



VIVA
social impact
partners



Landscape Assessment of Maternal and Child Health Systems: Parent Interviews in Alameda, Fresno, and Monterey Counties

NOVEMBER 2025

Created with the support of a grant from The David and Lucile Packard Foundation

ABOUT THE PARENT CASE STUDIES

The parent case studies included in this report draw from interviews conducted as part of the Children and Families Initiative's (CFI) Landscape Assessment of Maternal and Child Health Systems, completed by VIVA Social Impact Partners with support from a grant from The David and Lucile Packard Foundation. These interviews served as one input to the broader landscape, providing essential context on how families experience health care, child care, and financial support systems across three California counties.

Parent interviews were conducted across Fresno, Monterey, and Alameda Counties between March 2025 and April 2025 to gather firsthand perspectives on navigating health, child care, and financial support systems. A total of fifteen interviews were completed, five in each county. Participants were selected based on specific eligibility criteria aligned with the focus of the landscape assessment to ensure that the perspectives gathered reflected the experiences of the families and communities with direct experience with the systems being studied.

- Eligible participants met the following criteria:
- Birthing parents of children from birth up to age three.
- Resided in Fresno, Monterey, or Alameda County.
- Identified as Black, Indigenous, and/or Latino.
- Fluent in English, Spanish, or an Indigenous language.
- Had accessed services from at least two of the following systems.
 - Health (e.g., Medi-Cal, home visiting, doula services)
 - Financial support (e.g., WIC, CalFresh, CalWORKs)
 - Child care (e.g., Alternative Payment Vouchers, First 5 services, Early Head Start)

Of the fifteen interviews, eight were conducted in English, four in Spanish, and three were conducted in Indigenous languages. For privacy reasons, the specific languages of each participant are not included in the corresponding case study. However, they are noted as conducted in English or a language other than English.

ALAMEDA COUNTY: PARENT A

SITUATION: UNEVEN ACCESS ACROSS PUBLIC AND PRIVATE HEALTH SERVICES

An Alameda-based mother in her early twenties described both reliable support and significant frustration during pregnancy and new motherhood. At five months postpartum, she reflected on how a mix of public and private services, such as Women, Infants, and Children (WIC), CalFresh, and Coco Duola, a free Black maternal health doula program, each played a distinct role in meeting her needs.

Applying for WIC was straightforward. She filled out an online application, a short phone interview, and soon received a packet in the mail with an EBT-style benefits card, instructions, and educational resources. The program's mobile app quickly became indispensable, allowing her to scan items in real time to check eligibility, track remaining benefits, and locate WIC-approved stores.

Applying for EBT, however, required much more persistence. Although the online form was easy to complete, the follow-up was slow. She waited one to two months for approval and had to call repeatedly, often struggling to reach caseworkers.

Her doula program, which was recommended to her by her Kaiser physician, provided prenatal and postpartum support tailored for Black mothers. The care was flexible, with visits available at home, in person, or virtual, and aimed to address stark racial disparities in maternal health outcomes. Although she chose not to have her doula present at her delivery, the ongoing postpartum support, from breastfeeding guidance to pelvic floor recovery resources, were invaluable.

Even with strong support networks, she faced a defining experience that shaped her view of the health system. Early in pregnancy, while receiving care in Sacramento County, a doctor advised her to take daily aspirin “because you’re Black” to prevent preeclampsia — without asking about her health history, diet, or lifestyle. She immediately changed doctors. To her, this was more than poor communication; it was a racialized assumption that disregarded her individual health profile.

OPPORTUNITY: STREAMLINE SERVICES THROUGH ONE-STOP PLATFORM TO ENSURE CULTURALLY RESPONSIVE CARE

Reliable transportation, strong family support, and good insurance eased her situation, but she recognizes that not every parent shares these advantages. She suggested a one-stop platform to apply for and manage all benefits, from WIC to doula services. She also suggested employing more Black OB-GYNs in Northern California and offering guaranteed paid parental leave for at least a child's first year to strengthen family bonds and early development.

ALAMEDA COUNTY: PARENT B

SITUATION: ACCESSING PUBLIC SERVICES IS CRUCIAL YET INCONSISTENT AND UNCOORDINATED

Navigating public services has been a journey of persistence, resourcefulness, and at times, frustration for an Alameda-based mother of two, who has one school-aged and one toddler. Over the years, she has accessed Medi-Cal, Women, Infants, and Children (WIC), child care through Bananas, and low-income housing. These programs provided stability during critical moments, but her experience also highlights how easily that stability can be shaken when systems are slow, uncoordinated, or overly complex.

