MAMA's NEIGHBORHOOD

a Strong Start for Families

SPRINGING INTO ACTION

MAY 12, 2016

Harbor-UCLA MEDICAL CENTER

LAC+USC HEALTHCARE NETWORK

Olive View-UCLA MEDICAL CENTER

Health Services LOS ANGELES COUNTY

Agenda

- Welcome
- What is MAMA's Neighborhood?
- Why and how to join the Neighborhood
- On-site patient recruitment and outreach at DHS facilities
- Free knowledge building and transfer webinars with CEU/CMEs
- Free prenatal and postpartum education and engagement classes focused on improved knowledge and behavior through increased resiliency
- Questions & Answers

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Introductions

- Dr. Erin Saleeby, MD, MPH
  Director of Women's Health Program & Innovation
- Moraya Moini, MPH
  Program Director, Strong Start Initiative- MAMA's Neighborhood
- Jocelyn Shorts, MPH, CHES
  Health Educator, Partnerships and Referrals, MAMA's Neighborhood

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Registered for the Webinar

- Department of Health Services
- Department of Public Health
- City of Pasadena
- Healthy African American Families
- California State University, Long Beach
- Kedren Community Health Center
- South Bay Family Health Center
- MCH Access
- Comprehensive Community Health Centers
- City of Inglewood
- Good Samaritan Hospital
- El Nido Family Centers
- 1736 Family Crisis Centers
- Para Los Niños
- A New Way of Life
- LA County 211
- Westside Children's Center
- The Children's Collective
- Volunteers of America LA
- South Los Angeles Health Project WIC

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- MAMA's Neighborhood Promotional Video

Strong Start-Mother's Neighborhood

- April 2013, Los Angeles County Department of Health Services (LACDHS) - Division of Women's Health & Innovation established a new, strategic platform of comprehensive, coordinated and continuous care for women and their families.
- CMS funded program called, Strong Start- MAMA's Neighborhood, focuses on improving pregnancy and birth outcomes by innovatively addressing various social determinants of health known to impact rates of preterm birth and low birthweight.

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MAMA'S Neighborhood

- **M**aternity
- **A**ssessment
- **M**anagement
- **A**ccess and
- **S**ervice synergy

throughout the

- **Neighborhood** for health

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LACDHS Strong Start Conceptual Model

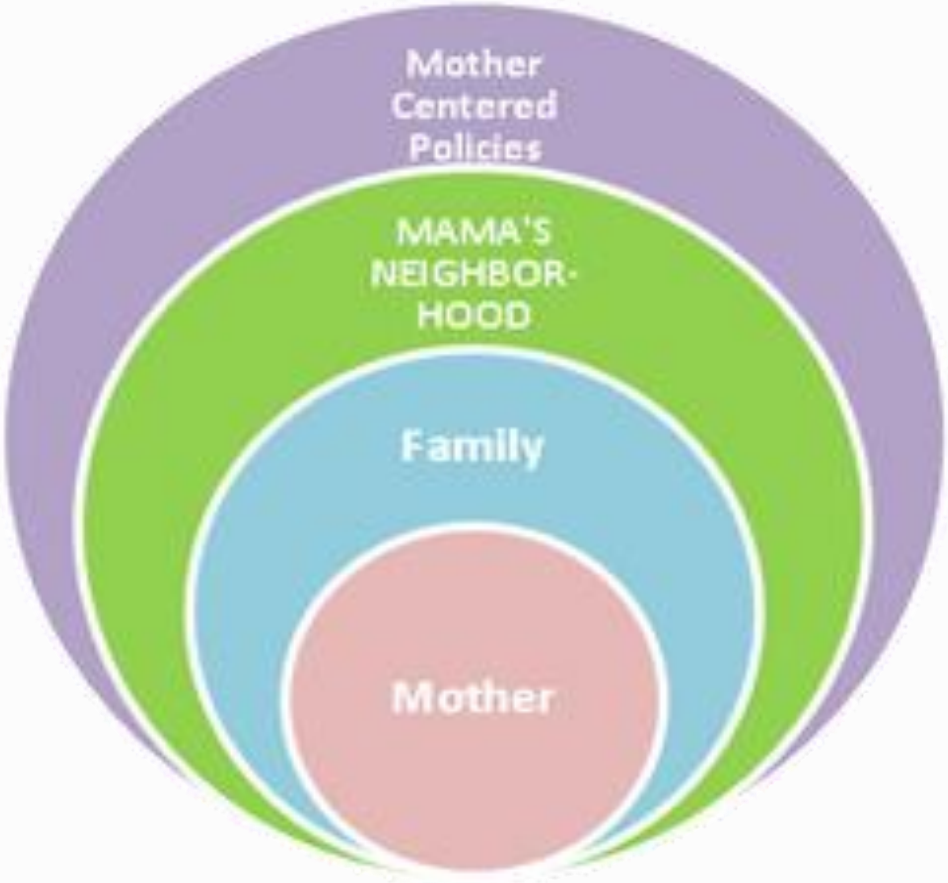

Figure 1. Adapted from Mother Centered Care Conceptual Model, Mother Friendly Childbirth Initiative Consortium. PHP Consulting, Moraya A. Moini, MPH, November, 2012.

Maternal-Centered Medical Home Care Is…..

- Patient registers with DHS as their maternity home
- Mothers are given an initial assessment covering clinical and social care assessment to identify strengths and areas of improvement needed
- A multi-disciplinary team of clinical and social care professionals will coordinate your care and connect you with a Neighborhood Network of Care which LINK together pathways of care for the mother
- The program is evidence-based measures and quality indicators to aid in continuous quality improvement activities
- We utilize electronic health records and empanel mothers to support continuity of care and identification of strengths and gaps in care
- We offer a proactive clinical and social care team that honors the perinatal period as a critical window for intervention and improvement, and special time for mothers.

LA County Department of Health Services Sites

Harbor-UCLA Medical Center
21840 S Normandie Ave
Torrance, CA 90502
310-222-5125

LAC+USC Medical Center
1100 N State St
Los Angeles, CA 90033
323-409-3000

Olive View – UCLA Medical Center
14445 Olive View Dr
Sylmar, CA 91342
818-364-3137

Martin Luther King Outpatient
1670 E 120th St
Los Angeles, CA 90059
424-338-1230

Hubert Humphrey CHC
5850 S Main St
Los Angeles, CA 90003
323-846-4312

Wilmington Health Center
1325 Broad Ave
Wilmington, CA 90744
310-518-8800

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Strong Start-Mother's Neighborhood

- As of March 2016, over 2700 mothers have enrolled in the program.
- Currently there are 970 women are actively enrolled with 249 being first-time mothers.
- Thousands of linked and supported psychosocial referrals within these regionally, place-based Neighborhoods.
- Referrals through HIPAA compliant client referral pathway between organizations as to better navigate comprehensive services.
- It will continue to be DHS' standard of care going forward after the grant sunsets. partnership both useful and a 'win.'

