HEALTH
MARTIN LUTHER KING, JR.
\(MLK\) COMMUNITY HOSPITAL](#)

[MARCH UPDATE - WHAT'S
HAPPENING WITH
PREGNANCY COVERAGE IN
CALIFORNIA?](#)

[MATERNAL AND CHILD
HEALTH ORGANIZATIONS
LOOK AT LEVELS OF
MATERNAL CARE](#)

[FROM FAMILIES, USA: FUN
CHIP](#)

[LOS ANGELES COUNTY
MERGER OF HEALTH
AGENCIES IS NOW A HEALTH](#)

Next MCH Access Monthly Meeting:

Thursday, March 19, 2015

10am - 12pm

LOCATION:

MCH Access

Patricia Phillips Community Room

1111 W. 6th St., 3rd Floor

Los Angeles, CA 90017

(6th St., and Bixel St.)

SPEAKER/TOPIC:

**Guest Speaker: Adriana Taboada, Gabriella Lewis
The Coalition to Abolish Slavery & Trafficking (CAST)**

Domestic Trafficking, Resources and Services

Updates

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.**

Materials Distributed February 2015 meeting

[AGENCY UMBRELLA, OTHER CHANGES](#)

[MARCH OF DIMES COMMEMORATIVE COIN ON SALE MARCH 13!](#)

[RESOURCES](#)

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Materials Distributed at February 19, 2015 meeting may be found [HERE](#)

Guest Speaker: Kennetha Gaines, RN, MSN, MA, PHN, CNL, CLEC

**Director, Maternal Child Health
Martin Luther King, Jr. (MLK) Community Hospital
MLK, Jr. Community Hospital's Maternity Services**

SAVE THE DATE

**Tuesday, March 17th, 2015
8:00 am - 2:00**

pm: Reproductive Health and the Environment:

Best Practices for Los Angeles County California
Endowment, Downtown Los Angeles Continuing Education: 3 hours for RNs and 2.5 hours for CHES. Register [here](#):

April 10-11 Special Needs Network presents "Tools for Transformation" - Parent, Professional and Community conference and legislative breakfast. The largest and comprehensive FREE autism ADHD, mental health, and developmental disabilities conference in Southern California, Tools for Transformation will bring together renowned experts in medicine, law, education, and advocacy for the purpose of providing families with cutting edge information and resources through a full day of classes and workshops. Presented by Special Needs Network, Inc., this comprehensive annual conference will focus on critical issues related to autism, developmental and learning disabilities, ADHD, mental health,

Ms. Gaines introduced the services and changes made at MLK Community with an overview video, available on our website, the mission, vision and values of the hospital and the service area map. Several county and public-private clinics lie within its service area: Dollarhide, Hudson, Ruth Temple and Hubert Humphrey. The MLK site itself includes the Multi-Service Ambulatory Care Center and the Center for Public Health in addition to the hospital. All of the health status indicators for Service Planning Area (SPA) 6, where MLK is located, are worse than in the county as a whole, except for the percent of adults who smoke cigarettes, which is the same.

The maternity services are for low risk deliveries (see Levels of Maternal Care section, below) - a family centered "holistic" approach to care with minimally invasive care. Skin-to-skin, bonding and attachment will be emphasized as will exclusive breastfeeding. Water laboring is available. A "Laborist", defined most strictly as an OB-GYN whose primary role is to care for laboring patients and to manage obstetric emergencies, is on hand 24/7, as is a Nurse-Midwife. Maternity beds have been increased since the original construction plans, due to a market analysis of need. With a \$2 million donation from Kaiser Permanente, obstetrical services were expanded to six Labor-Delivery-Postpartum and Recovery (LDRP) beds with 12 additional postpartum beds, and a dedicated Operating Room suite. MLK will be a Welcome Baby site and is on path to being designated Baby Friendly!

Unfortunately, there is currently NO NICU, despite the high risk of the population for the catchment area. The hospital has transfer agreements with surrounding hospitals and telemedicine for neonatal consults.

The OB opening is scheduled for this May, dependent on state licensing approval in April. Open houses and tours are in process and ongoing, leading up to the Grand Opening.

March Update - What's happening with pregnancy coverage in California?

1. State STILL awaits approval for full-scope coverage to 138% FPL for pregnant women - perhaps by April. No mandatory enrollment in Medi-Cal managed care for this group of pregnant women enrolled in Medi-Cal.