Her first encounter with housing assistance came at a time when she was essentially homeless. With her mother's guidance, she visited a women's drop-in center that connected her to child care through Bananas and put her on the waitlist for a newly built low-income apartment complex. The housing came through after a year of waiting, but it ultimately provided the stability she needed.

Bananas became much more than a child care referral source. Through the program, she received holiday gift cards, diapers, wipes, and therapy resources during a period of postpartum depression. A staff advocate also connected her to WIC, where she received food benefits, breastfeeding support, and even a breast pump on the day she left the hospital. These touchpoints, where staff offered practical assistance alongside emotional and informational support, stood out as rare examples of programs that truly understood and responded to her needs as a working single parent.

But not all systems felt as supportive. During her first pregnancy, a system breakdown occurred when she moved from Daly City to Alameda, and Medi-Cal froze her case for months. Without coverage, she missed prenatal appointments, could not get an ultrasound on time, and lost access to cash aid and food stamps because her entire case was on hold. Resolving the issue required repeated office visits, resubmitting paperwork multiple times after it was misplaced, and eventually a formal hearing. The experience left her wary of relying solely on online applications, fearing that important documents might once again get lost.

Even now, she has delayed re-enrolling her toddler in Medi-Cal, partly due to long wait times and partly out of fear that her income will be considered too high, despite the reality of her household expenses. Income thresholds have affected her eligibility for multiple programs, making her hesitant to seek assistance she likely still qualifies for.

OPPORTUNITY: BUILDING COORDINATED AND STREAMLINED FAMILY CENTERED SYSTEMS

Reflecting on her experiences, she sees clear opportunities for systems to work better for families. She suggested creating shared eligibility information across programs, developing a streamlined online application with language options, and adopting policies that consider actual household income and expenses rather than just gross earnings. She also emphasized that every parent should have access to postpartum therapy, doulas during and after pregnancy, and nutrition counseling.

ALAMEDA COUNTY: PARENT C

SITUATION: NAVIGATING SILOED SYSTEMS AND INCONSISTENCIES

Public programs have been both a safety net and a source of stress for an Alameda-based mother of four. Over the years, she has accessed Women, Infants, and Children (WIC), CalFresh, Medi-Cal, housing assistance through the county's Section 8 program, and child care subsidies. These supports have helped her maintain stability during major transitions, especially when welcoming her youngest child. Yet her story also shows that gaining access to services isn't the only hurdle. Navigating disjointed processes, shifting rules, and inconsistent communication have been persistent challenges.

For her, applying for CalWORKS was an exhausting process. When she applied during her summer break from work, she encountered long waits, repetitive paperwork, and a newly implemented system that repeatedly lost her documents. She spent hours at the county office cycling between intake workers and case processors, only to face errors that led to overpayment notices ranging from \$2,000 to \$10,000, which she is now appealing. "Sometimes, even when you're assigned a regular worker who is assigned to your case, they don't always answer the phone or return your calls," she said. Without a consistent caseworker, resolving the issue has been slow and confusing.

She also faced challenges with her housing voucher, which provided stability but came with significant limitations. Policy restrictions kept her growing family in a three-bedroom apartment, even with children of different genders and medical needs. Requests for additional space are subject to the housing authority's discretion, and approval is far from guaranteed.

In contrast, her experience with WIC was a bright spot during pregnancy. Reapplying during her last pregnancy was straightforward: she called the office, provided proof of pregnancy and income, and received same-day approval. The program offered more than food benefits — it connected her to lactation support, breast pump loans, and nutrition resources tailored to her needs. "[WIC staff] just tell you what documentation you need, and then you provide those documents, and then they'll tell you, like right then and there at your appointment, if you qualify or if you don't qualify," she said, noting how rare that kind of clarity feels within the broader service system.

OPPORTUNITY: STREAMLINE SERVICES THROUGH ONE-STOP PLATFORM TO ENSURE ACCESS FOR FAMILIES

Through these experiences, she shared several ideas for streamlining systems and services. She wishes the county would simplify applications, coordinate data across programs, and build in grace periods for families transitioning back to work.

Her story highlights a core equity challenge echoed by many other parents. While programs exist to support families, their design often assumes unlimited time, transportation, and administrative capacity — resources that working parents rarely have. Streamlining access, ensuring consistent case management, and honoring the realities of families' lives could transform these programs from lifelines that are hard to grasp into tools that truly help families stay afloat.

ALAMEDA COUNTY: PARENT D

SITUATION: THE IMPACTS OF MULTIPLE SYSTEM APPLICATIONS AND COMMUNICATION DELAYS

Public programs like Medi-Cal, Women, Infants, and Children (WIC), and CalFresh have been essential in helping an Alameda-based mother stabilize her family. Yet her journey shows how the timing, communication, and coordination of these systems can make the difference between relief and overwhelming stress, especially during pregnancy and the fragile months that follow.