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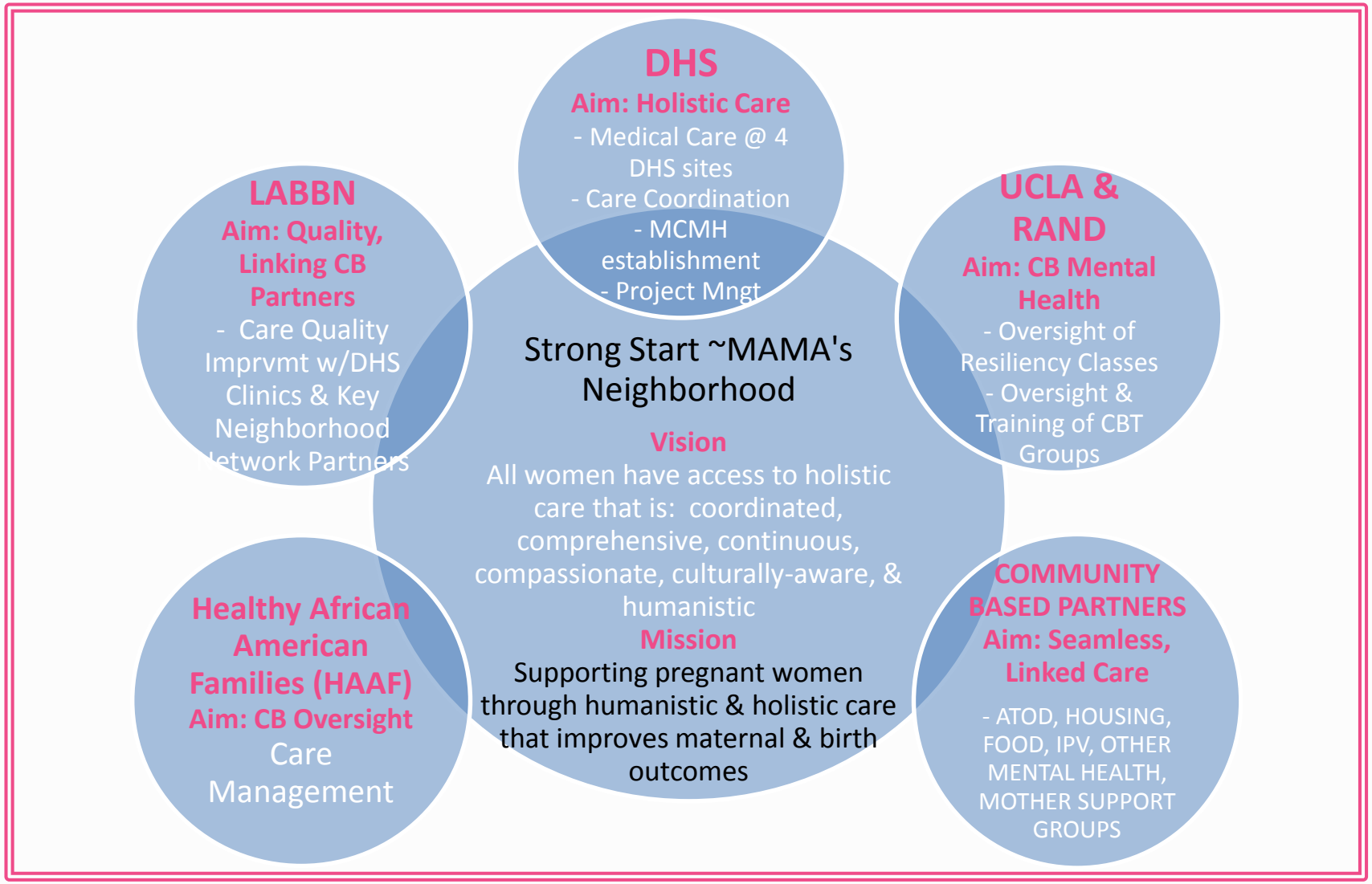
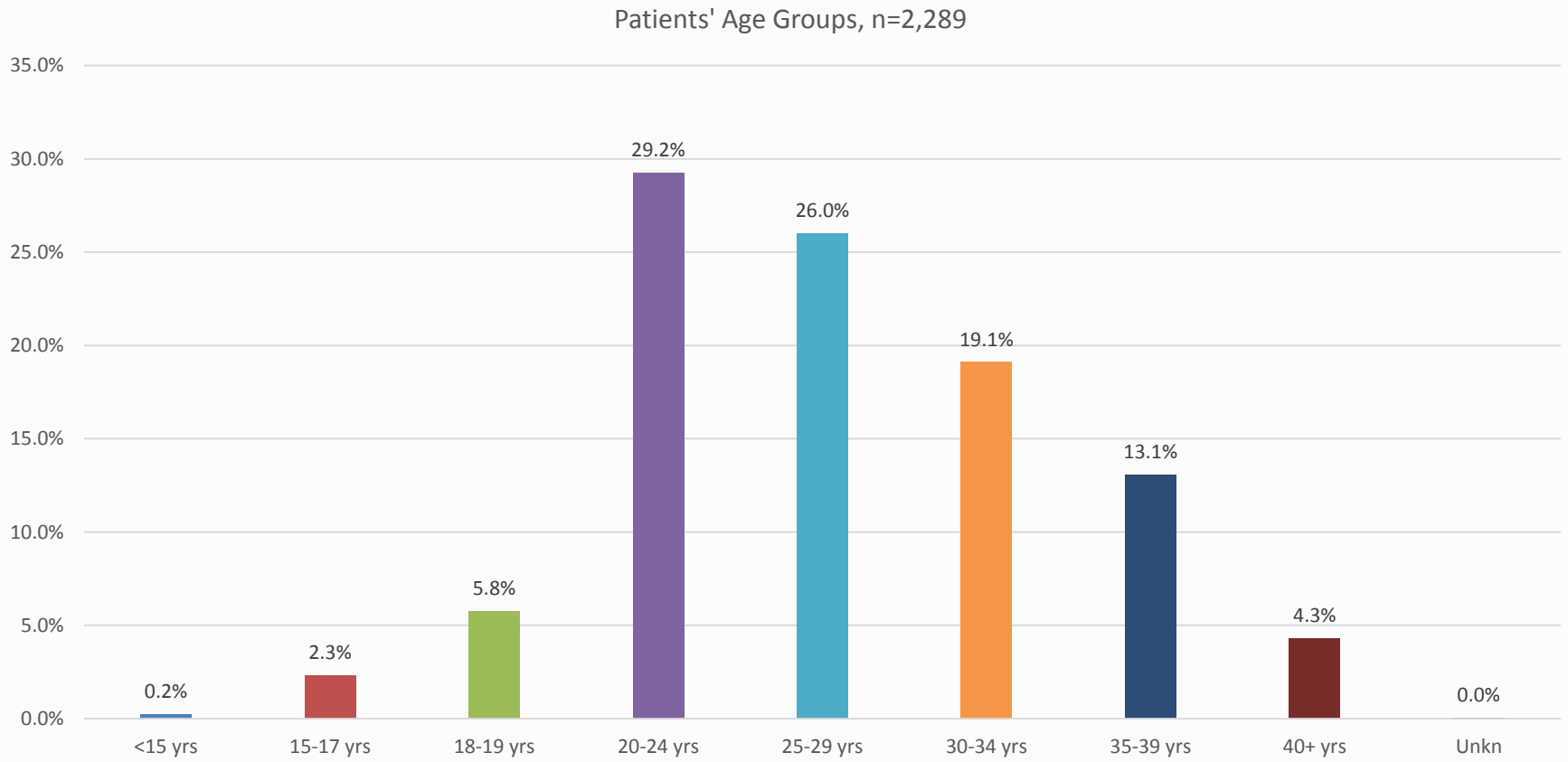
Strong Start MCMH Partners



Patients' Age Groups



- Over half patients enrolled (29.2% + 26%) were between the ages of 20 through 29 years old