The State Department of Health Care Services (DHCS) on September 3 of last year submitted an [amendment](#) to the existing "Bridge to Reform" health care waiver.

education and advocacy, and is a must-attend event for parents, advocates, and health care professionals. **FREE Online Registration [HERE](#).** For more information or assistances please call 323-291-7100.

**Apr 30-May 1, 2015
Advancing Equity in Education & Health Care, School Health Conference** - The California School-Based Health Alliance invites you to join hundreds of health care providers, educators, and children's health supporters April 30-May 1 for ***Advancing Equity in Education & Health Care***

The conference will feature workshops on increasing health equity for children, exhibits, networking, and a keynote address by California Assemblymember **Shirley Weber**. Together we will learn, generate ideas, and share resources to advance our collective mission to give all children an opportunity to succeed. **Take advantage of our Early Bird discount and register by February 27.** Members get an additional discount and can register here. Not yet a member? You can join us here.

Take Action
Great news! On March 11 the U.S. Senate reintroduced the International Violence Against Women Act (IVAWA)-a critical, bipartisan piece of legislation to protect millions of women and girls from violence. This comes on

The amendment would allow pregnant Medi-Cal eligible women to be evaluated for full-scope Medi-Cal as are non-pregnant women, allowing them to access full-scope Medi-Cal up to and including 138% of the Federal Poverty Level. Currently, if pregnant at application, women 60-138% of poverty receive only limited scope services. Federal approval was expected in December and is now expected any day. The request is the next step after MCHA-supported state legislation (SB 857) established the increase to full-scope coverage for pregnant women in July, 2014. MCHA supports an immediate increase to full-scope Medi-Cal when federal approval is granted.

NOTE - Change in state plans to shift women immediately into managed care! Originally, the state would send packets to these women, but allow them to choose to delay enrollment until after postpartum. Now, the state will NOT send packets to this limited group of pregnant women to 138% of poverty, already enrolled in Medi-Cal, and only new pregnancies will receive packets. The state will post this information once plans for County-Organized Health System (COHS) counties, where all enrollees are in managed care except limited scope, are determined.

MCHA and other advocates did not support required enrollment into managed care for women already with a provider when the federal approval is given.

Remember that the Medical Exemption Request process still exists for pregnant women. Please let us know if you have difficulty helping a woman stay with her provider using an exemption form.

2. CalHEERS navigation - Help pregnant women enroll properly! Medi-Cal-eligible pregnant women do NOT have to enroll in Covered CA!

Navigation on CalHEERS for pregnant women in the 100-213% FPL "pregnancy-related" Medi-Cal and the AIM/MAP income range of 213-322% FPL is misleading, even fraudulent. In the case of Medi-Cal, the women are enrolled in Cov CA and then told their application has been sent to Medi-Cal, asked to pick a Cov CA plan, etc. Being enrolled in Cov CA is not cost-effective or necessary, and blocks the ability to use Medi-Cal for pregnancy; CPSP is lost unless one's provider accepts both insurances. For AIM/MAP, women are enrolled in Cov CA - AIM/MAP is not a choice online, and women are called by telephone after enrollment and told about AIM. Not surprisingly, few women change at that point.

Covered CA has cost-sharing, deductibles and premiums - delivery costs in the Bronze and Silver plans are a percentage of "usual and customary" fees, which are unknown at the time of application. 2014 maximum co-pay for an individual is over \$6,000 - delivery could cost that much. 2015 costs are not listed. The costs are entirely unnecessary for a woman in the Medi-Cal or AIM/MAP income ranges.

MCHA and others are working to get the right messages in the right places as pregnant women seek to enroll in Medi-Cal via CalHEERS, the state's

the heels of IVAWA's reintroduction in the House of Representatives late last week. Now, we need your help to sign IVAWA into law! The headlines are exploding with stories about rape, abuse and discrimination of women and girls around the world—from India to Nigeria to the Democratic Republic of Congo. And here in the United States, the incidence of rape on college campuses continues to climb. Sign our [petition](#) to urge Congress to pass IVAWA without delay. It's time to stop the epidemic of violence against women and girls worldwide—once and for all.

Friday March 27, 2015

11:00am to 3:00pm A

Human Trafficking Awareness Symposium Our Children Are

Not For Sale presented by USC School of Social Work Part-time Social Work

Caucus, Black Social Work Caucus and Student Affairs.

