

News from Maternal and Child Health Access



ABORTION IS HEALTH CARE

Cindy would have to be hospitalized for the abortion she wanted because she was considered obese and had possible blood clots. She wasn't able to have a CT scan because the provider told her they couldn't risk her breaking the machine. At the time, MCHA paid a taxi for her to get to the hospital the day of her procedure although Medi-Cal has covered non-emergency transportation for some time. When she arrived, she started to hemorrhage and she was rushed in for the termination.

"By October 2, 100 days after the June 24 decision, 66 clinics across 15 states have been forced to stop offering abortions, further deepening inequities in access to care. Up to 26 states are certain or likely to ban abortion." –*The Guttmacher Institute*

Maternal and Child Health Access (MCHA) was founded with the intent to support pregnancy care and the needs of pregnant people. This includes ensuring health coverage for all aspects of reproductive health, including contraception, miscarriage and abortion, and working to remove barriers to care as well as improve quality and how people are treated in visits. Whether a high-risk pregnancy is carried or an abortion is requested, we respect the choice a woman/pregnant person makes. We consider sexual, reproductive and maternity health care as reproductive justice issues, enabling low-income and people of color to exert control over their lives. Abortion is health care, period. Nearly 25% of women terminate a pregnancy by age 45.

MCHA is thus very involved in the statewide and local planning and decision-making taking place around abortion in California, activity which increased leading up to and with the overturn of *Roe v Wade* in the Dobbs Supreme Court decision. We supported California's *Future of Abortion Council's* deliberations and recommendations. We are a part of Los Angeles County's planning process for funding and logistics to assist abortion-seekers. And while we are lucky that California is considered a sanctuary state and Los Angeles a sanctuary county for abortion-seekers, the logistical and other issues for abortions in California were daunting even before the overturn of *Roe* and remain so. In 2020, the [Guttmacher Institute](#) estimated that the number of women whose nearest provider of abortion services would be in California would increase almost 3,000 percent, from roughly 46,000 to 1.4 million women. That same source tells us that 40% of California's 58 counties, or 23 counties, did not have an abortion provider in 2020.



Although we are lucky in Los Angeles to have many abortion providers, availability and choice are restricted by level of risk, which delays abortion care and makes procedures riskier. "High risk" can be many things, including high Body Mass Index level, diabetes, high blood pressure and other issues. MCHA assists many individuals get to a high-risk provider. Abortions are covered by Medi-Cal and other insurance, and pregnant people can go to any willing provider they choose, however, Medi-Cal plans can require prior authorization for a hospital stay for the abortion. Although most abortions are low risk and take place in an outpatient setting, for many high-risk patients a hospital stay is necessary. Without a recognized payment source, such patients risk being denied abortion care altogether.

MCHA has been instrumental in educating hospitals that Medi-Cal's "Hospital Presumptive Eligibility (PE)" coverage can also be used for inpatient abortion stays, a key difference from regular PE which only covers outpatient services for pregnancy-related care. We've also advocated that all Medi-Cal patients seeking abortion services be asked if they need transportation so that Medi-Cal's transportation benefit, which also covers lodging and meals, can be more widely utilized, especially for residents of those 23 counties with no abortion providers. Finally, MCHA is trying to extend awareness that 12 months "post-pregnancy" coverage is exactly that – coverage after a pregnancy, regardless of how it ends. Care after an abortion, birth or a miscarriage or stillbirth is important and we want people to avail themselves of it and providers to recognize that the coverage continues for a year after the pregnancy is over.

MCHA helped support and review this important LA County report:
[Office of Women's Health – Abortion is a Public Health Issue: Achieving Access and Equity Report](#)

Focus on Denise Cervantes, LCSW, CLE



Denise Cervantes has worked for Welcome Baby at Maternal and Child Health Access almost since the program's inception, more than 12 years. Her background and experience in mental health support for low-income families made her an obvious fit for Welcome Baby's support and education for new parents. Along the way, she rose from a Parent Coach providing home visits, to a Team Supervisor to a new position championing the program via outreach and social media while also overseeing staff and working on the most difficult of case situations. She also gained her Masters in Social Work degree from USC, conducting her internship at MCHA and is now a Licensed Clinical Social Worker, with MCHA contributing two hours a week to study time! Denise's area of work has focused around perinatal health and mental health, trauma healing, and equitable access to mental health services.

With over 12 years of support for pregnant and postpartum women behind her, it's no wonder Denise was tapped to be a panelist on a recent panel presentation focusing on pregnancy and birth for KPCC/LAist, "[Speak Up, Get Support, Turn Off The News: Expert Tips For A Successful Pregnancy.](#)"

Denise is not a medical clinician, but the focus of the show was on support for birth and beyond, the most commonly asked questions people have about birth, and creating connections. The pandemic has made birth and pregnancy very scary. Denise's training kicked in with one of the first questions from the audience, "I'm thinking about getting pregnant and I'm very scared of the delivery experience. What should I know?"

