

News from Maternal and Child Health Access



MCHA'S WORK COMES FULL CIRCLE

The Los Angeles Times, New York Magazine, National Public Radio and a host of others have called attention in recent weeks to the 25th anniversary of the passage of Proposition 187. The initiative would have prevented immigrants without legal status from being able to attend public school and obtain public health and social services. Weeks before the election, 70,000 to 100,000 people marched in downtown Los Angeles against the measure, and student walk-outs took place in over thirty LAUSD schools. Still, Prop 187 won with 59% of the vote. Temporary injunctions kept most provisions from going into effect, but the judges gave the state permission to work on proposed regulations to implement the public health and social service bans.



cutting prenatal care services on the basis of immigration status, and both the appellate court and state Supreme Court denied the defendant's attempts to stay or reverse the injunction. The *Milagro Doe* case has thus allowed millions of expectant undocumented mothers to receive prenatal care under Medi-Cal to this day.

MCHA continued its work to reassure immigrant clients of the need for and safety of prenatal and other care, reaching out to garment workers and others who might

have been scared about using county and public health services. In the 1990s, "Public Charge" clarifications made the news, about who is considered to be a burden on the public, a "Public Charge" that would affect an immigrant's application to become a Legal Permanent Resident. We created posters with the Mexican American Legal Defense and Education Fund and Neighborhood Legal Services of LA to explain these clarifications. We fanned out to the Pico Union and other immigrant-rich neighborhoods to educate notarios, or notary publics, about these issues, because then, as now, *notarios* may give mistaken legal advice to immigrants either because they lack accurate information or act out of an abundance of caution.

Currently we are plaintiffs in another legal battle against a racist policy, one of the lawsuits seeking to stop proposed regulations that will count Medi-Cal, CalFresh and public housing for many as "Public Charge" considerations for legal residency (see *La Clinica de la Raza et al v. Trump et al*). Many of our clients are scared and dropping or not applying for any public benefits. We know that enrollment overall is down in Medi-Cal, CalFresh and WIC, the state's health and nutrition programs, even though the harmful regulations have been stopped by the courts from going into effect. And we know that without these critical programs, many immigrants who have nothing to worry about with "Public Charge" will suffer or even die. MCHA will continue to inform, to correct erroneous language and reporting, to support the city, county and state's work to provide services to which people are entitled and that they need. And we will continue to fight racist policies that harm our families, our friends and our clients.

Maternal and Child Health Access (MCHA) was officially born in 1996, just two years after Prop. 187's passage in November 1994 and amid the appeals, draft regulations and other implementation activities. The same year, with passage of federal welfare reform, the state sought to eliminate Medi-Cal's pregnancy-related care program for undocumented women. A statewide challenge was brought on behalf of the estimated 70,000 women who rely on the program each year to protect their health and that of their newborns. MCHA's client Milagro "Doe" (to protect her identity) was the lead plaintiff in the case, *Milagro Doe v. Belshe*. The trial court kept the state from making the cuts and the decision was upheld by the Court of Appeal. The California Supreme Court denied review.

Prenatal care is preventive care. Counsel, in the person of Lucy Quacinella, then with the Western Center on Law and Poverty and now our health policy lead, used a "public health" theory, developed in collaboration with public health experts: prenatal care was an entre to necessary testing and treatment of symptoms of a communicable disease, care which was permitted under federal law. Excluding undocumented women from prenatal care would have also excluded them from the federally-permitted testing and treatment of communicable diseases, which in turn would have resulted in significant adverse outcomes for both the woman's and her newborn's health, as documented by MCHA Board Member, Dr. Gary Richwald. The trial court enjoined the state from implementing the regulations or otherwise

Prematurity Prevention

In 2018, the March of Dimes Los Angeles (MOD) awarded a grant to MCHA to support Prematurity Prevention: Policy and Practice, aimed at serving maternal and child health needs here in Los Angeles. This program addressed increasing preterm birth rates in Los Angeles County and statewide in communities of color, and the barriers that exist for women who need support for prematurity prevention. MCHA worked on two prematurity interventions.