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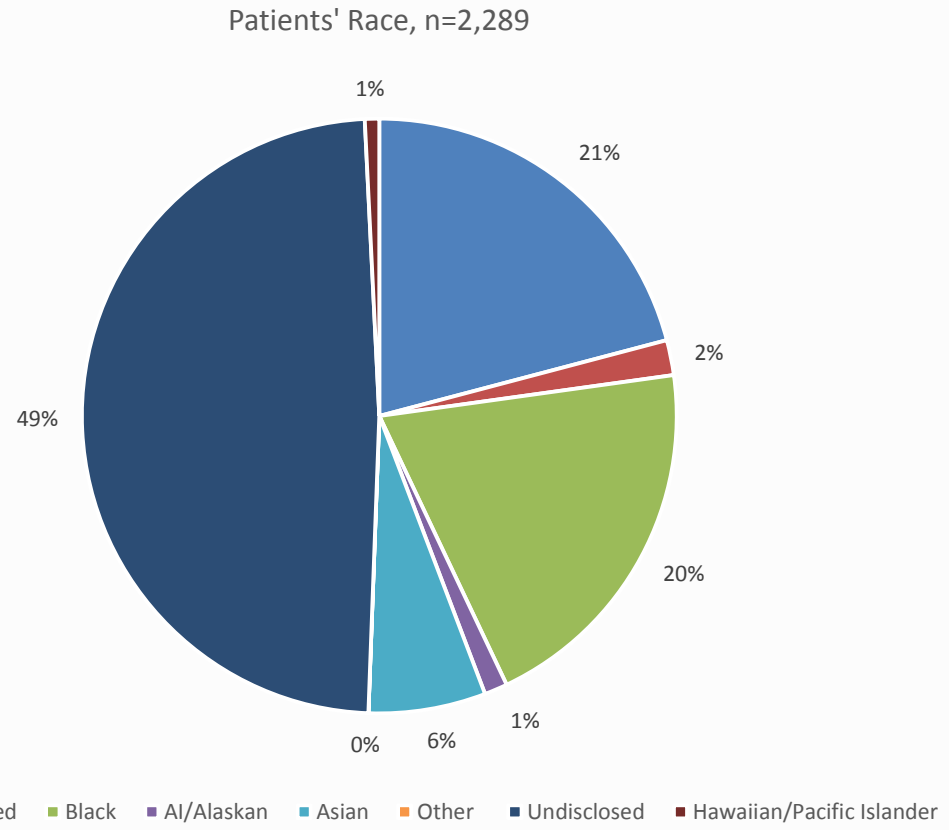
Patients' Race



- Most patients did not disclose their race
- About one-fifth of the patients (21%) identified as White
- Exactly a fifth (20%) identified as Black

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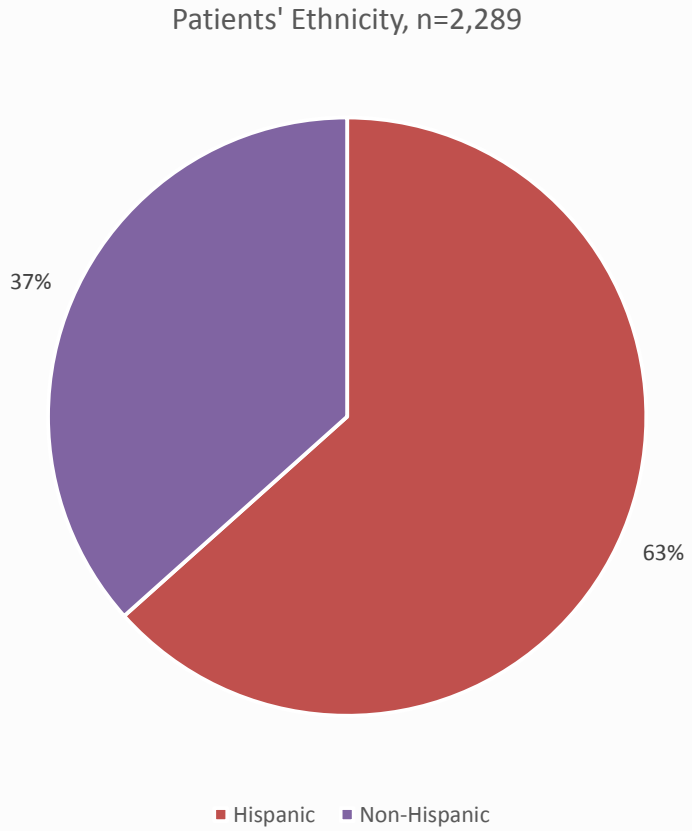
Patients’ Ethnicity



- Close to two thirds (63%) described their ethnicity as Hispanic/Latino

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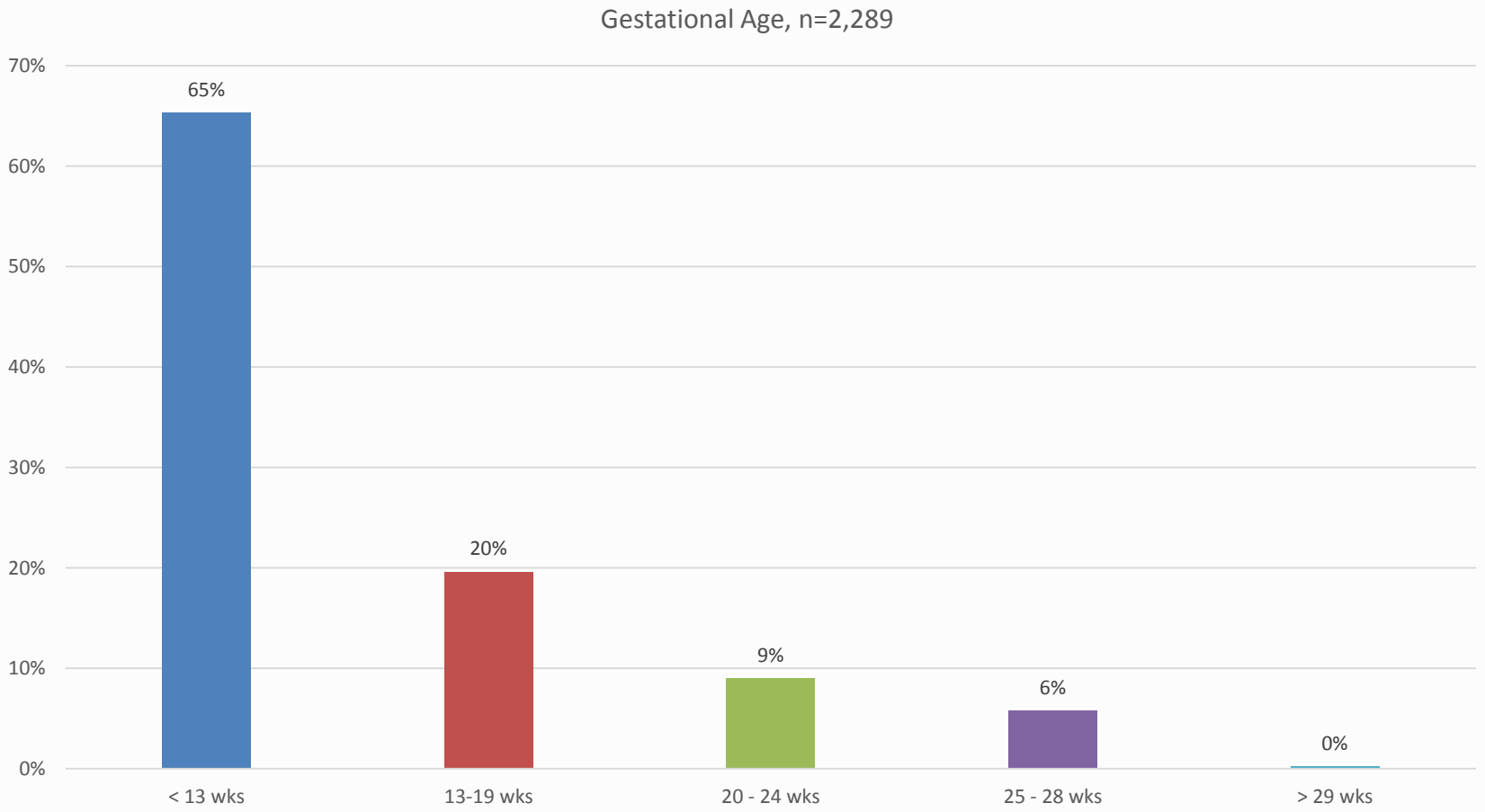
Patients' Gestational Age at Intake



