



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

20 April 23, 2013

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Los Angeles County  
Board of Supervisors

April 23, 2013

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The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVE ACCEPTANCE OF A GRANT AWARD FROM DEPARTMENT OF  
HEALTH AND HUMAN SERVICES' CENTERS FOR MEDICARE AND  
MEDICAID SERVICES AND AWARD THREE SOLE SOURCE  
AGREEMENTS  
(SUPERVISORIAL DISTRICT 2)  
(3 VOTES)**

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Director

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*To ensure access to high-quality,  
patient-centered, cost-effective health  
care to Los Angeles County residents  
through direct services at DHS facilities  
and through collaboration with  
community and university partners.*

**SUBJECT**

Approve acceptance of a four year grant award from the Department of Health and Human Services' Centers for Medicare and Medicaid Services and delegate authority to execute three sole source agreements with three strategic partners to implement the Strong Start for Mothers and Newborns Project to serve mothers who are most vulnerable to preterm births and low birth-weight babies in South and Central Los Angeles.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and authorize the Director of Health Services (Director) or his designee, to accept the Cooperative Agreement No. 1D1CMS331137-01-00 Notice of Award (NOA) from the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS), for a four year project to implement the Strong Start for Mothers and Newborns Project (SSMNP) with a maximum grant award of \$1,845,239.

2. Delegate authority to the Director, or his designee to execute sole source,



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intermittent and as needed service Agreements for the collaborative implementation of the SSMNP with California Maternal Quality Care Collaborative (CMQCC), Los Angeles Best Babies Network (LABBN), and the RAND Corporation (RAND), commencing upon Board approval for one year with three one-year renewal options to extend in the amounts shown on Attachment A.

3. Delegate authority to the Director, or his designee; (i) to accept any amendments to the NOA with CMS; (ii) to execute future Amendments with CMQCC, LABBN, and RAND to extend the term, adjust the project allocation in each of the three agreements, incorporate provisions consistent with County Code, Board policy, and Chief Executive Office contracting requirements, non-material programmatic and/or administrative adjustments.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

CMS has announced a four year grant award of \$1,845,239 to DHS with its three strategic partners to implement the SSMNP to serve mothers who are most vulnerable to preterm births and low birth-weight babies in South and Central Los Angeles. Approval of the recommendations will enable DHS to accept the Grant Award, recognize the grant revenue in the DHS budget, and execute three Agreements with strategic partners who have strong, successful relationships with DHS and an established track record of working with the target population. Each partner brings a complementary skill-set in health care delivery, community-collaborations, workforce development, behavioral and mental health, and planning and evaluation. The County and DHS would not have been awarded this grant without the three partners. CMS made this grant based on the strength of the team of partners assembled, of which DHS is the primary convener. Dropping any one of the partners at any stage would require notification and approval by CMS, and would likely lead to withdrawal of the grant. CMS made a total of 27 grant awards nationally with 4 of those awards in State of California. DHS was the only entity in Los Angeles County to receive notice of an award.

Approval of the first recommendation will authorize the Director, or his designee to accept the Cooperative Agreement No. 1D1CMS331137-01-00 NOA from CMS, for a four year project to implement the SSMNP.

Approval of the second recommendation authorizes the Director, or his designee to execute the sole source Agreements with CMQCC, LABBN, and RAND to implement the SSMNP.

Approval of the third recommendation would provide flexibility to DHS to accept amendments to NOA with CMS, to execute future amendments to the Agreements and to make any necessary contractual/programmatic and/or administrative adjustments to the Agreements.

### **Project Background**

The frequency of preterm births and low birth-weight at DHS hospitals is significantly higher than at non-DHS facilities and DHS patients are a higher risk group than women delivering at other sites. They are more likely to be a member of a minority ethnic group, have had no prenatal care, and live below the poverty line, when compared with non-DHS patients. Also, 95-99.7 percent of the women served by DHS for pregnancy care are Medicaid beneficiaries. The impetus for the implementation of the SSMNP in South and Central Los Angeles stems from the recognition of disparities in birth outcomes for Medicaid patients in these areas. Locally, the three pillars of public health service, DHS, the Department of Public Health and the Department of Mental Health, are partners in this effort. In addition, several strategic partners will participate in the

program including CMQCC, LABBN, and RAND.