Denise: "As humans, we do something called mental filtering where it's really easy for us to remember all the bad things. Ask people about the positive things: What did you like about birth? What do you wish could have happened? Get support from somebody like a doula or a midwife to answer those questions about the birthing process, or join a home visiting program; there are many throughout L.A. County. Take a class. You can call and ask your insurance about childbirth education. I think the more informed you are, the better you are able to make a plan about how you wish your birth to go and that just makes it makes you feel more in control about the process."

Brandi Jordan, a doula, and Charlene Amey, a Labor and Delivery nurse, were on the panel as well. [The format of the event was an "Ask Me Anything"](#) format, with host, early childhood reporter Mariana Dale and guests live in the Crawford Family Forum in Pasadena and a virtual audience watching and asking questions. The show centered the questions and experiences of moms and birthing people of color.

From this experience and the outpouring of interest was launched a texting service "Hey bb" and [a series of pregnancy guides](#) How to Advocate for Yourself during Pregnancy; What Do Doulas Do – And How Can I Find One In LA?; We Launched A Text Service To Answer Your Pregnancy Questions; How To Take Family Leave in California (And What To Do When You Come Back To Work); What Even Is Postpartum? We Made You A Guide For The Other Side Of Childbirth. Denise helped shaped content and subjects to cover in these initial guides and we look forward to more.

Thank you Denise for assisting families so well and spreading the news about the availability of resources such as Welcome Baby and other home visitation programs!

Maternal and Child Health Access 2022-23 Board Roster

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Maternal and Child Health Access

*Organizations listed for identification purposes only.

MCHA ADVOCACY GETS RESULTS!

MCHA Champions Comprehensive Perinatal Services for the Post-Pregnancy Period

To protect people during the pandemic, Medi-Cal coverage has generally continued for all enrollees, regardless of an increase in income or not turning in renewal paperwork. Additionally, for pregnant people, new laws enacted in 2021 extend eligibility for 12 months post-pregnancy in Medi-Cal and in the Medi-Cal Access Program for slightly higher income people. This policy win reflects MCHA's most important goals – to make pregnancy and post-pregnancy health coverage better, and make sure that pregnant people and their doctors, nurse-midwives, nurse practitioners and others know about and use this coverage.

We have also worked to extend the evidence-based Comprehensive Perinatal Services Program (CPSP) throughout the new 12-month post-pregnancy period instead of just the initial 60 days. Why say "post-pregnancy" rather than postpartum? Because eligibility lasts for 12 months regardless of how the pregnancy ends – miscarriage, abortion, stillbirth or live birth – and because of the importance of that post-pregnancy period. In September, the [Centers for Disease Control published data](#) from 2017-2019 from 36 states involving over 1000 pregnancy-related deaths: 84% of maternal deaths were determined to be preventable, with the majority of pregnancy-related deaths occurring 7-365 days postpartum. This is a clear call to action! [Other reports](#) found that, not surprisingly, the pandemic exacerbated disparities in social determinants of health, such as access to care, transportation, employment, child care, housing, and also highlighted the effect racism has on maternal health. Social determinants have been shown to have a major impact on health, especially for the most vulnerable populations.

CPSP is a Medi-Cal benefit and provides the framework to address social determinants of health through supportive services that wrap around medical care. CPSP provides comprehensive assessments every trimester with added health education, nutritional, and psychosocial benefits and an action plan to address the assessment results. This Medi-Cal benefit is, or should be, available to every pregnant person with Medi-Cal. The state's own Maternal Infant Health Assessment collects a number of indicators of social determinants, some of which we have collected on the chart below to show the outside impact on Medi-Cal enrollees. While most measures improved slightly for individuals on Medi-Cal during 2016-2018, we are concerned for what the pandemic period will show.

MCHA has successfully advocated for CPSP to be included in tri-annual audits of managed care plans, the first time this will be done in the more than three decades since CPSP has been a Medi-Cal plan benefit. This year, we pressed for the extension of CPSP from the initial 60 days to the full 12-month post-pregnancy period in the 2022-23 budget and with a separate stand-alone bill, AB 1930. The champion and author was the Chair of the Assembly Budget Sub-Committee on Health and Human Services, Dr. Joaquin Arambula. Even with the March of Dimes and The Children's Partnership as co-sponsors, the support of an impressive array of both provider and consumer organizations, and overwhelmingly bi-partisan approval in both houses of the Legislature, the Governor vetoed the bill.

MCHA is grateful that Dr. Arambula will pursue the CPSP budget and policy measure again in the next session, and we will continue to educate people new to the program of its importance in maternal and child health.

