County of Los Angeles
Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, February 16, 2022
TIME: 10:30 a.m.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:
DIAL-IN NUMBER: 1 (323) 776-6996
CONFERENCE ID: 322130288#
MS Teams link (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

I. Call to order

II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices)**:**

   a. DHS: Request Approval to Accept Compromise Offers of Settlement for Patients who Received Medical Care at either County Facilities and/or at Non-County Operated Facilities Under the Trauma Center Service Agreement

III. **Discussion Item(s):**

   a. Maternal Child and Adolescent Health and Opportunities to Improve Health Outcomes and Health Equity for Women and Babies At Risk

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda

VI. Public Comment

VII. Adjournment

BOARD LETTER/MEMO
CLUSTER FACT SHEET

☒ Board Letter ☐ Board Memo ☐ Other

CLUSTER AGENDA REVIEW DATE	2/16/2022
BOARD MEETING DATE	3/1/2022
SUPERVISORIAL DISTRICT AFFECTED	☒ All ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
DEPARTMENT(S)	Department of Health Services (DHS)
SUBJECT	REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.
PROGRAM	Health Services
AUTHORIZES DELEGATED AUTHORITY TO DEPT	☒ Yes ☐ No
SOLE SOURCE CONTRACT	☐ Yes ☒ No
	If Yes, please explain why:
DEADLINES/ TIME CONSTRAINTS	Not Applicable
COST & FUNDING	Total cost: $0.00 / Funding source: Not Applicable
	TERMS (if applicable): Not Applicable
	Explanation: There is no net cost to the County
PURPOSE OF REQUEST	Requesting Board approval for the acceptance of compromise offers of settlement for patient accounts that are unable to be paid in full. The payments will replenish the Los Angeles County Trauma Funds. The Board is being asked to authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling $98,000.00 for medical care provided at LAC+USC MC and Rancho Los Amigos NRC.
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlements will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.
EQUITY INDEX OR LENS WAS UTILIZED	☐ Yes ☒ No If Yes, please explain how:
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	☐ Yes ☒ No If Yes, please state which one(s) and explain how:
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077 virperez@dhs.lacounty.gov County Counsel, Kelly Hassel, Deputy County Counsel, (213) 974-1803 khassel@counsel.lacounty.gov

March 01, 2022

DRAFT
DHS Letterhead

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

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

To request Board approval for the Director of Health Services, or designee, to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

LAC+USC Medical Center – Account Number 102122390 in the amount of $5,000.00.

Rancho Los Amigos National Rehabilitation Center – Account Number 101550073 in the amount of $18,000.00.

LAC+USC Medical Center – Account Number 100723555 in the amount of $75,000.00.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at County facilities: The compromise offer of settlement for these patient accounts is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

The best interest of the County would be served by approving the acceptance of these compromises, as it will enable the DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended actions will support Strategy III.3 "Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately $98,000.00 There is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) $15,000, or ii) $75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's, or designee's, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:ANW:VP

Enclosures (3)

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-02-A

Amount of Aid	$37,707.00	Account Number	102122390
Amount Paid	$0.00	Name	Adult Male
Balance Due	$37,707.00	Service Date	08/06/2021
Compromise Amount Offered	$5,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	$32,707.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of $37,707.00. The patient has a total of $43,242.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of $15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$5,000.00	$5,000.00	33.33%
Attorney Cost	$535.00	$534.00	3.56%
Other lien holders	$0.00	$0.00	0.00%
Los Angeles Department of Health Services (Rancho Los Amigos NRC)	$37,707.00	$5,000.00	33.33%
Net to Client (Heirs)	$0.00	$4,466.00	29.77%
Total	**$43,242.00**	**$15,000.00**	**100.00%**

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-02-B

Amount of Aid	$73,610.00	Account Number	101550073
Amount Paid	0.00	Name	Adult Male
Balance Due	$73,610.000	Service Date	10/07/20 – 05/05/21
Compromise Amount Offered	$18,000.00	Facility	Rancho Los Amigos National Rehabilitation Center
Amount to be Written Off	$55,610.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Rancho Los Amigos National Rehabilitation Center at a total cost of $73,610.00. The patient has a total of $125,475.32 in medical bills and attorney fees.

The attorney has settled the case in the amount of $65,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$40,000.00	$33,333.00	51.28%
Attorney Cost	$594.63	$594.63	0.91%
Other lien holders	$11,270.69	$4,528.75	6.97%
Los Angeles Department of Health Services (Rancho Los Amigos NRC)	$73,610.00	$18,000.00	27.69%
Net to Client (Heirs)	$0.00	$8,543.62	13.14%
Total	**$125,475.32**	**$65,000.00**	**100.00%**

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-02-C

Amount of Aid	$295,806.00	Account Number	100723555
Amount Paid	0.00	Name	Adult Male
Balance Due	$295,806.000	Service Date	07/05/16 – 07/23/16
Compromise Amount Offered	$75,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	$220,806.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a cost of $295,806.00. The account was referred to the County vendor whom was able to negotiate the payment of $75,000.00 for this account.

This compromise offer of settlement is recommended because it represents the maximum amount the County vendor was able to negotiate for payment.

Maternal, Child and Adolescent Health

Opportunities to Improve Health Outcomes and Equity for Women and Babies at Risk

February 16, 2022
Deborah Allen, ScD
Deputy Director for Health Promotion Bureau
Los Angeles County Department of Public Health

Maternal, Child, & Adolescent Health (MCAH) Division Overview

I. Perinatal and Infant Health Unit

- African American Infant Maternal Mortality Initiative (AAIMM)
- County Comprehensive Perinatal Services Program (CPSP)
- Black Infant Health Program (BIH)
- Home Visiting Program (NFP, PAT, and HFA)
- Sudden Infant Death Syndrome Program
- Newborn Screening programs

II. Child and Adolescent Health Unit

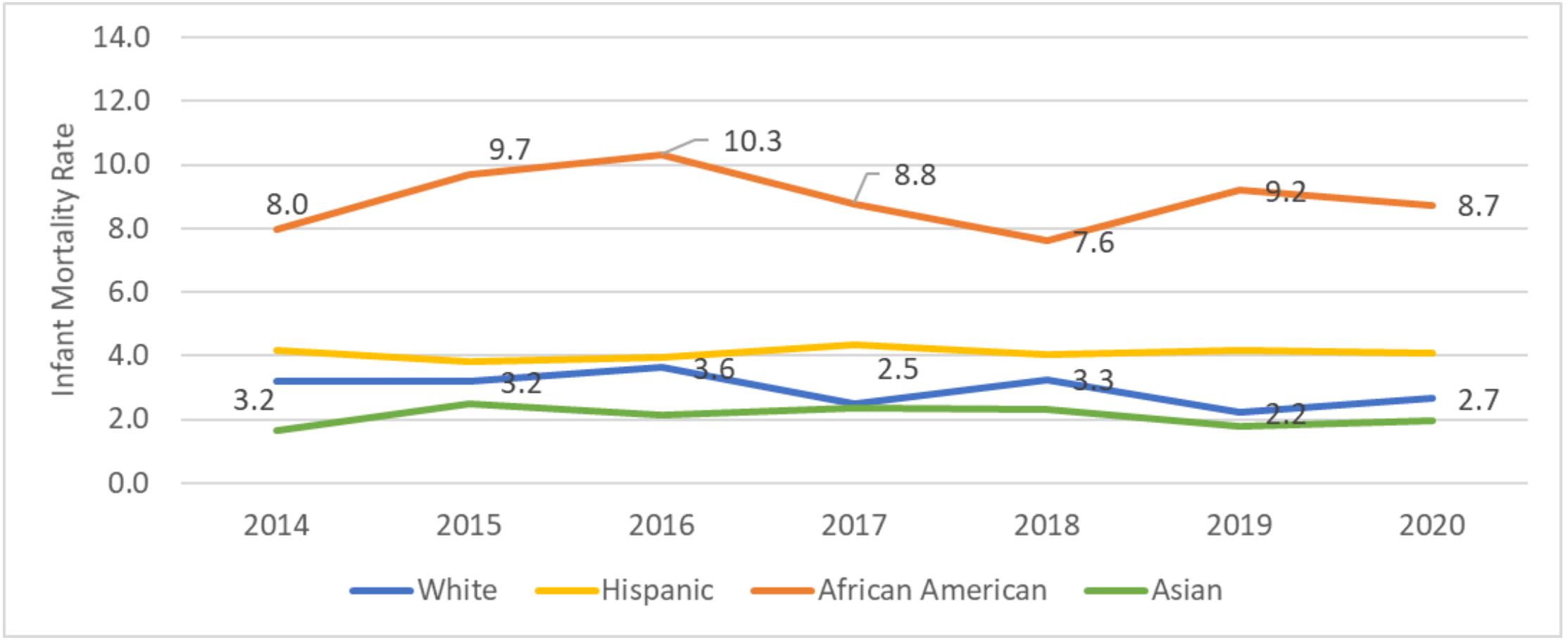
- Help Me Grow
- Childhood Lead Poisoning Prevention Program
- Youth Advisory Council/Positive Youth Development
- School Health
- Community Health Outreach Initiative (CHOI)

III. Research, Evaluation, and Planning Unit

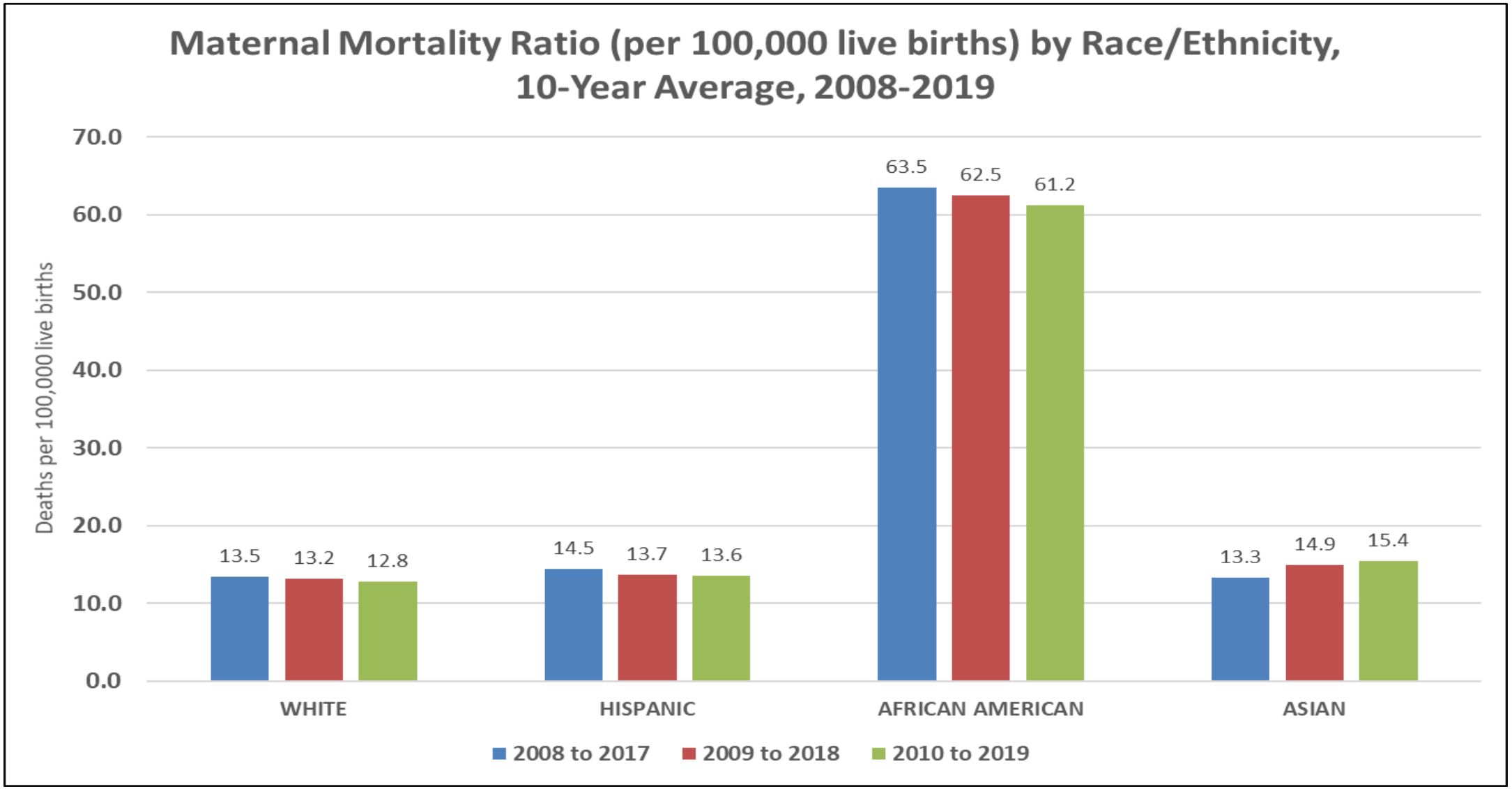
African American Infant Maternal Mortality Prevention Initiative (AAIMM)

