



Maternal and Child Health Access

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Save the Dates!

Fri., Sept. 17, 8 AM - 4 PM: 3rd Annual Women in Pain Conference: Gender Matters - California Endowment For more information and to register, please visit the conference website [HERE](#)

Weds. Sept. 22 9:30 - 12:30 Early Intervention Field Meeting - Hearing & SIDS Do you know a child with a hearing loss? LACOE Early Intervention Support Services is hosting a meeting especially aimed at reaching parents, and helping you help parents obtain treatment for their child. It will address the concern that children with a hearing loss might also have a high risk of SIDS - Sudden Infant Death Syndrome. 10100 Pioneer Blvd. Rm. 105, Santa Fe Springs, CA 90670. **Contact Joseph Rivera (562) 940-1700.**

Friday, Sept. 24, 8:30-3: Climate Change, Air Quality and Health Conference Charles R. Drew University of Medicine and Science Keck Building College of Science and Health, 1731 E. 120th Street Los Angeles, CA 90059 Co-sponsored by Healthy African American Families

MCH Access monthly meeting

We will be moving around our meetings - please check each month

Thursday, Sept. 16, 2010 10 AM - 12 noon
Good Samaritan Hospital
(Moseley Salvatori Conference Center)
637 S. Lucas Street
Los Angeles, CA 90017
(between 6th and Wilshire Streets)

Speakers:

Nancy M. Gomez, Southern California Regional Organizer
Health Access

Topic:

Health Reform at six months of age!
What new benefits will go into place this month for insured/those seeking health insurance?
State legislation update!

Parking:

Free at MCH Access, enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across street or pay \$6 at Good Samaritan, entering on Lucas St. across from the conference center
PLEASE ALLOW TIME TO PARK AND WALK!

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July Meeting Notes - An Overview of the Children's System of Care (Mental Health) in LA County

Notes - Overview of Children's System of Care in LA - Guest Speaker: Olivia Celis, LCSW, MPI Deputy Director, Children's System of Care

Note: Ms. Celis has graciously made available her powerpoint slides from the July meeting; please call or e-mail info@mchaccess.org for a copy. Please also note that the summary below has NOT been reviewed by Ms. Celis or anyone from the Department of Mental Health - any inaccuracies are the responsibility of MCH Access.

Ms. Celis gave background information on the county's provision of mental health - the eight Service Planning

(HAAF)

For more information and to RSVP, please contact - Phone: Ms. Claudia Wiggins 323-563-5965
Email: claudiawiggins@cdrewu.edu
The event is free and open to public - Free parking

Sat. Sept. 25, 9 AM - 2 PM

Beyond Health Care Reform: A Vision of the Future,
Workshops and discussion of health care reform - sponsored by SEIU. [CLICK HERE](#) to RSVP by Sept. 17

Thurs., Sept. 29: 9:30 AM - 11:30

Mental Health is Everyone's Business: Promoting Collective Ownership and Wellness in Our Communities. Student Union, LA Room, Cal State University LA [CLICK HERE](#) for more info or call (323) 343-3770

Friday, Oct. 1, 8 AM-12 noon:

Transition Planning for Youth with Autism Spectrum Disorders: Models and Best Practices for Education, Employment and Health. \$20, \$40, or \$60 - contact Julie Maw at jmaw@chla.usc.edu

October 4 - 5, 2010: California SIDS Program Fall Conference "Angels Among Us". Doubletree Hotel

Anaheim/Orange County - 100 The City Drive, Orange, CA. 92868. SIDS Parents, Family Members, Health Care Professionals. Financial assistance is available for SIDS parents/family members residing in California. Continuing education units (CEUs) will be offered for RNs. Complete conference details including the agenda, speakers, registration form and fee schedule are posted on the [California SIDS Program](#)

Tues., Oct. 5, two community dialogues: 8:30 - 1:30 "Healthy Aging for Women" and 1:30 - 5, "Women and Health Care Reform" LA County Office of Women's Health. Call (626) 569.3818.