Maternal Infant Health Assessment (MIHA) Social Determinants of Health 2016-18 (CDPH MCHD Division)

Factors	Medi-Cal	Private Insurance	0-100% FPL*	101-200% FPL	>200% FPL	Hispanic	Black	White	Asian/Pacific Islander – %
	%	%	%	%	%	%	%	%	%
Food insecurity during pregnancy	24.5	5.2	28.4	18.8	3	20.1	22.2	9.8	7
Daily folic acid use, month before pregnancy	25.1	48.5	24.9	28.5	50.3	27.2	30.1	45.5	49.7
Obese before pregnancy	31.2	18.3	31.7	30.5	16.9	32.8	34.8	19	7.3
Homeless or no regular place to sleep	5.1	0.6	7.4	2.8	0.6	3.5	11.3	2.6	1.7
Moved due to problems paying rent or mortgage	9.3	2.9	11.4	6.3	2.5	7.3	14.4	2.6	1.7
Woman or partner lost job	20.1	6.6	22.6	14.8	5.7	16.9	22.7	10.6	5.8
Became separated or divorced (during pregnancy)	10.5	2.5	12.5	6	2	8.8	14.2	3.6	2.2
Physical or psychological/PV (intimate partner violence)	9	2.4	10.1	6.4	2.3	7	9.4	3.8	4.5
Had no practical or emotional support	6.7	2	7.1	5.3	1.8	6.3	4.3	1.9	4.6
Mis-timed or unwanted pregnancy	34.5	18.4	38.1	28.5	16.7	33.4	35.4	18.9	17.9
Initiated prenatal care in 1st trimester	85.8	96.3	84.2	89.4	97	88.5	85.3	93.5	93.6
Any smoking 3rd trimester**	4	0.9	4.6	2.7	0.8	1.4	5.3	4.9	0.9
Did not complete high school (or GED)	24.3	1.9	27.8	10.4	1.2	23.4	8.3	3.6	2.7

*FPL = Federal Poverty Level

**Measure/definition changed for this indicator and is not comparable to prior years.

Source:

MIHA Data Snapshots, California: Health Indicators from the 2016-2018 Maternal and Infant Health Assessment (MIHA) Survey. Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Division; 2022.

10/1/22

MCHA Helps Improve Health Care Policies for the Whole Family

MCHA works with people in any age group who need health coverage and other forms of support. Our pregnant and parenting clients come in families: they often have adult children, or their senior parents may have coverage issues, or they may even be "older adults" themselves. Our most memorable influx of seniors was in 2019 when the ban on CalFresh for those receiving Supplemental Security Income was lifted. Our local Department of Public Social Services published a list of agencies that would help seniors. Since MCHA's address was on the list, many seniors and people with disabilities came in person without appointments to our offices, eager for assistance.

This year, MCHA has worked tirelessly to enroll undocumented "older adults" (50 years and older) into the full-scope Medi-Cal they are entitled to since May 1 of this year. Prior to May 1, we concentrated on getting them enrolled in "Restricted" Medi-Cal (restricted to emergency and a few other services) so that on May 1, the benefits would be automatically switched to full coverage in the state's computer. MCHA is proud to have assisted with the 286,000 undocumented people enrolled in full Medi-Cal statewide as of October of this year.

In assisting these elder clients, MCHA ran into a couple of policy barriers:

• Medicare-Medi-Cal Snafu

Since Medicare is widely seen as a program for the elderly, it might seem that MCHA's clients are not affected by it. But as explained, MCHA does work with the elderly; in addition, Medicare is for people with disabilities, too, and they may get pregnant and need medical care for high-risk conditions.

A low-income person may have both Medicare and Medi-Cal. While Medicare is the primary insurance, Medi-Cal can fill in gaps as the secondary insurance. So it is very important that the two coverages coordinate well together.

Since our work with older adults has recently intensified with the expansion for undocumented 50+ year-olds, we have had several undocumented clients whose earlier work visas or other circumstances authorized them to work and qualify for Medicare. But once those circumstances change, often as the result of advanced age or disability, they are no longer eligible for Medicare. But the eligibility system continues to link them to Medicare, which then "blocks" the ability to use the Medi-Cal for important medications and doctor visits.

One of our clients who was trapped in this snafu is Maria, referred to us by a worker at the local Department of Public Social Services. At the time, Maria had been more than two weeks without needed insulin. She had been misled by a notary who filed asylum paperwork for her. Her related Medicare application stalled, which in turn blocked the use of her Medi-Cal to get her insulin.

Her clinic would only prescribe, not provide medications, and their referral pharmacy did not provide her with any complementary medication while MCHA worked out her Medi-Cal eligibility and access issues. Asked how she was feeling, Maria said she was nauseous, exhausted, and just didn't feel well overall. So MCHA purchased a week's worth of insulin at pharmacy cost.

Working with two partner organizations, Maria's crisis was elevated to the state. The very next day, the state unblocked Maria's Medi-Cal and she was able to get more insulin, averting the disaster. She was extremely grateful for the medical and legal assistance we arranged. We continue to work with our partners to achieve a systemic policy solution for the many cases like Maria's; bringing them to the state one by one is not a feasible solution.