The first was One Key Question®, which is an initiative that provides community health workers, primary care teams and other providers with a simple question to start a conversation around “pregnancy intentionality.” The question, “Would you like to become pregnant in the next year?” is incorporated into routine care and services. Depending on the woman’s response, she is offered essential preconception care and/or contraception and her chronic health care issues and overall health are addressed. In our classes and support groups and with our case management clients, MCHA discussed with women making appointments for CalFresh or health coverage screening. Staff worked with over 150 women for this project, about half indigenous and half Latina clients. Of those who indicated they did not want to get pregnant, we know of only three women who became pregnant. Of those that were unsure or didn’t care either way, we know of only one pregnancy.

The other part of our MOD grant project involved Our Welcome Baby program. We saw over 500 African American women in 2018-19, although most of them were enrolled in Welcome Baby postpartum. Nevertheless, given the disproportionate rates of premature birth in the African American population, and the fact most women who may be candidates for intervention to prevent prematurity with progesterone shots (Alpha-hydroxyprogesterone caproate, or “17P”) are not told about the drug, MCHA wanted to explore screening our Welcome Baby clients for this medication. MCHA wanted to know: Has their provider assessed them? Are they interested to know more?



If they haven’t been told about the medication, will they talk to their provider about it? Do they need help talking to the provider? To receive a full course of the medication requires overcoming often insurmountable barriers: presenting early for prenatal care, being screened properly for the drug, having a provider offer it and then accepting it and adhering to weekly shots, requiring transportation, child care, and time off work. MCHA wanted to be the support for these women, in Welcome Baby. Ultimately, very few women were screened as eligible mainly due to how late in pregnancy they are

generally referred to MCHA. One very successful outcome was with a client who called us herself – for assistance with her Medi-Cal. When Genny called us she was 19-20 weeks pregnant and had not yet seen a provider. We asked her about prior preterm birth, advised her about Presumptive Eligibility for Medi-Cal and that she could and should get a visit immediately. When we followed up, she had gotten herself to her first visit and even asked about 17P. However, the doctor did not know if 17P was covered by Medi-Cal and “needed confirmation,” which we gladly gave and offered to intervene with the provider if necessary. In addition, Genny was signed up with another Welcome Baby program in her area.

A week later we followed up and learned she was getting her shots and happy to have known about 17P.

MCHA is incredibly thankful for the opportunity to delve into these two interventions. As part of a 17P workgroup under the MOD, we have the opportunity to work on a “tool kit” for providers and do more to improve the awareness, availability and ease of use of 17P. We were also able to present at the MOD groundbreaking Birth Equity Summit on November 18. We are so glad to be working on this important, impactful issue!

Client not Deterred in Her Search for Affordable Housing



We have written before about Rosa, for whom we had to fight for therapy for her debilitating depression from the loss of two children, and who gained legal Permanent Residency through a victims of violence visa. We have helped her remaining child attend camp every summer – getting the applications together and purchasing or getting donations for needed camping clothing and supplies. Most

recently, Rosa has made two incredible changes: She compiled and submitted the vast amount of paperwork needed to work for LA County In-Home Supportive Services (IHSS) caring for homebound

seniors! She loves helping others and working with seniors gives her great satisfaction and joy. Secondly, she got housing! Rosa has been living in a single apartment with her daughter and had been looking non-stop for an affordable apartment for the last few years. She heard a low-income apartment was available in the area she wanted to live in. She immediately submitted the application, and persisted in calling and visiting the apartment manager, asking him to please give her the apartment. Then it was like a miracle – she got the keys to the apartment and moved in late October.

Little by little, with the help of MCHA services and pure tenacity and determination, Rosa has more stability and is able to find joy in life with her daughter.

MCHA ADVOCACY GETS RESULTS!