Fri and Sat. Oct. 8-9, 8-5 PM:

Preconception Peer Educator Training St. Anne's Conference Center (155 N. Occidental Blvd., Los Angeles, CA 90026. This training is open to all interested undergraduate and graduate students interested in health disparities, minority health and maternal and child health. There is no cost to participate. Participants will receive a certification as Preconception Peer Educators and internship recognition from the Office of Minority Health. To register on-line [CLICK HERE](#)

Friday, October 15, 8:30 - 10:30-

CCALAC's "Policy Café" breakfast and discussion November ballot measures. Cathedral Plaza, \$40 or \$25 student

Areas, statistics on the patients that the Department of Mental Health (DMH) sees, and funding streams. The process of initiating mental health treatment for a child was presented in four steps (with additional detail):

- Complete an assessment
- Determine the appropriate program
- Prepare a treatment plan
- Participate in treatment

The spectrum of care for children was presented as one of three types: 24 hr (emergency) services, day services or outpatient services. Ms. Celis outlined the funding sources available for these services: Medi-Cal; Early Periodic Screening, Diagnosis and Treatment (EPSDT); AB 3632; Katie A. Settlement (specialized foster care); Mental Health Service Act (Prop 63) Community Services and Supports (CSS) and MHSA Prevention and Early Intervention (PEI). Ms. Celis reviewed the Katie A. and MHSA funding streams most intensively. Statewide, there are five funding plans under MHSA - Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Capital Facilities and Technology; Workforce, Education and Training; and Innovation. Children's mental health is funded in the first two sources. CSS encompasses Full Service Partnerships (FSP) where children are enrolled; Family Support Services where mental health services are provided to caregivers of children enrolled in an FSP; and

Field Capable Clinical Services, delivered by multidisciplinary treatment teams and 60% of services are in field-based settings.

The MHSA funding has trended toward Evidence-Based Practices (EBP), providing "increased accountability to the families and public, and consistent treatment outcomes".

Questions arose about funding for perinatal depression and that parents need services, but there are little available.

Ms. Celis noted that more DCFS-referred "Katie A" clients should be identified and that they are moving to train agencies, schools, medical personnel, etc. how to do that and make referrals. The shift in services issue seemed to boil down to the funding match from LA County for mental health services, and how that has shifted from state "realignment" funds to Prop 63 funds, which have different "evidence-based" requirements. She noted that PEI funds are NOT covering all issues, and that it is meant to augment, not replace existing services. Thus, many community members and providers feel, some prior treatments and prior patients are now disallowed. Ms. Celis acknowledged that it is a time of transition and there is some confusion. Ms. Celis said that attendees may be provided with her phone number 213-738-2147. She has an Officer

rate - [CLICK HERE](#) for more info.

EMPLOYMENT

MCH Access has nearly completed all our hiring - see positions [HERE](#).

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of the Day who can respond to requests for services within the same day. If there is a sense that people are being turned away from specific providers and/or geographic regions, her staff or she can assist.

New Toolkit to Reduce C-Section Rate

Although geared more toward hospitals, there is information on this important topic that will be of use for a number of advocacy efforts to improve the quality and safety of perinatal care have received increased focus during recent years. Research has shown that early elective delivery without medical or obstetrical indication is linked to neonatal morbidities with no benefit to the mother or infant. However, despite ACOG guidelines, elective early labor inductions and cesarean sections are common and increasing in the United States and are creating concern about trends in current obstetric practice.

Together, March of Dimes, California Maternal Quality Care Collaborative (CMQCC) and the California Department of Public Health, Maternal Child and Adolescent Health Division are pleased to share with you the Elimination of Non-medically Indicated Deliveries Before 39 Weeks Gestational Age, a Quality Improvement (QI) toolkit. Funding for this toolkit was provided by Title V Funding from the State of California and March of Dimes. This collaborative toolkit was developed by academic and clinical leaders in California and was reviewed by clinical leaders from across the United States. The goal of this toolkit is to guide and support obstetrical providers, clinical staff, hospitals and healthcare organizations in developing a successful quality improvement program to eliminate elective deliveries < 39 weeks gestation.

Many organizations and individuals have contributed and worked tirelessly on this project and we want to thank all involved! **We also want to thank five American Congress of Obstetricians and Gynecologists (ACOG) Districts and the National and California Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) for their support.**

The toolkit incorporates policies and tools used successfully at multiple hospitals across the country. It outlines best practices and provides support materials and guidance for implementing a quality improvement (QI) project around reducing elective deliveries before 39 weeks gestation. It is organized in the following sections to support a hospital at any stage of the change process:

- Making the Case: A comprehensive literature review about the importance of eliminating elective deliveries

before 39 weeks

- Implementation: A step-by-step guide to assist hospital leaders with implementation
- Data Collection and Quality Improvement: A guide for measuring and tracking QI effectiveness over time
- Clinician and Patient Education: Educational tools for clinicians and staff about consequences of early elective delivery; educational tools for patients about the importance of the last weeks of pregnancy
- Appendices: Sample forms, Hospital Case Studies, QI Implementation Tools, Plan-Do-Study-Act (PDSA) Methodology, Implementation Resources and References

Please visit either [March of Dimes](#) or [CMQCC](#) to download your **free copy of the toolkit**.