- Goal: Reduce Black-White infant mortality gap in LAC by 30% over 5 years (2018-2023)
- Intervention: Use lifecourse framework: engage community partners in the design and implementation of programs
- Target population: African American women- preconception to postpartum
- Reach: Approximately 10,000 clients served annually
- Structure
  - DPH/First 5 LA Management Team
  - Countywide, 20-person Steering Committee
  - Four SPA-based Community Action Teams

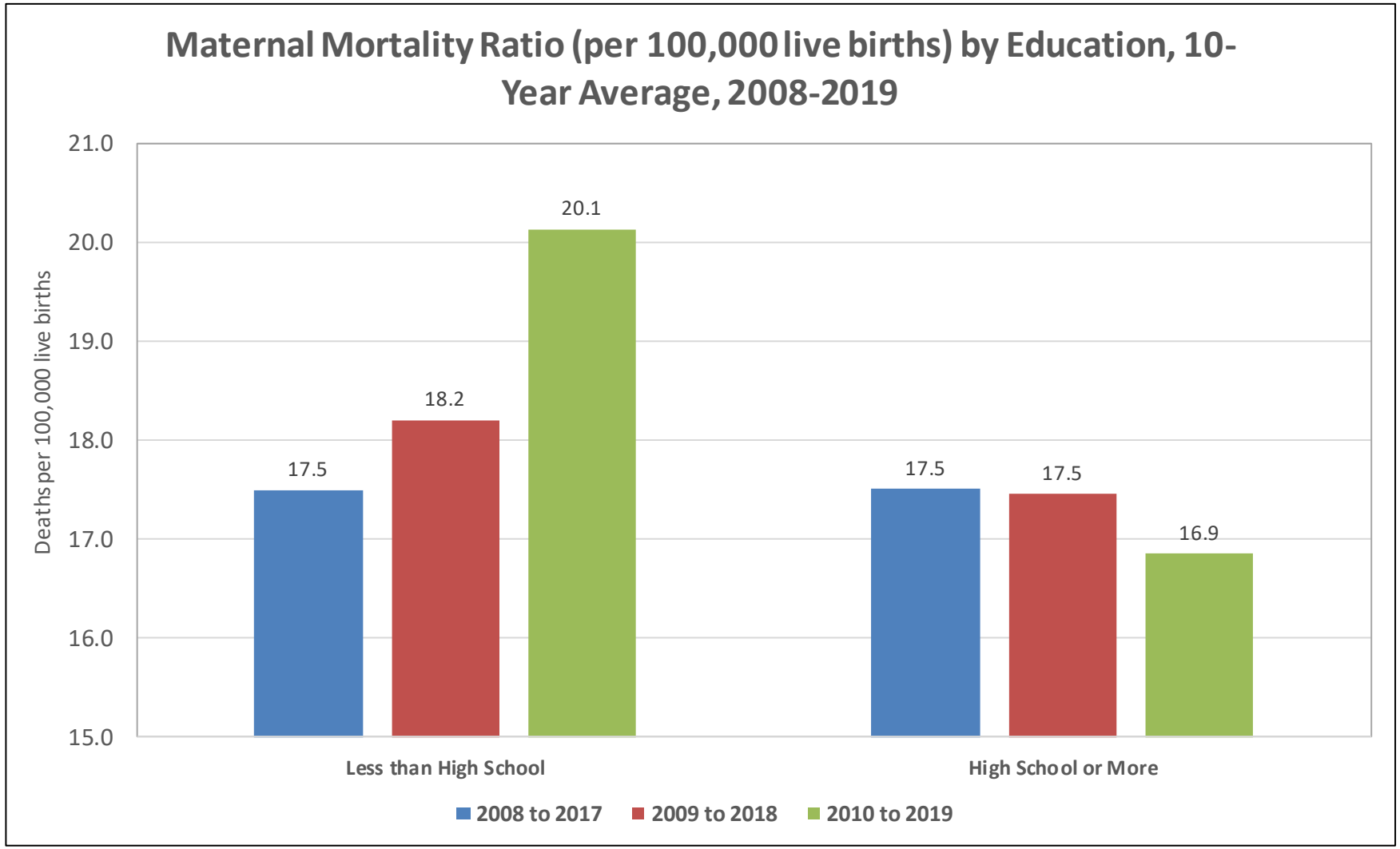
Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Data Source: Source: 2003-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2020 birth and death records downloaded from the Vital Record Business Intelligence System (VRBIS).

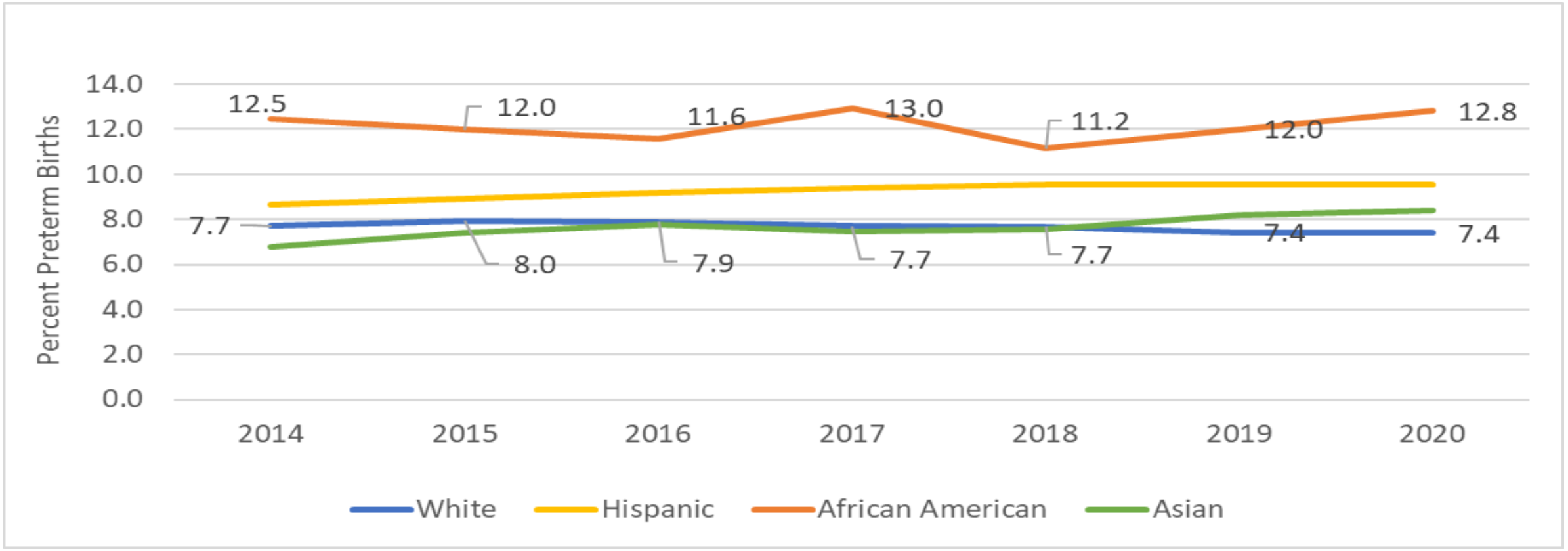


California Department of Public Health, 2008-2019 Birth and Death Files analyzed by the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs



California Department of Public Health, 2008-2019 Birth and Death Files analyzed by the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs

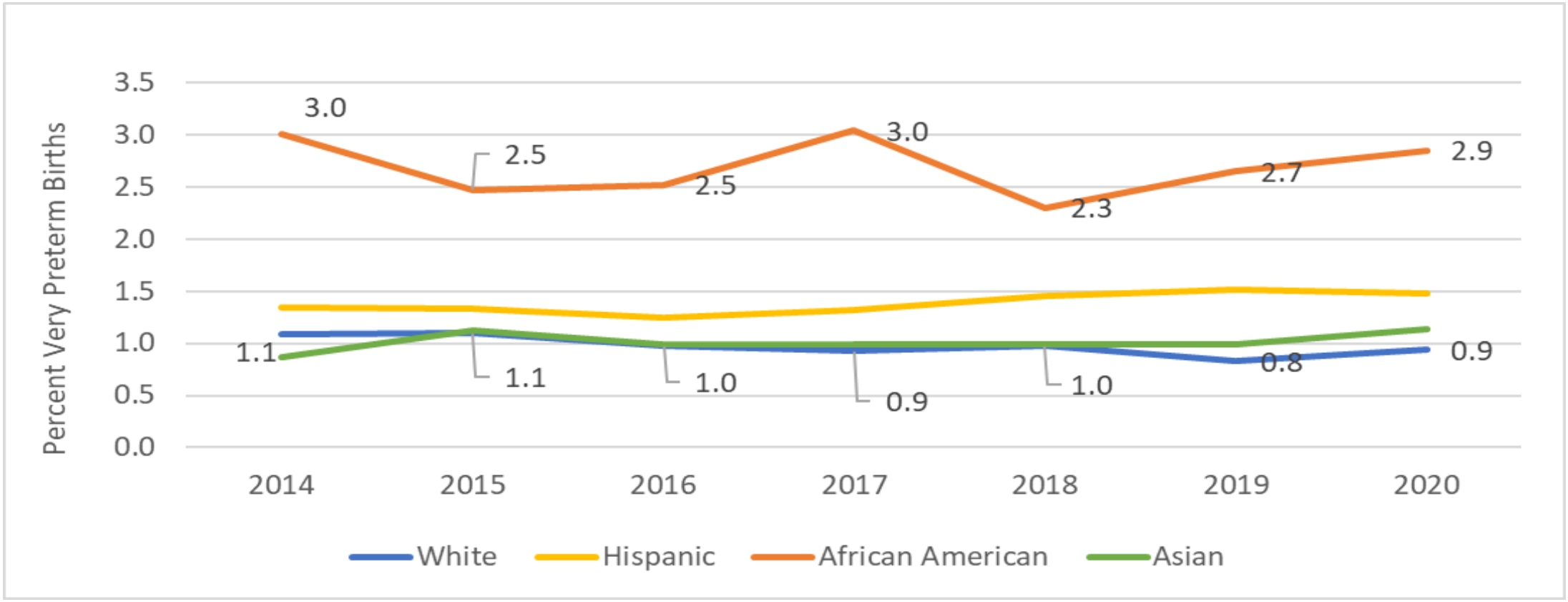
Percent Preterm Births (17-36 weeks) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Preterm births are defined as births occurring from 17-36 weeks gestation. Gestational age calculated based on obstetrical estimation. Data not shown for Native American, Pacific Islander, Other and Unknown races.