Her introduction to these services came through family advice and a chance hospital encounter. Her mother urged her to apply for Medi-Cal early in her pregnancy. After delivery, a hospital staff member handed her a packet of information about WIC, Electronic Benefit Transfer (EBT), and other supports. WIC, in particular, stood out for its simplicity and responsiveness, quick approval, regular check-ins, and immediate help with formula or food when she needed it. “[WIC is] always there,” she reflected, noting she’s never faced a challenge with the program or an issue they could not assist her with. “There was no waiting or, you know, they can’t help me with that, it was just easy,” she shared.

Medi-Cal, however, was another story. The application process began in-person, but after she dropped off the paperwork as instructed, she was informed it had been lost. Pregnant and nearing her due date without coverage, she spent months making calls, resubmitting documents, and waiting through mandated timeframes before anyone would escalate her case. Just a week before giving birth, she received an emergency temporary card, which was just enough to cover her delivery. Even after reapplying, coverage was delayed for months due to system transfer errors when she moved from San Francisco to Oakland. Each county claimed the other was responsible, and without a clear caseworker or point of contact, she was stuck in limbo.

While her application experience with CalFresh was quick, ongoing issues have been compounded by an unreachable caseworker whose voicemail is always full. A mistaken overpayment notice, caused by the agency, not her, left her stressed and without answers. Most recently, a missed recertification notice, the result of poor communication, put her benefits at risk despite her efforts to follow the rules.

Child care presented another significant gap. She applied to Bananas, Alameda County’s child care resource and referral program, when her daughter was a month old and was told the wait would be six months. Nearly a year later, she still hadn’t heard back and was even told at one point that she’d never been on the list. With formal options too expensive and unreliable, she now relies on a carefully choreographed network of relatives to cover care while she and her partner work.

OPPORTUNITY: INCREASE FASTER APPLICATION PROCESSING FOR EXPECTANT MOTHERS

Based on her experiences, she recommends faster processing for urgent cases, more proactive updates, and caseworkers who reliably answer calls. She also wishes applications could be completed and verified in a single in-person visit to prevent paperwork from being lost and to give parents immediate peace of mind.

ALAMEDA COUNTY: PARENT E

SITUATION: HOW SYSTEM COMMUNICATION AND COMMUNICATION GAPS IMPACTED PRENATAL CARE

When she became pregnant with her first child at 24, an Alameda mother felt both excitement and concern about how she would cover medical care and essential expenses for her baby. She already had Medi-Cal coverage, but her clinic also referred her to a home visiting and prenatal program that provided regular check-ins, growth and nutrition guidance, and reassurance about her baby's health. During pregnancy, she received visits every two weeks, and treasured the sense of security they provided – someone weighing, measuring, and ensuring her son is thriving.

Yet, her journey through public systems has been anything but smooth. When she first applied for Medi-Cal after arriving in the U.S., approval took three months, with repeated phone calls going unanswered and in-person visits yielding little progress. She grew frustrated when her coverage was canceled for six months during pregnancy due to lost paperwork after a change of address. Without notice, mail continued going to her old home. She missed two prenatal appointments and had to pay out of pocket before temporary pregnancy coverage was granted. It ultimately took persistence, multiple office visits, and a manager's intervention to fully restore her insurance.

While Medi-Cal and her home visiting program have been reliable once established, other supports have been harder to access. Over a month ago, she applied online for child care assistance to work more hours and finish school, but there has been no follow-up beyond a brief confirmation call. In the meantime, she relies on her mother-in-law for child care.

OPPORTUNITY: INCREASE PROGRAM COMMUNICATION AND NAVIGATION SUPPORTS

Her reflections on navigating these systems focused less on eligibility rules and more on communication gaps and processing delays. She wishes agencies would respond faster, explain processes more clearly, and provide timely updates, whether by text, call, or both, so families are not left in limbo. She also believes income eligibility thresholds should be reconsidered to reflect the realities of raising children in a high-cost region, allowing more families to qualify for help.

Her story underscored that the most significant barrier was not learning about available programs but enduring the wait for them to take effect and navigating communication breakdowns. Inconsistent follow-up, lost documents, and slow response times created unnecessary stress during an already vulnerable stage of life. Real-time communication, streamlined document submission, and protections to prevent coverage loss during life transitions could help ensure expectant and new parents receive continuous, coordinated support when they need it most.

