

Maternal, Child, and Adolescent Health Programs (MCAH) Overview

Vision: All women, men, infants, children, adolescent, and their families in Los Angeles County will thrive in a safe, healthy, and nurturing environment.

Mission: To maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County.

The Maternal, Child, and Adolescent Health (MCAH) Programs is a division of Public Health in Los Angeles County. It is responsible for the planning, implementing and evaluating of services that addresses the health priorities and primary needs of infants, mothers, fathers, children & adolescents, and their families in Los Angeles County through ongoing assessment, policy development and quality assurance.

The MCAH staff is comprised of a multidisciplinary team of physicians, public health nurses, policy analysts, administrators, nutritionists, health educators, social workers, research analysts, epidemiologists, data systems analysts, and support staff. The majority (85%) of the MCAH budget comes from federal and state grants. In addition we actively partner with community-based organizations to fulfill community needs.

The following is an alphabetical list of programs and units within MCAH:

- Black Infant Health (BIH)
- Breastfeeding Support Program
- Child and Adolescent Health Program (CAH)
- Childhood Lead Poisoning Prevention Program (CLPPP)

- Children's Health Outreach Initiatives (CHOI)
- Comprehensive Perinatal Services Program (CPSP)

- Fetal Infant Mortality Review (FIMR) Program
- Newborn Screening
- Nurse - Family Partnership (NFP)
- Research Evaluation and Planning
- Sudden Infant Death Syndrome (SIDS) Program.

For information about the MCAH Program, please visit www.lapublichealth.org/mch



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Program Description

The Black Infant Health (BIH) Program is designed to decrease the infant mortality rate within the African American community, and to improve the overall health status of the African American family in a cultural context. The Los Angeles County Department of Health Services works with five subcontractors to make BIH perinatal interventions and services available to the public.

Using a street-based outreach strategy, BIH community health outreach workers (CHOWs) identify eligible pregnant and parenting African American women 18 years of age and older to enroll in the program. Once enrolled in the BIH Prenatal Care Outreach intervention, clients receive home visits, referrals to family support services, one-on-one health education, and continuous encouragement and positive support. In addition, the clients have an opportunity to participate in Social Support and Empowerment, a classroom style intervention which consists of eight class sessions. This intervention incorporates skill building and peer support into each session, which enables participants to gain a heightened sense of self-esteem and self-awareness.

Important Things to Know

- African Americans have the highest rates of infant mortality compared to other racial/ethnic groups in Los Angeles County.
- African American infants in California are more than twice as likely to die during their first year of life compared to white infants.
- Although overall rates have decreased, African-American infants are still 2.5 times more likely to die of Sudden Infant Death Syndrome (SIDS) than White infants.
- African American women have the highest incidence of pre-term labor, low birth weight babies, and other pregnancy-related complications compared to women in other racial/ethnic groups.
- The BIH Program collaborates with community partners to implement strategies to improve infant health, such as increasing immunization and breastfeeding rates throughout African American communities.

For more information, please call (213) 639-6444 or (213) 639-6434 or visit <http://lapublichealth.org/mch> and click on Child and Adolescent Health Program.



Program Description

The Child and Adolescent Health Program (CAH) collaborates with public and private agencies to address child and adolescent health issues such as nutrition, overweight/ obesity, substance abuse, mental health, child abuse prevention, and teen pregnancy.

CAH staff supports the Los Angeles Adolescent Health Collaborative (LA-AHC), a public-private partnership of adolescent health professionals committed to a comprehensive, asset based and multidisciplinary approach. The Collaborative aims to improve the well-being of adolescents and young adults through the promotion and implementation of best practices and core competencies. Specifically, it advocates and promotes youth development principles to foster an environment that facilitates adolescents and young adults to reach their full potential.

Additionally, CAH serves as the lead program within Public Health to prevent the occurrences of child abuse in Los Angeles County. CAH fulfills its role by raising awareness of child abuse/neglect and improving child abuse reporting and management among health care professionals through training and conferences, dissemination of child abuse prevention and reporting protocols, and consultation on specific child abuse issues.

