

Maternal and Child Health Access



Monthly (Virtual) Meeting

Thursday, March 21, 2024 - 10:00 am to 12:00 pm

Where?

This is a virtual meeting



10:00 AM to 12:00 PM

After you register, look for the Zoom link in your registration confirmation email

Speaker/Topic:

March is Women's History Month

**What Else in Women's Health – National, State, Local Trends
Lynn Kersey, MA, MPH, CLE**

Updates on disruption in Benefits Cal - the state's client benefits system

What's out there for the 24-25 legislative/budget session?

Updates

New Since Last Meeting

Notes from Monthly Meeting February 15, 2024 ([website](#))

Guest Speaker: Sonya Young Adam, CEO, Californian Black Women's Health Project

"The Black Women's Health Movement - Community Defined & Community Deployed"

Sonya spoke to us of the work of her organization, the California Black Women's Health Project. It is statewide, and just celebrated it's 30 year anniversary! Their work is extensive: in youth-centered initiatives, especially around mental health of Black girls and teens (see their advocacy guide [here](#)) Sonya cited troubling statistics about the disproportionate burden of adverse childhood experiences, racism, and COVID. CABWHP worked with The Children's Partnership to develop the [Black Children's Health Fact Sheet](#)

CABWHP has an exciting Advocate Training Program to build a statewide network of Black women activists and advocates; a program to support Black women in the aging journey, conducted with Sistahs Aging with Grace and Elegance; addresses maternal and reproductive health inequities; work in mental health, sexual health and empowerment and in violence prevention. They are multi-faceted and constantly have events, workshops and presentations around the state – the Inland Empire, Sacramento, and Los Angeles. CABWHP is part of a collaborative statewide racial and social justice movement working on California reparations. Check out their website for more information and upcoming events! www.cabwhp.org

Reminders:

Report the pregnancy!! Even though everyone under 138% of Federal Poverty has full-scope Medi-Cal now, we are experiencing many cases of people being cut off Medi-Cal during pregnancy because clients don't renew or don't know to renew and the county doesn't know the person is pregnant and should not be terminated from Medi-Cal! DPSS will put the person back on Medi-Cal, and we are working to smooth this process, but the mix-ups can delay care!! See [Medi-Cal Eligibility Division Information Letter No. I 23-24](#).

All doors to Medi-Cal open for real time Accelerated Enrollment (AE) into MAGI Medi-Cal on November 1, 2023!

What is AE? It provides temporary Full Scope coverage in real time when a person's application information shows they are eligible for MAGI (non-disability, non-aged) Medi-Cal. AE lasts until the county completes the final eligibility decision, even if that takes more than the 45-day limit. AE also frees up county time to process the small minority of applications that are not based on MAGI. AE is provided under Medi-Cal eligibility aid code 8E. All immigrants, regardless of status, and pregnant adults who are waiting for a final eligibility decision also go into 8E for Full Scope under AE when their application information shows they are eligible for any MAGI category AE expands to applications submitted directly to the county: Starting November 1, MAGI-eligible individuals applying for Medi-Cal directly to the county using BenefitsCal or by mail, phone, fax or in person will also be granted AE. [MEDIL I 23-45](#); [ACWDL 22-24](#). See full MCHA Bulletin [here](#).

CDPH Health Advisory: Extension of Long-Acting Benzathine Penicillin G (Bicillin® L-A) Shortage

March 19, 2024

The California Department of Public Health (CDPH) has issued a health advisory regarding the extension of the national shortage of long-acting benzathine penicillin G (Bicillin® L-A). The time for [expected recovery of supplies](#) has been extended to the 4th quarter of 2024.

The long acting penicillin-based treatments, benzathine penicillin G and [benzathine benzylpenicillin](#) (Extencilline®), are the only recommended treatments for pregnant people with syphilis and infants exposed to syphilis in utero. With continued concern about the number of pregnancies and infants affected by syphilis in California, it is of utmost importance that these treatments be prioritized for these populations. This CDPH advisory provides syphilis treatment recommendations in the context of the continued Bicillin® L-A shortage.

In LA County, for further information or consultation, please contact the LAC DPH Sexually Transmitted Diseases Provider Consultation line at 213-368-7441 Monday through Friday from 8 am-5pm.

[Read the CDPH Health Advisory](#)

July 1!!!Children's PE and Newborn Hospital Gateway Coming!

