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May 17, 2023

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
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SUBJECT: SUPPORTING AND EXPANDING THE DOULA WORKFORCE IN LOS ANGELES COUNTY (ITEM 13, BOARD AGENDA OF FEBRUARY 7, 2023)

This is in response to your February 7, 2023, motion requesting that the Department of Public Health (Public Health), the Department of Health Services (Health Services), and the Anti-Racism, Diversity and Inclusion Initiative (ARDI) report back to the Board on two directives: 1) a proposal to create a hub for doula service providers to increase access to doula services; 2) options to support the doula workforce and expand doula access in Los Angeles County by: (a) coordinating resources for pre-service and in-service education for doulas and doula trainees; (b) identifying opportunities to utilize existing and new funding resources to expand Public Health’s African American Infant and Maternal Mortality Prevention Initiative’s (AAIMM’s) capacity to support the Medi-Cal doula benefit rollout as part of a larger person-centered approach to pregnancy and birth; (c) reporting on additional proposals to improve doula access throughout the County, including for community information campaigns and methods of integrating doulas into existing birthing teams; and (d) providing analysis of funding and staffing needed to carry out these proposed activities, if any, including existing and potential funding sources.

This report will present background information and important considerations in moving forward with the implementation of this Medi-Cal benefit, followed by responses to both directives.

This report has been informed by discussions with Health Services, ARDI, the AAIMM Doula Advisory Committee, the statewide Department of Health Care Services (DHCS) doula benefit planning workgroup, direct care doula agencies and networks, community-based organizations and leaders, birth centers, philanthropic partners, and the Health Plans administering Medi-Cal managed care in LA County.

BACKGROUND

The Crisis and the Response

Black/African American babies in LA County are two to three times more likely to die before their first birthdays than babies of other races. Black/African American women in LA County are four times more likely to die from pregnancy complications than women of other races. The African American Infant and Maternal Mortality Prevention Initiative (AAIMM) is the County's response to this crisis. Launched in 2018 by Public Health in partnership with First 5 LA, Health Services, Mental Health, leaders of community-based organizations, mental health and health care providers, funders, and community members, AAIMM brings together a unique County-community partnership in a multi-pronged racial and reproductive justice initiative. This initiative includes Public Health's AAIMM Doula Program, which serves 200 Black/African American clients annually with a team of twelve Black/African American doulas. Doulas advocate for, and provide emotional, physical, and educational support to, expectant families and are a particularly critical resource for pregnant people at risk of adverse birth outcomes.

Prompted by entrenched birth disparities faced by Black and low-income individuals, mounting evidence of the impact of doula care, and advocacy from health equity leaders, the DHCS launched coverage of doula services as a Medi-Cal benefit for pregnant and postpartum members in January 2023. Critical work must be done to ensure that Medi-Cal members can access this new benefit and that the doula community can be efficiently and fairly reimbursed through this benefit for services. The urgency of this need is heightened by reports of recent Black maternal deaths in the County, as referenced in your Board's motion, *Investigation into the Death of April Valentine While Giving Birth at Centinela Hospital*, adopted on February 7, 2023, and a marked national increase in maternal deaths, as a March 2023 report from the Centers for Disease Control recently highlighted.¹

IMPORTANT CONTEXT

There were just over 96,000 births in LA County in 2021; 41% of those births were covered by Medi-Cal. Building a doula workforce large enough to support thousands of births each year requires innovation and resources. The success of this benefit will hinge on whether Medi-Cal's policies make reimbursement accessible and whether proposed reimbursement rates can truly sustain practicing doulas. To this end, Public Health will continue to advocate for DHCS and their contracted Medi-Cal managed care organizations (also referred to as Health Plans) to raise their reimbursement rates to match what doulas are currently paid through grant-funded initiatives and private clients. An adequate Medi-Cal doula network rests on the ability for skilled and qualified doulas to make a living wage.

In addition, since access to reimbursement requires challenging enrollment and billing processes and since doulas are not required to avail themselves of the new Medi-Cal benefit, the County must do all it can to increase the appeal of Medi-Cal enrollment by decreasing doulas' administrative burden. This calls for health plans and lead agencies to collaborate to streamline a practice model that includes claims-based reimbursement, provider recommendations, and data collection. An integrated, robust network of support for doulas will be critical for a successful benefit rollout.