Source: 2003-2017 California Department of Public Health, Birth Statistical Master Files. 2018 2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

Percent Very Preterm Births (17-32 weeks) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Very Preterm births are defined as births occurring from 17-32 weeks gestation. Gestational age calculated based on obstetrical estimation. Data not shown for Native American, Pacific Islander, Other and Unknown races.

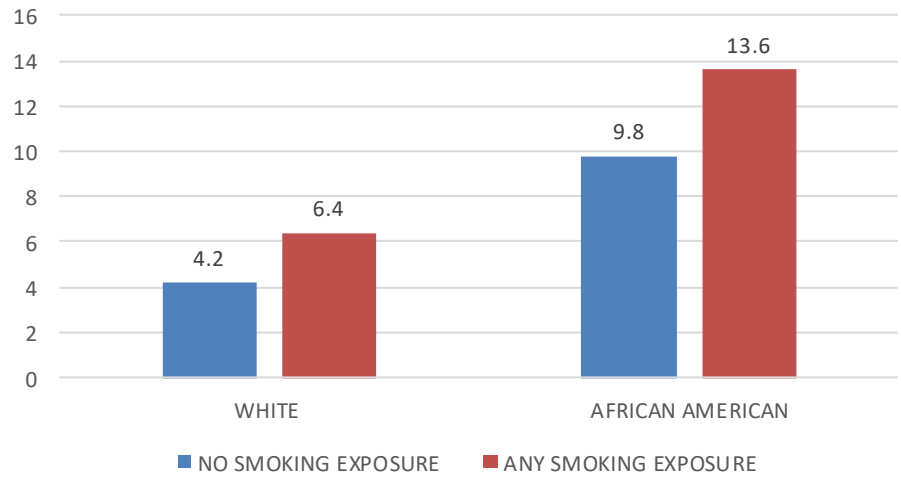
Source: 2003-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

What explains these outcomes?

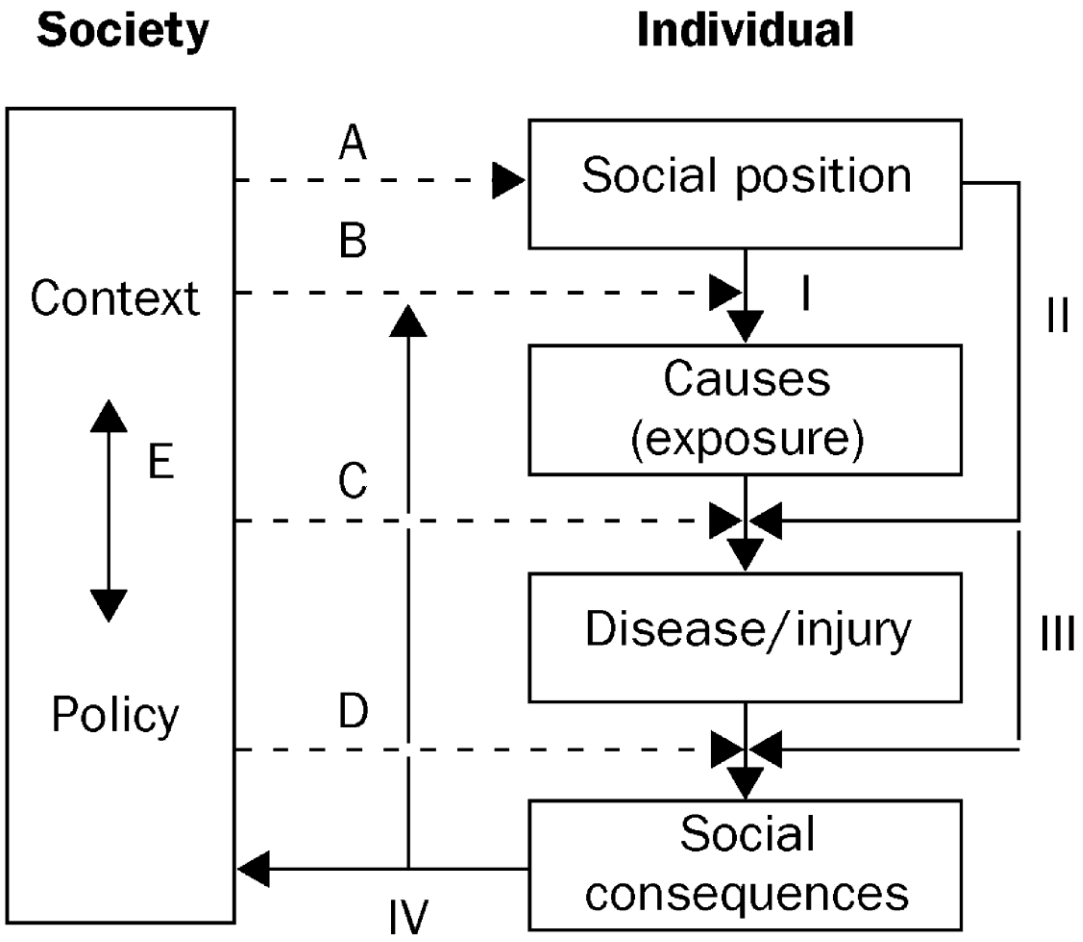
Common explanations don't hold up!

The Perception	The Facts
Socioeconomic status **Does a higher level of poverty among Black women explain the difference?**	We know that a secure job, a safe home and healthy food all contribute to health. And when you look at White mothers alone or Black mothers alone, better off moms have healthier babies. Los Angeles County data tell us that Black women who have private insurance, which means they are employed, have worse outcomes than White women who receive public insurance.
Mother's education **Could the gap in LA be due to a lower average education level among Black women?**	All over the world, women's education is associated with healthier births. White and Black women who are well educated do have an advantage over those of the same race with less education. But county data show that better educated Black mothers have worse birth outcomes than White women who did not complete high school!
Mom's behavior **Could it be that Black women engage in riskier behavior than White women?**	That's not what the data tell us. While Black and White women tend to engage in different kinds of risky behavior, risk-taking seems to be evenly divided. For example, White women drink alcohol more than Black women, while Black women in LA County smoke more than Whites during pregnancy. But the more fundamental point is that risk-taking doesn't explain the gap. Black moms in LA County who do not smoke have worse outcomes than White women who do.
Access to health care **Perhaps the fact that Black women are less likely to have private insurance, or a car means they are less able to get to prenatal care than Whites?**	Once again, this is a real concern, but it doesn't explain the inequality we see in birth outcomes. Data show that Black women who had adequate care had worse outcomes than White women who did not.

Prevalence of Low Birth Weight Births by Mother's Race/Ethnicity and Smoking Exposure, LAMB 2012&2014



Lifecourse Model*



- https://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf

AAIMM Framework

- Adverse social experience: material hardship and social marginalization (racism, sexism, etc.)
  - Psychological stress
    - Fight or flight
      - Cumulative physiological stress
        - Adverse health outcomes, including adverse pregnancy outcomes

AAIIMM Funding

Funding Source	Funding Amount
California Perinatal Equity Initiative, State General Funds	$1,407,000
California Home Visiting Program, Special Grant	$1,000,000 for doula care
First 5 LA	$1,000,000 for media campaign and evaluation
Care First Community Investment	$600,000 for doula care for incarcerated women
Whole Person Care	$2,000,000 for doula care pilot (now sunset)
Pritzker Foundation	$200,000 for two positions
Village Fund Philanthropic Donors	Hilton Foundation, The California Endowment, Heising-Simons Foundation, Atlas Family Foundation, Baby Futures Fund
CAT Funders	Reissa Foundation, Kaiser Community Benefits

AAIMM Initiatives

- Reduce stressors
  - Support for Paid Family Leave and EITC
  - Public awareness campaign (“400 Years is Enough,” “It takes a village”)
  - Antiracism and implicit bias trainings
- Supports to ameliorate stress
  - Charles Drew Center of Excellence: midwife managed birth center
  - Doula care
  - Fatherhood training
  - Village Fund support for community providers
- Improved medical care to address impact of stress
  - Preconceptional health outreach and training
  - Hospital antiracism learning collaborative

AAIMM Doula Program

- Goal: Provide doula services to 200 Black/African American pregnant individuals annually
- Intervention: Trained Black doulas provide physical, emotional, and informational support before, during, and after childbirth
- Target population: Black/African American pregnant women with priority for those living in SPAs 1, 6, and 8 and Medi-Cal enrollees
- Reach: 225 clients have been enrolled since its start in January 2021
- Critical issues: Roll-out of doula benefit, expansion to Century Regional Detention Facility, scarce resources for mental health, housing

AAIMM Critical Issues

- Secure expanded and sustainable funding for AAIMM staffing and projects
- Assure optimal roll-out of Medi-Cal doula benefit
- Identify/expand options for Medi-Cal funding
- Secure timely, disaggregated prenatal, provider, and hospital data
- Expand resources for mental health, housing
- Implementation of SB 464 the Pregnancy and Dignity in Childbirth Act
- Build a birth equity movement

County Comprehensive Perinatal Services Program (CPSP)

Goal: Decrease the incidence of low birthweight in infants; improve the outcome of every pregnancy; lower health care costs by preventing chronic illness in infants and children

Intervention: CPSP staff train providers (physicians, PPOs, clinics, etc.) who offer enhanced obstetric services such as nutrition, psychosocial, and health education to Medi-Cal eligible women

Target population: Prenatal providers that serve low-income (Medi-Cal/Managed Care) perinatal patients (conception to 60 days postpartum)

Reach: There are currently 399 CPSP providers in LAC

CPSP Funding

Funding Source	Funding Amount
State Title-V	$44,800
State Title XIX	$1,123,500
NCC	$1,064,000

Critical Issues

- No opportunity to monitor provider behavior
- CPSP receives CDPH funding support regarding Medi-Cal's postpartum extension, but CDPH has yet to provide guidance

Black Infant Health Program (BIH)

Goal: Improve African American infant and maternal health; decrease Black-White health and social inequities for women and infants
Intervention: Provides group-based case management and weekly support groups to help Black women develop life skills, reduce stress, and build social support. Services are provided by three vendors: The Children's Collective, Inc. (SPAS 6, 8), Children's Bureau of Southern California (SPA 1), City of Pasadena PH Department (SPA 3)
Target population: African American women 18 years or older; up to 30 weeks pregnant at enrollment
Reach: 325 clients served annually