- About two thirds (65%) of patients enrolled were intake during their first trimester

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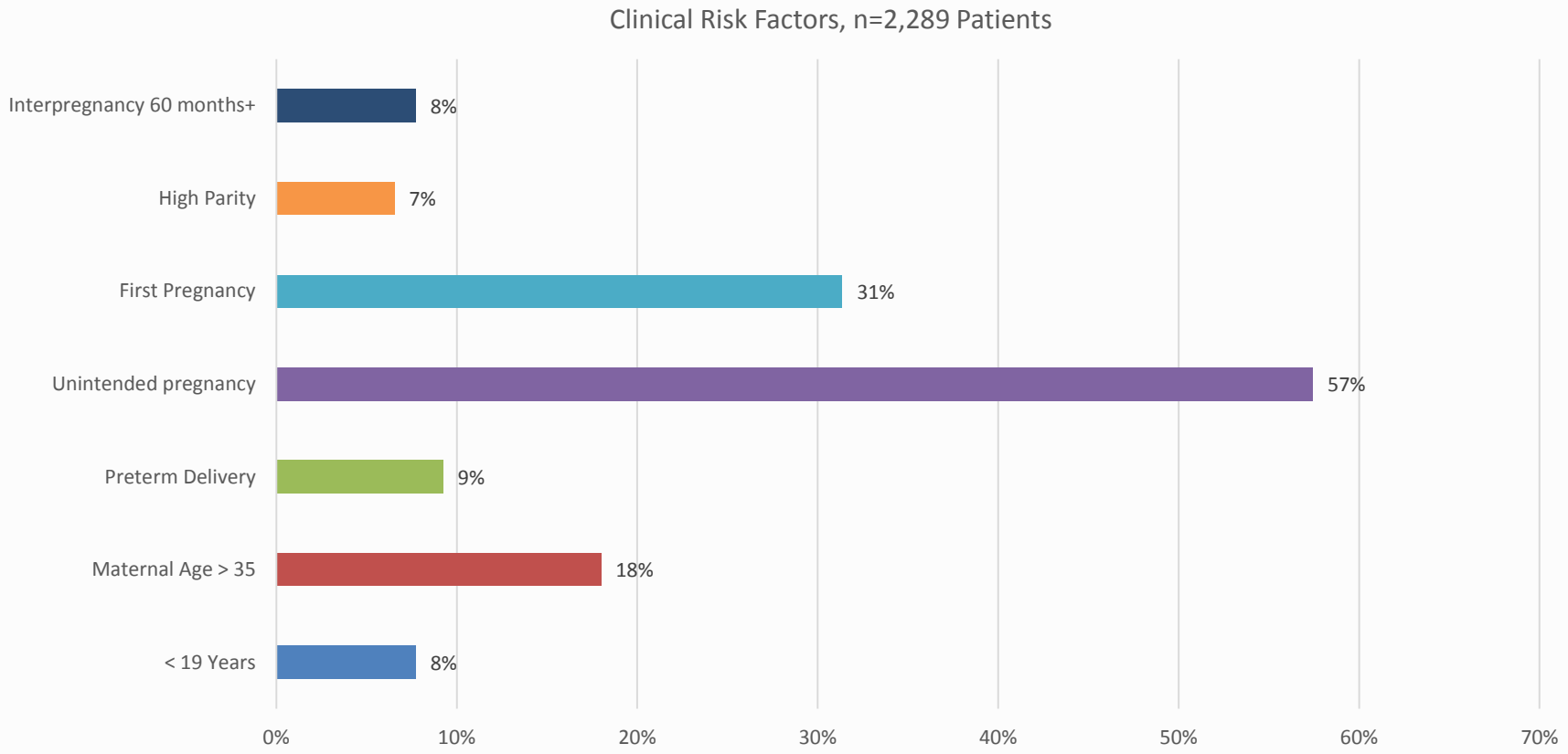
Clinical Risk Factors



- Having an unintended pregnancy (57%), having their first pregnancy (31%), and maternal age greater than 35 yrs. (18%) are the highest risk factors

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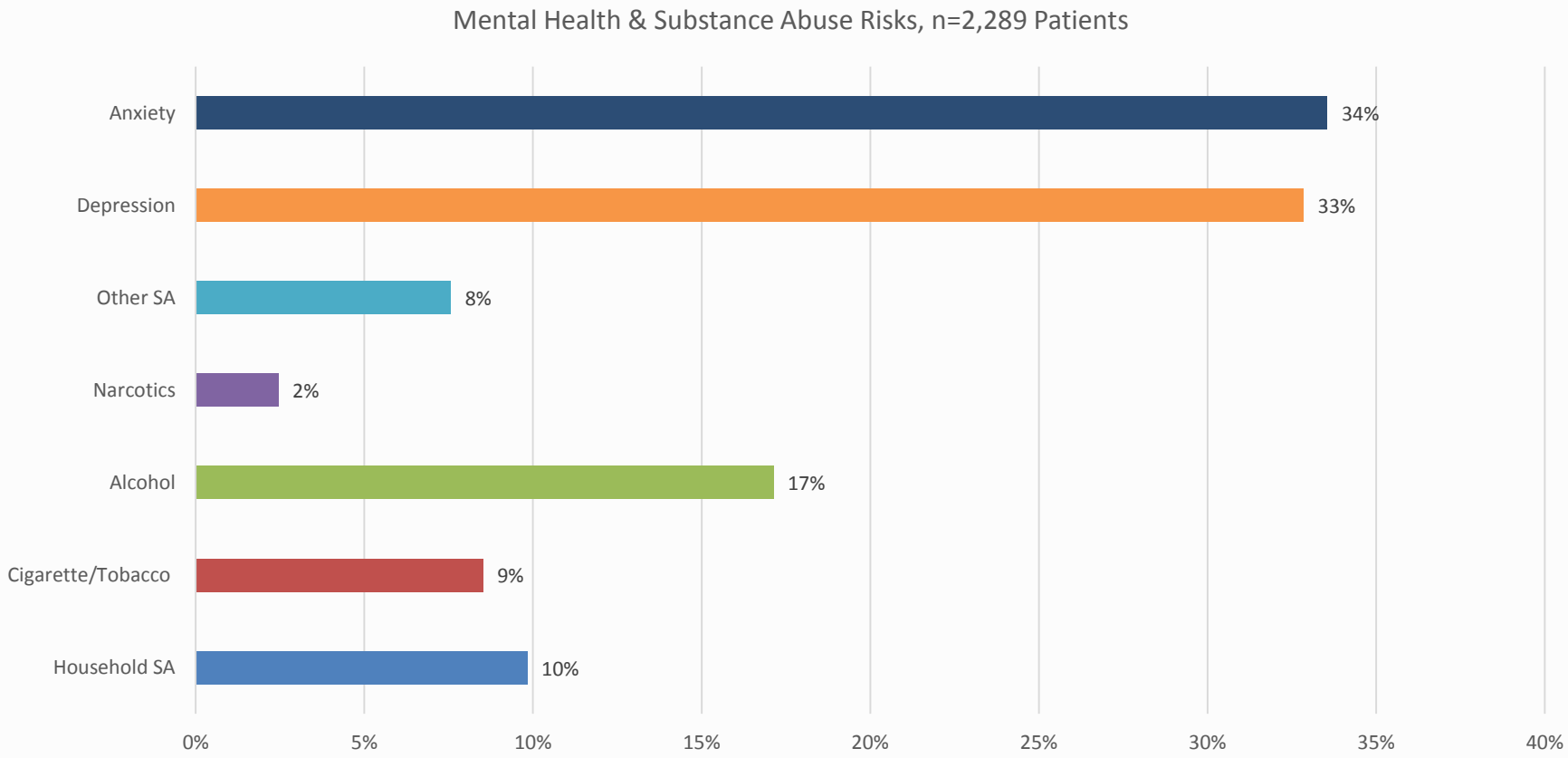
Mental Health & Substance Abuse Risk Factors