## DHS

Within the scope of the grant funded project, DHS will be responsible for the design and implementation of Maternity Centered Medical Homes (MCMH) in South and Central Los Angeles. The innovations proposed in DHS' SSMNP, also referred herein as Maternity Assessment Management Access and Service "MAMA'S Neighborhood" expand upon principles of the patient centered medical home and include: (i) Service provision by care teams, improving both care coordination and patient access; (ii) Patient-centered case management services for high-risk women, with service intensity determined by risk-score; (iii) Health Information Technology utilization for population management; and (iv) Continuous quality improvement processes to track process and outcome measures and support rapid-cycle improvement. These enhanced prenatal care services will be grant funded and supplementary to those currently reimbursable by Medicaid.

Expectant mothers who receive care at DHS facilities in South and Central Los Angeles will be enrolled in the MAMA'S Neighborhood program. These facilities serve 8,582 women annually for prenatal care. Over the four-year grant period, MAMA'S Neighborhood plans to enroll 4,000 women in prenatal care. Enrollment estimates are 750 in year one; 1,500 in year two; and 1,750 in year three.

At enrollment, care teams comprised of DHS staff will conduct a comprehensive intake using validated scales to determine a risk score for the intensity of enhanced prenatal services provided under the grant. This risk scoring, in combination with on-going case management will be the central components of the enhanced services provided by DHS. The intensity of service, as determined by the initial and on-going assessments will allow for allocation of resources and interventions to be tailored to the individual needs of our patients.

In addition to the systems-based innovations described which will organize care into this new MCMH model, four content areas will receive specific focus for enhanced prenatal care delivery. These areas have been selected as areas of focus both because of evidence supporting potential impacts on outcomes and, most importantly, because of perceived community needs. During implementation of the MAMA'S Neighborhood project, case management and interventions will focus on substance use (smoking, alcohol and drug use), social stability (food and housing scarcity), behavioral health (depression, intimate partner violence), and biomedical risk using telemedicine to facilitate care in the Medical Home.

## CMQCC Agreement

CMQCC is a long term collaborative effort of many organizations and individuals with the sponsorship of the California Department of Public Health (Maternal, Child and Adolescent Health Program) and the California Perinatal Quality Care Collaborative that brings resources, tools, measures, and quality improvement techniques to providers, administrators, and public health leaders. CMQCC was established in 2004 and consists of over 250 clinicians, public health leaders, key payors and representatives of the public all devoted to improving childbirth outcomes. The organization is devoted to eliminating preventable maternal death and injury and promoting equitable maternity care in California by bringing resources, tools, measures, and quality improvement techniques to providers, administrators, and public health leaders. This is a long term collaborative effort of many organizations and individuals.

For this project, CMQCC will bring the robust outcomes metrics from the California Maternal Data

Center to inform the evaluation component of the project and will assist in conducting programmatic monitoring and evaluation and outcomes dashboards to inform project staff and leadership on project progress. CMQCC has an existing relationship with CMS for data reporting that on this project will enable DHS to receive a quick turnaround of iterative feedback for further quality improvement efforts.

#### **LABBN Agreement**

LABBN has a long history of work in the perinatal health initiatives including strong community engagement, long lasting partnerships, and continuous quality improvement in the targeted area and is dedicated to improving the health of mothers, newborns and their families. LABBN commenced as part of First 5 LA's Healthy Births Initiative and, as a network linking organization, works to ensure that high-quality perinatal care and social support are available to all families throughout L.A. County. LABBN is the only agency of its kind in the Los Angeles area and largest stakeholder in partnering with the State. It is uniquely situated as it has a long standing network and size in the community which will enable them to leverage resources resulting in better quality of care. The network has a long history working with members of the collaborative using the Institute for Healthcare Improvement's Breakthrough Series™ (BTS) Learning Collaborative Model to improve the content and quality of prenatal care.

For this project, LABBN will provide the technical assistance and leadership for implementation of the program using the BTS model. They will also consult on the design and implementation of process quality metrics, process reports and data requirements for evaluation and iterative adaptation of the care model.