FRESNO COUNTY: PARENT A

SITUATION: INCONSISTENT GUIDANCE AND ADVOCACY & COMMUNICATION GAPS FROM PUBLICLY FUNDED PROGRAMS

For a Fresno-based mother of five, publicly funded programs have been a constant part of raising her children, but so have communication gaps, inconsistent guidance, and the absence of sustained advocacy. Over the years, she has navigated CalFresh, Women, Infants, and Children (WIC), Medi-Cal, CalWORKs, subsidized child care, and the Black Infant Health (BIH) program. While some supports were immediate, such as Medi-Cal coverage during late pregnancy or same-day WIC vouchers, others were slow or inaccessible, like a two-year wait for child care for her older children.

Across most other agencies, she often felt dismissed, as though having five children meant she should already “know everything.” Staff rarely took the time to explain processes, and trying to reach someone by phone could mean hours on hold, unreturned calls, or being asked repeatedly for the same documents due to internal mistakes. With no consistent follow-up and no single caseworker to turn to, every interaction felt disconnected and impersonal.

System errors also compounded these frustrations. A multi-year insurance mix-up left her without health coverage during her first trimester with one child, as Medi-Cal and a private insurer each insisted the other was responsible. Navigating that dispute required persistence, multiple conference calls, and deep knowledge of enrollment systems, resources she noted most parents wouldn't have.

Through these experiences, she identified two core issues that weaken service delivery. There is a lack of proactive communication and tailored, relationship-based support. She recalls earlier years when caseworkers met with clients in person, checked in regularly, and built trust over time. However, in her experience, these practices were largely abandoned after the COVID-19 pandemic. Without that connection, families are left to navigate complex rules, changing eligibility criteria, and interagency gaps on their own.

OPPORTUNITY: CULTURALLY AND PERSONALLY RESPONSIVE PROGRAMS WITH CONSISTENT/PROACTIVE COMMUNICATION

Her experience with BIH stood out in stark contrast to her interactions with most county services. Through BIH, she found a culturally affirming space where mothers shared advice, set goals, and continued to check in on each other long after formal sessions ended. “[The postpartum group] made me feel whole again,” she reflected, noting how these peer connections helped her during her postpartum period in a way no other program had.

Building on these reflections, she offered several key recommendations. She suggested investing in culturally responsive programs like BIH and modernizing outreach so families can learn about services through social media, targeted ads, and community networks. Most importantly, she emphasized that service providers should approach families as partners, meeting them where they are and adapting to their needs through phone calls, in-person visits, or home-based support.

FRESNO COUNTY: PARENT B

SITUATION: THE CHALLENGE TO ACCESSING IN-PERSON SUPPORTS AND SYSTEM NAVIGATION

A Fresno-based mother in her early twenties experienced both joy and steep learning curves in the months before and after her first child's birth. At just 21, she was navigating not only the transition to motherhood but also a complex web of public assistance programs, some of which felt seamless, while others left her feeling adrift.

Early in her pregnancy, she turned to her aunt for guidance, who directed her to Women, Infants, and Children (WIC). That connection opened the door to CalWORKs, and her existing Medi-Cal coverage carried over from when she was on her mother's case. These programs quickly became lifelines. WIC, in particular, stood out for its warmth and clarity. Staff explained each step, offered baby formula when breastfeeding proved difficult, and later provided solid foods, diapers, and resource lists for local food distribution sites. "The most helpful was WIC for sure. Because [WIC] was an easy process, they explained everything to me, and they also told me that if I ever needed help as a new mom, they had a lot of help to direct me to the right way," she recalled.

CalWORKs, however, was a different experience. Long phone waits, often up to an hour, were common, and the income-related paperwork was confusing for someone new to the system. She remembers calling midday and being told to try mornings for faster responses. Even after getting through, the process stretched over a month and required multiple calls, an in-person visit to submit documents, and an interview. Without a car, transportation magnified every delay: what would have been a 15-minute drive to the office became a 90-minute bus ride each way, and urgent dental care was often out of reach.

Insurance changes after her baby's birth added another layer of difficulty. Without notice, her coverage shifted to a Health Maintenance Organization (HMO), which her regular dentist no longer accepted. The only available providers were nearly an hour away by bus. She went months without dental care, and when an urgent care visit revealed her insurance wouldn't cover services or prescriptions, she found herself stuck in a loop of phone transfers and unanswered questions. A home visitor eventually helped her call and request removal of the HMO designation, but she was left wondering why no one had prepared her for the change in the first place.

She realized she valued the in-person connection and guidance from her CalWORKs home visitor. She recalls this provider sitting with her, calling the insurance company on her behalf, and helping her troubleshoot when systems failed. Services proved most effective when supported by a trusted guide who could interpret paperwork, navigate phone trees, and bridge gaps between programs.

OPPORTUNITY: EXPAND TRANSPORTATION SUPPORTS AND SERVICE MODALITY

Reflecting on her experience, she recommended two key system improvements. First, she suggested providing more transportation support, such as bus passes for in-person appointments, and expanding home visiting or virtual assistance options for families without reliable transportation. She also envisioned a network where benefits offices proactively inform parents about insurance changes, available resources, and program eligibility rules, so that avoidable surprises don't disrupt vital care.