- Anxiety (34% each), depression (33%) and Alcohol Use (17%) were the most common issues self reported by patients

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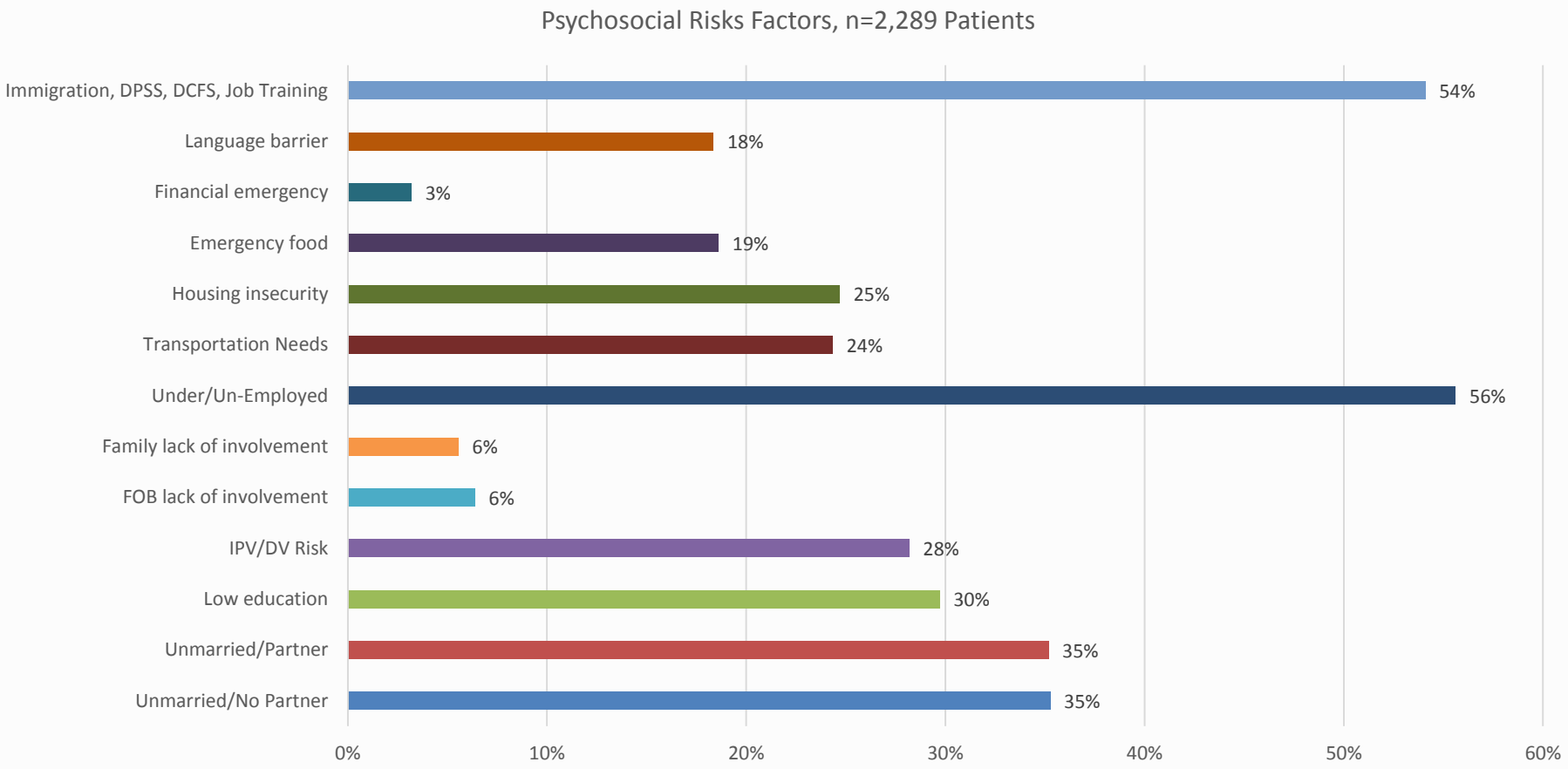
Psychosocial Risk Factors



- More than half (56%) are under- or unemployed and are in need of safety net type services (i.e., immigration, etc. 54%)
- At least a third of the patients have needs in areas of Employment, Education, and are unmarried with or without a partner
- At least a quarter have needs in areas related to housing, transportation and violence issues
- Almost a fifth of them have emergency food (19%) and a language barrier issue (18%)

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We heard you, provider community voice from first Symposium

Suggested perinatal education topics

- Breastfeeding support
- Prenatal education
- Parenting
- Family support
- Fetal Alcohol Spectrum disorders
- Alcohol/Drugs
- Mental Health, Stress
- Home visitation
- Nutrition
- The whole family, fathers, partners

How DHS responded

- Classes, resiliency
- Speaker Series
- Referrals, i.e., to date a total of 9,192 referrals to 15 different service categories provided to 2,289 patients

