COUNTY OF LOS ANGELES
Public Health

CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

September 16, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

SUBJECT: **CHANGE IN PROGRAMMING IN BLACK INFANT HEALTH PROGRAM MODEL (ITEM 40, BOARD AGENDA OF JUNE 4, 2014)**

This report is in response to Supervisor Ridley-Thomas' motion of June 4, 2014 directing the Department of Public Health (DPH) to report back on the change in programming resulting from the implementation of the new State Black Infant Health Program model to begin in July 2015.

Background

The state Black Infant Health (BIH) Program was established in 1989 to address the alarming number of African-American infant deaths and negative birth outcomes in California. Los Angeles County (LAC) was selected as a site to implement BIH services due to the population of African American women of reproductive age living in poverty, and the rates of infant mortality, low birth weight and preterm births among African American infants.

The BIH Program originally consisted of four models that were implemented across the State in 17 counties. The models were: 1) Prenatal Care Outreach (PCO); 2) Social Support and Empowerment (SSE); 3) Nurse Case Management; and 4) Role of Men. (See Attachment 1 for a description of the BIH models/strategies). Each of these models worked to empower and support pregnant and parenting African American women in order to improve birth outcomes. LAC implemented two of the models, PCO and SSE, and delivered these services through subcontracts with community based organizations. (Attachment 2 provides a list of current subcontracting entities).

BIH Program Funding

BIH funding historically was provided by Federal Title V funds and State general funds that were then eligible to draw down Federal Title XIX Medicaid Administrative dollars. In fiscal year (FY) 2009-10 State general funds for BIH were eliminated, which also eliminated the ability to draw down the additional Title XIX dollars. In LAC, the loss of $766,068 in State general funds could have resulted in an additional loss of $548,985 in Title XIX funding. Fortunately, in LAC, BIH program funding was made whole through the intervention of First 5 LA. This funding allowed DPH and the cities of Long Beach and Pasadena to continue providing services in LAC at the same level.

The California State budget for FY 2014-15 contains an allocation of $3.9 million in State general funds for the BIH program statewide, fully restoring the cut from the BIH Program in the 2009-10 State budget. On August 1, 2014, DPH received official notification from the California Department of Public Health (CDPH) that the FY 2014-15 State budget restoration of funding for the BIH program would provide for the reinstatement of the $846,502 in funding for BIH services in LAC. This can be matched to draw down an approximate additional $300,000 in Title XIX funds.

DPH informed First 5 LA about this reinstatement of State funds. The First 5 LA Commission will determine the impact to the DPH contract and funding. DPH anticipates and is hopeful that the Commission will continue to fund the program in addition to the reinstatement of State funds. Additional funding from First 5 LA will allow DPH to enhance the program to further reduce the rate of African American infant mortality and poor birth outcomes.

BIH Service Model Changes

In 2010, the State BIH Program introduced a "new" service model statewide due to concerns about the lack of standardization of implementation of the four original BIH models, and the lack of clear evaluation data demonstrating that the program was making a difference. The State convened a workgroup of national experts and reviewed evidence-based strategies being implemented across the country.

The new model is a 20 session group education intervention with minimal case coordination. Below are some of the key points about the new model:

- Requires the *initial* recruitment of pregnant clients, not *parenting* women, into the standardized group sessions.
- Individualized case management services will still be offered to group participants, but only to a select, *smaller* number of clients that are unable to participate successfully in the group sessions.
- Program consists of 10 group sessions scheduled prenatally, followed by another 10 sessions in post-partum groups for a total of 20 sessions.
- Program completion is measured by the number of prenatal and post-partum sessions completed.

The main concern about the new model is that it will serve fewer clients. Traditionally, it has been hard to convince women to participate in the classroom based education due to conflicts in scheduling, and the fact that many of these women are in crisis. Additional concerns are the lack of evaluation data to demonstrate that the new model actually works. The State has preliminarily assessed the new program, finding that the intensity of the group sessions reinforced by individualized case management (providing life skills, coaching, and resource referrals) will be key to changing negative behaviors and may contribute to positive birth outcomes.

DPH's evaluation of the original BIH Program in LAC demonstrates that it has been effective in improving African American infant health outcomes. Our data indicate that BIH clients had lower rates of preterm births and infant mortality when compared to LAC African American Medi-Cal recipients.

