



**DELAWARE HEALTHY INFANT AND MOTHER CONSORTIUM (DHMIC)
MEETING MINUTES
TOWN HALL**

Tuesday, November 18, 2025
In-Person, 10:30am-12:00pm

MEMBERS PRESENT:

Dr. Priscilla Mpasi, Chair
Tiffany Chalk, Vice-Chair
Dr. Lindsay Ashkenase
Dr. Garrett Colmorgen
Dr. Alethea Miller
Bridget Buckaloo
Ray Fitzgerald
Representative Kamela Smith
Representative Valerie Jones Giltner

DIVISION OF PUBLIC HEALTH PRESENT:

Leah Jones
Dr. Naa Dede Hesse
Fern Holland
Brit Seidt

MEMBERS ABSENT:

Logan Herring
Dr. Agnes Richardson
Forrest Watson
Senator Marie Pinkney
Senator Bryant Richardson
Dr. Marshala Lee-McCall
Dr. Julius Mullen

DRAFT

Number of public members in attendance: 25. Full sign-in list stored with DPH meeting records.

TOPIC	FINDINGS, CONCLUSIONS & RECOMMENDATIONS	PERSON RESPONSIBLE	STATUS	ACTIONS & FOLLOW-UP
I. Call to Order	Dr. Priscilla Mpasi, Chair, called the meeting to order at 10:30 AM. She thanked Vice Chair Tiffany Chalk for chairing the Quarter 3 meeting and shared brief remarks on the upcoming holiday season. A quorum was confirmed based on appointed member attendance.	Dr. Priscilla Mpasi, Chair	Resolved	No further action required.
II. Approval of Minutes	A motion to approve the September minutes was offered, seconded, and approved unanimously.	Dr. Priscilla Mpasi, Chair	Resolved	No further action required.
III. OLD Business	Member Nomination Process Dr. Mpasi reviewed the DHMIC membership framework:	Dr. Priscilla Mpasi, Chair	Resolved	No further action

	<ul style="list-style-type: none"> • 15 Governor-appointed member seats – currently 3 member vacancies open • 8 legislative and agency designees – currently 2 agency designees pending from the Governor’s office and DSCYF <p>Key process details:</p> <ul style="list-style-type: none"> • A formal call for nominations will go out after the January 2026 (Q1) meeting. • Nomination options include self-nomination or colleague nomination. • Nominations → Membership Committee → DHSS → Governor’s Office. • Updated role descriptions and expectations will be posted publicly on DEThrives.com. <p>Committee Membership Options Vice Chair Tiffany Chalk described options for committee participation:</p> <ul style="list-style-type: none"> • Community members may apply to serve on DHMIC committees. • Meetings are public, and individuals may observe before applying. • Applications are available online on the DEThrives website. 	& Tiffany Chalk, Vice Chair		required.
IV. Housing Pilot Program	<p>Purpose: Committee review and vote to support the pilot proposal prior to DHSS review.</p> <p>Materials referenced:</p> <ul style="list-style-type: none"> • Housing Pilot Program for Pregnant Families Proposal • Housing Workgroup slides <p><u>Program Overview</u></p> <ul style="list-style-type: none"> • Uses TANF surplus funds to purchase 20 SRAP vouchers. • Provides up to 24 months of housing support to pregnant individuals. • Participants contribute 28% of income toward rent. • MCOs provide housing case management and care coordination. • DPH serves as gatekeeper, approves vouchers, and maintains registry. <p>Eligibility Participants must meet both SRAP and TANF criteria, including:</p> <ul style="list-style-type: none"> • Delaware residency • U.S. citizenship • Income eligibility at 200% FPL or 50% SMI (lower value) • Documentation including proof of pregnancy, ID, and income verification <p>Enrollment Rules</p> <ul style="list-style-type: none"> • First-come, first-served • Must be in 1st or 2nd trimester • Must meet HUD definitions of homelessness or 	Ray Fitzgerald, Co-Chair, SDoH Committee	Approved	No further action required.