¹ <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>

In parallel to the doula benefit launch, infant and maternal mortality must also be addressed through larger-scale transformation and health system changes that address structural racism. Doulas are not the sole solution but rather one component of multi-pronged efforts needed to eliminate racial inequities in pregnancy and birth outcomes. Public Health, Health Services, and ARDI will use their unique positions within the County to engage stakeholders on a variety of strategies to support doulas and to situate doulas within a broader array of policy and program interventions.

DIRECTIVE 1: CREATING A HUB FOR DOULA SERVICES

Design and Launch a Los Angeles County Birth Partners Hub to Address Core Needs

Public Health anticipates that 1-3% of pregnant Medi-Cal members in LA County will access the doula benefit immediately, growing to 10-15% by year 3 of benefit implementation. The chart below estimates the doula workforce required to meet a 15% benefit uptake over three years. The number of doulas is likely an underestimate, since each Medi-Cal member can select any doula who is an approved Medi-Cal provider, and some doulas may choose to serve a limited number of clients.

Timeline	% pregnant Medi-Cal population to use benefit	# of pregnant Medi-Cal members using benefit (out of 40,000)	# of doulas needed (1 client per month per doula)	# of doulas needed (2 clients per month per doula)	# of doulas needed (4 clients per month per doula)
Immediate uptake – Year 1	3%	1,200	100	50	25
Year 2	5%	2,000	167	83	42
Year 3	10% - 15%	4,000 – 6,000	333 - 500	167 – 250	83 - 125

To meet the pressing need for doula contracting and billing support, Public Health will first need to identify and contract with a technical assistance provider. If new resources can be identified, in Quarter 3 of calendar year 2023 Public Health will engage with a few key compensated informants to help define specifications for a proposed technical assistance entity with capacity to provide immediate, time-limited support for current doulas and doula networks seeking to enroll as Medi-Cal providers. The target date for procurement of the technical assistance provider will be by Fall 2023. Pursuing this plan will be dependent on identifying funding to support these efforts.

As the initial TA provider is helping current doulas work through the initial steps in Medi-Cal provider enrollment and billing, Public Health will work with key informants to define specifications for an ongoing Birth Partners Hub lead agency. Objectives will include selection of the Hub lead agency (the Hub), anticipated to be completed by October 2023, and readiness to initiate services by January 2024. The Hub’s core services will include:

1. Doula Training and Health Care System Integration

Training. DHCS requires doulas to complete training in certain topics to qualify as Medi-Cal eligible providers². Training topics include lactation support, childbirth education, foundations of the anatomy of pregnancy and childbirth, nonmedical comfort measures, prenatal and labor support techniques, and developing a community resource list. The state also requires three hours of continuing education every three years on a range of suggested training topics. Until the Hub is up and running, Public Health will deliver Medi-Cal onboarding and billing trainings to doulas seeking to serve the Medi-Cal population. Once the Hub is established Public Health will limit its role to pre- and in-service training of doulas who are part of or seeking to join the AAIMM doula network. The Hub will deliver training to the broader LA County doula provider community, using its own in-house expert staff or subcontracted expert trainers.

Health Care System Integration. The County and the doula community must work with health care providers, hospitals, and freestanding birth centers to remove barriers to integrating doulas into these settings. The Hub, Public Health and Health Services will work together to educate clinical staff within and outside of the County health system about the role of doulas and the importance of including doulas in their work, doula pre-requisites, scope, and liability coverage, and how and why to recommend a doula for their Medi-Cal patients. Public Health and Health Services will facilitate relationship-building to ensure County clinics and hospitals promote and welcome doulas as part of the care team. Public Health's Comprehensive Perinatal Services Program staff will work with the Hub to incorporate doula receptivity training into its work training perinatal providers at County clinics and hospitals, Federally Qualified Health Centers and other perinatal care facilities.

2. Communications, Public Awareness, and Advocacy

The Hub, again relying on in-house staff or subcontractors, will oversee production of a public awareness campaign to increase awareness among potential consumers and the general public about what a doula does, how to access a doula and how to have doula care covered by Medi-Cal. With resources identified, the countywide campaign may include various media such as a web landing page, social media, ads, radio, etc., as well as a local handbook on maternity and parenting services to be created in multiple languages, explaining doula care and other maternity care opportunities and covering other tips and plans for a joyous and healthy birth. The Hub will produce this campaign in consultation with consumer advisors and in collaboration with Public Health and Health Plans.