Dental Care Improvements

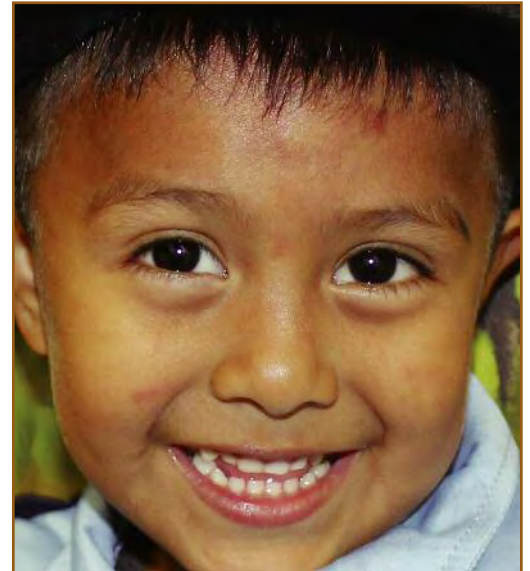
Oral Health Advocacy Coordinator, Susan Flores, and Fatima Clark of Children Now heard from local health center dental providers earlier this year that their thirteen year-old and older teen patients had decaying teeth you would not normally see except in adults. The clinics were receiving denials for laboratory-processed crowns, i.e. those made in a dental lab. Pre-fabricated crowns are used as a temporary fix while a laboratory-processed crown is manufactured to meet the patient's specific needs. The exclusion of these crowns from coverage for teens was a glaring omission, since root canals are covered and most of those teeth will need a laboratory-processed crown. Crowns are a preventive measure against tooth loss.

Flores and Clark wrote to the Director and Chiefs of the Medi-Cal Dental Program in March, 2019 to advocate for coverage. At that time, laboratory-processed crowns were not a covered benefit for any child in the Medi-Cal Dental Program. Through their advocacy, the Medi-Cal Dental Program was convinced of the need to have laboratory-processed crowns covered for all children at any age and almost immediately issued a [Denti-Cal Bulletin](#) (Volume 35, Number 18, June 2019) explaining the change!

In August, however, we received a call from a single-mom whose 13 year-old son needed a crown. The boy had recently had a root canal, but the dentist recommended a laboratory-processed crown to complete the treatment. The dentist's treatment authorization request (TAR) to Medi-Cal for the laboratory-processed crown, however, was denied, and he was told to proceed with a pre-fabricated crown. The dentist felt this was inadequate for his pediatric patient. The TAR

denial also said that laboratory-processed crowns were not a covered benefit until age 21. Having no other choice, this mom postponed the treatment for several months so that she could save \$500 to pay for a proper crown for the boy.

Fortunately, because of our advocacy efforts, our Oral Health Advocacy Coordinator explained the recent changes to crown benefits and educated the provider on the process of resubmitting the claim, assuring both the provider and family of its approval. A few weeks later, the child went in for the procedure and came out with a permanent crown that looked like a natural tooth, allowing him to smile with confidence!



Medi-Cal Access Program (MCAP)

MCAP is the name of the former Access for Infants and Mothers program, created in 1992 as a state-funded program for women with incomes slightly higher than the Medi-Cal cut off. Federal funds from the Children's Health Insurance Program (CHIP) now pay for the program. MCHA has spent many years trying to align the two programs and their eligibility rules and benefits for pregnant women. Recent victories include making sure that women who are eligible for low-cost MCAP are not mis-assigned to Medi-Cal with a high "share of cost," which confuses providers and blocks access to care.

Another area for advocacy was to make sure that the MCAP "Welcome Letter" informs women their coverage goes back to the first of the month, no matter how late in the month eligibility is approved. Otherwise, women won't know they can use MCAP to pay medical bills incurred earlier in the month.

MCHA has also made a number of recommendations for improving language in bulletins and eligibility descriptions for clarity to providers.