Hear from experts and learn about resources and policy

changes to aid in protecting children from human

trafficking and exploitation. Complimentary lunch will be

served and there will be a special music performance as

well as raffle prizes. [Website](#)

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Fluellen efluelle@usc.edu

EMPLOYMENT

Please click on job title to view full description and the application process. And

computer. For now, we must recommend alternate methods, such as Your Benefits Now in Los Angeles County.

3. AIM - now called Medi-Cal Access Program, or MCAP - will be programmed into CalHEERs in September, before the next Open Enrollment period, we are told.

This is a huge victory for MCHA and the Western Center on Law and Poverty, who were told the programming would take place since the time of planning for computer enrollment for the ACA, in 2012. Enrollment is scandalously low in this once-popular program, due to lack of publicity and the navigation problems discussed above. Over a million women of childbearing age live in California in the AIM income bracket, 213-322% of poverty. At one time enrollment reached at least 25,000 women, still low, but more than the few thousand now being served. MCAP is more advantageous financially to enrollees than Covered CA, and includes enrollment for the newborn through one year, and a second year if income guidelines are met. We are ecstatic that easier enrollment for pregnant women will finally happen. Now we must make sure CHIP is continued at the federal level (see below)!

4. Adult dental services for all pregnant women on Medi-Cal: whether they are in restricted Medi-Cal, Presumptive Eligibility or full-scope.

Women now may receive the anterior root canals and fillings that were not available in the past. Take advantage of dental care while pregnant (preferably) or postpartum.

Maternal and Child Health organizations look at levels of maternal care

Almost 40 years ago, the March of Dimes published "Toward Improving the Outcome of Pregnancy", or TIOP, which helped bring about regional systems of perinatal care. However, "Since the March of Dimes report was published, the conceptual framework of regionalization of care of the woman and the newborn has changed to focus almost entirely on the newborn". The American College of Obstetricians and Gynecologists (ACOG) recently published a [consensus paper](#) with the Society for Maternal Fetal Medicine (SMFM) that outlines their recommendations for maternal levels of care. The document was endorsed by organizations and associations representing birth centers, nurses, and nurse-midwives. In addition, legislation has been introduced in Missouri that would seek to establish maternal levels of care. MCHA is excited to learn that these respected organizations are turning their attention to focus on levels of care for care during pregnancy and delivery.

From Families, USA: Fund CHIP!

provide a cover letter and resume with your application that specifically outlines your employment history, experience and educational background for which you're applying.

- [Administrative Assistant](#)
- [Project Coordinator - Pregnancy Policy](#)
- [Parent Coach, Level II - Welcom Baby Program](#)

[MCHA](#) is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

Join Our List

[Join Our Mailing List!](#)

As you may know, funding for the Children's Health Insurance Program (CHIP) is set to expire at the end of Fiscal Year 2015 unless Congress acts quickly. CHIP provides affordable, high-quality, health care to more than 8 million children and pregnant women, and this is expected to grow to more than 10 million in the coming year. If funding for CHIP is not extended, millions of children would lose their coverage and be left without any alternatives for health care. While CHIP is currently funded through September 2015, states are already developing their budgets for FY 2016. If states are to continue providing funding for CHIP without interruption, they must be assured that federal support for the program will continue beyond 2015. Many governors have already weighed in and called on Congress to move quickly to extend the funding for CHIP.

Now is the time to "chip in" and tell your Members of Congress to fund one of the most successful bipartisan health programs in the nation.

Both [House](#) and [Senate Democrats](#) have introduced legislation that proposes extending funding for CHIP for four years, with no significant program changes. Republicans have not formally introduced a bill, but did release a [discussion draft](#) that proposes dramatic changes in the program. These changes would likely result in [fewer children receiving health coverage and reduced state flexibility in operating their programs](#). We encourage Democrats and Republicans to work together to pass a four-year extension of CHIP funding in its current form.

Families USA asks that you **take action by contacting your members of Congress asking that a clean, four-year extension of CHIP funding be included with the SGR agreement**. Let them know how important CHIP is to the children and families in your state. For additional information on your state's program, check out these [helpful state-by-state fact sheets](#).

To contact your representative, click [HERE](#). See below for sample language.