3. Billing and billing assistance

The Hub will provide Medi-Cal billing services to doulas and doula networks, including processing of, and technical assistance with, electronic claims submission. Medi-Cal claims submission is a new process for doulas, and involves the validation of service documentation, the translation of documentation into encounter data meeting state and federal regulations, direct data submission to Health Plans, and management of denials. This process is complicated to navigate, so the Hub will help remove this barrier for doulas to effectively provide services under Medi-Cal. The Hub may also include referral management for doula services. Some Health Plans have committed to including a 10% administrative payment with all doula services, which would go a long way towards meeting the cost for billing service support in the early

² <https://www.dhcs.ca.gov/provgovpart/pages/doula.aspx>

years of the Medi-Cal doula benefit implementation. After the first two years, the expectation is that Medi-Cal administrative fees on each reimbursement request will begin to sustain services.

4. Workforce and Organizational Development

Doula businesses are often woman-owned and -operated and likely to benefit from technical assistance to expand and sustain services. Doing business in LA County comes with significant administrative costs across multiple municipalities. Business licenses, general and professional liability insurance, accounting support and other business-related needs are time- and resource-intensive barriers to doula enrollment as Medi-Cal providers. The Hub will coordinate small business training and technical assistance for doulas. A review of trainings designed by and for birth workers indicated a cost in the range of \$1,000-\$2,000 per participant. Ongoing technical assistance to form a doula business and legal support to review Health Plan and doula-client contracts the Hub could provide at additional cost. Public Health will explore the possibility of partnering with the Department of Economic Opportunity on an initiative to support and invest in doulas as entrepreneurial small business owners.

5. Quality Assurance and Evaluation

Assuring consistent, high quality doula services will be a shared responsibility of the state, the Hub, and Public Health, in consultation with stakeholder partners. Quality standards built into the system start with initial vetting of applicant doulas by DHCS, which verifies applicant's attestation of required training and good standing as a Medi-Cal provider. Health Plans then conduct their own vetting of doulas with whom they contract and collect data on client outcomes that will be critical for assuring consistent, high-quality services and evaluating the impact of doula care as a whole. It would be optimal if health plans and local doula programs would collect standardized data that could be analyzed by the Hub to measure the overall implementation and impact of the Medi-Cal benefit. As funding permits, such data collection and analysis could include:

1. Client satisfaction, with the feedback loop to doulas;
2. Doula satisfaction with provider relations and Hub support, and with the Medi-Cal benefit;
3. Provider and consumer awareness of doula services;
4. Successes, challenges, lessons learned in integrating doulas into Medi-Cal; and
5. Outcomes for doula-supported births vs. outcomes for an appropriate comparison population over time.

The last of these measures, outcomes of doula care, is both the most compelling information that can be collected and the most expensive and challenging to collect and analyze. Philanthropic interest has been expressed in providing support for evaluation of doula care. Public Health will continue to explore opportunities to support comprehensive quality improvement and evaluation of the service system.

DIRECTIVE 2: SUPPORTING THE DOULA WORKFORCE AND INCREASING ACCESS

Directive 2a: Coordinating doula workforce training

Until the technical assistance provider and the Hub are on board, Public Health will coordinate urgently needed training and technical assistance for existing doulas to become Medi-Cal eligible providers and

begin service delivery. Since the rollout of the Medi-Cal benefit, only 109 doula applications have been received by the state (as of March 23, 2023). Of those, only fifty-seven have been approved by DHCS. Difficulties cited with the application process include unfamiliar legalese, cumbersome documentation requirements, and the need for legal review of contracts. After Hub implementation, Public Health will continue to provide in-service offerings, technical assistance, mentorship, and onboarding of doulas interested in being hired into the AAIMM Doula Program and AAIMM network, and will work closely with the Hub to assure alignment.