The Child Health and Disability Prevention (CHDP) Gateway is being rebranded as the Children's Presumptive Eligibility (CPE) Portal. Provider participation in Presumptive Eligibility (PE) is also being expanded. Effective for dates of service on or after July 1, 2024, most Medi-Cal and most Medi-Cal Dental fee-for-service provider types can participate in the enrollment of children into temporary coverage through PE.

Note: CPE is not a program. **It is a means for providers to grant temporary, full-scope coverage to eligible applicants through an online portal.**

As listed below, CPE eligibility requirements are the same as they are under the CHDP Gateway. Determinations are based on the applicant/family's self-attestation of facts on the application.

Applicants are potentially eligible for Children's Presumptive Eligibility if they are:

- Under the age of 19
- A California resident
- Not receiving Medi-Cal
- Within the income limits for their household size
- Have not exceeded two PE enrollment periods in the last 12 months
-

Additional information will be released ahead of the July 1, 2024, implementation. If you have any questions about Children's Presumptive Eligibility, contact ChildrenPE@dhcs.ca.gov.

Newborn Hospital Gateway

Anticipated Process

Effective July 1, 2024, the CPE Portal will replace the CHDP Gateway.

Effective July 1, 2024, legislation will require all facilities and providers participating in Presumptive Eligibility programs to report the births of infants with linkage to Medi-Cal or MCAIP within 72 hours after birth or 24 hours after discharge, whichever is sooner. Providers and facilities participating in HPE, Presumptive Eligibility for Pregnant Women (PE4PW) and CPE are required to participate in the Newborn Gateway.

Presumptive Eligibility participation is voluntary and based on staffing availability. However, participation in Newborn Gateway is mandatory and staffing must be made available to collect and submit enrollment transactions within the statute's timeframes. Hospitals have flexibility in creating Newborn Gateway workflows as long as they comply with statute.

State's Fact Sheet from BEFORE the statute was passed: [DHCS TBL Newborn Hospital Gateway Fact Sheet.pdf \(ca.gov\)](#)

From Public Counsel: New California Bill Aims to Reform Child Abuse Reporting

Currently, when a child witnessing domestic violence comes to the attention of service providers, medical professionals, or other mandated reporters in California, survivor parents are often reported to Child Protective Services and subjected to the stress and trauma of investigation and are potentially separated from their children. Mandatory reporting of these cases does not increase safety for children or survivor parents. Instead, it deters survivors of domestic violence from seeking help.

A new California bill, SB 1126, aims to clarify requirements for child abuse-mandated reporters. If passed, mandated reporters will no longer be required to refer families to Child Protective Services solely on the basis that a child has witnessed domestic violence. The goal is to ensure that children requiring child protective services are identified and assisted, while enabling access to community and public resources for those who do not meet the criteria for such services.

In a [press release introducing the bill](#), Sharon Balmer Cartagena, Directing Attorney of the Children's Rights Project at Public Counsel, stated: "It is critical that survivors of domestic violence and their children are able to access the supports and services they need to leave abusive partners and heal from abuse without the fear of being separated."

Public Counsel thanks [Senator Dave Min](#) for authoring SB 1126 and for his continued leadership in supporting children and their protective parents. We're pleased to stand alongside our partners in co-sponsoring this significant legislation, including Alliance for Boys and Men of Color, California Partnership to End Domestic Violence, Family Violence Appellate Project, Futures Without Violence, and UCI Domestic Violence Law Clinic.

**LA County Health Alert Network (LAHAN) CDC Health Advisory:
Increase in Global and Domestic Measles Cases and Outbreaks: Ensure
Children in the United States and Those Traveling Internationally 6 Months
and Older are Current on MMR Vaccination - March 18, 2024**

The Centers for Disease Control and Prevention (CDC) is notifying clinicians about an increase in global and U.S. measles cases and asking clinicians to ensure that children and international travelers are up to date on their MMR vaccinations. There have already been 58 confirmed U.S. cases of measles reported nationwide in 2024. Four cases have been reported in [California](#) including one in [Los Angeles County](#), **all of whom traveled overseas**. There are ongoing outbreaks occurring in many popular travel destinations in Europe and Asia.

