

News from Maternal and Child Health Access



**Our Pilot Program of
"WELCOME BABY!"
Proves Lasting Results!**

*"Knowing for sure I'm raising my kids fine, that I'm interacting well with them. The program made me feel confident as a mother."
- Commentary from Welcome Baby client at nine-month satisfaction survey.*

Beginning in 2009, MCHA and our partner California Hospital Medical Center piloted the Welcome Baby program, offering services to women who give birth there and live within a five-mile radius of the hospital in downtown Los Angeles. With generous funding from First 5 LA, Welcome Baby provides education and support for pregnant women and mothers of newborns, who are recruited either prenatally or in the hospital after giving birth.

Welcome Baby ends at nine months of age and is considered a "low touch" program because clients receive at most nine visits and phone calls during pregnancy and the postpartum period. Nonetheless, researchers from UCLA and the Urban Institute recently found that the program has been shown to achieve statistically significant and important long-term outcomes. The researchers conducted follow-up visits with a group of clients until their babies reached 36 months of age. Positive outcomes included: higher rates of breastfeeding initiation, duration and exclusivity; higher quality home learning environments; more frequent engagement in home learning activities; stronger maternal responsiveness, affection, teaching and encouragement; lower parental stress; and greater child social and communication skills.

"In particular, Welcome Baby participants are observed to be significantly more responsive and encouraging in their interactions with their three-year-old children than mothers in the comparison group, and their children have greater social competence and communication skills."

Significant as well are the findings that the toddlers in Welcome Baby have less body fat than children in the comparison group. With one in three kids in the US overweight or obese; this is an important indicator of

appropriate feeding and activity habits by the mothers in our program.

MCHA is very proud of these achievements. MCHA and California Hospital Medical Center have worked hard to develop the program as the model for expanding Welcome Baby throughout Los Angeles County. Fourteen additional hospitals, including the recently-reopened Martin Luther King, Jr. Community Hospital, have now started Welcome Baby programs and a 15th is in the works. MCHA is helping to oversee the quality assurance aspects of the expansion, with staff provides training, shadowing and coaching to the staff of the other 14 programs on home visits as well as group and individual reflective practice. The reflective practice provides a model for communication with the family and enhances the program's comprehensive content and empathetic approach, which focuses on the uniqueness of each family.

For more information, access the Welcome Baby 36-Month Outcome Report — First 5 LA report at http://www.first5la.org/postfiles/files/07502_36-MonthDraftReport_clean_tof5LA_062615_final.docx.



MCHA's Welcome Baby staff

MCHA ADVOCACY!



MCHA is recognized as the “go to” advocacy organization at both the State and County levels for health issues concerning pregnant women and families. Here are a few of our recent successes:

Medi-Cal expansion for pregnant applicants:

Beginning August of this year, the state has implemented the same expansion of Medi-Cal coverage for pregnant applicants that other single adults have enjoyed since health reform was implemented in 2014 — increasing the income limit to allow applicants to receive full-scope Medi-Cal to 138% of the federal poverty level. This moved the cut-off from about \$800 per month in income for a single pregnant woman up to \$1447 per month in income, allowing thousands more women to get full Medi-Cal benefits.

Changes to “pregnancy-only” Medi-Cal: The state expects the federal government to decide that California’s “pregnancy-only” or “pregnancy-related” Medi-Cal, for pregnant women with income over 138% of poverty up to 213%, should be counted as “Minimal Essential Coverage” (MEC). This means that the feds will treat enrollment in this kind of Medi-Cal as the same as full Medi-Cal, or any other kind of insurance, for purposes of the requirement to have health insurance. This spelled the end of “dual enrollment” in both Medi-Cal and Covered California for pregnant women and was a major game-changer for MCHA advocacy - we shifted to two issues:

The first was getting the MEC change programmed into the state eligibility computer, in order to end the situation where many women were being blocked from using their Medi-Cal for maternity coverage because of being dually enrolled. That obstacle was removed on October 12 with a change in the state’s computer program. Another improvement is that MCHA made sure that the state clearly communicates that “pregnancy-related” Medi-Cal covers all services needed for the health of the mother or the fetus, as the federal rules require. That work continues.

AIM/MCAP finally programmed into state’s eligibility computer: Back in 2013, when health reform was in the planning stages in California, the state left out the Access for Infants and Mothers (AIM) Program from the new application process for insurance coverage. AIM is now confusingly called the Medi-Cal Access Program (MCAP), but it does not provide access to Medi-Cal. Pregnant women with income over 213% through 322% of the federal poverty level (from \$2829 to \$4275/month for a single pregnant woman) are eligible for comprehensive coverage under AIM/MCAP, without regard to immigration status. Over one million uninsured California women ages 15 to 44 are in this income bracket. Our major advocacy accomplishment here is that, as of October 12, 2015, pregnant applicants eligible for AIM/MCAP are being identified for this program when they apply through either Covered California or at the county.