Due to concerns regarding the effectiveness of this shift in model, LAC sought and received approval from the State to delay implementing the new service model until the model indicated positive programmatic outcomes. With the reinstatement of the BIH funding, the State is now requiring that all Counties comply with the new model by July 2015.

Implementation Steps

DPH is taking steps to successfully implement the new BIH service model in July 2015. Implementation will require releasing a Request for Proposals (RFP) which is planned for the fall of 2014. In the interim, your Board authorized DPH to execute contract amendments with the existing five BIH subcontractors on June 4, 2014 to extend the contract term to continue providing BIH services to the community through June 30, 2015. DPH is working directly with the State to clarify recent State changes to the new model.

The new State model requires a clinical social worker position to oversee particular segments of the facilitated group model. In preparation, DPH will be hiring a clinical social worker during this fiscal year who will assist in the rollout of the new service model. In addition, this position will help support clinical social workers that are co-located at each of the contracted agency sites and will offer technical assistance to the social workers working directly with clients impacted by mental and behavioral issues. Clinical social workers will be required at the agency level to help clients reduce and manage stress, build resilience, and promote healthy behaviors and stable relationships.

DPH is also working with the two other local BIH programs in the cities of Pasadena and Long Beach who have already implemented the new model, to look at additional ways to enhance and maximize the opportunities presented by full program funding from First 5 LA and the State.

DPH will provide your Board with additional updates on the service model implementation as needed. If you have any questions or would like additional information, please let me know.

CAH:sb
PH:1406:001

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Public Health
Black Infant Health Program Models

Due to the alarming and disparate morbidity and mortality rates in the African-American community, the California State Department of Health Services expanded its commitment toward assuring that all babies are born healthy with an intense emphasis on African-American infants. In 1989, the State Department of Health Services with support from the California Legislature established a Black Infant Health (BIH) Program strategically placed in the Maternal and Child Health Branch (now administered by the California Department of Public Health). The BIH Program originally consisted of four models that were implemented across the State in 17 counties. The models were: 1) Prenatal Care Outreach; 2) Social Support and Empowerment; 3) Nurse Case Management; and 4) Role of Men. Below is a description of the four models.

Black Infant Health Strategies

Prenatal Care Outreach (Instituted in Los Angeles County)
In the **Prenatal Care Outreach** model**,** a street-based outreach strategy is used to identify pregnant and parenting African American women and to promote BIH as a unique program designed to address African American infant mortality and to improve the health status of African American families. Throughout enrollment in the program clients receive positive support, continuous encouragement, home visits, referrals to family supportive services, health education, and several invitations to attend activities that celebrate good health in a cultural context.

Social Support and Empowerment (Instituted in Los Angeles County)

Along with the outreach intervention, some clients also enroll in **Social Support and Empowerment**. In this classroom-style intervention, clients attend eight sessions that are designed to increase self-awareness and self-esteem via facilitated group discussions, peer support, and personal skills building. The Social Support and Empowerment model was developed to take into account the fact that lack of information alone is not the major reason for poor pregnancy outcomes. The model is effective by addressing social factors, providing a framework to teach specific skills, and the classes are likely to increase a client's support network.

Nurse Case Management

The Public Health Nurse (PHN) in BIH engages in activities that promote public health concepts to assist African American families in maximizing healthy lifestyles, with emphasis on maternal and child health issues. Activities include outreach to the community and home visits for the purpose of case management of high-risk families, collaboration with other community members and organizations to identify and reduce barriers to seeking health care and other services, as well as participation in activities that support the work of the public health division. The PHN provides

case management services for high-risk clients enrolled in BIH including linkages and referrals to needed resources; participates in case conferences and consultations to assist in the development and implementation of individual client care plans; and provides skilled professional medical expertise to conduct health assessments, identify medical priorities, and assess health risk for BIH clients. The PHN also coordinates referrals of BIH clients to existing community programs and behavioral health and recovery services, including substance and alcohol abuse treatment and smoking cessation services.