#### **RAND Agreement**

RAND is a nonprofit institution providing objective research and analysis to a broad range of clients and grantors headquartered in Santa Monica, California. RAND Health is a major research division within RAND, whose mission is to serve as the world's most trusted source of objective analysis and effective solutions for improving health. They are dedicated to reducing the cost of healthcare while improving the health of individuals, communities, and populations in the U.S. and worldwide. RAND's strong history of community engagement has led to an innovative community-based approach to mitigating stress and depression in the service planning area. It is the only community-based model in Los Angeles County to show patient improvement and outcomes in South and Central Los Angeles where there is a gap in mental health needs and pregnancy.

For this project, RAND will be responsible for capacity development and implementation support of the depression care content area and will work across other content areas to support system enhancements related to depression service provision, improve systems of care, and quality metrics in the integration of depression care in prenatal service.

#### **Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness, and Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

#### **FISCAL IMPACT/FINANCING**

The total estimated CMS Grant Award for the four year project is \$1,845,239, which includes \$664,390 for Year 1 of grant funding. Future funding for Year 2, Year 3, and Year 4 under this program will be issued through annual non-competing continuation awards conditional upon DHS's compliance with the terms and conditions and reasonable progress in the most recent year that funds are awarded. The grant funds will be distributed as shown on Attachment A.

Year 1 of the grant funding is \$664,690, and DHS' portion is \$387,511, which includes \$64,585 for FY 12-13 and \$322,926 for FY 13-14. In FY 12-13, \$56,273 is allocated for Salary and Employee Benefits (S&EB); and \$8,312 is allocated for Services and Supplies (S&S). In FY 13-14, \$281,366 is allocated for S&EB; and \$41,560 is allocated for S&S.

Funding will be requested in Health Services Administration's FY 2013-14 Final Changes and in future fiscal years, as needed.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The Grant Award has been reviewed by County Counsel. Each Agreement with CMQCC, LABBN, and RAND will have all standard County and DHS terms and conditions and will be reviewed and approved by County Counsel prior to execution. Each of the three organizations being recommended for sole source Agreements bring a unique and complementary set of qualifications to the SSMNP that the County cannot replicate on its own. Attachment B is the sole source checklist in compliance with Board Policy 5.100 for the sole source Agreements with CMQCC, LABBN, and RAND.

These Agreements are not subject to Proposition A as services are on a part-time and intermittent basis and cannot currently be provided by County staff, and are not subject to the Living Wage Program (Los Angeles County Code Chapter 2.201).

DHS will use grant funds to support project activities which includes partially offsetting existing staff costs, training, equipment purchases, health information technology dissemination and roll-out for the case management portion of the intervention, and completing all required federal reporting. DHS will utilize existing items to support staffing for this project and once the grant funding expires, these items will continue to be supported by the Medi-Cal revenues generated to provide care to pregnant women in prenatal care.

### **CONTRACTING PROCESS**

Due to the nature of the CMS grant application process, grant applicants were responsible for identifying all collaborative partners at the time of application submission based on what each entity could provide to ensure success of the overall project. During the selection process, CMS evaluated each of the grant submissions based on the qualifications of the applicants and their collaborators, as well as the appropriateness of the project budget requests. There were several rounds of negotiations with CMS on the budget requests prior to CMS announcing awardees. As a result of this process, it was not feasible for DHS to conduct a comparative solicitation for these three recommended Agreements.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The Honorable Board of Supervisors

4/23/2013

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Approval of the recommendations will improve both care coordination and patient access, enhanced case management services for high-risk women, and continuous quality improvement to track processes and outcome measures and support rapid-cycle improvement.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, somewhat stylized font.

Mitchell H. Katz, M.D.

Director

MHK:az

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

**STRONG START FOR MOTHERS AND NEWBORNS  
PROJECT ALLOCATIONS**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	MAXIMUM TOTAL
California Maternal Quality Care Collaborative	\$10,924	\$11,141	\$11,366	0	\$33,431
Los Angeles Best Babies Network	\$23,171	\$10,681	\$10,721	\$5,457	\$50,030
RAND Corporation	\$242,784	\$122,617	\$70,574	\$0	\$435,975
Department of Health Services	\$387,511	\$393,382	\$441,407	\$103,503	\$1,325,803
<b>TOTAL GRANT AWARD</b>	<b>\$664,390</b>	<b>\$537,821</b>	<b>\$534,068</b>	<b>\$108,960</b>	<b>\$1,845,239</b>

**Note:** Years 2 through 4 allocations are subject to continued project funding from CMS.

Also, the fourth year will be a reduced staffing year for completion of data collection.

