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| DHSS Logo Red 3D | ***DELAWARE HEALTH***  ***AND SOCIAL SERVICES***  **Division of Public Health** | DHMIC Logo Sample - NEW |

**Doula Ad-hoc Subcommittee Meeting**

**AGENDA**

**Monday, January 29, 2024, 10-11AM ET**

**Virtual Meeting Via Zoom**

In-person Optional Anchor Site: Family Health Systems Office: 1351 W. North Street, Suite 103, Dover, DE 19904

**MEMBERS PRESENT:**

Melissa Minor-Brown

Tina Andrews

Shané Darby

Priscilla Mpasi

Erica Allen

Garrett Colmorgen

Tracy Harpe

Amber Twyne

Christina Bryan

Dara Hall

Nicole Evans

Eleanor Kiesel

Megan Coalson

Mona Liza Hamlin

Gabi LaSalle

Shannon Kojasoy

Alethea Miller, DMMA

Teresa Muhammad

Mary Wise, DSAMH

Michelle Drew DNP, MPH

April Lyons-Alls

Morgan Harvey

Mary Wise

HMA staff:

Akiba Daniels

Diana Rodin

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| **TOPIC** | **NOTES** | **ACTIONS AND FOLLOW-UP** | **PERSON RESPONSIBLE** | **STATUS** |
| 1. Call to Order (2 minutes) | Co-Chairs launched meeting; Mary Wise moved to approve minutes, Garrett Colmorgan seconded. No participants expressed concern about meeting being recorded. | None | Co-Chairs |  |
| 1. Update from Co-Chairs and doula resource organization leaders (40 minutes) | Do Care Doula Foundation/Growth Center – Erica Allen   * Training, background check support fees and liability insurance assistance * Monthly development workshops, book clubs, ad hoc support * Funding mainly through grants from private foundations in Delaware; but definitely need more funding. Always a barrier * Centene/Delaware First Health has provided some funding   Black Mothers in Power – Shane’ Darby   * Doula support must come from the community * DE’s Black RJ Coalition; every Black family deserves personalized care from pregnancy to childbirth to postpartum to parenting. [www.deblackdoulas.org](http://www.deblackdoulas.org); in the process of establishing as 501c3. * Want to include individual membership so that birth workers can join and be part of a directory; some orgs that are part of this would act as support entities, and will hire biller to provide assistance with billing Medicaid. Hoping to get that up and running soon. * Hoping to create hospital provider/doula matching program. * BMIP has been talking with ChristianaCare about creating a doula-friendly policy for that hospital * BMIP’s training programs and ongoing professional development: doula training, Medicaid support, and ongoing development. * Mentoring, shadowing, CPR, background check funding, business set-up training * Looking for a tax person to help people understand how contractor 1099s works; enhancing business 101 for doulas * Assistance already happening for those working on getting enrolled as Medicaid providers; working through what that looks like * Working with DCADV on training for doulas to identify DV * SUD-specific training for doulas; develop workshop for all doulas to identify and refer for SUD * Wilmington BMIP Center is space for clients and doulas to meet * Existing doulas paid stipend to provide mentorship; now expanding to shadowing of experienced doulas * Now setting up practice “mock birth” training too. * Three experience doulas will go through “train the trainers” program * What is needed: * Tricare – expand what doula trainings qualify for reimbursement * Private insurance coverage * Postpartum doula coverage for any pregnancy loss * Doula reimbursement should be evaluated every year based on cost of living and inflation * Funding for experienced doulas to become trainers * Funding for education and marketing on what doulas are – community, schools, providers * Need statewide doula friendly policy at hospitals – in conversation with Mona and ChristianaCare, Medicaid, MCOs; let’s have consistent policies * Fund a statewide doula referral system * Create ways to collect data on doula services being offered in different settings, see what’s working and not * Need to assess capacity to collect that data * Rep Minor-Brown; in support of statewide doula-friendly policy in all hospitals   BIBDE/Womb Centre - Teresa Muhammad   * Could present next time   Ubuntu Black Family Wellness Collective – Dr. Michelle Drew, DNP, MPH   * Ubuntu is a full-scope reproductive care practice: contraception, first-trimester abortion, pregnancy care and birth services. Started in 2020 as an organization and started community doula project then with two doulas, grown since. Culturally congruent doula care, Kent County as far as Dover, somewhat into Delaware County. * Fairly generous grant to continue providing services for 52 people; moving into doulas being reimbursed and registered as Medicaid providers * Moving into using resources towards doula credentialing. 