Dear Representative _____,

The health of American children and pregnant woman is an important issue. We are writing to urge you to take action to provide funding for a clean, four-year extension of the Children's Health Insurance Program (CHIP). Congress must act quickly to ensure that states can continue to operate their CHIP programs without interruption. Millions of children and families count on CHIP. Please, take action so families can be assured their children's coverage will be protected.

Sincerely,

Los Angeles County merger of health agencies is now a Health Agency umbrella, other changes

There is now an "[Integration Website](#)" for this process, now a "health agency" umbrella rather than a merger of the Mental Health, Public Health and Health Services Dept.

The timeline for the process has also been pushed back somewhat:

PHASE	Board of Supervisors' initial motion	Jan. 13, 2015
Phase 1	Draft report released to the public	Mar. 30, 2015
Phase 2	45-Day public dialogue and comment period on draft report	April 1-May 15, 2015
Phase 3	Final Report submitted to the Board	By June 30, 2015

See also the Mental Health Commission and Public Health Commission letters about the establishment of a Stakeholder Process, at the bottom of the website. The County CEO is taking comment through their website [here](#).

Below is Board of Supervisors' contact information:

Sup. Hilda Solis, 1st District	213-974-4111	FirstDistrict@bos.lacounty.gov
Sup. Mark Ridley-Thomas, 2nd District	213-974-2222	MarkRidley-Thomas@bos.ca.gov
Sup. Sheila Kuehl, 3rd District	213-974-3333	Sheila@bos.lacounty.gov
Sup. Don Knabe, 4th District	213-974-4444	don@bos.lacounty.gov
Sup. Michael Antonovich, 5th District	213-974-5555	FifthDistrict@lacbos.org

March of Dimes Commemorative Coin on sale March 13!

We're honored to have the coin minted in recognition of decades of groundbreaking discoveries and innovative programs that continue to impact the lives of families and babies. The coin celebrates 75 years of research, vaccines, education and breakthroughs. The March of Dimes is authorized to receive \$10 from each coin sold to help more moms have full-term pregnancies and healthy babies. Visit marchofdimes.com/coin to see the design, watch the video and sign up for updates. Starting on March 13, visit the site to place your order!

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RESOURCES!

Homelessness and Urban Sustainability: Implications of Changes to the US Health System on a Vulnerable Population

Homelessness has been found to cause and exacerbate health conditions, including cardiovascular disease, diabetes, and HIV/AIDs. In addition, the prevalence of mental illness and substance use along with co-occurring chronic health conditions, is significantly higher in individuals experiencing homelessness, which has implications for the delivery and cost of services for this population. Individuals who are homeless are more likely to rely on emergency care due to a lack of health coverage and pose a significant cost to the health care system. To address these complex issues, the National Research Council's Science and Technology for Sustainability (STS) Program, in collaboration with the National Alliance to End Homelessness, the National Health Care for the Homeless Council and the Institute of Medicine's (IOM) [Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities](#) convened a session on Nov. 12, 2014, to explore issues related to the impact of the changing US health care system under the ACA on the homeless population in urban areas.

Remember the drug-related conviction ban on CalFresh and CalWORKs ends April 1 but people can apply now!

March 1st, people with felony drug convictions can start applying to receive CalFresh beginning April 1st! California will end the [optional ban](#) for people with prior drug-related convictions from receiving CalFresh (food stamps) benefits and CalWORKs (basic needs support and job training). The [Budget Act of 2015](#), repeals the lifetime ban for people as long as they are complying with the conditions of their probation or parole. The new law will be enacted April 1, 2015. This decision follows over a decade of organizing that culminated in this year's broad coalition of over 140 community-based organizations, including those led by Californians impacted by the law, who made this issue a priority not only because [it would reduce recidivism and crime](#), but also because of how harmful it was to families and single adults who were trying to start over. Repeal of the ban also had editorial support from the [New York Times](#) and the [Los Angeles Times](#). The lifetime ban repeal had been championed in recent years by Senators Loni Hancock (Author of SB 282 & 1069) and Mark Leno (Author of AB 1796). They were joined this year by important Assembly allies, Budget Chairperson Nancy Skinner and [Assembly Justice Reinvestment Select Committee](#) Co-chairs, Assembly Members Ammiano and Jones Sawyer. In the end, the budget bill that contained the repeal was voted off of the floor with strong support in both houses. From the California Association of Food Banks: New CalFresh Eligibility for People with Prior Drug Convictions flyer in [English](#) and [Spanish](#). See whole page of webinar and resources [here](#):

CONTACT US

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