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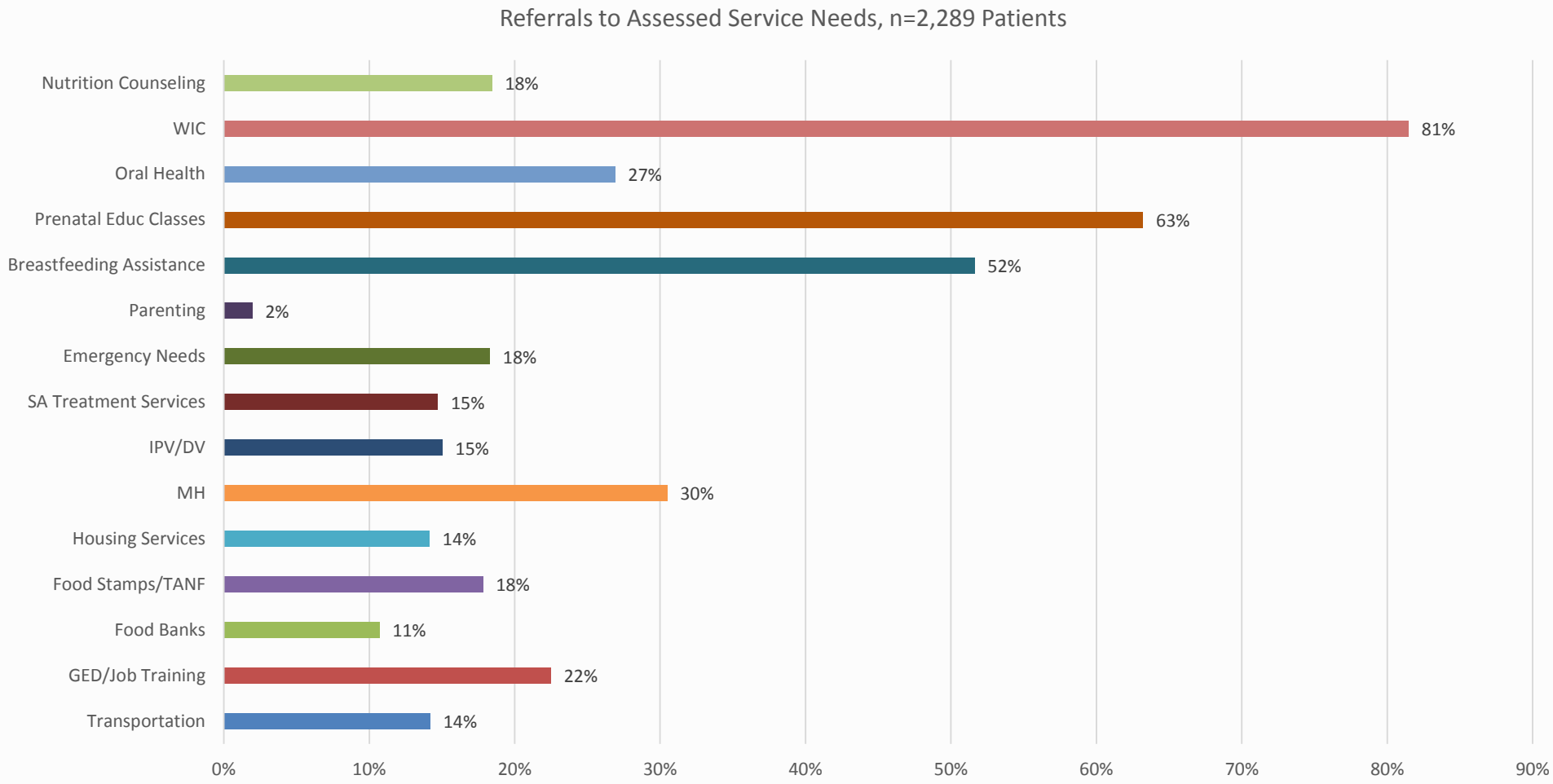
Referrals to Assessed Service Needs



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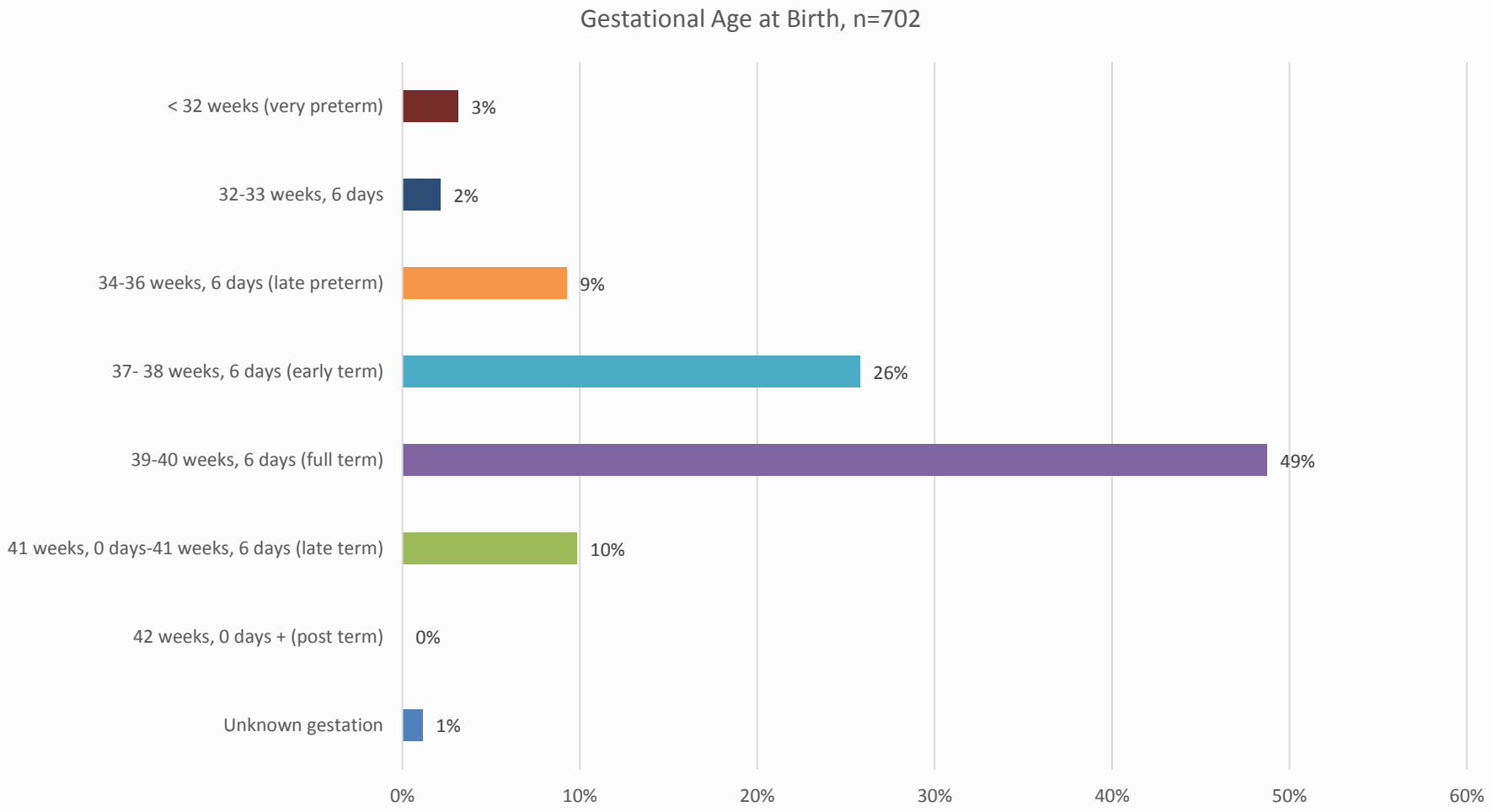
Pregnancy Outcomes