2 CPR instructors; one of the things different about Ubuntu is that it started as a collective of already experienced birth workers, to try to expand our capacity through unity and collective work. * Getting a lot of feedback from those who were trained traditionally, whether that was through apprenticeship or other ways of being grandmothered in; hard to track down old paperwork and parts of the process feel burdensome. Working with colleagues to help them and develop certification course that reflects the fact that they’re experienced, but also that reflects the skills they need around eg HIPAA, record-keeping; meaningful and safe-feeling while respecting the knowledge they already have. Reflective of traditional African American birthworker care. * Cost of applications and malpractice insurance burdensome; using our grants to assist them but question is how to fund. How are doulas who are not part of larger organizations going to be able to participate in Medicaid reimbursement. * Many doulas are already charging more than this Medicaid rate; may be hard to bring people in who really should be serving this community in a way that’s inclusive. * If someone is incarcerated, still can’t bill their services to Medicaid. * Facilitated and found a way for incarcerated pregnant people to get access to abortion services; doulas are going with them and following up with them when they come back. * Question: how are we ensuring there is enough doula capacity to meet demand? * Dr Drew: for us, we approve about 1 client per week, sometimes more – expecting to serve 50-75 births per year. Number of doulas really looks at their capacity for full-time doulas that we’re contracting with them on. Often about 4 per month per doula. One other thing we’re looking at is requirements and policies – we’ve seen some places where in response to one bad experience with one doula they want to put restrictions on all doulas; have put in place a code of conduct for doulas, including that we don’t intervene directly in medical care. Hoping to prevent challenges with hospitals. * April noted that there are 264 state trained doulas and 80 of them are registered with Medicaid in NJ. * In DE there are about 11,000 births/year; maybe just under half are in Medicaid. Divide by 12, then see how many births per month doulas cover (probably 3-6) so that could give you an idea of how many doulas would be needed maximum * Is the goal to get all doulas credentialed in Medicaid? * Tina – not necessarily the goal, but option for those who want to. * Shane’- some will choose to pursue and others won’t. The payment level will be an issue for some; timeliness of payment may be an issue for others. * I think we are also looking to have private insurance to also cover this service, so we may be looking at about double that number * April - if we create the demand the question is how many doulas are needed so women are not frustrated with an inability to access the service they want and/or need * Mona Liza Hamlin - it looks like we need about 230 doulas by the math; starting from women of reproductive age, projecting future growth. * Tina - Also there is a fluidity of doulas moving in and out of business because of their own births, moving to postpartum doula service, moving in and out of other careers, etc. | Conversations will continue among leaders of resource organizations, providers, and DPH/DHSS | Co-Chairs, Shané Darby, Erica Allen LPN, Dr. Michelle Drew, DNP, MPH, CNM, FNP-C |  |
| 1. DMMA/ Mercer update and discussion (15 minutes) | * Shannon shared overview of the process as it is currently operating * DE Doula Certification Board is up and running * MCOs are required to submit Doula Integration Plans to DMMA this week. DMMA will review them and work with MCOs and doulas, as appropriate, to support doula engagement in the program * Alethea noted two emails from doulas received over the weekend saying they were denied; looking into what those glitches are in order to address them. * Rep Minor-Brown – looking at question of when there’s pregnancy loss, could someone still access supports even without having had a prenatal visit, given that one is required. Just want to make sure they can still access services. * MCOs and doulas have met to help address doula enrollment with each MCO. * DMMA is providing different resources to try to make the process as streamlined as possible, make sure payment is timely. * It is still early, we are working on all of this, * Morgan asked - Has adoption doula services been considered to be covered as well (for birth mothers), just the same as specialty support for abortion or bereavement? * BMIP will think about this issue. * Dara Hall asked that any doulas in need of support please reach out to me and Nicole Evans <https://www.delawarefirsthealth.com/providers/resources/doula-services.html> | Slides will be shared in follow-up | Shannon Kojasoy, Mercer; Alethea Miller, DMMA |  |
| VII. Public comment | None | None | Co-Chairs |  |
| VIII. Next steps | Rep. Minor-Brown thanked the participants and highlighted the progress made already and the strong advocacy by doulas. More to come! |  | Co-Chairs |  |
| VIV. Adjournment | Meeting adjourned at 11:02 |  | Co-Chairs |  |