Important Things to Know

- Nearly one in every seven high-school students in Los Angeles Unified School District (LAUSD) had reportedly smoked cigarettes at least once in past 30 days.
- Approximately one in every nine high-school students in LAUSD actually attempted suicide at least once during the past 12 months.
- Research suggests that almost one in every three girls and one in every seven boys are subjected to some form of sexual abuse by the age of 18.
- Types of child abuse include physical, sexual, emotional and neglect.

If you live or work in Los Angeles County, and suspect a child is being harmed, call 1-800-540-4000.

For more information, please call (213) 639-6444 or (213) 639-6434 or visit <http://lapublichealth.org/mch> and click on Child and Adolescent Health Program.



Program Description

The Los Angeles County Childhood Lead Poisoning Prevention Program (CLPPP) aims at reducing the incidence of lead exposure in children and providing a comprehensive response to support lead burdened children and their families through assessment, policy development, and assurance. Specific program activities include surveillance, provider and public health education, nursing case management, environmental inspection and follow-up, and referral of remediation services to the families of lead-poisoned children.

Important Things to Know

- Lead is a highly toxic chemical, especially to young children. It can harm a child's brain, kidneys, bone marrow, and other body systems.
- Childhood lead poisoning is a major, preventable environmental health problem in the United States.
- Children are at special risk because their bodies process lead differently than adults. Children absorb up to 50 percent of the lead they ingest while adults retain only 10 percent.
- Very high levels of lead can cause coma, convulsions, and death. Even at relatively low levels, lead exposures are harmful and are associated with diminished aptitude, adverse behavior, hearing loss, and impaired growth. Fortunately, early detection and intervention efforts for high blood lead levels have virtually eliminated mortality and morbidity caused by lead poisoning.

For more information, please call 1-800-LA-4-LEAD
or visit <http://lapublichealth.org/mch>
and click on Childhood Lead Poisoning Prevention Program.



Program Description

The Children's Health Outreach Initiative (CHOI) is the unit that administers contracts with community-based agencies, cities, and schools to expand health coverage for children in Los Angeles County. These contracted agencies conduct outreach in the community and provide comprehensive health coverage enrollment services to uninsured families. Agencies not only assist clients with applications for programs such as Medi-Cal, Healthy Families, Healthy Kids, and other low and no-cost health coverage programs, but also troubleshoot application problems and help clients with difficulties utilizing their program benefits.

Important Things to Know

- Approximately 1 in 4 children under 18 in Los Angeles County are uninsured.
- The lack of adequate health insurance is the most important barrier impacting children's access to health services in Los Angeles County.
- Compared to children with health insurance, children without health insurance are less likely to see a physician for regular care including immunization and other services.
- Uninsured families tend to rely on emergency rooms for their regular source of care and go without needed medical care for acute and chronic health conditions such as ear infections, throat infections, and asthma.

For more information, please call call (213) 637-8460
or visit <http://lapublichealth.org/mch>
and click on Children's Health Outreach Initiative.



Comprehensive Perinatal Services Program (CPSP)

Program Description

The Comprehensive Perinatal Services Program (CPSP) was implemented in 1987 as a Medi-Cal fee-for-service program for low-income pregnant women. Effective July 1, 1997, with the implementation of the Two-Plan Model for Medi-Cal Managed Care in Los Angeles County, all pregnant women enrolled in Medi-Cal Managed Care must have access to comprehensive perinatal services. CPSP integrates nutrition, psychosocial, and health education services with basic obstetrical care. Provider participation in the program requires a formal application process and certification by the State. Local CPSP staff within MCAH Programs assists providers with the certification process and provides technical assistance with program implementation to certified providers.

Important Things to Know

- Medi-Cal managed care providers must ensure access to comprehensive perinatal services for their pregnant patients who are enrolled in a Medi-Cal managed care health plan.
- A CPSP provider must have a valid Medi-Cal provider number and be in good standing with all licensing agencies and Medi-Cal.
- Current certified CPSP providers include physicians, certified nurse midwives, nurse practitioners, hospitals, community clinics, and medical groups that have an established prenatal practice.
- Provider interested in becoming CPSP certified should contact the local CPSP office prior to completing an application.