BIH Funding

Funding Source	Funding Amount
State Title V	$483,000
State General Funds	$1,493,000
Title XIX (Federal matching dollars)	$298,000

Critical Issues

- Funding to counties for BIH is in jeopardy
- Costly program model limits scale of program

Home Visiting Program (HVP) Goals

Nurse Family Partnership (NFP)

- Improve pregnancy outcomes, child health, and mother's life course

Family Stabilization (FS)

- Stabilize life situation of GAIN clients by addressing medical and health needs

Healthy Families America (HFA)

- Cultivate nurturing parent-child relationships and promote healthy childhood growth and development

Parents as Teachers (PAT)

- Increase parental knowledge of early childhood development and prevent child abuse and neglect

Home Visiting Program Interventions

Pairs new parents with a home visitor who regularly visits a participant's home to provide guidance, coaching, and access to health and social service such as:

1. Prenatal, infant, and toddler care
2. Infant and child nutrition
3. Child developmental screening and assessments
4. Parent education
5. Job readiness and barrier removal
6. DPH has added to required training with models on domestic violence, mental health, and substance abuse

Home Visiting Program Target Population

Nurse Family Partnership (NFP)

- Pregnant women less than 28 weeks gestation
- DPSS funded: clients must be enrolled in CalWORKs
- CHVP LAUSD/LAUSD: clients must be LAUSD students or Long Beach residents

Family Stabilization (FS)

- CalWORKs clients who are in GAIN program with destabilizing factors

Healthy Families America (HFA)

- Pregnant or parenting within 90 days of postpartum
- DPSS funded: CalWORKs participants who are pregnant or up to 90 days postpartum

Parents as Teachers (PAT)

- Pregnant or parents of children up to kindergarten
- DPSS funded: CalWORKs participants who are pregnant or parents of children up to 24 months

Home Visiting Program Reach

FY 19-20	Nurse Family Partnership (NFP)	Health Family America (HFA)	Parents as Teachers (PAT)	Family Stabilization (FS)	Total
Clients Served	1,032	742	873	93 families 114 adults 141 children	2,902
Referrals Received	1,172	1,247	1,227	93 cases or families	3,931
Notes				Each case referral can have multiple individuals in the case	

FY 20-21	Nurse Family Partnership (NFP)	Health Family America (HFA)	Parents as Teachers (PAT)	Family Stabilization (FS)	Total
Clients Served	745	865	961	89 families 114 adults 164 children	2,660
Referrals Received	876	695	1,109	89 cases or families	2,769
Notes		The numbers include unvalidated # for DPSS HFA	The numbers include unvalidated # for DPSS PAT	Each case referral can have multiple individuals in the case	

Home Visiting Program Funding

Funding Source	Funding Amount	Home Visiting Model Implemented
State CHVP-MIECHV	$1,529,000	(funds NFP LAUSD + HFA Children's' Bureau)
State CHVP-Expansion	$3,698,000	(funds NFP Long Beach + 9 PAT agencies)
Local DPSS-Home Visiting Program	$25,715,000	(DPH NFP, HFA, and PAT county-wide)
Local DPSS-Family Stabilization	$592,000	(NFP)
DPSS Home Visiting Initiative	$20,375,000	(NFP, HFA, PAT)
DMH Nurse Family Partnership	$675,000	(NFP)
CHVP MIECHV	$1,529,000	(NFP LAUSD + Children's Bureau HFA)
CHVP State General Funds Expansion	$3,698,000	(NFP Long Beach + 9 PAT)
Family Stabilization	$592,000	(NFP adapted)
Target Case Management	$1,218,000	(NFP)

ARPA NFP and ARP Home Visiting	Pending final approval

Home Visiting Program Critical Issues

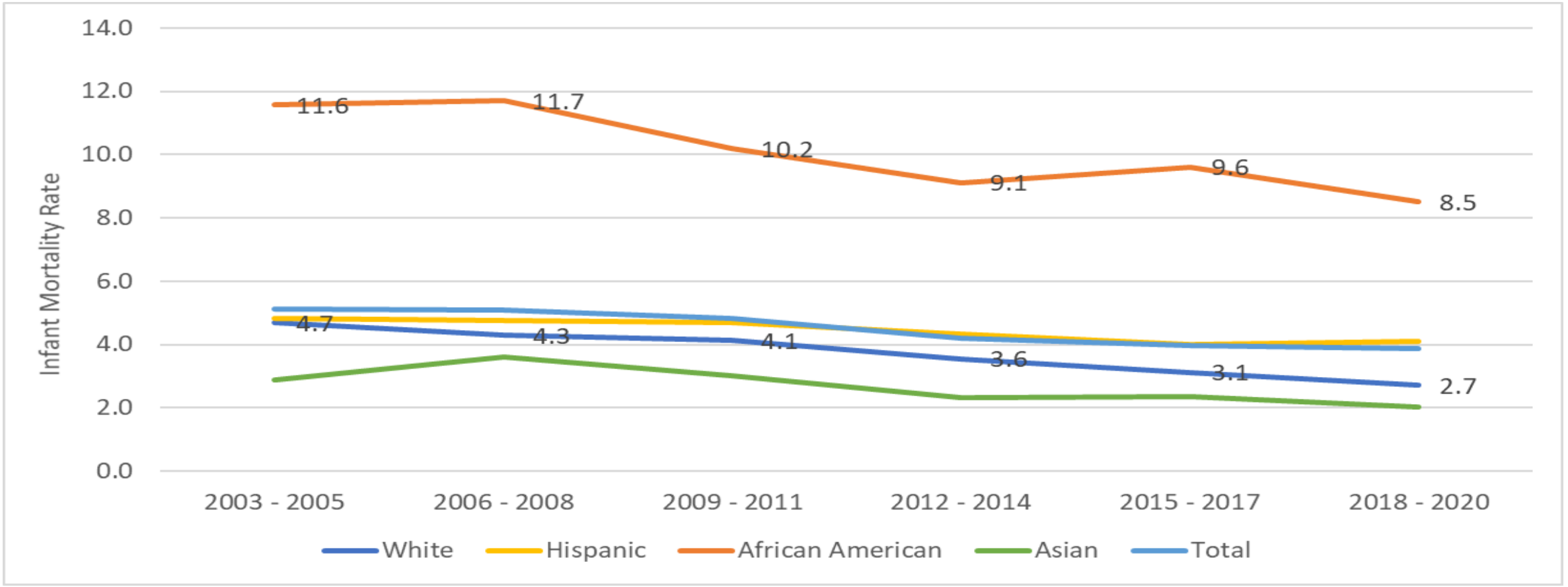
- Secure funding for data integration project
- Secure funding for development of home visiting billing hub
- Limited eligibility in CalWORKs HVP
- Understaffed administrative support
- ARP funds will mitigate short-term gaps in services for pregnant families for NFP and HFA.
    - ARP Funding is currently pending CEO final approval.

Best Practices

1. Reduce stressors
   - Guaranteed Income
   - Earned Income and Child Tax Credit
   - Subsidized housing, child care,
   - Building awareness about the role of racism in creating unequal birth outcomes
2. Ameliorate impact of stressors through social support
   - Group support (group prenatal care, BIH, women's circles)
   - Home visiting and doula care
   - Father engagement
   - Education on stress reduction and self care
3. Assure equal and optimal health care
   - Address provider bias
   - Promote preconceptional care
   - Assure integrated, comprehensive care

Additional Data

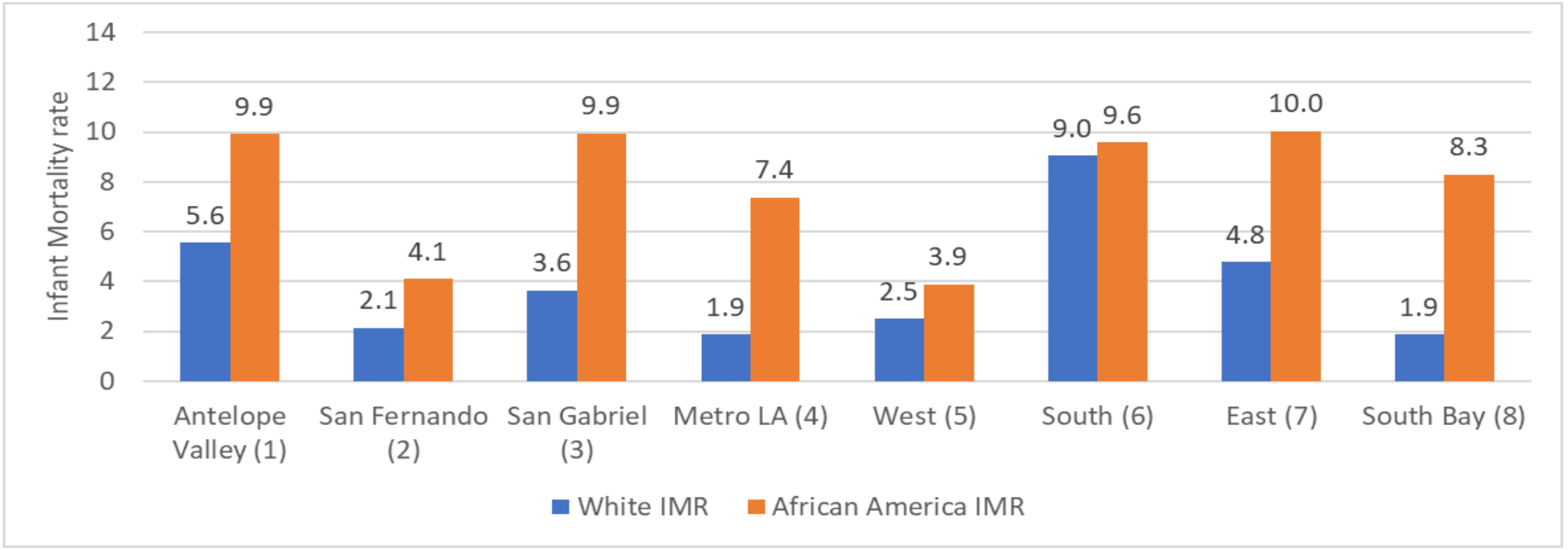
Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3-Year Averages, Los Angeles County 2003-2020



Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Three-year averages used to account for random and annual rate fluctuations.

Data Source: 2003-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018 -2020 data downloaded from the Vital Record Business Intelligence System (VRBIS).