Her case and the IHSS issue exemplifies how MCHA addresses "individual" situations to connect to a systemic problem. MCHA works to identify barriers at the community level and makes sure they get addressed at the systems level by pairing direct assistance with policy work (see model). We identify problems and barriers, connect with others to understand how widespread the issue is, determine who is responsible, gather our cases and evidence, present solutions and help implement what works.



MCHA Advocacy for the well-being of the whole family

We have a unique model that drives change.

MCHA works to identify barriers at the community level and make sure they get addressed at the systems level by pairing direct support with policy work.



MCHA Helps Improve Health Care Policies for the Whole Family Continued from Page 4)

- In-Home Supportive Services (IHSS) and Undocumented Status



One of the most important and useful Medi-Cal benefits for those in this age group is IHSS. These are services to allow low-income elderly, blind, or disabled people, including children, to safely remain in their own home as an alternative to out-of-home care in facilities. Help is available for housecleaning, meal preparation, laundry, personal care services, bathing, grooming, and other supportive services.

However, MCHA's clients and cases referred to us for assistance showed that our county social services office was denying the IHSS benefit to undocumented applicants who do not have either a Social Security Number (SSN) or an individual tax filing number, or ITIN. The local county office was following state instructions, which treat Medi-Cal recipients as the "employers" of their IHSS workers, and employers

need to have either an SSN or an ITIN. But that is a "catch 22" for many individuals, as undocumented persons generally do not qualify for an SSN, and an ITIN is a tax processing number available only to people with taxable US income or for other specific tax-related purposes, which disqualifies many elderly or disabled persons and immigrants.

Other advocacy organizations and MCHA has been communicating with the state for a solution to this problem. So far, the state has agreed the county should not reject applications for IHSS services from immigrants who do not qualify for an SSN. Official written state policy still lacks clarity on the ITIN, which undoubtedly results in undocumented persons being denied the IHSS benefits they need. We continue to bring cases to the state and work with immigration and aging organizations on a better solution.

MC Transportation Inroads

MCHA has long promoted the use of Medi-Cal's non-medical transportation benefit, which covers trips to doctor and clinic visits, to pharmacies to pick up a prescription, to hospitals to visit a sick baby, and also covers lodging and meals. This benefit is in addition to medical transportation for those who physically need help getting to appointments – a gurney or special conveyance or assistance walking from a vehicle to a doctor's office. We called for clarity and improved instructions for Medi-Cal enrollees and those who work with them to know how to access the non-medical transportation benefit. MCHA created a video and presentation, advocate briefs, and consumer materials in English, Spanish and Chinese.

Along the way there have been several clarifications and improved instructions from the state to managed care plans, which are responsible for their members' access to transportation, and for the fee-for-service Medi-Cal program, which covers many pregnant and postpartum Medi-Cal recipients. Such guidance has been key for consumers as well as providers to know how to access the plans' or the state's request line for transportation. Still, advocacy is sometimes needed to be sure someone gets their ride timely and without disruption. One example is a client with children who had regular visits to Children's Hospital Los Angeles,

even though the family lived in Bakersfield. Although it took several hours to make the trip and they needed to leave often in the early morning hours, for any visit on the first of the month the transport provider would make them wait until he had verified eligibility for that month for the child. Since administrative offices didn't open until 8 or 9 o'clock, the family risked being late or missing visits altogether. Rather than make the family bear the burden of ensuring the hospitals and specialists didn't make appointments on the first of the month, MCHA complained to the state and the child's managed care plan to be sure their trips early in a month were not denied.

Given the work we do with clients often in other counties who must travel long distances for cancer care, high-risk pregnancies, and abortions, and especially knowing that 23 counties have no abortion provider, five have no access to maternity care, and two more have low access (meaning only one hospital or maternity care provider), MCHA has stepped up our work to inform consumers, other advocates, and providers of Medi-Cal's transportation benefit. We updated [our advocate flyer](#) and our client fliers with the latest information. And we are reaching out to groups to let them know of the benefit and that MCHA is available for assistance and advocacy to be sure the benefits are available.