**Sole Source Checklist for**  
**California Maternity Quality Care Collaborative,**  
**Los Angeles Best Babies Network,**  
**and RAND Corporation**

Check (√)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS
	Identify applicable justification and provide documentation for each checked item.
X	<p>➤ Other reason. Please explain:</p> <p>The Department of Health Services (DHS) successfully applied for a \$1,845,239 Centers for Medicare and Medicaid Services (CMS) grant with three named strategic partners to implement a Strong Start for Mothers and Newborns Project (SSMNP). This innovative project seeks to address and mitigate a variety of the potential drivers of poor birth outcomes by utilizing and building upon the existing Patient-Centered Medical Home infrastructure at DHS sites in maternity-centered ways. The project also explicitly plans for care outside of the traditional health system, through engagement of community partners, to improve the outcomes of DHS patients.</p> <p>Due to the nature of the CMS grant application process, grant applicants were responsible for identifying all collaborative partners at the time of application submission based on what each entity could provide to ensure success of the overall project. During the selection process, CMS evaluated each of the grant submissions based on the qualifications of the applicants and their collaborators, as well as the appropriateness of the project budget requests. There were several rounds of negotiations with CMS on the budget requests prior to CMS announcing awardees. As a result of this process, it was not feasible for DHS to conduct a comparative solicitation for the three recommended contracts.</p> <p>California Maternal Quality Care Collaborative (CMQCC), Los Angeles Best Babies Network (LABBN), and RAND Corporation (RAND) possess a unique and complementary set of qualifications to the SSMNP that the County cannot replicate on its own. A maximum of \$519,436 of grant funds expected to be received over the four-year project term and will be used to fund the three recommended contracts. The County and DHS would not have been awarded this grant without the three partners. CMS made this grant based on the strength of the team of partners assembled, of which DHS is the primary convener. Dropping any one of the partners at any stage would require notification and approval by CMS, and would likely lead to withdrawal of the grant.</p> <p>CMQCC is a long term collaborative effort of many organizations and individuals with the sponsorship of the California Department of Public Health (Maternal, Child and Adolescent Health Program) and the California Perinatal Quality Care</p>

Collaborative that brings resources, tools, measures, and quality improvement techniques to providers, administrators, and public health leaders.

For this project, CMQCC will bring the robust outcomes metrics from the California Maternal Data Center to inform the evaluation component of the project and will assist in conducting programmatic monitoring and evaluation and outcomes dashboards to inform project staff and leadership on project progress. CMQCC has an existing relationship with CMS for data reporting that on this project will enable DHS to receive a quick turnaround of iterative feedback for further quality improvement efforts.

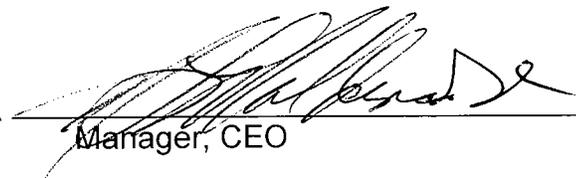
LABBN is the only agency of its kind in the Los Angeles area and largest stakeholder in partnering with the State. It is uniquely situated as it has a long standing network and size in the community which will enable them to leverage resources resulting in better quality of care. LABBN has a long history of work in the perinatal health initiatives including strong community engagement, long lasting partnerships, and continuous quality improvement in the targeted area.

For this project, LABBN will provide the technical assistance and leadership for implementation of the program using the Breakthrough Series™ Learning Collaborative Model. They will also consult on the design and implementation of process quality metrics, process reports and data requirements for evaluation and iterative adaptation of the care model.

RAND is the only community-based model in Los Angeles County to show patient improvement and outcomes in South and Central Los Angeles where there is a gap in mental health needs and pregnancy. RAND also has a strong history of community engagement and has led an innovative community-based approach to mitigating stress and depression in the service planning area.

For this project, RAND will be responsible for capacity development and implementation support of the depression care content area and will work across other content areas to support system enhancements related to depression service provision, improve systems of care, and quality metrics in the integration of depression care in prenatal service.

Approval of the contracts will leverage DHS's existing Patient-Centered Medical Home infrastructure and ensure success of the critical undertaking in South and Central Los Angeles.



\_\_\_\_\_  
Manager, CEO

4/11/13  
\_\_\_\_\_  
Date