Infant Mortality Rate (infant deaths/1,000 births) by Mothers' Race and Service Planning Area (SPA, 3-Year Average), Los Angeles County 2018-2020



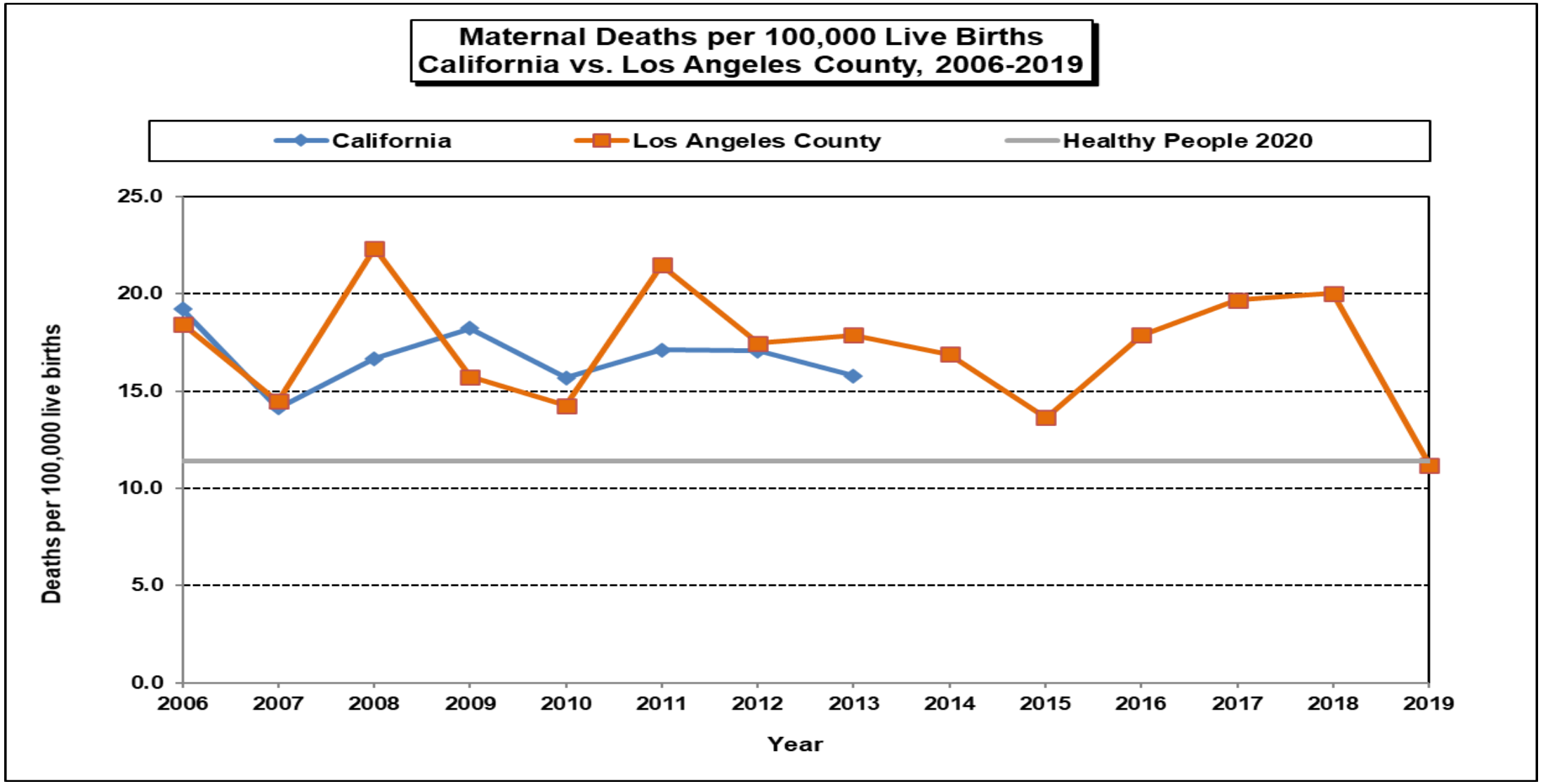
Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Hispanic, Asian, Native American, Pacific Islander, Other, and Unknown race. Three-year averages used to account for random annual rate fluctuations. Birth data for 342 White and 100 Black births, and data for 3 White deaths where SPA designation was missing are excluded.

Data Source: 2018 -2020 data downloaded from the Vital Record Business Intelligence System (VRBIS).

Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity and Year, Los Angeles County 2018-2020

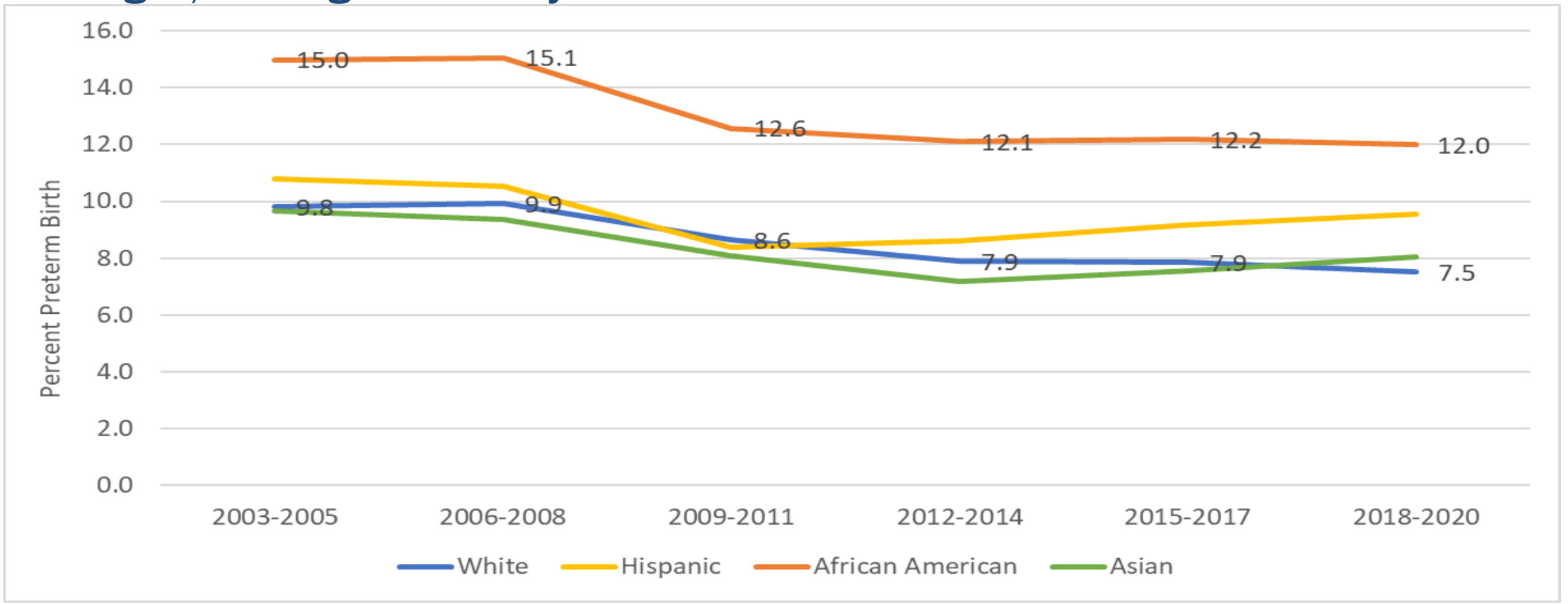
	2018					2019					2020				
	LIVE BIRTHS	INFANT DEATHS	IMR[1]	95 % CL		LIVE BIRTHS	INFANT DEATHS	IMR[1]	95 % CL		LIVE BIRTHS	INFANT DEATHS	IMR[1]	95 % CL	
LAC															
White	22,435	**73**	3.3	2.5	4.0	22,479	**50**	2.2	1.6	2.8	21,054	**56**	2.7	2.0	3.4
Hispanic	60,133	243	4.0	3.5	4.5	57,562	241	4.2	3.7	4.7	53,604	219	4.1	3.5	4.6
African American	8,267	**63**	7.6	5.7	9.5	8,050	**74**	9.2	7.1	11.3	7,550	**66**	8.7	6.6	10.8
Asian	16,827	39	2.3	1.6	3.0	16,635	30	1.8	1.2	2.4	13,318	26	2.0	1.2	2.7
Total	109,893	433	3.9	3.6	4.3	107,202	405	3.8	3.4	4.1	98,021	381	3.9	3.5	4.3

Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Data Source: Source: 2003-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2020 birth and death records downloaded from the Vital Record Business Intelligence System (VRBIS).



California Department of Public Health, 2006-2019 Birth and Death Files analyzed by the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs

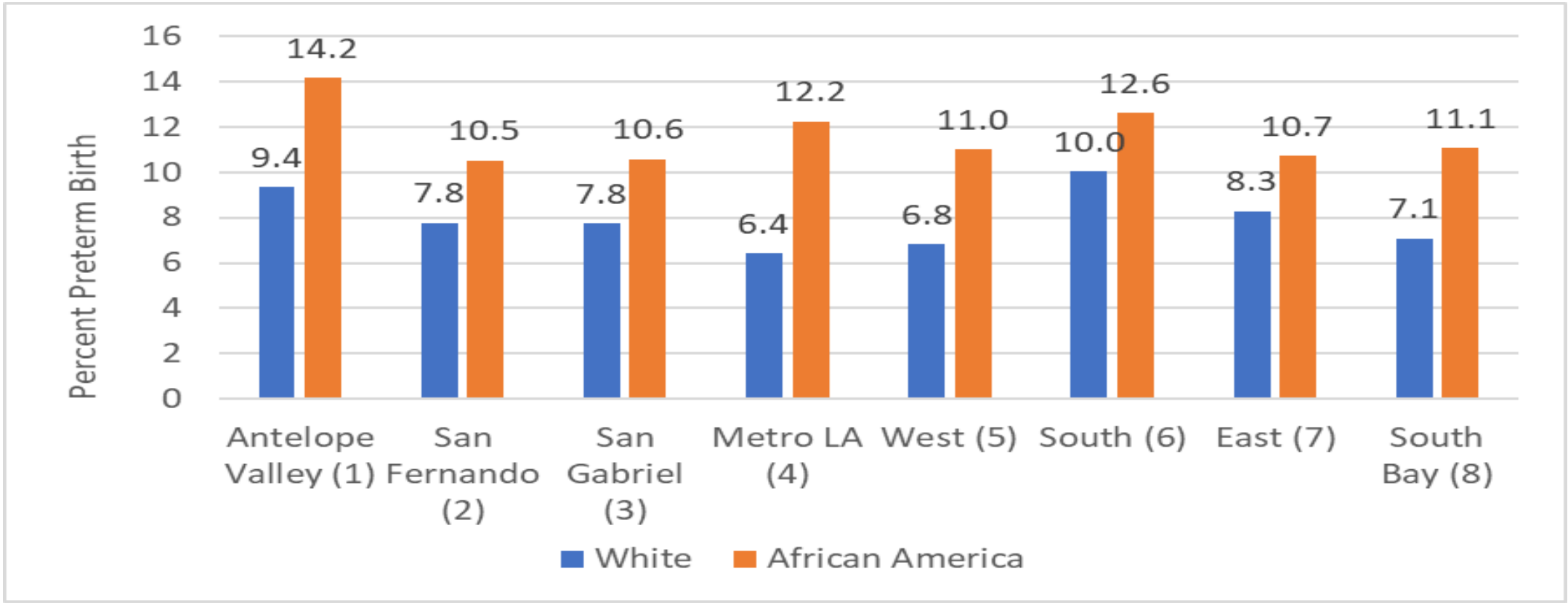
Percent Preterm Births (17-36 weeks) by Mothers' Race, 3-Year Averages, Los Angeles County 2003-2020



Notes: Preterm births are defined as births occurring from 17-36 weeks gestation. Gestational age calculated based on first date of last menstrual period for 2002-2007 and based on obstetrical estimation for 2008-2016. Data not shown for Native American, Pacific Islander, Other and Unknown races. Three-year averages used to account for random annual rate fluctuations.

Data Source: 2003-2017 California Department of Public Health, Birth Statistical Master File. 2018 -2020 data downloaded from the Vital Record Business Intelligence System (VRBIS).