Finally, MCHA discovered that some pregnant women's early Medi-Cal, called "Presumptive Eligibility" (PE), is discontinued even though a woman submits a timely follow up application, which is supposed to continue the PE until the application for ongoing coverage is approved. The State indicated that its policy is to terminate PE if the applicant is screened eligible to MCAP, not Medi-Cal. It is particularly important that prenatal and other care not be interrupted for women pending an MCAP eligibility determination, which frequently takes far longer than ten business days. We are exploring

the State's and Federal Government's interpretation of this issue before considering how else we might address the issue of gaps in women's critical prenatal care.

Improving Covered California's Special Enrollment Process for Domestic Violence Survivors

Individuals experiencing domestic abuse qualify for a "special enrollment" period for Covered California so that they don't have to wait for the usual enrollment period, which is open only from November through January. However, as our former Health Coverage Trainer, Brigid Sweeney, discovered, the necessary information wasn't included at Covered California's website, and the process for applying based on domestic violence as a "qualifying life experience" for special enrollment is extremely burdensome.

MCHA brought this serious problem to Covered California's attention. The state has so far done a "quick fix" and is offering a workaround. But much more needs to be done to clarify and simplify the special enrollment process for survivors of domestic abuse, and MCHA will see this through to a streamlined solution.

In the meantime, MCHA created flyers and posted information on our website to explain this process for survivors, providers and advocates.



Welcome Baby is "Shadowed"

Welcome Baby staff were recently "shadowed," that is, followed and observed as well as featured in the respected journal, *The Future of Children* (Vol. 29, No. 1, Spring, 2019). MCHA is described as the pilot site for home visitation begun in 2009 in Los Angeles, "Welcome Baby" in which MCHA partnered with longtime program partner California Hospital Medical Center. We were shadowed again in July for a report on the expansion of home visiting for our Board of Supervisors.

The most recent shadow experience was a journalist writing for *The Chronicle of Social Change*. The reporter sat in on a "Group Reflective Supervision" session with all staff. He then accompanied home visitor/Parent Coach Melina on a 3-4 month visit. At the client's

request, her mother also participated in the visit. Both the client and her mother shared how much it meant for them to be together again, since the client had spent many years in and out of her family's life due to her struggle with substance use. She expressed appreciation for our support and stated that it felt good to have someone in her corner, especially after a DCFS follow up investigation after the client was discharged from the hospital. She spoke about the amazing advocacy and support that Melina provided.

He reported being inspired by the depth of experience, empathy and expertise that our staff provide and that there seemed to be such a high need for services like ours. Right on both counts, and we're glad, through the support of First 5 Los Angeles, we can do this important work.

A Lasting Effect

We were happily surprised with a visit from Maricela, a client we worked with in 1998 when she was pregnant with her third child. She was a single mom with no support system at the time and was trying hard to survive with her children. Her prenatal clinic referred her to us because she had no food for her family. Maricela was very shy and suffering from very low self-esteem. We gave her food coupons and other resources that could be helpful. She attended our weekly health education classes regularly, took literacy classes to learn to read and write in Spanish, enrolled in English classes and participated in marches for immigrant's rights with MCHA. Our classes offered her a chance to make friends with other women in the community who felt the same as she did. She suffered domestic violence, and these connections helped to bring her out of isolation and despair. We offered support and education to let her know that she has rights, that she is valuable and that she has a voice. She

returned to our classes with her best friend, a friendship that began in our class and has lasted 20 years. After participating in our services, she found her own voice and in her own words, told us,

"You helped me personally – you taught me how to say NO. You helped my children grow up with the desire to go to college when I didn't have anyone else to help me. And my kids still remember you. Coming back to see you, I feel like I am at home. Whenever I have the time, I will come back to the health education classes."

Now Maricela is married and in a healthy, loving relationship. All three of her children are in college. The oldest works at NASA while working on his Masters degree in math. The next oldest is a daughter who is 21 and also studying; she is pregnant and will graduate in June just before the birth in July, 2020. The youngest is at UCLA studying psychology and business.

