

Maternal and Child Health Access



Monthly Virtual Meeting
Thursday, May 18, 2023 - 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: Lucy
Quacinella, Multiforum
Advocacy Solutions
**The Governor's May Revise -
what has changed from his
January budget, what hasn't.**

**Post-pregnancy 365 Day Medi-
Cal Coverage**

Health Coverage Updates

May is Mental Health Awareness Month
Asian American/Pacific Islander Heritage Month

Notes from Monthly Meeting April 20, 2023 ([website](#))

Speaker: Maria Griglio, Managing Attorney, Children's Law Center - speaking on the Family Advocacy and Support Center, a new program at the Children's Law Center.

Maria spoke to the statistics that motivated this new project: Of girls who were in foster care at age 17, more than one-fourth had given birth by age 20. In Los Angeles County alone, at any time there are more than 4000 parents with open dependency cases who were previously in the child welfare system themselves, about 15% of all parents in the system.

[The Family Support and Advocacy Center](#) (FSAC) is a project of Children's Law Center of California (CLC) providing early intervention and legal advocacy to former foster youth with closed dependency cases who are now parenting children of their own. The services are comprehensive and free of charge. They include both legal advocacy and case management support. Caseloads are small so that clients are provided close attention. The project provides parent support, service navigation, needed supplies and help with housing/eviction and custody orders and family law issues. See the posted flyers in [English](#) and [Spanish](#) for more information, call 1-866-435-1455 or email Referral@FSACLA.org.

Sylvia Castillo, Director, Government + Community Affairs, Essential Access Health - What's Happening with Mifepristone? Context and Impact in California

For those not familiar with Essential Access Health, it is the former LA Regional Family Planning Council, but as its "new" name implies, is so much more. Essential Access provides clinic support initiatives, provider trainings, advanced clinical research, advocacy + consumer awareness. Essential Access leads the Title X federal family planning program in California and Hawai'i.

As background, it must be established that abortion is health care. One in four women/people who can become pregnant in the US will have an abortion by age 40. As supporters of maternal health, we must "deal with it". MCHA and our partners would like to help ease the silos in which maternal and reproductive health do their work. Most abortions are to women who have previously given birth. 75% are poor or low income, 62% claim a religious affiliation, and 60% are in their 20s, with only 12% teens.

And medication abortions account for the majority of all US abortions, 53% in 2020.

After the fall of Roe v Wade in July of 2022 with the Dobbs vs. Jackson Women's Health case, the majority of women of reproductive age in this country, 58%, live in states hostile to abortion care. Twenty-six states are seeking to ban abortion entirely. A chart provided shows how far women will have to travel for an abortion if this happens, over to 600 miles in the state of Louisiana.

Mifepristone, one of two abortion medications in a two-step preferred protocol, is the target of a lawsuit saying that the FDA did not follow proper steps to approve the medication for abortion 23 years ago. That lawsuit is called, “Alliance for Hippocratic Medicine vs. FDA” At the same time, 17 states sued the FDA to allow any pharmacy or medical office to dispense mifepristone! That lawsuit is called State of Washington vs. FDA, There were several steps to the Alliance lawsuit that have resulted in a “stay” of the decision, a hold until oral arguments are held today, May 17. Mifepristone is still available.

If Mifepristone is not available... Racial and economic inequalities would intensify and an additional 2.4 million women would lose access to abortion. Demand for procedural abortions in clinics could increase, straining clinics and increasing wait times. President Biden has done what he can with his limited powers in this arena, by Executive Order: Guaranteeing emergency medical care, including abortion care in ERs; Directing Health and Human Services to explore options to support going out-of-state for care; Strengthening non-discrimination protections in health care settings and patient privacy under HIPAA; and establishing an Interagency Task Force on Reproductive Health Care.

62% of adults in the US believe abortion should be legal.

California has the Future of Abortion Council (“FAB Council”) to direct over \$200 million dollars to guarantee that California is and stays a “Reproductive Freedom” state. Fourteen bills have been signed into law to support access to abortion. A current bill, AB 576 (Weber), updates medication policies for Medi-Cal. Governor Newsom directed California to join the Reproductive Freedom Alliance of 21 states with Democratic Governors, is stockpiling medication for abortion and increasing training on how to use just the second medication, misoprostol, for abortions. This was the regimen in the past before mifepristone came on the market and can be used for abortions up to 70 days of gestation. In California, abortion care can be provided up to the point of viability – about 22-24wks/6 months, medication abortion can take place via telehealth and through the mail, there are no waiting periods or other restrictions, no age limits and doctors, Physician Assistants, Nurse Practitioners, and Nurse Midwives can perform abortions.