FRESNO COUNTY: PARENT C

SITUATION: THE CHALLENGE OF SYSTEM NAVIGATION, EVEN WITH SUPPORTS

For a Fresno-based mother, the turning point in her journey with public assistance was not the moment she first applied, but when she began actively using the services. Although she had been enrolled for nearly two years, it was only in the last five months, after leaving an abusive relationship, that she began navigating Medi-Cal, CalFresh, CalWORKS, and child care assistance for herself and her two-year-old daughter.

Her first connections came through the Marjaree Mason Center, which referred her to therapy, parenting groups, and home visits. Those home visits, later coordinated through the Neighborhood Resource Center, provided tangible support: a safe space for her daughter to learn and play, a heater to warm their poorly insulated room in winter, and monthly supplies of diapers. The personal, in-home connection made these supports feel immediate, practical, and closely attuned to her daily reality.

Other systems were less forthcoming. When she first sought housing help, she visited the welfare office multiple times but left without useful information. A caseworker once told her bluntly that if rental assistance were available, she “would have applied for that” herself. It was only through another parent she met at a daycare that she discovered active low-income housing programs. That connection helped her learn about opportunities that were not presented to her at the office.

To apply for child care, she was given a list of websites and referrals, instructed to choose a provider, and coordinated payments directly with the welfare office. Later, however, she wished the list had included more information about program quality and licensing history; knowing her provider had been open for only two years might have influenced her choice.

OPPORTUNITY: PROVIDE PARENT SYSTEM NAVIGATION AND TIMELY SUPPORTS

As she reflected on her experience, she realized her main challenge wasn't eligibility but not knowing the right questions to ask. Benefits staff rarely volunteered information, and her lack of familiarity with the system led to months of missed opportunities. From her experience, she advised other parents to write down every possible question, from transportation help to child care options, and ask them directly.

She emphasized that proactive, upfront communication about all available programs, delivered at key touchpoints such as hospitals, WIC appointments, and welfare intakes, could turn missed opportunities into timely support for families like hers.

FRESNO COUNTY: PARENT D

SITUATION: NAVIGATING SILOED SYSTEMS AND THE NEED FOR FRONTLINE SUPPORT

The journey into public assistance for a Fresno-based mother in her early twenties began when her obstetrician connected her to Medi-Cal and Women, Infants, and Children (WIC) during pregnancy. She was unaware she could apply for these programs before her baby was born. That referral opened the door to health coverage, food benefits, and a network of classes and resources designed to support first-time mothers, which made a meaningful difference during her pregnancy and postpartum recovery.

She described the process of applying for both programs as relatively straightforward. Medi-Cal's online application took less than 20 minutes, and because of her pregnancy status, she was approved within just a few weeks. WIC required a brief wait for an in-person appointment, but she left that same day with benefits and a list of resources, including breastfeeding classes and information on other programs she might qualify for.

Once enrolled, a new challenge emerged: navigating the system without a consistent point of contact. With Medi-Cal, she never spoke to the same person twice. Each call required retelling her story and too often resulted in conflicting answers. She learned to call as soon as the office opened to avoid long waits, yet she still frequently spent one to two hours on hold, sometimes hanging up in frustration. A trip to the office didn't help either; the wait was just as long.

While she described her Medi-Cal and WIC experiences as generally positive, she noted inefficiencies, such as having to submit income verification separately to both programs, and the lack of coordination between agencies. She felt the two systems worked well in parallel: WIC provided healthy food for her baby, while Medi-Cal ensured access to care. Yet they operated in silos, each with its own process, staff, and systems.

OPPORTUNITY: INCREASING FRONTLINE SUPPORTS FOR PUBLIC HEALTH PROGRAMS

She believes small, practical changes could make a big difference, such as adding more Medi-Cal offices to reduce wait times, assigning consistent caseworkers to streamline communication, and providing clearer upfront guidance about required documents and available programs.

Her story underscores a broader truth about family support systems. Even when programs are easy to apply for, they can be difficult to use effectively if parents can't reach the right person when they need help. Improving access is not only about eligibility; it's about ensuring that once families are in the system, they have a clear, reliable path to the support they depend on.

FRESNO COUNTY: PARENT E

SITUATION: NAVIGATING PUBLIC ASSISTANCE THROUGH LANGUAGE, TRANSPORTATION, AND PERSISTENCE

The birth of her youngest child in the United States marked a Fresno-based mother's first experience navigating public assistance programs. Her four older children live in Mexico, where she had never used such services. In Fresno, she relied heavily on Medi-Cal, Women, Infants, and Children (WIC), CalFresh, and CalWORKs to secure food, health care, and housing support. Still, she quickly learned that access depended on eligibility, language, transportation, and persistence.