With spring break approaching, clinicians should make sure that prior to any international travel, all individuals 6 months and older are [protected against measles](#) regardless of their destination. Additionally, consider measles in the differential diagnosis for anyone with fever and rash who has recently traveled abroad or domestically through an international airport. Delays in identifying and isolating measles cases in health care settings can result in exposures to hundreds of additional contacts.

Suspect measles cases should be reported to Public Health immediately, while the patient is still at the facility. Public Health will guide you through collection of specimens for testing (throat swab and urine samples for PCR and blood sample for serology) and management of the patient under investigation as well as asymptomatic contacts of a suspected or confirmed case.

Los Angeles County:

Weekdays 8:30 am–5:00 pm: call 213-351-7800.

After-hours: call 213-974-1234 and ask for the physician on call.

Long Beach Health and Human Services:

Weekdays 8:00 am-5:00 pm: call 562-570-4302.

After hours: call the duty officer at 562-500-5537.

Pasadena Public Health Department:
Weekdays 8:00 am-5:00 pm: call 626-744-6089.
After hours: call 626-744-6043.

LAC Department of Public Health Measles Resources:
[Measles LAHAN](#) (2-1-24)
[Measles Information for Public & Providers](#)

[Read the CDC Health Advisory](#)

Perinatal Psychiatry Access Programs: Closing the Gap in Maternal Mental Health Care

The Gap in Maternal Mental Health Care

Three in four women with a maternal mental health condition do not get the treatment they need. Why?

One reason is that there are shortages in maternal mental health care at all levels. There are fewer than 500 psychiatrists trained in reproductive mental health to care for the 800,000 women who experience maternal mental health complications each year. Furthermore, there is only [ONE intensive perinatal mental health treatment program](#) for 4 million births in the United States (in comparison, there are 22 [inpatient programs](#) for pregnant and postpartum people in the United Kingdom for 600,000 births).

Dr. Aimee Danielson, a clinical psychologist at Georgetown University and MMHLA Board Member, describes the enormity of this gap in care in a CNN [article](#): “Imagine Capital One Arena filled to capacity with 20,000 sick mothers, all waiting for access to one treatment program, with hundreds more lined up outside.”

Beyond the numbers are the stories we hear from mothers who, in the midst of their battle with a maternal mental health condition, have had great difficulty finding the right care to help them recover. These stories reflect a nationwide lack of capacity to address maternal mental health in our healthcare system.

Perinatal Psychiatry Access Programs (PPAPs) Help Address This Gap

Perinatal Psychiatry Access Programs, which are population-based programs primarily at the state level, help address this gap by educating frontline providers (such as obstetricians and family physicians) to treat maternal mental health conditions.

These programs provide four key services:

- EDUCATION to frontline providers to help them screen and treat women experiencing maternal mental health conditions.
- TECHNICAL ASSISTANCE to help providers and practices implement screening and treatment protocols.
- CONSULTATION with psychiatrists for more complex cases.
- RESOURCES and REFERRALS for local supports such as therapists and support groups.

MMHLA Plays Critical Role in Securing Federal Funding for These Programs

Securing federal funding for these programs is one of MMHLA's primary policy objectives. The first federal legislation addressing maternal mental health, Bringing Postpartum Depression Out of the Shadows Act of 2015, provided \$20 million in federal funding for Perinatal Psychiatry Access Programs for fiscal years 2018 - 2022.

When funding was announced, 30 states and territories applied, but limited funding meant only 7 state grants were provided (FL, KS, LA, MT, NC, RI, VT).

Right from the start, the demand was clear: more federal funding was needed to establish programs in more states. Maternal Mental Health Leadership Alliance worked to introduce follow-on legislation – Into the Light for Maternal Mental Health and Substance Use Disorder Act of 2022 0- which re-authorized and expanded federal funding for these programs. In September 2023, 12 states were selected to receive a total of \$8 million a year in grants, including CA, CO, KS, KY, LA, MO, MS, MT, NC, TN, TX, WV.

[Learn More](#)

As of 2024, over half the states have Perinatal Psychiatry Access Programs, supported either through state or federal funding. In addition, there is a [nationwide consultation line](#) run by Postpartum Support International and a [Reproductive Mental Health Consultation Program](#) run by the Veterans Health Administration.

[Learn More About Perinatal Psychiatry Access Programs](#)

Lifeline for Moms Article. [Read Here](#). Research Paper: The Role of Perinatal Psychiatry Access Programs in Advancing Mental Health Equity [Read Here](#).