See resources provided at the end of the presentation slides. Thank you Sylvia and Essential Access Health! www.essentialaccess.org

Keep using Medi-Cal after a pregnancy!

Please let us know of any questions or issues you have with providers not accepting Medi-Cal after the 60+ day postpartum period. Encourage your clients to use their Medi-Cal – to get their eye and dental exams, mental health screenings and treatments and whatever else is needed. MCHA can help! See our newest resource, [“Make sure people get “full breadth” Medi-Cal during pregnancy and for the year after”](#)

Los Angeles Times, 4-25-23 'A perfect storm': Patients trying to hang on to Medi-Cal face long waits for help

Our health navigator partners and clients interviewed about upcoming Medi-Cal renewals and barriers. We all know that Medi-Cal should not have been cut off at all in the example case, we were still under pandemic protections, and never during pregnancy...

Canned music droned from the telephone as Jessica Sanchez waited, fidgeting and shifting her pregnant belly in her chair at the Santa Monica community health center. It had been an hour since Sanchez and a Venice Family Clinic worker had dialed up a Los Angeles County agency for help. At a prenatal appointment, Sanchez, 33, had abruptly discovered that her health coverage had been cut off months earlier. The news rattled Sanchez, who was already in her third trimester.

A looping recorded voice repeatedly told her, "Your call is important to us. Please remain on the line." Sanchez checked her phone, then pulled out a bundle of pastel yarn and resumed crocheting for the baby boy she is expecting.

"By the time they pick up," Sanchez, 33, said, "I'm going to be done with this blanket."

[READ MORE...](#)

CalFresh: Vehicles can count as shelter costs

[All County Information Notice I-15-23](#), which was just released. In addition to reviewing the regular rules, the guidance includes the following:

VEHICLE COSTS

Per 7 CFR 273.9(d)(6)(ii)(A) and 7 CFR 273.9(d)(6)(ii)(B), continuing charges for the shelter occupied by the household and insurance on the structure itself are allowable shelter costs. If a household experiencing homelessness is living in any type of vehicle, reasonably anticipated or recurring operational or maintenance expenses including, but not limited to, vehicle payments, and collision and comprehensive insurance premiums paid by the household are allowable shelter costs. The cost of overnight parking and camping fees are also a valid shelter expense. Expenses that occur less frequently than monthly may be averaged over the period for which they are paid. This applies to any costs paid by the household occupying the vehicle, regardless of whether the household owns the vehicle. The cost of fuel, such as gasoline or diesel fuel, to operate a vehicle is not an allowable shelter cost. The cost of fuel for a vehicle may not be considered a utility expense to qualify the household for utility allowances. Liability and medical insurance premiums are not allowable shelter deductions.

Expanded Eligibility for Head Start Programs

Families who get CalFresh are now categorically eligible for Head Start! This is a federal change. Please see the [letter](#) highlighting changes in Head Start policy which makes it easier for SNAP households to become eligible for Head Start programs. The flyer is a one pager that summarizes the expanded eligibility. We encourage you and your partners to disseminate this flyer widely, both in person and on your webpages. Our federal partners have stated that they are working on a customizable flyer as well that will be offered in both [English](#) and [Spanish](#) languages. We will share out when those items are available.

Gloria Molina - Rest in Power



See below for the announcement of her passing Sunday, Mother's Day...

It is with heavy hearts that our family announces Gloria's passing this evening. She passed away at her home in Mt. Washington, surrounded by our family. Gloria had been battling terminal cancer for the past three years. She faced this fight with the same courage and resilience she lived her life. Over the last few weeks, Gloria was uplifted by the love and support of our family, community, friends, and colleagues. Gloria expressed deep gratitude for the life she lived and the opportunity to serve our community.

We are so proud that Gloria will be remembered in history for the impact she made on Los Angeles, the state, and country as a Chicana activist, State Assemblymember, Los Angeles City Councilmember, and Los Angeles County Supervisor.

For us, Gloria will be remembered in our hearts as our loving mom and grandmother, protective oldest sister, wise tia, and loyal friend. We will miss celebrating with her on Christmas Eve, hosted at her home decked out in a new theme for the holidays and nourished with handmade tamales and a holiday feast with all the trimmings. We will miss watching Gloria the artist, seeing her imagine and create beautiful quilts that tell the story of our Mexican roots, and Gloria the teacher, who shares her passion with others so that they too can express themselves through this art.

Most of all, we will miss Gloria the strong and selfless matriarch of our family. She was the first one to call when she heard that we needed help, the first to volunteer to organize a family celebration, and the first one to tell us what we needed to hear to get back on our our feet.