Navigator Funding

Health Navigators were initially called Certified Enrollment or Certified Application Assistors, reflecting the emphasis on initial applications and eligibility renewals. Gradually, the nature of this kind of assistance as actual "case management" gained recognition. This recognition took persistent demonstration of how much "troubleshooting" had to be done to help people apply, certify enrollment, maintain continuous coverage, help enrollees understand the benefits delivery system, especially with managed care plans, and ensure timely access to the physician and other services promised in Medi-Cal. Today, this helping profession is known in California as "Health Navigators." Their work was recently highlighted in the [American Board of Family Medicine \("Community-Based Health Care Navigation's Impact on Access to Primary Care for Low Income Latinos\)."](#)

Along with partners in the California Pan-Ethnic Health Network, Community Health Councils in Los Angeles, and others, MCHA supported funding for health navigation in the state budget and as a separate bill, AB 2680, authored by Assembly Member Joaquin Arambula, Chair of the Assembly Budget Sub-Committee on Health and Human Services. Funding for three years was included in the Governor's May 2022 Revise budget. This was both a great victory and also recognition of the value of the work being done and the need for the work, given a number of changes: the Medi-Cal expansion to low-income people regardless

of immigration status and the expectation that Medi-Cal eligibility reviews, on hold since April 2020 due to the COVID public health emergency, will resume in 2023. This will put millions of eligible persons at risk of losing their coverage. Never has the work of health navigators been more essential.

However, the amount included in May, \$60 million over three years, amounts in practice to a one-third reduction, as it is identical to the amount MCHA and our partners were able to procure in 2019 for two years. Moreover, more counties are now applying for the funds for their own work and to pass through to their local community organizations. MCHA and our partners have continued pressing the state for an augmentation to adequately fund this work. The Governor's proposed budget in January may offer some answers.

“ Never has the work of health navigators been more essential. ”



Debbie and Lola packing up!

mcha is moving

Sometime soon, MCHA will be moving up the street (bucket brigade anyone?) to:

350 S. Bixel Street, Suite 150
Los Angeles, CA 90017

Also known as the Chamber of Commerce building, it's the past home to many groups we've worked with (LA's Best Babies, Zero to Three) and current home to a partner in health care, Disability Rights California, and our Congressional Representative (34th District) Jimmy Gomez!

Our move may disrupt some of our communications for brief periods only. We will keep you posted about the date and happenings at our new site!

A TALE OF TWO CITIES



The contrast could not be greater between who is doing well and who isn't in this city.

MCHA's move is unfortunately not unlike what our community is facing. The LA City Council voted on December 7, on the last Council meeting day of the year and ahead of the ability of the new council members being sworn in, including MCHA's new representative Eunisses Hernandez, to end the COVID State of Emergency on February 1, 2023, at the request of Mayor Garcetti. This is despite the fact that COVID cases are rising at a level not seen for a while and the state is extending the Public Health Emergency through a longer time period next year, to end health coverage protections no earlier than the summer.

“The LA City Council voted ... to end the COVID State of Emergency on February 1, 2023...”

The emergency protections that will be lifted covered almost all reasons for evicting tenants. Tenants have some protection for nonpayment of back rent; depending on the time period, back rent must be paid by August 2023 or February 2024. See Coalition for Economic Survival or Stay Housed LA for more information.

MCHA is fortunate to have a small amount of Emergency Food and Shelter (EFSP) funds to support community members in crisis who owe rent, and to provide emergency food. It was after a particularly bruising bout with our landlords that I (Lynn) climbed down the four flights of stairs for the third time that day to hand-deliver a check to a representative of the apartment LLC (“I’m parked outside, in the Mercedes”). This would stave off a three-day notice to pay rent for a young father and his kids. Jim has a construction business, but is not working right now and hasn’t had projects for the last couple months.

I didn’t know this at the time I handed over the check, but they had asked if MCHA was going to pay the exorbitant late fee of \$245!! Our caseworker said no but quickly asked if they could please waive it, that it is too much money and could they please waive it as a

gesture of goodwill for the holidays. She said she had to ask her supervisor. We won’t hold our breath.

As I walked back to the office, I decided to finally approach the woman with the shopping cart piled high

with blankets and possessions who has taken up residence outside our building. I asked her if I could bring her some coffee when I left, and she, Lulu, asked for hot chocolate. I wasn’t sure I could make it with milk and might have to with water, but she said it would be good to have something hot in the cold weather. I asked if she had no family, no other place she could go. “Yes, a son, but he is also homeless.” I asked her if she was harassed there, “No, but it’s scary,” and my heart broke for her. I asked about her benefits and told her of our work. She is a legal Permanent Resident and has of late gotten CalFresh and Medi-Cal; I couldn’t help but notice that she was missing