For more information, please call (213) 639-6419 or visit <http://lapublichealth.org/mch> and click on Comprehensive Perinatal Services Program.



Program Description

The overall goal of the Fetal and Infant Mortality Review Project (FIMR) is to enhance the health and well being of women, infants and families by improving the community resources and service delivery systems available to these families. FIMR brings together key members of the community to examine various factors contributing to fetal and infant mortality and works to implement change. Traditionally, the County has conducted FIMR reviews on specially selected cases by having Public Health Nurses (PHNs) interview mothers and complete a case review of the medical and autopsy records. Following the review, a Technical Review Panel composed of doctors, coroners, and public health professionals made recommendations for changes to prevent more fetal and infant deaths. Currently, MCAH is developing a population-based approach to replace case reviews. This new methodology will use written and telephone surveys of mothers and will allow more cases to be analyzed each year. Based on the Perinatal Periods of Risk framework, a tool to prioritize and mobilize prevention efforts in the community, the revised FIMR project involves analyzing fetal and infant death cases Countywide and recommending appropriate policies and interventions for reducing the mortality rate.

Important Things to Know

- An infant death is a death occurring before a baby reaches his or her first birthday. A fetal death is a death of a fetus before delivery.
- Low birth weight (baby born too small) and prematurity (baby born too soon) are the leading causes of infant deaths.
- Factors related to infant deaths include, but are not limited to, race/ethnicity, pre-maturity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco and illicit drug), inadequate prenatal care, maternal medical complications during pregnancy, short time periods between pregnancies, injury and infection.
- African American fetal-infant mortality rate is more than 2 times higher than other ethnic/racial groups. Therefore, FIMR focuses particularly on African American cases.
- FIMR uses the findings to direct grief support and interventions for families who have lost an infant.

For more information, please call call (213) 639-6457
or visit <http://lapublichealth.org/mch>
and click on Fetal Infant Mortality Review Program.



Program Description

The goal of the Newborn Screening Program is to prevent catastrophic health consequences and the emotional and financial burden for families caused by genetic and congenital disorders. The program has an essential public health function that screens newborns for disorders including inherited metabolic disorders (i.e. phenylketonuria (PKU), galactosemia, and primary congenital hypothyroidism), and blood disorders such as sickle cell, and various other hemoglobin disorders. Since August 2005, the program expanded screening to include over 40 additional newborn disorders. The program partners with two Area Service Centers at Harbor UCLA and UCLA Medical Center to monitor births that occur outside of hospitals for missed screenings, follow-up referrals and to ensure that infants with positive screen are referred for appropriate services. In addition, the program provides outreach and education to the community on genetic disorders and resources available to families affected by these conditions.

Important Things to Know

- Metabolic disorders are conditions relating to the metabolism or the chemical changes occurring in the various tissues of the body, which can cause developmental delay.
- Hemoglobin disorders are conditions that affect the production of red blood cells. For example, sickle cell anemia is one of the most common hemoglobin disorders in African American newborns.
- Each year, over half a million newborns are screened in California. One in every 1200 babies screened is positive with a disorder.
- Since 1980, over 12 million newborns have been tested in California and more than 8000 children were diagnosed with a disorder through the Newborn Screening Program.
- With the Newborn Screening Program expansion, it is anticipated that 115-150 disorders will be detected in newborns every year.

For more information, please call (213) 639-6457
or visit <http://lapublichealth.org/mch>
and click on Newborn Screening Program.