Doula Workforce Pipeline

All sources of birth worker training must commit to ensuring that training is not only widely accessible, but also culturally affirming, centering the unique, individual needs, experiences and backgrounds of participants and aligning with principles of equity, inclusion, and anti-racism. We envision three sources of such training for prospective and existing doulas:

1. The Hub will be a core source of workforce development opportunities for doulas committed to serving Medi-Cal members as the entirety or a part of their caseload. (Please see proposed budget below.)
2. Public Health will continue to provide training for prospective and current AAIMM doulas and other Black/African American training participants who seek to serve Black/African American clients (the “AAIMM network”). This effort will be supported by existing grant funds.
3. Existing birth worker organizations and programs will continue to provide enhanced and specialized training supported by their own existing grant funds. Given the likelihood that demand for training will exceed capacity of the Hub, we expect these existing training options to remain needed, and in fact additional resources may be required.

There is a non-career doula cadre who should also be understood as part of the overall doula workforce. Like Family, Friends, and Neighbors (FFN) childcare providers, these doulas (sometimes called “granny doulas”) only provide services to their expecting family and friends. Public Health and the Hub will encourage this non-career doula community to participate in trainings, learn best practices, and enroll in Medi-Cal, which will be hugely beneficial toward expanding, diversifying, and strengthening the doula workforce.

Similarly, Public Health has made significant commitment to invest in home visitation as a prevention and intervention support. This includes, but is not limited to, \$11.94 million in American Rescue Plan (ARP) Act funding for home visiting and Nurse Family Partnership programs. While home visitors provide a service distinct from doulas to expectant and newly parenting families, the benefit offers an opportunity to provide doula training to home visitors to expand their birth support knowledge and open the door to career opportunities for those home visitors with an interest and passion for providing birthing support.

Directive 2b: Expand AAIMM capacity to support the Medi-Cal doula benefit rollout as part of a larger person-centered approach to pregnancy and birth

Leveraging State Funding to fill the Medi-Cal Coverage/living wage.

Current Medi-Cal reimbursement rates do not match what LA County doulas earn from grant-funded programs and private clients. Through its existing grant funding, Public Health's AAIMM Doula Program provides fee-for-service payments to doulas averaging \$1,850 per client. The Medi-Cal reimbursement rate under the new benefit for comparable services is \$1,095 per client. To enable the AAIMM program to serve more expecting Black/African American families while still paying a living wage to doulas, Public Health is seeking to contract with managed care plans in 2023 to collect Medi-Cal reimbursement for eligible clients and braid those funds with the California Home Visiting Program Innovation (CHVP) grant. The CHVP grant is the largest source of support for the AAIMM Doula Program and will continue to support the program until at least June 2026.

Supporting other promising models of care.

Beyond its Doula Program, AAIMM operates a Fatherhood Program and seeks to support other models of perinatal care known to improve birth outcomes in Black/African American families across the County. Freestanding birth centers, group prenatal care, and midwifery-led care are three such models, all of which are eligible for Medi-Cal reimbursement. As part of its broader AAIMM work, Public Health contracts with the Charles Drew University Black Maternal Health Center of Excellence (the Center) to provide culturally congruent and midwife-led group prenatal care for Black birthing families. Public Health, the Center, and local midwifery partners also participate in a statewide collaborative to improve access to and Medi-Cal reimbursement for midwifery care. Public Health is in conversation with existing birth centers, midwife collaboratives, and community partners that provide services to Black individuals during pregnancy and childbirth to explore opportunities to fund the maintenance and expansion of existing midwifery models and birth centers. All of these programs offer opportunities to maximize the value of doula care, by embedding it in a comprehensive system of support and services.

ARDI has named reducing infant mortality as one of five strategic goals in the Los Angeles County Racial Equity Strategic Plan and features 12 strategic initiatives aimed at reducing infant mortality and supporting pregnant and parenting families. To facilitate plan implementation, Public Health and ARDI will collaborate to launch a workgroup of cross-departmental stakeholders to prioritize and implement these strategies, as well as build upon and amplify foundational work of Public Health's African American Infant and Maternal Mortality Prevention Initiative (AAIMM). Such an endeavor would include efforts to address bias and racism in the medical field and increase culturally appropriate and respectful pregnancy, labor, and delivery support. The AAIMM Prevention Initiative, launched in 2018, brings together diverse collaborators across the County to address birth inequality disparately impacting the Black community through a community-engagement-centered framework.