From the start, trusted community connections made the difference. Her family introduced her to Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO), where community workers spoke her language, Mixteco. At CBDIO, she was guided through applications for CalFresh and CalWORKs and received help with Medi-Cal paperwork after a failed attempt to transfer her active case from San Luis Obispo County. Each application required separate paperwork, and each took time: two months for CalFresh and CalWORKs, two and a half months for Medi-Cal, and one month for WIC. Delays often stemmed from missing documents, such as her baby's Social Security number, which postponed food benefits when she needed them most.

Language and transportation shaped every step. While WIC staff in Riverdale explained changes to her benefits in Spanish, the county's Department of Social Services office in Selma operated almost entirely in English. Without a car, she depended on others to drive her to appointments — sometimes multiple times when applications were incomplete or corrections were needed. She could not navigate online systems due to limited digital literacy, making in-person help essential.

Her barriers extended beyond paperwork. During her pregnancy and postpartum period, she was caring for her newborn while supporting her partner through mental health challenges that left him unable to participate in the application process. Because his name was not on the baby's birth certificate, certain benefits became harder to access, adding stress during an already difficult time.

She noted that programs like WIC, Medi-Cal, and CalFresh were crucial once active, but they operated in silos. The programs don't share applications, have no automatic enrollment, and have no coordination to reduce repeated requests for information. The only consistent, culturally and linguistically matched guidance came from CBDIO staff, who not only translated but also walked her through each requirement.

OPPORTUNITY: INCREASE LINGUISTICALLY APPROPRIATE SUPPORTS AND REDUCE ADMINISTRATIVE REQUIREMENTS

From her experience, several suggestions for improvement rose to the top. She recommended that agencies offer more staff who speak Indigenous languages, extend office hours to better accommodate working families, and simplify processes so that benefits can be approved during pregnancy and continue seamlessly after birth. She also believes programs should eliminate the immediate requirement for a newborn's Social Security number, allowing families to receive full benefits without delay.

MONTEREY COUNTY: PARENT A

SITUATION: THE NEED FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

A Monterey-based mother learned she was pregnant for the first time, and her biggest concern was determining how to afford and access health care. Without insurance and unsure where to turn, she eventually enrolled in Medi-Cal during her pregnancy. This was an essential step that ensured both she and her baby received the care they needed.

During her pregnancy, she lived with her partner but remained unemployed. By then, she was more familiar with programs like Women, Infants, and Children (WIC), CalFresh, Medi-Cal, and CalWORKs. She applied for most of these programs online and found the process relatively straightforward. While each application required submitting similar documents multiple times, the online systems made it manageable. What stood out most during this time, however, wasn't the transactional aspect of benefits but the support she found in a single program: Parents as Teachers.

She first learned about the program during a routine CalWORKs renewal appointment, when staff asked if she'd be interested in home-based parent education. She said yes, not fully knowing what to expect. Soon after, a Spanish-speaking educator began visiting her home monthly, offering guidance on child development, nutrition, and parenting strategies, while also providing tangible resources such as a crib, high chair, and car seat that made daily life easier. For this mother, these visits became much more than a checklist of topics. They were a space where she felt seen, supported, and encouraged as a parent. She felt respected by staff and valued the linguistically competent services in Spanish.

She reflected on the difference this program made in her first pregnancy. She had a trusted person to answer questions, explain what her baby was experiencing, and provide tools that supported both her child's and her own needs. She explained, "[The Parent as Teachers Program] has helped me a lot, I feel that it has helped to understand pregnancy, each stage that the baby is going through, because I didn't have that with my first child, so I feel that right now it is helping me a lot." She said she would recommend the program to any new parent.

OPPORTUNITY: EXPAND PROGRAMS LIKE PARENTS AS TEACHERS

While many parents qualify for essential support like food and health coverage, far fewer are connected to programs that provide personalized, culturally and linguistically matched guidance during pregnancy and early childhood. She recommended continuing and expanding access to educational support like the Parents as Teachers program, especially for parents who may not otherwise seek help.

MONTEREY COUNTY: PARENT B

SITUATION: THE CHALLENGE OF TRANSPORTATION OPTIONS AND COORDINATION ACROSS MULTIPLE SYSTEMS

Raising a toddler while expecting her second child has meant learning to navigate a patchwork system of public services for a Monterey-based mother in her mid-twenties. Some supports came quickly; others required persistence, timing, and a little help from the right people.