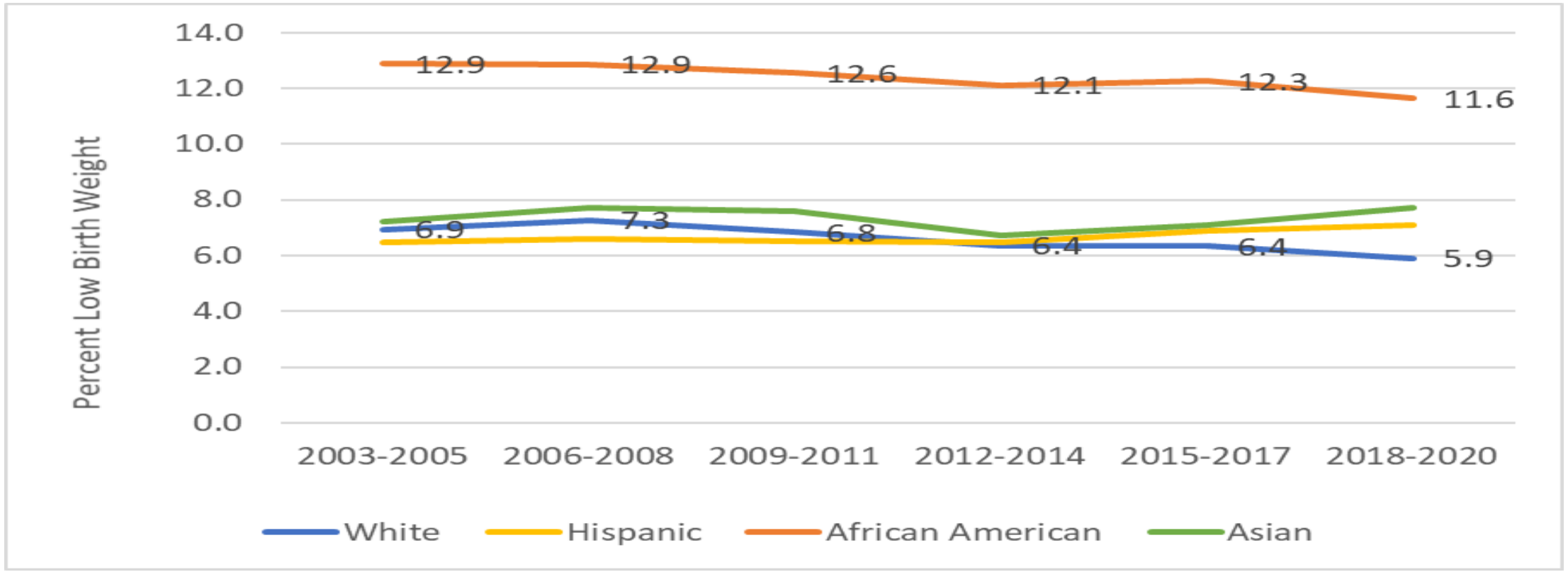
Preterm Births (17-36 weeks) by Mothers' Race and Service Planning Area (SPA), 3-Year Averages, Los Angeles County



Notes: Preterm births are defined as babies born 17-36 weeks gestation. Gestational age based on obstetrical estimation. Data not shown for Hispanic, Asian, Native American, Pacific Islander, Other, and Unknown races. Three-year averages used to account for random annual rate fluctuations. Birth data for 342 White births and 100 Black births were missing SPA designation.

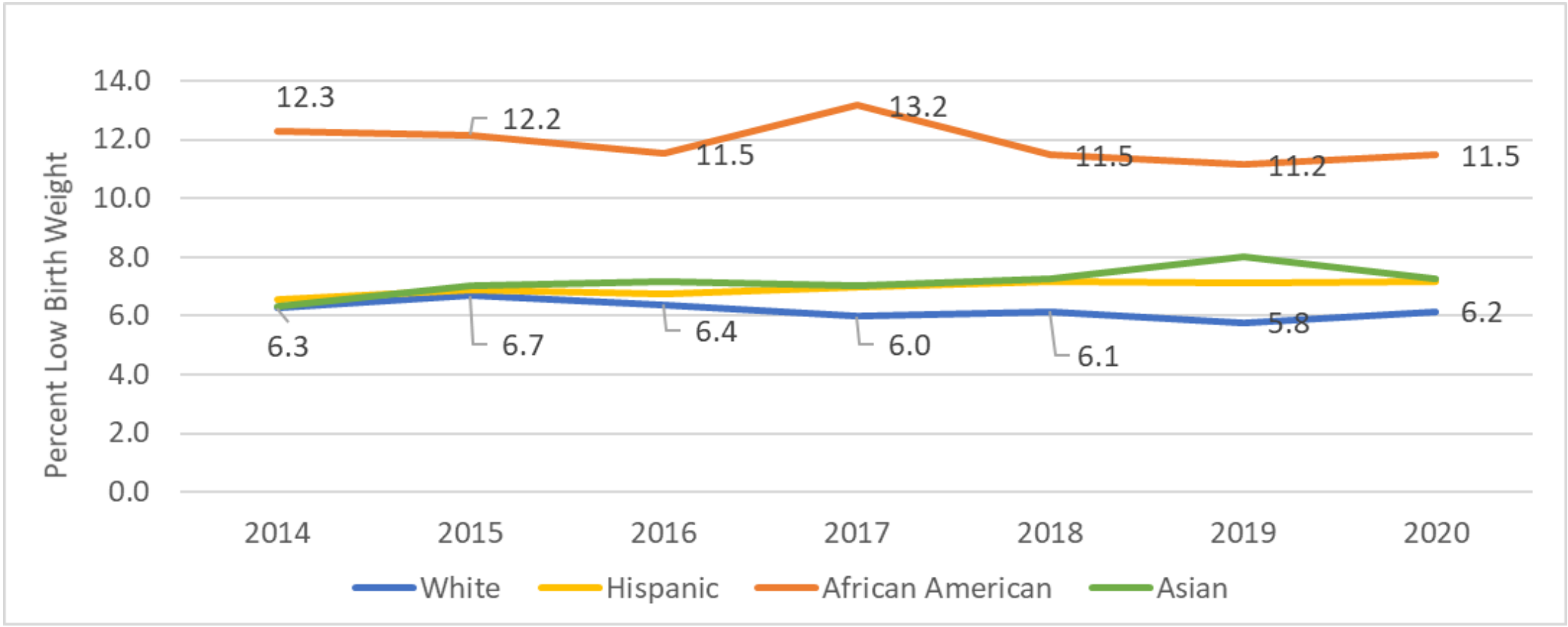
Data Source: 2015-2017 California Department of Public Health, Birth Statistical Master Files

Low Birth Weight Births (<2500 grams) by Mothers' Race, 3-Year Averages, Los Angeles County 2003-2020



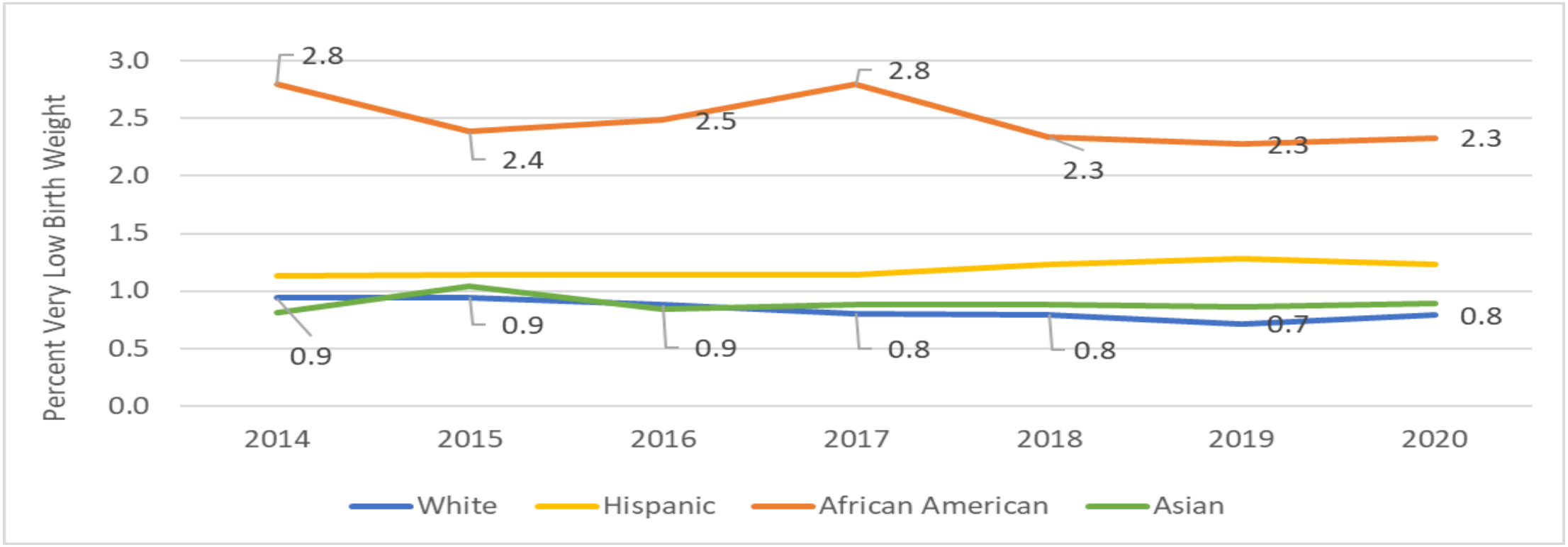
Notes: Low birth weight births are defined as weighing less than 2500 grams at birth. Data not shown for Native American, Pacific Islander, Other, and Unknown races. Three-year averages used to account for random annual rate fluctuations.
Data Source: 2003-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

Low Birth Weight Births (<2500 grams) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



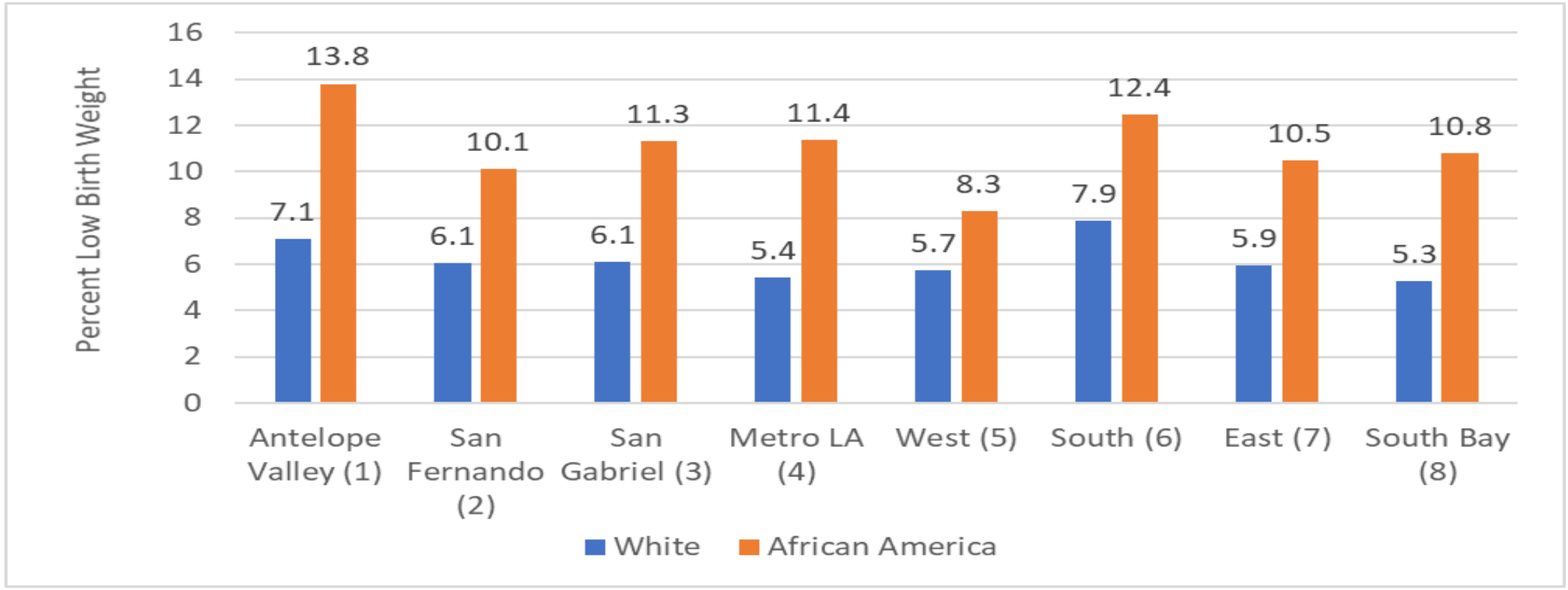
Notes: Low birth weight births are defined as weighing less than 2500 grams at birth. Data not shown for Native American, Pacific Islander, Other, and Unknown races.
Source: 2003-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