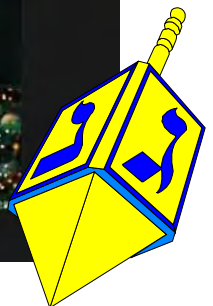
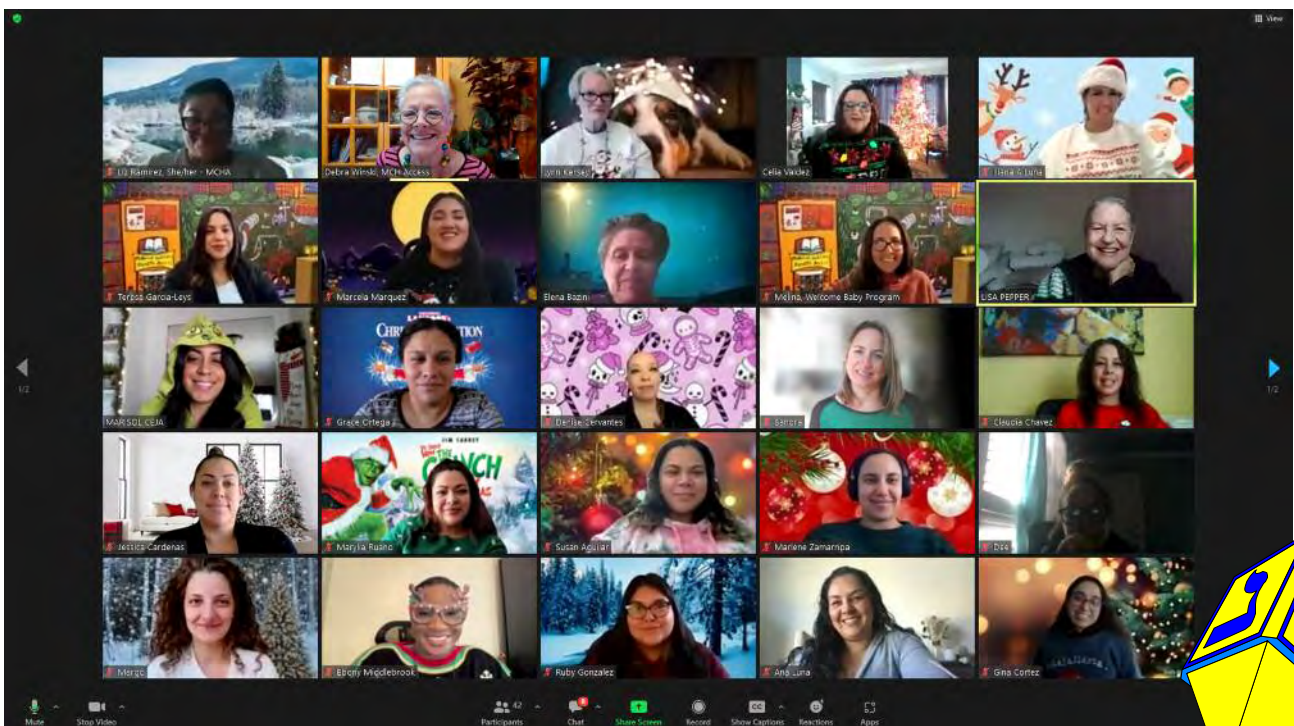
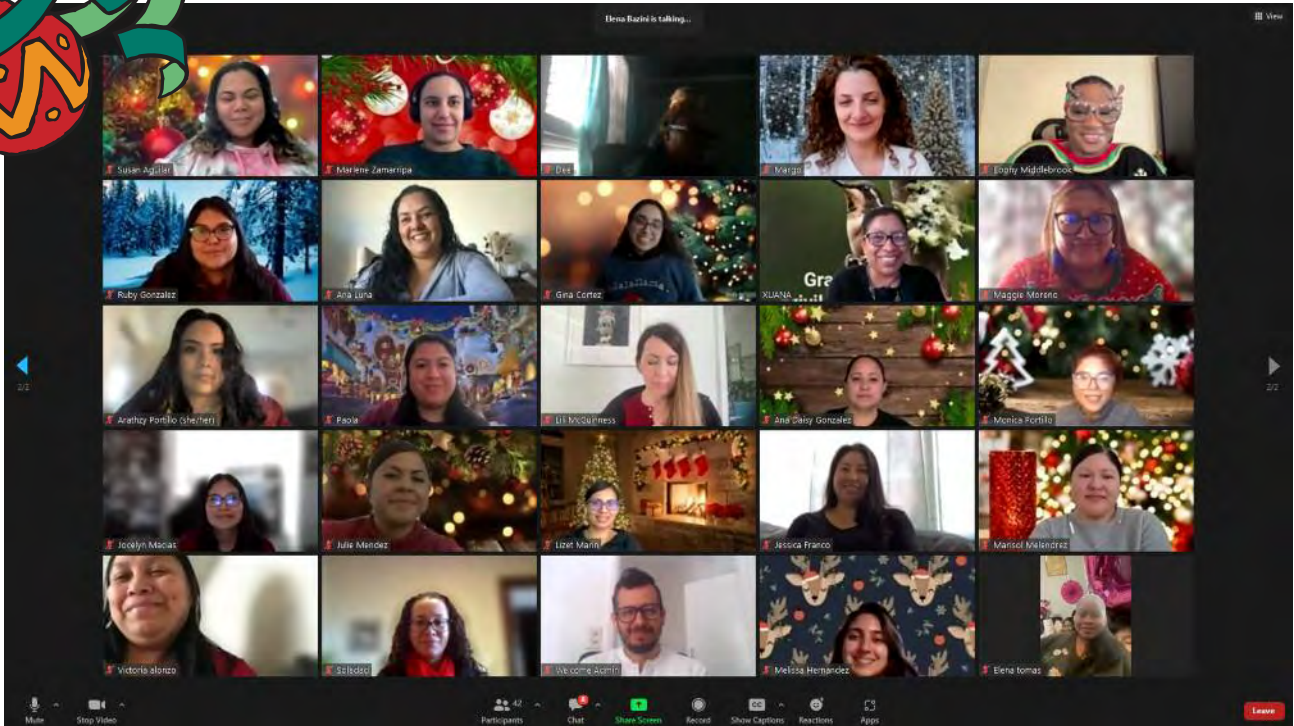