Role of Men

The Role of Men workshops provide African-American men with resources, and encourage their increased participation during times of pregnancy and post-birth. The class curriculum teaches men to be positive role models, with workshop topics that include character building, improving communication, dealing with guilt and shame, healthy relationships, fatherhood assessment, legal issues, and social support. ROM is open to men of all races who are fathers, expectant fathers, or men contemplating fatherhood.

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD, AND ADOLESCENT HEALTH PROGRAMS
CONTRACTOR LISTING

Attachment # 2

PROGRAM: BLACK INFANT HEALTH (BIH) PROGRAM

Contract Number	Contractor Name and Address	Service Delivery Site Address	Contact Person Phone, Fax, and E-Mail	Service Planning Area
H-700539	**The Children's Collective, Inc** 8626 La Tijera Blve, Suite 100 Los Angeles, CA 90045 Tel: (310) 733-4388 ext. 105 Fax: (310) 733-4320 **Jackie Kimbrough, Ph.D** **Executive Director** jkimbrough@childrenscollective.org **Luis Ortega, Finance** LOrtega@childrenscollective.org	**The Children's Collective, Inc** 3701 Stocker Street, Suite 302 Los Angeles, CA 90044	**Dia Bell,** **Program Manager** 8021 South Vermont Avenue, Suite 2 Los Angeles, CA 90044 Tel: (323) 565-2882 ext. 1# Fax: (323) 565-2880 dbell@childrenscollective.org Admin Asst: Ayesha Moore	**6 & 8**
H-700540	**Great Beginnings for Black Babies, Inc** 301 North Prairie Avenue., Suite 515 Inglewood, CA 90301 Tel: (310) 677-7995 ext. 18 Fax: (310) 677-1041 **Rae Jones** **Executive Director** rjones@gbbb-la.org **Finance: Janna Woods** **Dir, Adm. and Finance**	**Great Beginnings for Black Babies, Inc** 301 North Prairie Avenue., Suite 515 Inglewood, CA 90301	**Tera Hilliard** **Program Manager** 301 North Prairie Avenue., Suite 515 Inglewood, CA 90301 Tel: (310) 677-7995 ext. 12 Fax: (310) 677-1041 thilliard@gbbb-la.org Admin Asst: Jaquenetta Hardiman	**4, 6 & 8**
H-700341	**Mission City Community Network, Inc** 15206 Parthenia Street North Hills, CA 91343 Tel: (818) 895-3100 ext. 602 Fax: (818) 893-9464 **Nik Gupta,** **CE0/Chief Financial Officer** NikG@mccn.org **Magdalena Almira, Accounting**	**Mission City Community Network, Inc** 10200 Sepulveda Blvd., Suite 300 Mission Hills, CA 91345 Tel: (818) 830-6373 Fax: (818) 830-6374	**Marlene Rowlett** **Program Manager** 10200 Sepulveda Blvd., Suite 300 Mission Hills, CA 91345 Tel: (818) 830-6373 ext. 11 Fax: (818) 830-6374 MarleneR@mccn.org Admin Asst: Andrea Richardson	**2**
H-700339	**Prototypes** 1000 No. Alameda Street, Suite 390 Los Angeles, CA 90012 Tel: (213) 542-3838 Fax: (213) 225-0085 **Cassandra Loch,** **Executive Director** cloch@prototypes.org **Finance: Reza Ashroff**	**Prototypes** 831 East Arroyo Highway Pomona, CA 91767	**Regina Brown** **Program Manager** 831 East Arroyo Highway Pomona, CA 91767 Tel: (909) 626-4BIH Fax: (909) 621-7895 rbrown@prototypes.org Admin Asst: Traci Williams	**3**
H-700340	**Partners in Care Foundation** 732 Mott Street, Suite 150 San Fernando, CA 91340 Tel: (818) 837-3775 Fax: (818) 837-3799 **June Simmons,** **Chief Executive Officer** jsimmons@picf.org **Finance: Arna Fulcher ext 117** **Vice President Finance** **and CFO**	**Partners In Care Foundation** **Black Infant Health Program** 45104 10th Street West Lancaster, CA 93534	**C. McKinley Kemp,** **Program Manager** 45104 10th Street West Lancaster, CA 93534 Tel: (661) 945-0650 Fax: (661) 945-0750 mkemp@picf.org Admin. Asst: Angela Williams	**1**