Her first connections to assistance came during pregnancy, when her doctor sent her a link to apply for WIC. The online process was straightforward: she filled in most of her information before her first appointment, where she provided proof of pregnancy and her due date. WIC became more than just a source of food benefits — it also offered classes in Spanish, both online and in-person, covering breastfeeding, child feeding, and developmental milestones. She found the in-person sessions especially valuable, as they allowed her to ask real-time questions and see demonstrations.

From there, she applied for CalFresh in person and qualified immediately. Later, as her work hours dwindled and she began medical assistant training, she sought additional support through CalWORKs. This process required in-person paperwork, a follow-up call, and a 40-day wait before benefits began.

She soon realized that child care was one of her most pressing needs. With encouragement from her sister, she applied to the Early Development Program, which provides free care for qualifying families. It took more than two weeks of calling providers, many of whom had no openings, before she found a home-based site near her home that could take her son. Once confirmed, care started the next day, freeing her to attend school and prepare for the new baby.

While she found most application processes manageable, transportation posed a constant challenge. With only one car in the household, she often had to wait for her partner to drive her to offices or appointments. Phone options were helpful when available, but not all programs offered the flexibility to avoid in-person visits. She appreciated that CalFresh, Medi-Cal, and CalWORKs were housed in the same office and overseen by the same caseworker, which allowed her to ask questions about multiple benefits at once. In contrast, WIC operated separately, requiring its own visits, classes, and documentation.

OPPORTUNITY: INCREASE SERVICE DELIVERY OPTIONS AND STREAMLINE SERVICES

Reflecting on her experiences, she noted that her greatest challenges were the long waiting periods, particularly the six weeks for CalWORKs approval and the uncertainty of child care availability. She suggested that all programs work more closely together, with shared information systems, so parents could apply once and access multiple services. She also wished families received clearer information about all the programs they might qualify for.

Her story highlights how coordinated service delivery can ease the strain on families, especially when transportation and time are limited. Housing key benefits under one roof or system, offering flexible communication options, and ensuring that parents are aware of all available supports can transform a patchwork of programs into a true safety net.

MONTEREY COUNTY: PARENT C

SITUATION: CONFUSING PROGRAM GUIDELINES AND MISSED OPPORTUNITIES

Public assistance programs have supported a Monterey-based mother in her mid-twenties through college, parenting, and periods of unstable income. Yet her journey reflects the emotional and financial toll that arises when program rules are unclear, caseworker communication is inconsistent, and benefits are reduced without warning.

Her experience with Medi-Cal has been steady. She has been continuously enrolled since age 17, with same-day approvals for herself and her children. CalFresh and CalWORKs, however, were different stories. CalFresh required reapplication every six months, a process she found “annoying” and repetitive, especially when her circumstances hadn’t changed. She understood the income rules through the application process, but still felt the strain when a modest increase in earnings resulted in a sharp drop in benefits.

Initially, she was told she would receive \$1,300 a month, but the amount dropped unexpectedly to \$900 after caseworkers rerouted her son’s child support payments through the state. The reasoning was never clearly explained. Her son’s father was already paying support, but under CalWORKs’ rules, a portion was redirected to the state instead of her, reducing the monthly amount she relied on. “No one explained it to me like that,” she recalled, noting that repeated calls to the office only resulted in being told, “that’s how the program works.” She eventually withdrew from CalWORKs.

In early 2024, she was awarded a Section 8 voucher and worked with a caseworker to extend it while searching for a landlord who would accept it. When she finally found a willing property, her caseworker was on administrative leave, and the voucher had expired. With no one able to override the system, she lost the opportunity entirely. Although she ultimately had to withdraw from the housing voucher process, she noted that one CalFresh caseworker went beyond her official role by connecting her to housing resources and explaining how to align benefits with her financial aid while living in student housing. Still, most of her other caseworker interactions were marked by delayed responses, unreturned calls, and a sense that overburdened staff didn’t have the time or capacity to fully address her questions.

OPPORTUNITY: MINIMIZE REAPPLICATION BURDEN FOR CALFRESH

Through her experience, she recommends several system changes to ease the application process. She suggested extending recertification via the SAR 7 form used by CalFresh and CalWORKs from every 6 months to once a year, ensuring caseworkers or benefits staff respond promptly to requests, and clearly explaining how benefits like CalWORKs interact with child support. She also envisions a system where social workers “fight for me as hard as I fight for me and my kids.”

Her story underscores that system navigation is a challenge for many parents. When families must repeatedly reapply and resubmit documents, the very programs designed to stabilize their lives can instead add stress. Clear communication, consistent follow-up, and proactive caseworker advocacy could transform these experiences from cycles of confusion into true support pathways.