- Most (85%) of patients' births are at term
- Only 5% preterm and very preterm

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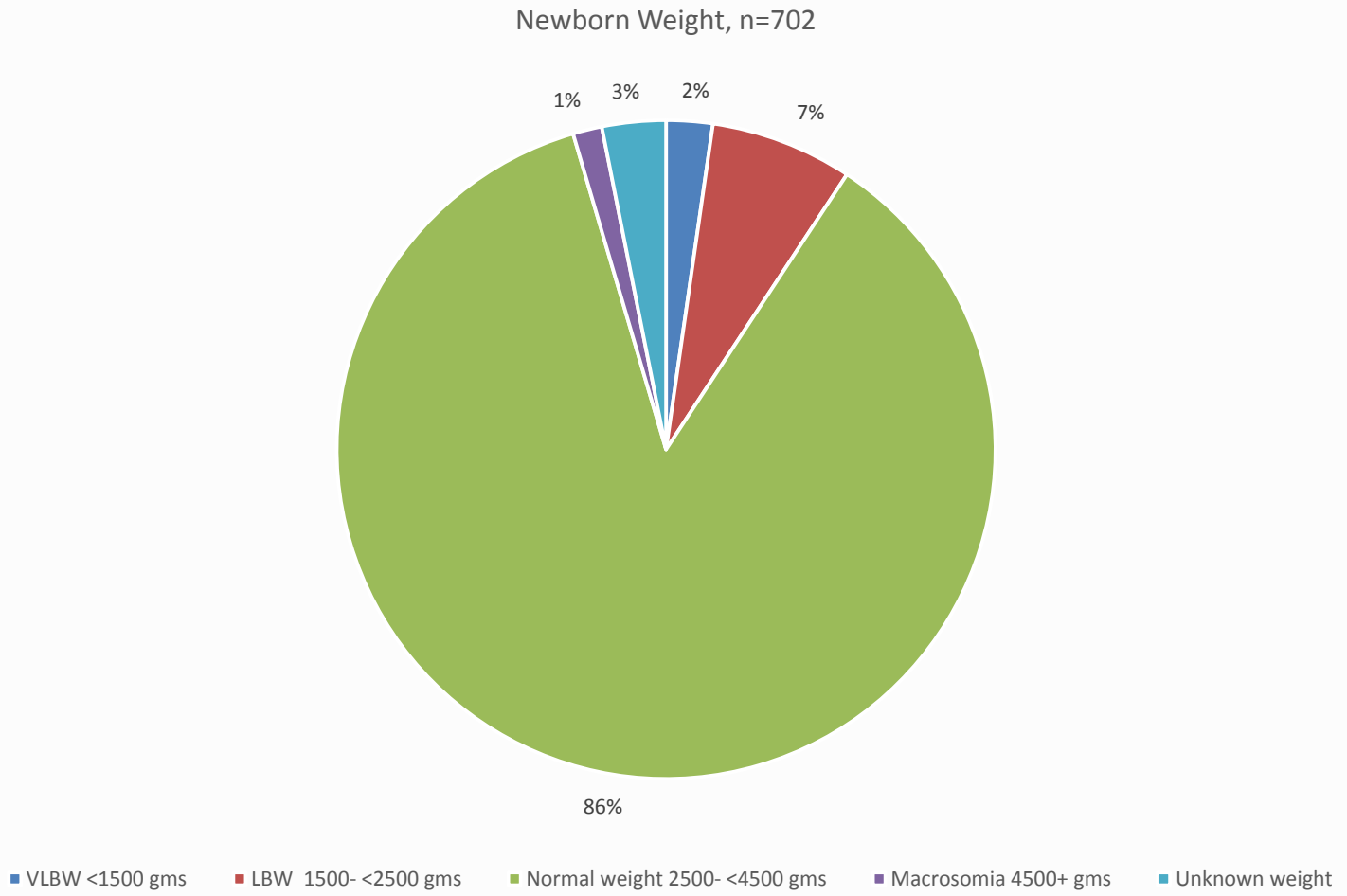
Pregnancy Outcomes



- The majority (86%) of newborn's weight is within the normal range

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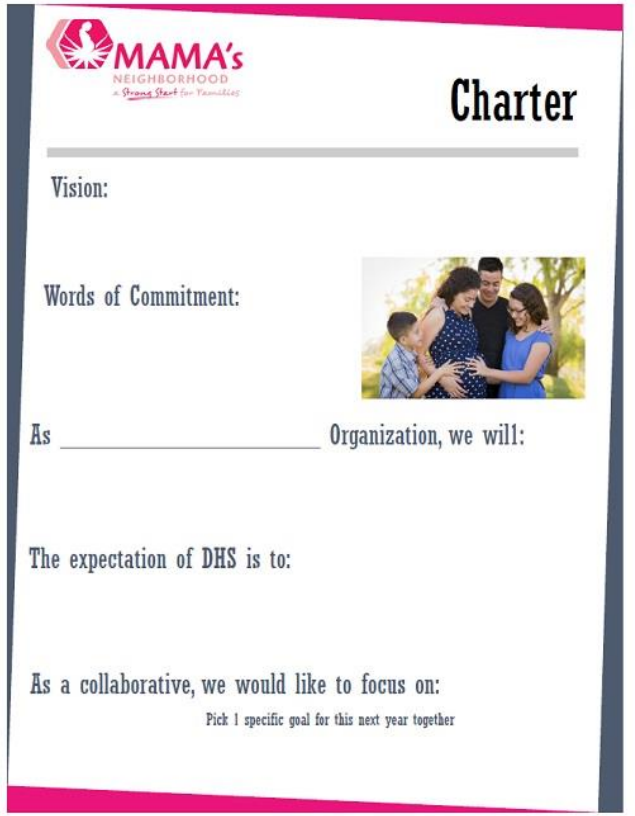
“Building MAMA’s Neighborhood Networks of Care” Collaboration Symposium (November 2015)

- Breakout Sessions for 6 Neighborhoods
- Charter
  - Vision
  - Expectations
- MAMA’s Neighborhood Collaborations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Charter

Vision:

Words of Commitment:

As _____ Organization, we will:

The expectation of DHS is to:

As a collaborative, we would like to focus on:

Pick 1 specific goal for this next year together

Symposium Breakout Session Results

Vision

- Deliver healthy babies
- Continnum of Care
- Respect
- Care
- Empathy
- Improve quality of life
- Safe Environment
- Educating Moms
- Supporting Moms
- Family Planning

Expectations

- Early Intervention
- Collaboration with agencies
- Direct links
- Providing health education
- Patient Navigation, warm hands
- Quarterly meetings
- Sharing resources
- Successful parenting resources
- Sustainability
- Cultural relevance
- In-House medical workers

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MAMA's Neighborhood Model

- Mental Health Providers
- Medical Facilities
- Substance Abuse Prevention
- Housing Stability
- Assistance with Financing and Budgeting
- Child and Family Services
- Health Education and Resiliency

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Why Join?

- Receiving MAMA's Neighborhood promotional materials and partner decal
- Providing on-site patient recruitment and outreach at DHS facilities
- Referring clients via DHS secure, HIPAA approved e-linked referral
- Obtaining tailored zip code analyses for client referrals
- Joining quarterly MAMA's Neighborhood Networks of Care learning collaboratives
- Engaging in knowledge building and transfer webinars with CEU/CMEs
- Sending your clients to our prenatal and postpartum education and engagement classes focused on improved knowledge and behavior through increased resiliency

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MAMA's Neighborhood Memorandum of Understanding (MOU)

- Tier 1,2,3 Levels of Partnerships
  - Purpose
  - Scope Bi- directional referrals
  - Points of Contact
  - Communications
  - Monitoring Feedback
  - Promotional Activities
  - Services

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Level of Partnership	Information Shared
TIER 3	MAMA's Tier 3 Memorandum of Understanding required (MOU) and/or MobileMAMA program. Sharing of PHI including the following: • Name • Residence zip code • Phone number • Email • Main health issues (food or housing insecurity, mental health like depression/anxiety, substance use, prenatal education, and the like. Please see the attached directory of referral types for a complete list).
TIER 2	MAMA's Tier 2 Memorandum of Understanding required (MOU) required and/or MobileMAMA program. Sharing of PHI including the following: • Name • Resident zip code • Phone number • Email
TIER 1	MAMA's Neighborhood Memorandum of Understanding (MOU) and/or MobileMAMA program. • No sharing of PHI. • Referral provided at DHS or external community based organization to one another. • Up to patient to access DHS or external community based organization with identified needed programs and services.