Thank you for your interest and commitment in eliminating elective deliveries and we hope this toolkit will support you and your organization in bringing about change!

To support the QI Toolkit, the CMQCC site also has a set of slides that have two presentations, one for use in Grand Rounds and one for Quality Department meetings. The slides can be downloaded and customized for your facility's needs.

At the March of Dimes site, there is further information about how to order printed and bound copies of the entire toolkit (there are charges involved for these copies in order to cover printing costs).

New Process for CCS Applications in LA County - a message from the Deputy Director, LA County Department of Public Health, Children's Medical Services

Dear LA County CCS Providers/Stakeholders:
This is to inform you that effective August 23, 2010 we initiated a new intake process for all new referrals and new client service authorization requests for new and closed cases. All of these referrals/requests are now quickly routed to our Rapid Early Determination (RED) Team for determination of medical eligibility. If the referral/request is determined medically eligible, it is routed to our registration desk and follows the typical intake process (i.e., assigned a CCS#/nurse case manager, financially eligibility determination). If the referral/request is determined not to be medically eligible, the provider will receive rapid notification of our determination within approximately one business day of receipt either via fax (to the fax number on the referral/request) or mail. Our RED Team rejection responses will provide information as to why the referral/request was denied.

It is our expectation that this new triaging system will guarantee rapid determination of eligibility and improve efficiency by quickly providing information on the status of your referrals/requests. The emerging data on our new RED Team is very encouraging. In just the first week, approximately 50% of the workload triaged by the RED Team was rapidly determined medically eligible and forwarded to our registration desk. The remaining 50% were determined not medically eligible and rapidly returned to the provider without having to first go through our registration process. By triaging the referrals/requests in this manner, our workload from the point of registration through to the nurse case manager function has been significantly decreased, making it possible to quickly initiate SARs for new and closed cases that are CCS eligible.

You can help too!!! The best way to help us process the over 3,000 faxes we receive every day would be for us to receive only one copy of your referral/request. Please do not fax/mail multiple copies of the same request. It will result in duplicate reviews of the same information, which slows down our eligibility determination process.

We have posted a [Provider Bulletin](#) to our website with a list of Frequently Asked Questions related to our new RED Team processes. Please take a moment to review it!

One more extension for Healthy Kids premium payments - but this IS the last!

LA Care is providing an additional extension for Healthy Kids (HK) 6-18 families who have been disenrolled for non-payment of premiums.

If a family has been disenrolled from the HK 6-18 year-old program for non-payment of premiums, but sends LA Care the full payment they owed as of August 31, 2010, they will be reinstated into the program. LA Care needs to receive this payment as soon as possible and postmarked NO LATER than September 20.

LA Care began placing outbound phone calls September 2nd to all Spanish speaking households disenrolled effective September 1 to inform them of this extension. This is the final extension. It is being provided because families did not receive the nonpayment letter in their preferred language but in English only. Starting this month, all HK letters will be distributed in the following languages: English, Armenian Chinese (Traditional), Spanish, Khmer (Cambodian), Korean, and Vietnamese.

Please advise families disenrolled effective September 1 about this opportunity to have their children reinstated into this program. Have them send payment in full (outstanding balance) by the 20th of September 2010.

For questions please contact LA Care at 1-888-452-5437.

Medi-Cal restores some optometry services to adults

On July 1, 2009, the Department of Health Care Services (DHCS) excluded several optional benefits, including optometry services, from coverage for adult beneficiaries under the Medi-Cal program. Starting July 26, 2010, Medi-Cal will again pay for optometry services as a covered benefit for adult beneficiaries under the Medi-Cal program. "Optometry services" include diagnostic, ancillary and supplemental procedures used for the evaluation of the visual system. Services related to eyeglasses and other eye appliances are still excluded except bandaged contact lenses (HCPCS code V2599), which will be covered for eligible beneficiaries based on medical necessity.

For more information on restored optometry services for adults [CLICK HERE](#) for the Health Consumer Center's easy-to-read Questions and Answers flyer.

Announcing the California Women's State Appointment Project

A new nonpartisan program is being launched by a coalition of women's groups to promote the idea that women across the state apply for appointments - boards, commissions or agencies - at the state level for the new gubernatorial administration. The number of women serving in appointed positions does not effectively reflect the number of women or the diversity of women who live in California. The application and more information is available at the [Project's website](#)

Contact us

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