Program Description

The Nurse-Family Partnership (NFP) is a home visitation program that uses Public Health Nurses (PHNs) to provide intensive home visitation services to young, first-time pregnant and parenting teens/women in Los Angeles County who are living in poverty. The Dr. David Olds "Prenatal and Early Childhood Nurse Home Visitation" model is used to guide the PHNs in home visitation services with the goals of fostering healthier pregnancies, improving the health and development of children, and encouraging family self-sufficiency. Home visits are initiated by PHNs before the mother's 28th week of pregnancy and continued until the child reaches his/her second birthday. PHN home visitors follow tested program protocols that focus on six domains of functioning: personal health, environmental health, maternal role development, maternal life-course development, building support networks, and understanding how to access health and social service programs in the community. The evaluation staff of NFP regularly monitor data related to the clients' health habits during pregnancy (i.e. use of tobacco, alcohol, and drugs), birth outcomes, breastfeeding, child safety, enrollment in educational programs, workforce participation, subsequent pregnancies, and more. The data shows that outcomes of the program generally match or exceed the standards set by Dr. David Olds and his colleagues.

Important Things to Know

- In order to participate in NFP, women must be first time pregnant young mothers who are living in poverty.
- Women must also be less than 28 weeks into their pregnancy.
- NFP prefers that women who participate be under the age of 26 but will take older mothers with special circumstances.
- Women may also be accepted into the program if they are undocumented.

For more information, please call (213) 639-6433
or (213) 639-6434 or visit <http://lapublichealth.org/mch>
and click on Nurse Family Partnership.



Research, Evaluation, and Planning Unit (REP)

Program Description

The goal of the Research, Evaluation, and Planning (REP) Program is to assist MCAH Programs to improve the health of mothers, children, and their families in Los Angeles County through quality assurance and research that utilizes current information technology. The unit has two components. The *Research and Evaluation Division* monitors trends, assesses data availability and reviews research relevant to maternal, child and adolescent health. In addition, the unit assists the MCAH Programs to identify priority needs, design evaluation systems to measure the impact of MCAH programs, make recommendations to increase program efficiency and effectiveness, and provide information to community partners. The *Information Systems Division* functions as the principal information technology support for MCAH Programs including Network Administration, Help Desk Support, Computer Hardware Support and Maintenance, Database Development, Mapping (Map Info), Web Page Design, and Technical Support in Word, Access, Excel, PowerPoint, and WordPerfect.

Important Things to Know

- REP implements the Los Angeles Mommy and Baby Survey (LAMB) Project to provide data on pre/inter-conceptual health (e.g. access to care, maternal health history), prenatal care (prenatal care satisfaction, utilization, and content), maternal medical conditions during pregnancy, psychosocial risk factors (e.g., stressful life events, food insecurity, neighborhood safety) and behavioral risk factors (e.g., alcohol, drug, and tobacco use). For more information about the survey, please call 1-866-706-LAMB.
- REP is also responsible for generating the Family Health Outcomes Project (FHOP) Report which is used to develop evidence-based policy, maximizing resource allocation and prioritizing intervention efforts that have the greatest impact on the well being of mothers and infants in Los Angeles County.

For more information, please call call (213) 636-6453
or visit <http://lapublichealth.org/mch>
and click on Research, Evaluation & Planning.





Sudden Infant Death Syndrome (SIDS) Program

Program Description

SIDS stands for Sudden Infant Death Syndrome. It is the sudden and unexplained death of a baby under 1 year of age. The State mandates that the coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) deaths to the Department of Health Services. Subsequently, Public Health Nurses (PHNs) provide grief and bereavement case management services to parents and family members, foster parents, and other childcare providers. The SIDS Program staff provides outreach and training on SIDS risk reduction, which focuses on the importance of placing healthy infants to sleep on their backs, providing a smoke-free, safe-sleep environment and disseminating information about other identified risk factors.

Important Things to Know

- SIDS is one of the leading causes of infant death.
- Most SIDS deaths happen in babies who are under 6 months old.
- Babies placed to sleep on their stomach (prone position) are much more likely to die of SIDS than babies placed on their backs to sleep.
- Babies are more likely to die of SIDS if they are placed to sleep on top of soft bedding, or if they are covered by soft bedding.
- Babies are more likely to die of SIDS if they are exposed to second hand smoke.
- African American babies are 2 times more likely to die of SIDS than white babies, and 2.5 times more likely to die compared to the rest of the population.

For more information, please call (213) 639-6457
or visit <http://lapublichealth.org/mch>
and click on Sudden Infant Death Syndrome Program.