Mural of Elderly Woman

many teeth and silently noted that dental care would be on the list. To my surprise, she works, taking care of a child with special needs for a family, earning \$300/month. This is childcare for many who have no other options, and a job for many who also have few options. There is a lot to unpack here, but we will see what we can do with short-term housing and referral to the county’s Coordinated Entry System.

The contrast could not be greater between who is doing well and who isn't in this city.

MCHA (minus 10 employees) wishes you a happy holiday season!



Staff Shorts

Celia Valdez *Director of Health Coverage Outreach and Navigation*, is speaking this month to 200 USC first-year medical students about issues with health coverage that pose barriers to obtaining health care or maintaining good health. The class is taught

“...help coalesce advocate partners for improvements in CalSAWS (California's Statewide Automated Welfare System...”

by Dr. Sonali Saluja, with whom Celia and Yvette Leon, our Community Health Associate, conducted research on health navigators, [Community-Based Health Care Navigation's Impact on Access to Primary Care for Low-Income Latinos](#). The research, published in the Journal of the American Board of Family Medicine in early 2022, demonstrated that clients with

health navigator assistance were more likely to report having a primary care clinic than the comparison group. Those assisted by health navigators were also significantly less likely to experience several barriers to care, such as not having insurance, not being able to pay for a visit, and not having transportation. The article concluded, “Community-based navigation has the potential to reduce barriers and improve access to primary care for low-income Latinos. In addition to expanding insurance coverage, policymakers should invest in health care navigation to reduce disparities in primary care.”

Thanks Celia for your work to help share understanding of the work Navigators do!

Liz Ramirez *Director of Health Training and Education* was asked to Co-Chair the CalSAWS Advocates Group. CalSAWS is California's Statewide Automated Welfare System that is the merger of four total county-level eligibility determination and benefit systems. It will serve all 58 counties by 2023 and support six core programs: CalWORKS (cash aid), CalFresh (nutrition assistance), Medi-Cal, Foster Care, Refugee Assistance and County Medical Services. Liz attends a lot of meetings that help coalesce advocate partners for improvements in CalSAWS. She helps prepare meetings and agendas, supports communication with the state agencies and other stakeholders

between meetings, co-leads strategy development and pulls together examples and communicates with community agencies and community members who use and benefit from these systems. Liz has a self-taught background in systems logic and has always been the “go to” at MCHA for the flow in eligibility determination and benefits decisions in state and local systems. It has been both an outcome of her training and helped inform her trainings.

Thank you Liz for taking on this new role!

Yvette Leon *Community Associate*, is in her second year of a Masters Program in Public Health. She has been our research staff for a number of projects over the past few years, helping to find Spanish-speaking moms for focus groups to review the state's Maternal Infant Health Assessment survey, for example. Most recently MCHA was asked to help interview Medi-Cal recipients for readability and comprehension of difficult legal language in “Rights and Responsibilities” notices that Medi-Cal recipients receive. We commend the State Department of Health Care Services for taking on the difficult task of improving this kind of notice. Yvette is also working on recruiting research participants for a UCLA professor looking at the health impact for women and families of increasing income through available tax returns for low-income people.

Thank you, Yvette for advancing knowledge about health coverage and family support with these important projects!

“...clients with health navigator assistance were more likely to report having a primary care clinic than the comparison group.”

“...helping to find Spanish-speaking moms for focus groups to review the state's Maternal Infant Health Assessment survey...”



MCHA Community COVID Outreach

MCHA SHINES!

By the Numbers 2022

HEALTH COVERAGE OUTREACH AND NAVIGATION

Conducted direct outreach via phone or in person at events, such as back-to-school backpack giveaways and World AIDS Day recognition, to **2,684** people.

Completed health coverage applications for **665** un/underinsured individuals many of whom we were able to reassure that Medi-Cal is not a "public charge" affecting adjustment of immigration status, thanks to new federal clarifications.

Confirmed enrollment for **98%** of the people for whom we submitted an application.

Ensured that **97%** of those we enrolled accessed/utilized their health benefits – a health card is just a piece of plastic unless it's used to access care!