Very Low Birth Weight Births (<1500 grams) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Very Low birth weight births are defined as weighing less than 1500 grams at birth. Data not shown for Native American, Pacific Islander, Other, and Unknown races.
Source: 2003-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

Low Birth Weight Births (<2500 grams) by Mothers' Race and Service Planning Area (SPA), 3-Year Averages, Los Angeles County 2018-2020



Notes: Low birth weight births are defined as weighing less than 2500 grams at birth. Data not shown for Hispanic, Asian, Native American, Pacific Islander, Other, and Unknown races. Three-year averages used to account for random annual rate fluctuations. Birth data for 342 White births and 100 Black births were missing SPA designation.
Data Source: 2015-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2020 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

COUNTY OF LOS ANGELES
Public Health

Thank you!

MAMA's Neighborhood:
Prenatal Care Redesign in LA County

Erin Saleeby, MD, MPH, FACOG
Director, Women's Health Programs & Innovation

34y MAMA with 2 older boys, married for over 20 years

“I’ve been with MAMA’S for over a year now. What I love about mamas was when I found out I was pregnant and I was sleeping in the car and the only help that we really had was my mother in law but she can only do so much.

I made an appointment to go have my checkup. I had missed my appointment due to my homelessness, I didn’t have a ride, and the nurse transferred me to MAMA’s. After I talked to my Care Coordinator our lives completely changed. She was so kind, so wonderful, so outgoing, and so much information she had given us that we didn’t even know about.”

Epidemiologic Reviews
Vol. 31, 2009
DOI: 10.1093/epirev/mxp003
Advance Access publication May 28, 2009

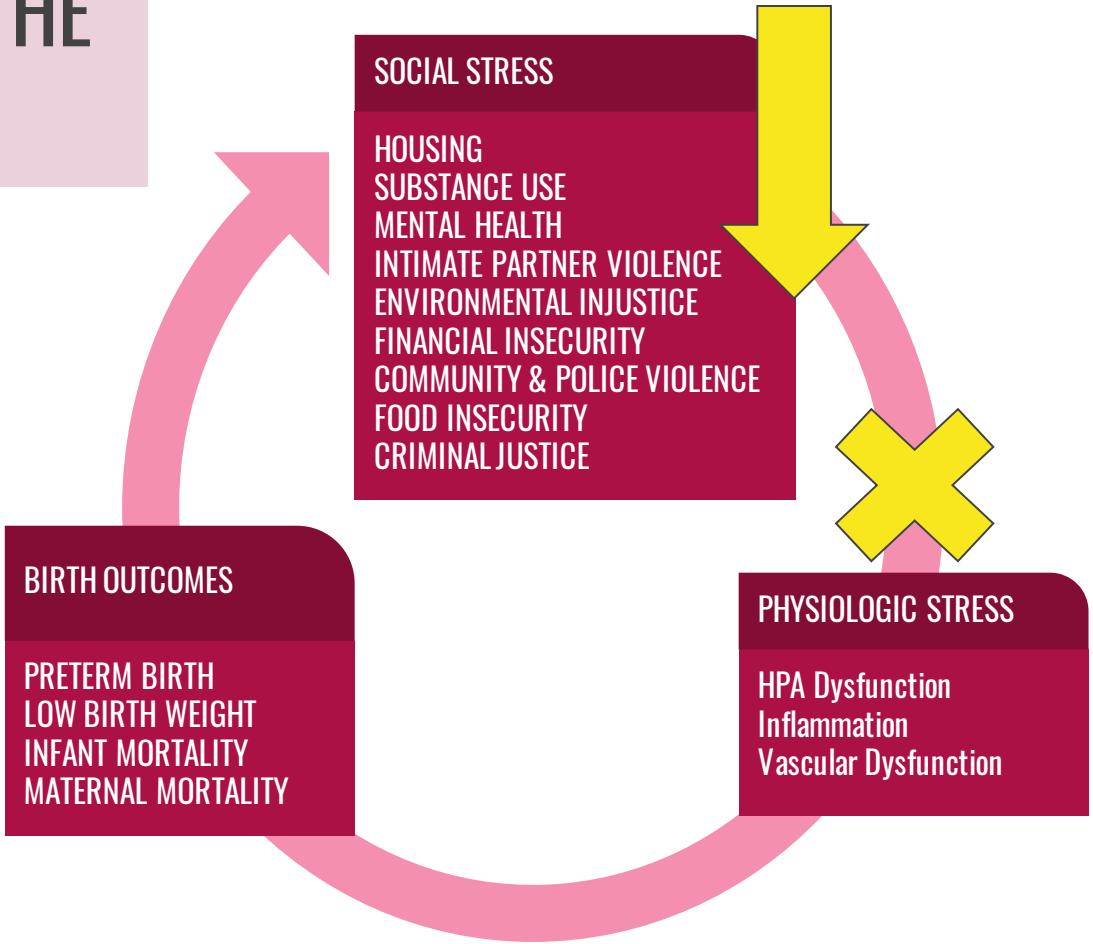
What Causes Racial Disparities in Very Preterm Birth? A Biosocial Perspective

Michael R. Kramer and Carol R. Hogue

Weathering→health of African American women begins to deteriorate in early adulthood as a physical consequence of cumulative impact of social, economic adversity and political marginalization (Geronimus, 1992)

Allostatic Load→ Cumulative wear and tear on the body's systems as a response to stress (McEwen, 1998 NEJM)

BREAKING THE CYCLE



MODEL

How can we relieve stress?

Reinventing CPSP in LA County→ 2014

CMMI Grant, Strong Start

27 awardees

182 sites

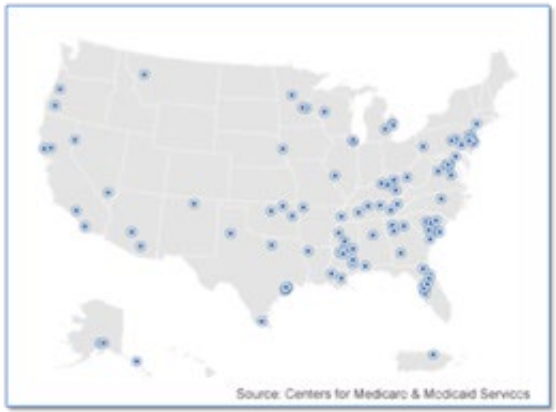
80k women

3 models of care

3 years

DHS $2.1M

CPB: $450



Maternity

Assessment

Management

Access and

Service synergy

MAMA's NEIGHBORHOOD a Strong Start for Families

Neighborhood for health – beyond borders of the clinic

MAMA'S Neighborhood

Collaborative Care Teams: Multidisciplinary Approach

Individual Care Plans

Behavioral Health Management

Care Coordinator (CC)/CHW
- Completes the Perinatal Services Intake form in ORCHID
- Formulates Care Plan & makes referrals
- Provides follow-up per Stress Score
- Provides support & health education

Site Lead Nurse/OB clinic nurse
- Medical history
- Lab tests
- Health Education
- Coordination of care

Clinical Social Worker
- Ongoing cognitive behavior therapy
- Linkage to psychologist/psychiatry & other behavioral health services

Health Educator
- Perinatal Resiliency Classes
- Individual health education
- Baby Boutique
- Hospital tours

OB Providers
Maternal Fetal Medicine Specialists

MAMA's NEIGHBORHOOD a Strong Start for Families

Components of MAMA's Neighborhood

Stress Assessment

Stress Stratification

Individual Care Planning (ICP)

Enhanced Mental Health Support Services

Population Health Management via Team based Collaborative Care

Neighborhood: Social Services Coordination

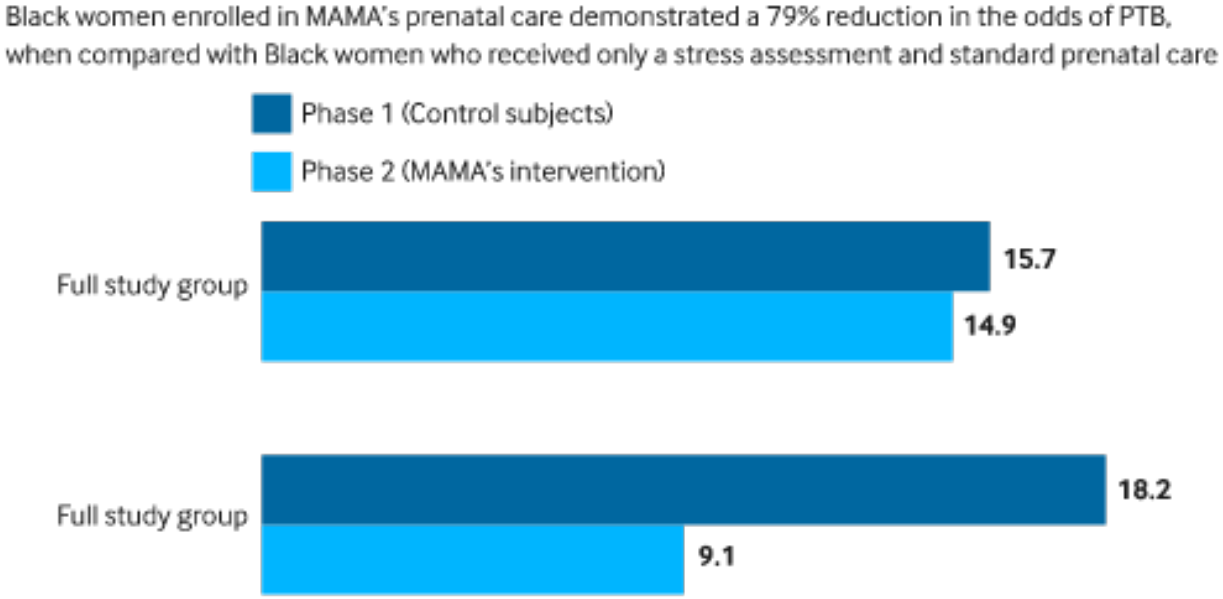
MAMA's Cohort Stress vs National Averages

Stressor	MAMA's	National Average
Anxiety	32%	5-20%
Depression	23%	5-18%
Unstable Housing	21%	5%*
Exposure to Intimate Partner Violence	34%	6-10%**
Substance Use	25%	
Unintended Pregnancy	57%	45%***

*Los Angeles Data **PRAMS data vs self report data **Includes terminated pregnancies. Below FPL 2-3x national average.