MONTEREY COUNTY: PARENT D

SITUATION: HOW COMMUNITY-BASED ORGANIZATIONS ARE ESSENTIAL FOR NAVIGATION SUPPORTS

Navigating public services has been a mix of straightforward access, long waits, and the essential role of trusted community connections for a Monterey-based mother of two young children. She was first introduced to services during her pregnancy, when her doctor referred her to WIC. Soon after, she learned about food stamps from her mother and disability benefits from other expectant mothers she met.

The application experience varied across programs. She recalled the Women, Infants, and Children (WIC) as the easiest: she went directly to the office, provided her paperwork, and was approved the same day. Medi-Cal and food stamps were more complex, but she received support from Centro Binacional to guide her through the process. Staff helped her complete the applications, explained unfamiliar questions, and ensured she had the correct documents. Without this support, she believes the process would have been much more confusing, especially since both programs required some of the same information.

Even with help, delays were still a barrier. WIC and food stamps were activated immediately, but Medi-Cal took longer to arrive in the mail, leaving her without coverage for a period during pregnancy, which was a stressful wait given her history with diabetes. She also faced challenges with limited transportation, which made office visits more difficult. While Medi-Cal and food stamps were linked, child care assistance was a separate and slower process.

Her experiences with service providers were generally respectful, though she noticed that workers sometimes appear dismissive when people speak Indigenous languages. She has never personally been treated differently because of her background, but she recognizes these moments as indicators that cultural sensitivity still needs strengthening.

OPPORTUNITY: STRENGTHEN PARTNERSHIPS AMONG PUBLIC AGENCIES AND LOCAL COMMUNITY-BASED ORGANIZATIONS

While she appreciated that the programs generally worked well together, she felt there could be more upfront explanation, especially for Medi-Cal and food stamps, so families better understand how the process works and what to expect. She also wishes services could be approved and activated more quickly, noting that families often seek help because they have urgent needs.

Her story highlights broader system insights. Community-based organizations often serve as the bridge between families and public systems, helping parents not only apply for benefits but also navigate them successfully. Strengthening partnerships between public agencies and trusted local advocates could reduce delays, increase clarity, and ensure families receive the support they need when it matters most.

MONTEREY COUNTY: PARENT E

SITUATION: WHEN DISTANCE, DOCUMENTS, AND LANGUAGE LIMIT ACCESS TO CARE

Public services like Women, Infants, and Children (WIC) and Medi-Cal have been essential for a Monterey-based mother of five at different points in her life. Yet her journey reveals how something as simple as location, and as complex as program rules, can make access far more difficult than necessary.

She first learned about WIC and Medi-Cal during pregnancy, when clinic staff referred her and provided the necessary forms. Getting into the programs was relatively straightforward; with proof of pregnancy and basic documents, she could activate Medi-Cal quickly and receive WIC vouchers the same day as her appointment. Once enrolled, both programs provided steady support, especially during her pregnancies, when WIC helped her maintain healthy nutrition and Medi-Cal ensured her children had comprehensive health coverage.

Still, the process was far from easy. The most exhausting part was gathering all the required documents – proof of address, income, and ID – while managing pregnancy fatigue and caring for other children. “For me, [gathering the required documents] was very difficult to search for every receipt they asked for and go there. At that moment, I wasn’t feeling well because I didn’t feel like doing anything, looking for paperwork, or going there. That was a huge challenge,” she recalled, especially since the offices were far away. WIC required traveling to Soledad and Medi-Cal to King City, neither of which are conveniently located near bus stops. Without a car, she often had to walk long distances from public transportation with her children in tow. When her husband’s work schedule didn’t allow him to drive her, she sometimes had to delay or miss appointments.

Language was another barrier. Her first language is Mixteco, and while she understands Spanish, some official terms used in WIC and Medi-Cal appointments were confusing. She asked for clarification when possible, but admitted it could feel embarrassing to ask repeatedly, especially when staff seemed impatient.

Despite these challenges, she appreciated WIC’s flexibility in rescheduling when she couldn’t make it and the general respect she received from staff. Yet she also faced systemic gaps. Two months after giving birth, her Medi-Cal coverage was reduced to emergency-only, leaving her without full health care coverage until she obtained a separate partnership card. She also once applied for child care so she could work, the hours available didn’t match her schedule, forcing her to decline the spot.

OPPORTUNITY: CREATING A MORE ACCESSIBLE SAFETY NET FOR EXPECTANT FAMILIES

From her experience, several suggestions rose to the top for improving access. She recommended opening WIC and Medi-Cal offices in Greenfield to reduce travel burdens, hiring more staff who can communicate in Indigenous languages, and simplifying document requirements so pregnant women don’t have to make multiple trips when items are missing. She also believes disability benefits should be more accessible to pregnant women who haven’t worked long enough to qualify, given the physical and financial strain pregnancy places on families.