Assisted **95%** of those we enrolled in the previous year retain health coverage this year.

Helped an additional **1,424** people who didn't originally apply with us to renew their health coverage.

Resolved **7,738** eligibility and access to care problems for people (our biggest category and our specialty).

HEALTH COVERAGE TRAINING

1,015 people in nearly **100** agencies trained about California's complex health care systems and how to navigate them, virtually over Zoom.

165 episodes of Technical Assistance were provided by three, then two staff, to agencies needing help resolving a case situation for their clients.

CALFRESH/FOOD SUPPORT

350 New applications for CalFresh – that's an estimated thousand or more people now enjoying greater food security.

182 Cal Fresh Renewals due at six months "Semi-Annual Reporting" or SARs-7 reports – CalFresh still has six-month reporting, although Medi-Cal ended this practice many years ago.

147 Annual Renewals for CalFresh.

280 Incidences of resolving issues, with benefits cut, cards lost or stolen, or not working, which generally affect about three times as many actual people on the case.

25 Newborns added to the family case. Adding newborns is not intuitive, since babies don't eat solid food right away but an important way to increase the family's food purchasing power, especially if a new mom is breastfeeding and needing more calorie intake.

240 People assisted to create a new account for their CalFresh case in BenefitsCal, California's new statewide system replacing county-by-county benefits systems. This can take an hour or more to set up and involves lots of back and forth and teaching.

285 people assisted with Pandemic Electronic Benefits Transfer (P-EBT) questions and issues and **61** virtual presentations to schools and community agency partners. P-EBT is additional food purchasing money loaded onto a separate plastic card. It was started to help replace school food breakfast and lunch programs affected by the pandemic and has been difficult to understand and explain, as eligibility changes often to require CalFresh eligibility or not, and to include certain age groups.

6 CalFresh trainings – a new enterprise and an expansion for our CalFresh unit, helping to create and support CalFresh enrollers and advocates!

COMMUNITY COVID OUTREACH/

PERINATAL OUTREACH AND EDUCATION

MCHA is proud to contribute to lowering the disparity in vaccine access and uptake and thus lowering potential COVID infections with our COVID outreach, education and assistance. Recent reports continue to confirm that younger, Latinx, and non-Hispanic Black/African American adults and persons with lower educational levels – exactly the populations we work with - are less vaccinated and more prone to higher COVID infection levels.

10,000 Sets of surgical and KN95 masks, children's masks and hand sanitizer.

1,200 bags with information or separate sets of information: vaccine importance, community resources, and over **3,000** other individual items, such as PPE kits donated, sanitary supplies, gloves, COVID-19 test kits etc.

800 packages of diapers were distributed at health fairs and at our offices.

267 clients served in our health education classes biweekly with about **55** people per class! and **24** breastfeeding support sessions, with **10-12** clients each session.

593 clients contacted after testing positive for COVID and indicating they wanted assistance with medical, food or housing issues.

18,480 texts sent promoting activities, guaranteed income or rent relief opportunities, food distribution activities, upcoming classes and other events.

2089 referrals to MCHA enrollment services such as CalFresh and health coverage, to providers of community services, school support, financial support, including over 360 referrals or direct assistance related to housing, immigration, LGBTQ and other services.

WELCOME BABY HOME VISITATION

2000 families served in 2022 with home visitation support and education services.

93% of clients needing a dental referral received one, an important part of prenatal care as good oral health lowers risk for poor health outcomes for baby and mother.

Over **2,100** developmental screenings provided this year, representing over **98%** of our infants. The program will refer infant to further evaluation if a delay is suspected; the family is supported with early intervention services if needed.

Over **97%** of WVB infants had a 2-4 week well-baby check this year.

Over **92%** of our infants received their Medi-Cal card by the Welcome Baby post-60-day visit.

More than **88%** of our WVB mothers returned to their medical provider for postpartum visit within eight weeks postpartum, a better result than Medicaid and private health care nationally and ensuring access to comprehensive postpartum care after the birth.

More than **99%** of clients receive information on how to obtain ongoing and emergency care.

At the nine-month (final) visit, more than **96%** of infants are up to date on their immunizations, more than **98%** of infants have a medical home and more than **99%** of infants have health coverage.

Thanks to Our Generous Contributors, Grantors and Contractors!

Our apologies for any misspellings or omissions and with Amazon donations, we aren't given individual donor names. Please call (213) 749-4261 or email us at info@mchaccess.org with corrections.

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- LA County Department of Mental Health
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- Neighborhood Legal Services
- SMILE, California – Runyon Saltzman, Inc.
- The California Endowment

- United Way – Emergency Food and Shelter Program

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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.

You may also request a handmade gift by a member of our Women's Collective — an apron, placemats, pillows, potholders or earrings — and give twice: to your recipient and to the Collective member!

Donate by December 22 for holiday delivery. You may order after that time of course, but it may not arrive by December 25.