OUTCOMES

Preterm Birth: Phase 1 vs Phase 2



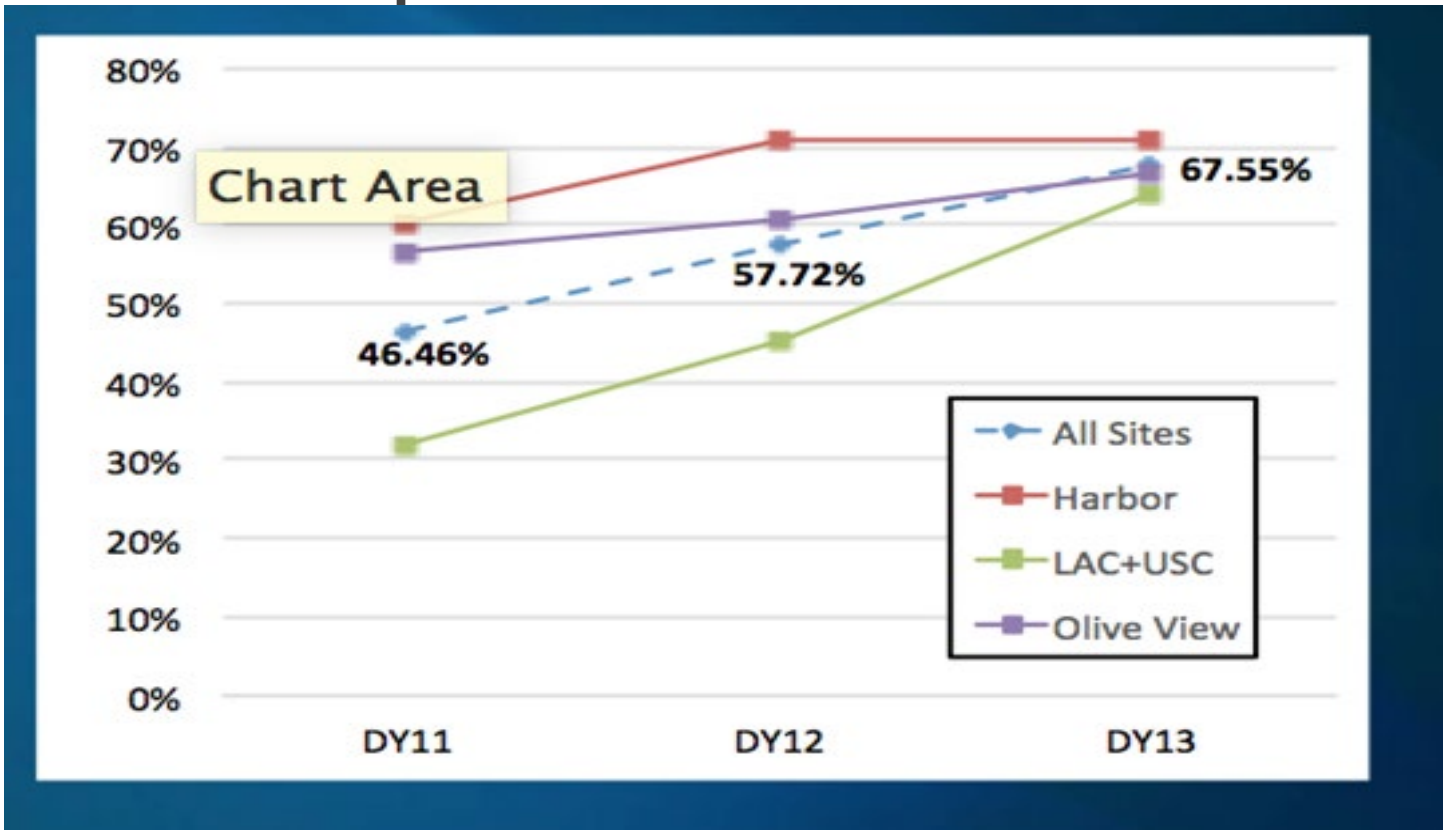
NEJM Catalyst

Table 2. Odds Ratio for Phase II AA MAMA's Participants Compared to AA Historic Controls

Outcome	Odds Ratio	95% Wald Confidence Interval	p Value
PTB < 37 weeks	0.266	(0.078-0.909)	0.035
LBW < 2500g	0.145	(0.029-0.733)	0.020

Preterm Birth Rates by Cohort Preterm birth (PTB) rates by cohort at MAMA's Neighborhood. Black women enrolled in MAMA's prenatal care demonstrated a 79% reduction in the odds of PTB, when compared with Black women who received only a stress assessment and standard prenatal care Full study group Phase 1 (Control subjects) Phase 2 (MAMA's intervention) Black women 15.7 18.2 14.9 9.1 Source: MAMA's Neighborhood. NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Increased Postpartum Retention in Care



Celaya, et al, ACOG 2018

Additional improvements

- Ongoing surveillance of administrative data continues to trend toward improvements in the PTB rate for Black women at Harbor UCLA
- 15% -> 10% -> 7.2%
- 21% increase in delivery volume at LAC DHS hospitals
- 24% increase in enrollment of Black patients in DHS care

COST PER BENEFICIARY

$682

Cost of Preterm Birth:

10 times greater for preterm **($32,325)** than term infants **($3,325)**

Current areas of focus

Birth Equity

- **Healthy Start Initiative: Eliminating Disparities in Perinatal Health**
- Goals:
  - Improve perinatal health outcomes
  - reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes

HRSA
Health Resources & Services Administration

- North County focus for SPAs 1-4
- Focused grants to high-risk communities with infant mortality rates at least 1.5 times the U.S. national average and high rates of other adverse perinatal outcomes

Substance Use Disorders

- Collaboration with SAPC to focus on women in treatment or recovery
- Direct partnerships with residential treatment centers

"They helped me a lot because I am a recovering alcoholic, as well. Being able to open up and talk freely about those things helped me turn my life around and realize that I have to be a sober parent. Because the other parent for my older kids is not. They gave me strength. They gave me hope."

Lifecourse approach -

providing sexual/reproductive health education, contraception counseling and expedited services

"We've had patients who have had – who were using, who've been placed into substance use disorder treatment facilities during their pregnancy and been able to actively manage their withdrawal and get them on Suboxone in the pregnancy and take care of them and their baby. And I think we've had a number of success stories like this where high-risk moms have been able to really stay connected with prenatal care."

Medi-Cal Expansion:
awaiting DCHS guidance

Postpartum extension

- extend Medi-Cal eligibility from 60 days to 12 months for postpartum individuals
- effective April 1, 2022
    - $90.5 million in 2021-22
    - $362.2 million 2022-23
    - approximately $400 million until April 1, 2027 to implement the extension.

Dyadic Care benefit

- family-focused model of care
- address developmental and behavioral health conditions of children
- Child social-emotional health
- Maternal mental health
- Screening for behavioral health problems, interpersonal safety, tobacco and substance misuse and social determinants of health, such as food insecurity and housing instability, and referrals for appropriate follow-up care.
    - $87 million in 2022 - 2023

Back to our MAMA:

- Living in interim housing through SPA 3 Union Station - in process of waiting for permanent housing.
- Medical Legal Partnership referral to get custody of her 2 older boys -> She finished her DCFS parenting classes and her husband has to finish his now.
- Participant in CalWorks program and she has a job now.
- Working on free day care (early head start) so husband can find a job. Difficult for him to find a job right now because they only have one car.

Conclusions

Results suggest MAMA's made a clinically and statistically significant impact on PTB for AA women, the racial group most impacted by chronic stress.

If validated by future study, this PNC model could offer a **critical step in addressing the current health equity gap**.

MAMA's represents a promising value-based strategy leveraging multidisciplinary collaborative care with existing services in the safety net to improve birth outcomes for women.

QUESTIONS?

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Maternal Mental Health DMH

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Women's and Reproductive Mental Health Specialist

Theion Perkins RN, MSN
Acting Program Manager IV
Outpatient Community Services, North County

Beyond Postpartum Depression: Perinatal Mood and Anxiety Disorders (PMADs)

- Any mental health disorder occurring during the perinatal period (conception → one year postpartum).
  - Depressive disorders
  - Anxiety disorders
  - PTSD
  - Bipolar disorders
  - Psychotic disorders
- Perinatal depression: one out of every 8-10 pregnant patients. Perinatal anxiety: more common, less researched.
- PMADs may manifest as exacerbation of existing/prior symptoms/diagnosis or new onset.
- Can become chronic if left untreated.
  - Significant impact on birthing parent, child, family – including multigenerational.

Perinatal Mood and Anxiety Disorders, cont.

Risk Factors

- Medical/psychiatric
  - Current/past psychiatric symptoms or diagnoses
  - PMAD in previous pregnancies
  - Family history of PMAD
  - Physically difficult pregnancy
  - History of pregnancy loss
- Psychosocial (keyword: *stress*)
  - Conflict with partner
  - IPV
  - Financial and/or housing insecurity
  - Legal concerns
  - DCFS involvement

Interventions

- Social support
  - Emotional support
  - Practical support
- Self-care
  - Nutrition, sleep, exercise
  - Meditation and mindfulness
  - Meaningful activity
- Self-advocacy and setting boundaries
  - Within social/familial environments
  - Within medical and other treatment spheres
- Mental health treatment
  - Psychotherapy
  - Psychiatry

Maternal Mental Health Timeline

2008 (YMB) Young Mothers and Babies support group with a dedicated team (Roybal Family MHC-SA7).

2017 Community Support Groups started Operation Motherhood (SA1).
Collaboration with DHS Reproductive Psychiatrist and MAMA's Neighborhood DHS home visiting program collaboration.

2018 Started utilizing E-Consult with DHS; "Mental health – pregnant and postpartum women" portal created and still in regular use.

2020 DMH Re-productive psychiatrist provided six Reproductive Psychiatry trainings; trained over 100 prescribers across the system. Established "DMH Women's Mental Health" email for case consultation. Also developed the Reproductive Mental Health Advisory Committee.

2021 DMH Trained 56 clinicians and para-professional across the system in MMH therapeutic techniques. DMH provided six new Reproductive Psychiatry trainings for over 100 prescribers. Created MMH Consultation Group.

CURRENT EFFORTS

Multiple support groups (including two county-wide community support groups). In addition, identified staff trained in MMH at various sites across the county.

- Maternal Mental Health Now development of a free, online curriculum for Maternal Mental Health that will be housed on the DMH/UCLA Prevention Center of Excellence. Projected for early Fall 2022.

FUTURE EFFORTS FOR MMH

- Exploration of new trainings.
- Mothers and Babies
- Maternal Mental Health Now will be available by Fall of 2022 on the DMH/UCLA Center of Excellence website, available for all working with this population.
- Increase collaborative with DHS partners across SA's.
- Increase collaborative with DPH partners across SA's.
- Increase Support Group across the SA's