Maternal Mental Health Leadership Alliance – [Learn more and sign up for newsletter \(at the bottom\)](#).

Reproductive Health Updates

Last week, CVS and Walgreens [announced](#) that they will begin selling abortion pills with a prescription at pharmacy counters in a few states. Both chains said they would gradually expand to all other states where abortion was legal and where pharmacies were legally able to dispense abortion pills.

Opill, the first-ever over-the-counter birth control pill in the US, is [now available](#) for pre-order online, and will be on store shelves later this month. While over-the-counter birth control is a historic achievement, it will cost \$19.99 per pack. There is still more that needs to be done to ensure equitable access to birth control for all.

[Expanded SNAP Benefits Boosted Food Security During the COVID-19 Emergency](#)

More than 1.8 million children participate in CalFresh, California's Supplemental Nutrition Assistance Program (SNAP) program. A new PRB research brief highlights a national study that found that households receiving SNAP benefits at the height of the COVID-19 pandemic were more likely to be able to access sufficient and nutritious food and a study from North Carolina that found that SNAP shoppers bought fewer less-healthy food items in the first year of the pandemic.

[You Count Data Hub 2024 Update](#)

The California Homeless Youth Project at the California Research Bureau has released new data and features on its You Count Data Hub, California's first integrative dashboard on youth homelessness. Access the latest data from the California Homeless Data Integration System, California Department of Education, and U.S. Department of Housing and Urban Development. Also, see how California ranks among states on key measures of youth experiencing homelessness and availability of youth-dedicated beds, find a local continuum of care (CoC) homeless assistance program, and more.

RESOURCES

[Behavioral Health Virtual Services Platform](#)

California's Children and Youth Behavioral Health Initiative has launched two free behavioral health services apps for families with kids, teens, and young adults ages 0 to 25. BrightLife Kids provides behavioral health coaching for parents, caregivers, and children ages 12 and younger. Soluna offers confidential, one-on-one support for 13- to 25-year-olds.

EVICTIION HELP FOR LA CITY RENTERS

If you're at risk of being evicted, there's help available for you.

Do not self-evict without receiving advice.

If you receive a LA Superior Court Documentation (SUMMONS & COMPLAINT-UNLAWFUL DETAINER [UD]) **you MUST respond and file an Answer within FIVE days, or you will be evicted without a trial. For assistance, contact any of the following agencies ([see full notice](#)):**

SAVE THE DATE

Coalition for Economic Survival Tenants' Rights Clinic Every Saturday at 10 AM PT

Via Zoom

- Individual, one-on-one counseling
- Registration required no later than 5 PM on Friday
- Serving renters in the entire Southern California area
- Accommodations for Spanish and Russian speakers provided
- **Request a registration link via email at** helpinglarenters@gmail.com

April 6-7, 2024: Justice on Trial Film Festival. A New Way of Life and Loyola Marymount University. www.justiceontrialfilmfestival.net

A New Way of Life is proud to present the 11th Annual Justice on Trial Film Festival! Dedicated to exposing injustice and exploring solutions, the Justice on Trial Film Festival is the largest film festival dedicated to the interests and needs of incarcerated and formally incarcerated people and systems impacted communities.

The Film Festival is free and open to the public, and will be held in person at Loyola Marymount University on April 6th and 7th. We invite you to join us for an afternoon of powerful films from filmmakers all over the country! **Register [here](#).**

Monday, May 6, 2024, 12:00pm - 2:00pm Virtual Event: Responding Rather than Reacting: A Body-Mind-Emotion Approach for Helping Professionals to Increase Self-Regulation and Co-Regulation *with Jesse Bernal, LMFT*

Sponsored by Infant Development Association of California. Non-Member: \$55
IDA Agency/Individual Member: \$40 IDA Parent/Student/New Clinician Member: \$30.
Register [here](#):

Job opportunities available!

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

- [Health Care/Practical Support Navigator – Women’s Health](#)
 - [Project Director Reproductive and Maternal Health](#)
 - [Health Programs and Benefits Trainer](#)
 - [IT Support Technician](#)
 - [Volunteering](#)
-

Maternal and Child Health Access

350 S. Bixel St., Suite 150
Los Angeles, CA 90017
213 749 4261 phone
213 745 1040 fax
www.mchaccess.org
info@mchaccess.org