Tailored Zip Code Analyses for Client Referrals

- Comprehensive Assessment
- Collects:
  - Demographics
  - Contact Information
- Used for:
  - Assessing risk levels
  - Readiness to address issues
  - Developing an individualized care plan
  - Creating a linked referral network for patient to navigate

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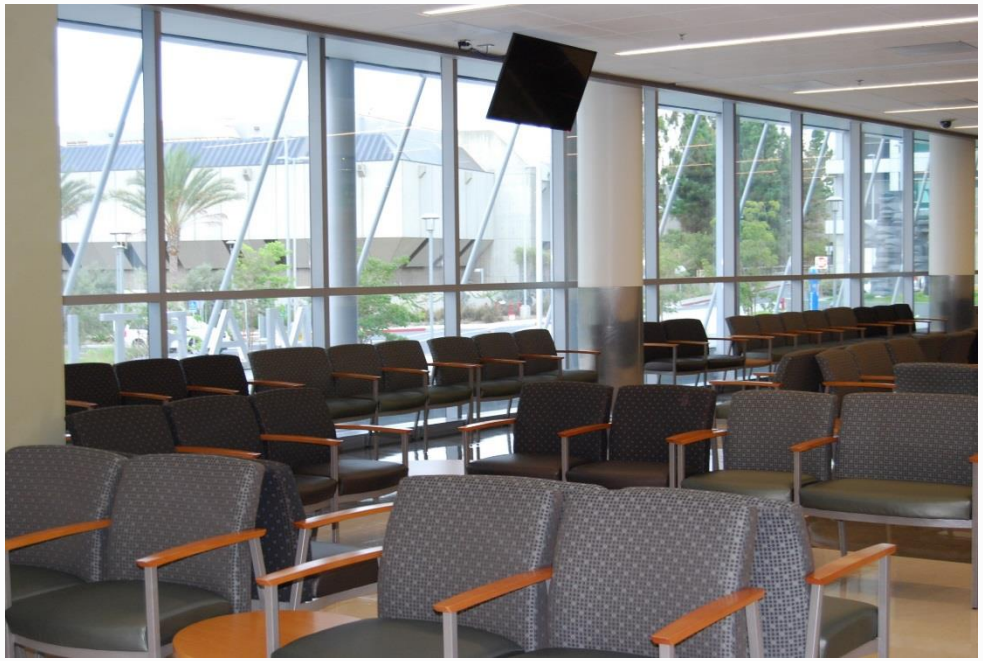
MAMA's Neighborhood Promotional Materials

- MAMA's Neighborhood Decal
- Laminated MAMA's Neighborhood Posters
- MAMA's Neighborhood brochures
- MobileMAMA program
- Welcome Packets

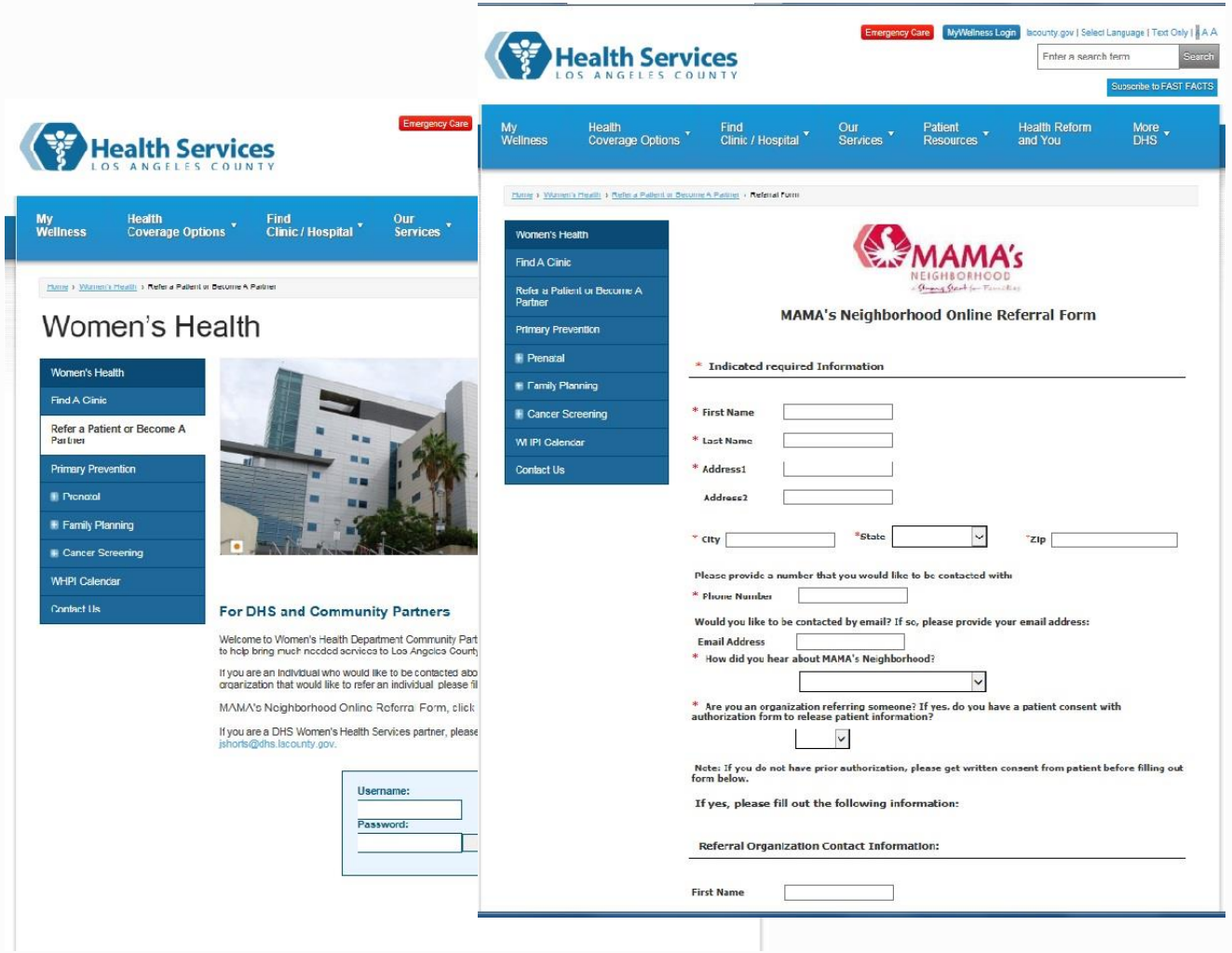
On-site Patient Recruitment and Outreach at DHS Facilities

- Indemnification Form
- Scheduled Calendar
- Informational Booth in waiting area
- Patient Waiting Rooms



Referring Clients via DHS secure, HIPAA approved E-linked Referral

- Using 844-37 MAMA's
- Directly calling clinics
- Calling Care Coordinators



Knowledge Building and Transfer Webinars with CEU/CMEs

- Free continuing education units
- Co-lead classes by organizations for health education classes
- DHS has staff that will teach on a variety of topics
- **What type of topics are staff at your organizations interested in?**
  - Eviction/How to respond / Housing Instability
  - Medical/undocumented children/ensuring dental/SB 75
  - Transportation/Affordable
  - Changes in Medi-Cal laws
  - Perinatal Anxiety

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Prenatal and Postpartum Education

- Engagement classes focused on improved knowledge and behavior through increased resiliency
- **Session 1: Introduction to Baby Basics and Body Vocabulary**
- **Session 2: Nutrition and Building Healthy Eating Habits**
- **Session 3: Exercise and Pregnancy**
- **Session 4: Breastfeeding**
- **Session 5: Labor and Delivery**
- **Session 6: Comfort Techniques during Labor**
- **Session 7: Postpartum Care for Mom**
- **Session 8: Postpartum Care for Baby**

Next steps to MAMA's Neighborhood

- Women's Centered Medical Homes
- Continued development of Neighborhood Networks of Care model
- Welcome Baby!, First 5 LA Home Visitation and Best Start Communities, Nurse Family Partnership
- Volunteer program
- Program funding diversification

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THANK YOU VERY MUCH FOR YOUR CONTINUED PARTNERSHIP!

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