We miss Gloria and take comfort in knowing that she is now at peace and in the loving embrace of our parents, Leonardo and Concepción Molina.

We appreciate the outpouring of support from friends and the community during this difficult time.

From the California Children's Trust - Youth Mental Health

Dear friends & allies,

As we move into Mental Health Awareness month, we at CCT invite you to join us in ACTION. We are already aware of the problems facing young people—the CDC and others have shown repeatedly that [our children and youth are not ok](#). The need for urgent change is clear. Tragically, too often we miss the most important action: listening to young people. They know what the real problems are, and they have real solutions. Are we ready to listen and take action with them?

Even the U.S. Surgeon General misdiagnoses the problem

A few weeks ago, the U.S. Surgeon General declared in the [New York Times](#) that he wants his tenure to be marked by his focus on young peoples' mental health. I think that's amazing and a worthy task of the most prominent public health voice in the federal government. CCT is proud to have worked with Dr. Murthy to advance his commitment. But as some of you might have seen from my impassioned response on [LinkedIn](#), by spending the bulk of his time blaming social media, the unquestionably talented doctor misdiagnoses the true underlying problem.

No doubt social media has made life harder for young people and is an expression and amplification of a culture that equates fame with merit and wealth with value. But social media didn't create these messages, and technology has also improved connections, expanded imaginations, and enabled new talents and interests to emerge.

The excessive focus on social media obscures the larger problem—young people are in crisis because the systems that are supposed to bolster them are complicit with, and extensions of, the culture and systems that oppress them.

This is one reason we have been adamant in framing workforce shortages as an opportunity to shift agency (who does the work) and power (who gets paid to do it) in Medi-Cal [through the recently expanded provider classes](#). The future of our youth mental health system looks a lot more like a support group meeting, peer-to-peer support, and activism than it does a psychotherapy session.

“Imagine if in ten years, individuals currently using Medi-Cal are holding jobs and delivering services within the Medi-Cal system, and as a result every child and youth who relies on Medi-Cal can easily and quickly feel supported by someone who shares their cultural identity and has walked a similar life path.”

~ Nghia Do, Student, CCT Youth Advisory Board Member, Founder of Youth Minds Alliance

A tale as old as time

Ours is a culture built on more than 400 years of structural inequality and racialized profiteering. We have constructed a toxic culture for our children, and must now join them in taking actions that will help them survive and thrive in it.

Specifically, instead of blaming new technology or citing the differing values of young people (a tale as old as time—just ask your own parents), we must listen to what young people say their problems are, as well as the solutions they propose to fix them.

Our friends at Health and Human Services (HHS) and the Children and Youth Behavioral Health Initiative (CYBHI) recently put together the [Youth at the Center](#) report that does just that. Working with young people, they found that the biggest challenges facing them today are systemic racism, lack of access to care, inadequate funding, and a lack of imagination about from whom and where young people can receive services. This is the correct diagnosis of the problem, and it lights the path forward more clearly than anything we or anyone else has written to date.

Youth say, "Our existence is resistance"

At CCT, we don't just listen to young people, we open up the driver's seat. Our [Youth Advisory Board \(YAB\) informs and guides our work](#). The YAB present with and on behalf of CCT at events, advocate in front of the legislature, and even speak their mind to the Surgeon General.

In our society it takes courage to get out of the way. But not as much courage as it takes the countless young advocates to stand up when our society tells them to sit down.

This Mental Health ACTION month, think about how you can support a young person in standing up for youth mental wellness..and how you can act on what they say.

Our YAB members will be offering some ideas throughout the month, and we hope you find one—or more—that moves you into action with them.

In partnership,
Alex

L.A. Care Health Plan and Health Net Commit \$114 Million to Bolster Los Angeles County's Emergency Response to Support the Unhoused

In Collaboration with the Los Angeles County CEO Homeless Initiative, the Investment Increases Access to Permanent Housing to Benefit People Who Need Higher Levels of Care

LOS ANGELES, May 3, 2023 – L.A. Care Health Plan and Health Net are excited to announce they are investing \$114 million over multiple years to address the homelessness crisis in Los Angeles County. Earlier this year, the county board of supervisors officially declared a **state of emergency** to expedite resources to support the unhoused.

In collaboration with the Los Angeles County Homeless Initiative (CEO-HI), the investment will fund two initial strategies:

- Secure leases on as many as 1,900 housing units and pay for vacancy coverage, damage repair, trash services, greenspace, maintenance, and/or pest control.

- Identify the needs of unhoused people through field assessments to determine who requires assistance with Activities of Daily Living (ADL) to move into permanent housing, which is especially important due to the growing number of [seniors experiencing homelessness](#) and people with disabilities.