Public Health and ARDI can provide your Board with a set of recommendation to enable the Hub and existing birth centers that serve families of color to expand to additional locations in under-resourced areas of the county, ideally in each Supervisorial District. Funding for such a plan is not currently available and Public Health would need to identify possible funding options, if needed.

In addition to maintaining the AAIMM Doula Program within the context of the broader Hub effort, AAIMM will continue to collaborate with community wisdom-keepers to design programs and policies and seek funding sources in support of optimal perinatal care for Black/African American birthing people. This will include work on culturally competent midwifery, group models of prenatal care, and birth centers.

Directive 2c: Report on additional proposals to improve doula access throughout the county

We recommend two additional steps to promote doula access throughout LA County. First, the County should make a concerted effort to engage Medi-Cal Health Plans as partners in achieving an effective doula system. Second, Public Health can continue to play a central coordinating role for the County to ensure ongoing support for the successful roll-out of the Medi-Cal doula benefit.

Critical Support from Medi-Cal Health Plans

Because of the pressing need to onboard as many doulas as possible at the same time as other significant changes to Medi-Cal service delivery take effect, Public Health is deeply involved in doula benefit implementation, a role that we anticipate will subside as Health Plans continue to gain their footing.

The most critical elements of assuring increased access to quality doula care and a diverse doula workforce that operates from an anti-racism frame and pursues reproductive justice are removing barriers to effective service delivery and ensuring a living wage. To this end, each Health Plan should:

1. Have a Doula Service Representative who acts as a liaison between the Health Plan and the Hub, partnering with Hub staff to ensure smooth integration of doulas into each plan's financial systems and each plan's provider network;
2. Have equity and fair treatment policies that center the voices of doulas. As previously noted, doulas require a living wage to perform services in the manner that has been shown to be effective in reducing adverse birth outcomes;
3. Collaborate with the County to ensure adequate investment to guarantee a sufficiently sized and diverse doula workforce to meet Medi-Cal member demand, including investing in existing community doula programs;
4. Ensure that healthcare providers make referrals/approvals for clients desiring the support of a doula, and network hospitals are welcoming of doulas; and
5. Develop and act upon additional measures to improve birth outcomes for Black individuals and others who bear the burden of birth inequities, including aligning with SB 464 (2019), the Dignity in Pregnancy and Childbirth Act, which requires that all perinatal providers receive implicit bias training.

Internal infrastructure

Public Health can build on the expertise it brought to bear to develop its current AAIMM Doula Program to serve as the County locus of responsibility to guide and oversee development of the Hub system described above, including hosting convenings, collaborating with the birth worker sector to identify

further opportunities to support and implement best practices, operating the AAImm Doula Program, and maintaining relationships with managed care plans. If resources are identified, Public Health recommends hiring a Health Program Analyst III to manage implementation of the proposed immediate-term training and the Hub contract, liaise with health plans, and establish efforts to expand the doula workforce. This person would also identify other person-centered approaches to perinatal care as well as future sources of funding.

Directive 2d: Analysis of funding and staffing needs

Proposed Budget

Budget Item	FY23-24 (6 months only)	FY24-25	FY25-26
PUBLIC HEALTH			
<i>Health Program Analyst III</i>	6 mo. salary + EB \$120,533.50	\$ 241,067	\$ 241,067
<i>Supplies & Services</i>	\$5,000	\$10,000	\$10,000
<i>Indirect Costs</i>	\$9,000	\$19,000	\$19,000
CONTRACTS			
<i>Immediate Technical Assistance Provider (onboarding & billing)</i>	\$100,000	-	-
<i>Hub Central Lead Agency and local network affiliates:</i> <ul style="list-style-type: none"> - Training - Communications - Billing - Workforce Development - Quality Assurance & Evaluation 	\$600,000	\$1,000,000	\$1,000,000
TOTAL	\$834,533.50	\$1,270,067	\$1,270,067

Public Health has partnered with the LA Partnership for Early Childhood Investment to secure philanthropic funding of \$525,000 available over three years to cover doula Medi-Cal benefit implementation costs, with the provision that the design and implementation prioritize the needs of Black/African American doulas and their Black/African American clients. With additional investments, Public Health would be able to initiate efforts to develop the Hub to facilitate a rollout of the Medi-Cal doula benefit within a broader person-centered approach to perinatal care.

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If you have any questions or would like additional information, please let me know.

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