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.

- Alma Family Services
- Amazon Smile
- Asian Americans Advancing Justice
- Baby2Baby
- Berke Family Foundation
- Bloom Again Foundation
- California Association of Food Banks
- California Poison Control System — UCSF
- Community Clinic Association of Los Angeles County
- First 5 Los Angeles
- Fred Siegel Foundation
- Gaia Capitol
- Health Net, Inc.
- L.A. Care Health Plan
- LA Shares
- Los Angeles Best Babies Network
- Los Angeles County Department of Health Services — Whole Person Care
- Los Angeles County Department of Public Health
- March of Dimes Birth Defects Foundation
- Morrison & Foerster Foundation
- Mujeres Unidas y Activas
- Nazdar Supply
- Ten Thousand Villages, Pasadena
- The California Endowment
- The California Wellness Foundation
- The Heartfelt Foundation
- The Protecting Immigrant Families, Advancing our Future (PIF) Campaign

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INDIVIDUAL CONTRIBUTORS— LATE 2018 THROUGH PRINT TIME

- Bonnie Armstrong
- Susie Baldwin
- Marc Belanger
- Susan Berke Fogel
- Linda Burden
- Linda Boyd-Cornell

MCHA in 2019—By the Numbers!

Over **17,000** low income individuals enrolled in health programs, referred to services, or problems with health coverage fixed.

1000's of packs of diapers, wipes, strollers, and baby outfits given to new babies – thank you Baby2Baby!

850 individuals from over **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.

Calfresh was added as a training topic, reaching approximately **75** people committed to and now knowledgeable about enrolling into Calfresh using Los Angeles County's online portal. Thank you LA Care!

Over **1800** women and their new babies and families received support and assistance in their homes!

327 new applications submitted for Calfresh, the state's food assistance program, with over **950** midyear mandatory reports, annual renewals and problems assisted.

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

200 different women came to weekly health education classes.

50 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 have been routed 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 Baby2Baby, but also from individual donors. To see the items we could use, see the list at the end of this newsletter.

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Stephanie Talavera
Children's Law Center

Lynn Kersey, MA, MPH, CLE
Executive Director
Maternal and Child Health Access

*Organizations listed for identification purposes only.

Wish List {Our United Way donation number is 595702 for workplace giving. }

- Holiday gifts for families, such as gift cards for food or department stores, blankets and children's toys.
- New or gently used maternity or baby/ children's clothing
- New or gently used bedding/towels
- New or gently used slings or other baby carriers and bassinets
- Household items – kitchen items such as pots and pans, dishware, silverware, and plastic storage ware with lids
- Small gift items we can use for raffle prizes in health classes
- Educational toys, children's books in Spanish and English, art supplies, school supplies
- Childproofing items: locks, table corners, cabinet closures, plug covers
- Sewing machines that work well or need only small repairs
- Soft yarn for knitting scarves and hats – linen cotton, wool best or nice fluffy colors in acrylic – or gift certificates for these items
- Fabric for aprons and purses made by our Women's Collective – colorful fun prints or bright solid colors, heavier fabric for lining, nice fabric for bags/purses – fabric or gift certificates to stores with the items, such as Joann's Michael's or Michael Levine's
- Grocery, department store or other gift certificates
- New or gently used large gift bags for baby items we provide

For our offices...

- Nice waiting room chairs that match!
- Digital camera
- Digital streaming large frame to show agency pictures in lobby
- Certificate-sized frames that match – for our awards
- Office supplies: color and white copy paper, pens, staples
- Professional photography for our office and document/website publishing

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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.

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

For Hanukkah, orders may be placed by Wednesday, December 18th, to arrive the the first night of Hannukkah and after December 20th, the card or gift may not arrive by Christmas.

You may stop by our office and shop for aprons, pillows, potholders, cards, scarves, jewelry and more from 9-5, M-F, or by appointment (call us at (213) 749-4261).