UNIT ACQUISITION

Every year, a combination of local, state and federal funding supports various permanent and time-limited housing vouchers that are used to house people experiencing homelessness in the County. But a recent [study](#) found only 65% of people issued a voucher are able to lease a unit, and it takes an average of 122 days for those lucky enough to find a rental location. L.A.'s tight rental market is partly to blame, but so is illegal landlord discrimination against voucher holders, the majority of whom are people of color.

Supervisor Hilda L. Solis said, "When people experiencing homelessness try to use their rental vouchers in the private housing market, they often contend with unaffordable rent, tough competition, and historic and systemic housing discrimination. We've entered into this collaboration with L.A. Care and Health Net during a moment of urgency, but it will expand our housing portfolio over the long term and maximize the use of federal and local rental vouchers to bring people indoors."

L.A. Care Health Plan and Health Net's investment will be used to help the County secure housing units in the private rental market to serve people experiencing homelessness who have rental vouchers. This could include leasing entire apartment complexes, expanding opportunities for shared housing, providing additional support to landlords, and more. Leases could run from three to 10 years.

"Housing is critical for good health. This collaboration will help address housing inequities, which have resulted in health inequities, and it will make the voucher system more effective," said John Baackes, L.A. Care CEO. "Securing rental units in advance will ensure vouchers are able to be used and will cut down on the long wait times. At the same time, it will give landlords a long-term funding commitment."

This model of partnership is just another example of how Health Net and L.A. Care Health Plan continuously and consistently work to improve the lives of the communities they serve and provide crucial care to those who need it most.

"Health Net is proud to take part in this critical initiative, which will continue to increase access to housing for people experiencing homelessness," said Martha Santana-Chin, Medi-Cal President at Health Net. "Together we aim to improve access to whole-person care services for vulnerable Angelenos. Health Net will continue to build valuable partnerships that connect our members to needed housing services, helping to reduce and prevent homelessness in Los Angeles County."

ASSISTANCE WITH DAILY LIVING

Most shelters and interim housing settings are designed for people who can meet their own daily living needs. However, people experiencing homelessness who need help with things like bathing, dressing, or getting in and out of bed, are often deemed too needy for placement and remain unsheltered for longer periods. The investment over five years will enable the County to create assessment teams that will visit shelters and other interim housing sites to identify people needing ADL help, as well as connecting them with caregiver help in interim or permanent housing. This expands on current county programming.

Supervisor Holly Mitchell said, “Many people experiencing homelessness with a range of health and behavioral conditions or age-related impairments can find it difficult to access various systems of care, including housing. Thanks to this partnership with L.A. Care Health Plan and Health Net, we can reduce barriers and more quickly support a particularly vulnerable segment of the homeless population get the help they need to be housed, and to thrive.”

HEALTH EQUITY

Being unhoused, and the quality of one’s housing, can affect the health and well-being of Angelenos. Coupled with the knowledge that many experiencing homelessness in L.A. County are people of color, L.A. Care and Health Net view this challenge as a health equity issue.

The funding for this investment is the result of California’s [Housing and Homelessness Incentive Program](#) (HHIP), which the state launched with the help of matching funds from the American Rescue Plan Act. HHIP is a voluntary incentive program allowing Medi-Cal managed care plans (MCPs) to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health. L.A. Care and Health Net both serve Medi-Cal beneficiaries in L.A. County, and the plans are working together to meet funding guidelines and maximize the project impact. Because the funding is based on membership, L.A. Care will be allocating \$80 million to the project and Health Net will allocate \$34 million.

The health plans believe this investment will improve the lives of their members and communities, so they are also funding a robust evaluation to inform future policy, programs and future investments.

Under emergency declarations recently enacted by the city and county of Los Angeles, this project joins multiple efforts that are under way to dedicate and expedite additional resources to help the currently estimated 69,000 people experiencing homelessness.

State Title V MCH Block Grant

Dear Partners,

We are pleased to release the Draft Executive Summary and 2023-24 Application Narrative for our Title V Block Grant funding. Title V is the federal Maternal and Child

Health Services Block Grant, administered by the Health Resources & Services Administration (HRSA). Title V provides funding to serve women, pregnant people, mothers, infants, children, and adolescents including children and youth with special health care needs, and families in California.

Each year the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division completes a comprehensive report and application for the federal government in compliance with Title V of the Social Security Act.