Other major improvements MCHA achieved for AIM/MCAP include:

- No more exclusion from the program when 30 or more weeks’ pregnant (reported last year)
- If income drops, AIM/MCAP payments can be lowered or, if the woman switches to Medi-Cal, eliminated.
- AIM/MCAP will no longer chase women to collect the full subscriber amount after enrollment ends.
- AIM/MCAP is ending retroactive disenrollments when a miscarriage or pregnancy has not been reported by the end of the 60-day postpartum period.

TRAINING CLINIC WORKERS AND COMMUNITY ADVOCATES



“The staffperson is having difficulty adding the newborn to Medi-Cal. Newborn was born premature and needs to have two injections each month to help with lung development. She was covered under the mom’s Medi-Cal card for the month of birth, and the month after, but now is unable to access care because of technical issues at the county social service office with computers. I spoke with my client and she is stating that she has not received a Medi-Cal card. The pediatrician and cardiologist are stating that the infant cannot receive medical services until the parents have insurance for the infant. Is there a Medi-Cal phone number the mother can call to find out what the insurance identification number is? Or should she wait to receive the card?”

Each month we train clinic workers and community advocates on what programs are available for their clients, how the programs should work, and most importantly, how to successfully advocate for their patients when something goes wrong. Every time we finish a training, we provide our contact information to the participants in case they need technical assistance when resolving their patients’ coverage issues.

And do they ever call us. We are able to talk over the particular issue with them, advise them on the policy that is being incorrectly applied and teach them how to go up the “chain of command” at the Department of Public Social Services, Covered California, and health and benefits sites, to correct the case. Reading down the lists of assistance monthly, there seems NO health coverage situation we don’t get called about! Brief examples include: health coverage when there are custody issues in a family; the kind of income that counts or doesn’t count in determining eligibility, such as life insurance payments and survivors’ benefits; Medi-Cal eligibility for senior citizens; where to send an application, and which application is the best for pregnant women... the list goes on.

Our training program has created a network of thousands of adept and effective advocates in clinics and social service agencies across the county who are able to better assist their clients.

NEW LOGO! NEW LOOK!

MCHA has been lucky with talented art design pro-bono work that started off our agency nearly 20 years ago. Now we’re feeling lucky again, to benefit from the talents of Young Chi of CHI Studio and Design.



Young designed the beautiful logo for The Wellness Center at Historic General Hospital, where MCHA has an office. Our new logo better incorporates our name and darkens the golden brown so that it is visible after copying. We hope you like it!

Thanks to Our Generous Contributors:

Our apologies for any misspellings or omissions. Please call (213) 749-4261 ext. 110 or info@mchaccess.org with corrections.

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MCHA IN 2015 By the Numbers!

15,000 low income individuals enrolled in health programs, referred to services, or problems with health coverage fixed. In October alone, 500 families were assisted just for problems with their health insurance coverage!

1,000's of packs of diapers, wipes and outfits given to new babies – thank you Baby to Baby!

1,300 individuals from 200 different agencies were trained on the complex web of health programs available in California, with 250 instances of technical support provided to agencies for difficulties with client access to care or coverage.

1,200 women and their new babies and families received support and assistance in their homes.

273 new applications submitted for CalFresh, the state's food assistance program, with **211** midyear mandatory reports and **271** annual renewals assisted.

250 women assisted with their family's short-term needs — domestic violence, shelter, benefits, transportation or other assistance.

200 strollers, bassinets, cribs or pack-in-plays for baby to sleep given to new low-income families.

194 different women came to weekly health education classes.

66 high risk moms and families received intensive case management services for up to two years after the birth of their children.

Through MCHA's efforts, thousands of pregnant women now have full health coverage and thousands more now belong to more economical and yet more comprehensive maternity care programs.

Our in-kind donations have provided thousands of dollars of furniture and items for the families we serve, primarily through LA Shares and Baby 2 Baby, but also from individual donors. To see the items we could use, see our website (www.mchaccess.org/wishlist.php)

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mch Advocate

Have enough stuff?

Ask friends and family to donate to MCH Access!

We will send them a wonderful card and can craft the message to your specifications! See our website to direct a donation in honor of someone special, www.mchaccess.org, or use the envelope in our mailing.

For orders after December 10th, know that the card or order may not arrive by the last day of Hanukkah and after December 21st, may not arrive by Christmas.

You may also request a handmade gift by a member of our Women's Collective—an apron, placemats or potholders—and give twice: to your recipient and to the Collective member! You may stop by our office and shop for aprons, pillows, potholders, cards, scarves and more from 9-5, M-F, or by appointment (call us at (213) 749-4261).



BLUEBONNET BABIES JOURNAL GIVES BACK



On Giving Tuesday, December 1st, Molly England, LCSW, Childbirth Educator and founder of Bluebonnet Babies, announced she would donate 100% of the profits from the sale of the Bluebonnet Babies Journals to MCHA!

The journals make a great gift for new parents!

<http://www.bluebonnetbabies.com/blog2/journal-that-gives-back>