Partners are invited to provide comments on an abridged draft which includes the Executive Summary and 2023-24 Application Narrative. The Application Narrative includes federally required components such as priority needs, objectives, strategies, and activities to describe upcoming plans for California's Title V-funded programs. The strategies and targets outlined in CDPH/MCAH's application were developed through an extensive needs assessment process conducted from 2018 to 2019, in collaboration with local MCAH programs and key partners. The Application Narrative is divided into five population health domains, as determined by HRSA: Maternal/Women, Perinatal/Infant, Adolescent Child, and Children and Youth with Special Health Care Needs (CYSHCN).

The Draft 2023-24 Executive Summary and Application Narrative can be accessed in the Public Input Section of the Title V web page:

[Draft 2023-24 Executive Summary and Application Narrative](#)

Your comments regarding these documents are appreciated. Please send any comments to CaliforniaTitleV@cdph.ca.gov by Friday, May 26, 2023.

If you have difficulty accessing any of the documents via the web, please contact MCAH Division at 916-650-0300 and we will e-mail you a copy. Please feel free to share this information with others who might have an interest in providing input. Thank you in advance for providing your comments.

Emily Zadeh, Acting Title V Director

Resources

The Los Angeles County Department of Public Health is recruiting for its Youth Advisory Council to raise awareness of health issues impacting our communities, collaborate with department leadership and give advice on the health and well-being of youth in LA County. Must be 16-21. See how to apply [here](#).

Info Session Thursday, May 18th, 5-7pm Rising Communities, formerly Community Health Councils is accepting applications for **TWO PAID (\$\$\$) youth summer programs** with you! MasterClass for Youth Activists program and our NEW program - The P.E.A.R.R Project! **Please share with your networks, especially youth!**
MASTERCLASS FOR YOUTH

Are you an aspiring young activist who's looking to make a real difference in your community? Look no further! L4E's MasterClass program is now accepting applications for its 10-week summer learning opportunity. See flyers. [Apply here](#).

Program Requirements:

- 15 - 18 years of age

- Resident of California
- Able to make 10 week commitment
- Thursdays from 10am-12pm

The P.E.A.R.R Project

The P.E.A.R.R Project is a unique, 7-week youth enrichment program for Los Angeles students. The P.E.A.R.R Project focuses on Prevention, Equity, Accountability, Resilience, and Reparations. Specifically, PEARR Scholars will participate in a series of learning modules focused on allyship, the history of enslaved peoples, California campaigns for reparations, resilience building, and policy and systems change following the failed War on Drugs campaign. See attached flyers. [Apply Here](#).

Program Requirements:

- 15 - 18 years old
- Resident of Los Angeles County
- Ability to make 7-week instruction commitment
 - Mondays (10-2pm) and Wednesdays (10-12pm)
- Able to attend Orientation on June 12th
- Able to attend in-person Graduation on August 5th

Our Info Session will be Thursday, May 18th from 5-7pm PT. Register for [Info Session here](#). Questions about either program, email: l4e@chc-inc.org

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**

SAVE THE DATE

Fri May 19, by ZOOM - [Meet the Doula Night](#) – 5-6 English, 6:15-7:15 Spanish. For pregnant people 12-30 weeks, their partners and family members planning on attending the birth – free session.

Fri May 19, 5-8 dinner, Film Screening and discussion Plaza de la Raza, 3540 N. Mission Rd. 90031 Join the Southern California Center for Latino Health for an evening of food, health resources, and a special screening of El Susto. Hear from healthcare experts from USC, Children's Hospital Los Angeles, and AltaMed Health Services and learn more about why Latinos are disproportionately impacted by the damaging effects of sugar, including type 2 diabetes, fatty liver disease, and other chronic illnesses. Download this informational [flyer in English and Spanish](#) to learn more. Register [here](#)

Monday, May 22 - 12:00 - 1:30 PM -Early Intervention, Advocacy and the California State Budget Revise

Infant Development Association Virtual Event. Attend to learn the latest early intervention issues and how to address them.

Non-Member \$35, IDA Agency/Individual Member - Free. IDA Parent/Student/New Clinician Member - Free

Register [here](#).

Friday, May 19, 2023

5:00-6:00 PM - Dinner and Resource Fair

6:00-7:30 PM - Screening of 'El Susto'

7:30-8:00 PM - Panel Discussion

Sat. May 20, 3-7 PM – Heal Hear Here – Los Angeles State Historic Park Free LA Freewaves and 30 art organizations bring you Indigenous-informed opening and closing ceremonies, an ancestral walking tour, a labyrinth with listening, a movement and drumming participatory workshop, art workshops, poetry readings and much more! This special occasion will gather diverse audiences and artists to create engaging, communal, and cross-cultural experiences.

Maternal and Child Health Access

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