	<p>housing instability</p> <ul style="list-style-type: none"> Participants who miscarry remain eligible for full 24 months Loss of Medicaid does not disqualify participants <p>Evaluation Expectations</p> <ul style="list-style-type: none"> Early evaluation required to determine funding sustainability Focus on maternal health, housing stability, economic self-sufficiency <p>Questions & Member Discussion</p> <p>Rent Contribution (28% Income Requirement)</p> <p>Members asked whether this contribution was realistic for participants.</p> <p>Response:</p> <ul style="list-style-type: none"> Standard across voucher programs; not unique to this pilot. Most voucher recipients are <i>already employed</i>; support services will assist those needing employment. <p>Time to Housing Placement</p> <p>Members asked about expected timing.</p> <p>Response:</p> <ul style="list-style-type: none"> Standard is 60 days, extendable by 30 days. Housing Authority support staff will assist pregnant participants in locating units. <p>Third Trimester Exclusion</p> <p>Discussion included:</p> <ul style="list-style-type: none"> Original intent: allow enough time for the intervention to influence outcomes. Members acknowledged need to re-evaluate in future as instability may intensify later in pregnancy. <p>Miscarriage Clarification</p> <p>Question: Does miscarriage terminate eligibility?</p> <p>Response:</p> <ul style="list-style-type: none"> No. Participants retain eligibility for the entire 24-month period. <p>Supports After 24 Months</p> <p>Concerns: Transition stability after voucher expiration.</p> <p>Response:</p> <ul style="list-style-type: none"> FSS program cannot be embedded in SRAP, but supportive services (education, workforce development, financial coaching) prepare participants before expiration. External partners may continue support. <p>Maternal & Infant Health Impact</p> <p>Members discussed:</p> <ul style="list-style-type: none"> Improved stability → increases access to prenatal 			
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	<p>care, reduces stress, improves health outcomes.</p> <ul style="list-style-type: none"> Housing affects ability to obtain food, healthcare, safety, and consistent postpartum care. <p>Racial Disparities</p> <p>Concern: Could the pilot reduce disparities?</p> <p>Response:</p> <ul style="list-style-type: none"> Pilot is not racially targeted. However, because Black and Brown pregnant persons are disproportionately affected by homelessness, indirect improvement is likely. <p>Member Testimonial</p> <p>Dr. Alethea Miller shared a real-world example of supporting a pregnant homeless young woman, voicing strong support for the program.</p> <p>Consolidated Recommendations</p> <p>Program Design Recommendations</p> <ul style="list-style-type: none"> Expand eligibility to include 3rd trimester or allow urgent-need exceptions. Extend or clarify the housing search window beyond the standard 60 days. Clarify policy for participants who become pregnant again during the program period. Strengthen support pathways for participants who lose Medicaid coverage during enrollment. <p>2. Operational Recommendations</p> <ul style="list-style-type: none"> Develop a standardized referral pathway across all provider and community partners. Assign a dedicated housing navigator or coordinator to assist participants. Implement a landlord engagement strategy to increase available units. Provide financial coaching (budgeting, credit building, employment planning) to support transition after 24 months. <p>3. Eligibility & Documentation Recommendations</p> <ul style="list-style-type: none"> Streamline documentation requirements and allow temporary acceptance of self-attestation for certain items. Establish prioritization tiers for applicants (e.g., DV survivors, high-risk pregnancies, teens, imminent eviction). <p>4. Evaluation Recommendations</p> <ul style="list-style-type: none"> Add qualitative evaluation components, including participant interviews and self-reported outcomes. Conduct interim evaluations at 6 months and 12 months in addition to the final evaluation. Track outcomes by trimester of enrollment if eligibility expands. <p>5. Equity Recommendations</p> <ul style="list-style-type: none"> Integrate a racial equity framework into 			
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	<ul style="list-style-type: none"> (consumers and healthcare providers) • Securing state and federal funding to support production through mid-2026 • Beginning pre-interview preparations, with filming scheduled for January 2026 <p>The committee also discussed revisiting earlier strategic action items and considering a future retrospective on Her Story 1.0.</p> <p>The Data committee's meeting structure continues to operate jointly with the Maternity Health Task Force (MHTF), with the first hour dedicated to Data Committee work and the final 30 minutes to the task force.</p> <p>Recent accomplishments include:</p> <ul style="list-style-type: none"> • Completing parts II and III of the prenatal care data presentations, covering newborn withdrawal syndromes, ESC/NOWS models, Medicaid HEDIS measures, qualitative findings on maternity care access, and relevant FIMR case reviews • Reviewing and refining the draft prenatal care Key Performance Indicator (KPI) dashboard <p>Upcoming focus areas include:</p> <ul style="list-style-type: none"> • Finalizing the KPI dashboard for implementation in 2026 • Expanding analysis to postpartum care access • Strengthening data-sharing infrastructure and improving longitudinal tracking across maternal health programs 	Dr. Lindsay Ashkenase and Dr. Alethea Miller, Data committee Co-chairs		
VI. Public Comment	<p>Public comments during the meeting focused exclusively on the Housing Pilot Program for Pregnant Families.</p> <p>All questions, concerns, and discussion points raised during the public comment portion are documented under the Housing Pilot Program section of these minutes.</p>	Various	Resolved	No further action required.
VII. Updates & Announcements	<p>Chair Dr. Priscilla Mpasi and Vice Chair Tiffany Chalk offered closing reflections and updates before adjourning the meeting.</p> <p>Annual Summit Update</p> <ul style="list-style-type: none"> • Dr. Mpasi shared that planning for the DHMIC Annual Summit is underway, with discussions focused on theme development, speaker outreach, and cross-agency participation. • Leadership aims for the Summit to highlight progress across committees, elevate community voices, and showcase ongoing initiatives such as the Housing Pilot Program, Her Story 2.0, and the prenatal/postpartum data dashboard. • Additional details—including the final date, location, and registration process—will be communicated to members in early 2026. <p>Upcoming Community Events</p> <ul style="list-style-type: none"> • The Vice Chair encouraged members to participate in 	Dr. Priscilla Mpasi, Chair & Tiffany Chalk, Vice Chair	Resolved	No further action required.

	<p>upcoming community outreach activities coordinated through DPH, community partners, and perinatal health networks.</p> <ul style="list-style-type: none"> • Events will emphasize maternal health education, community engagement, and partnership building. • Members were asked to share event opportunities with their respective organizations and networks to increase awareness and participation. <p>Closing Notes</p> <ul style="list-style-type: none"> • Dr. Mpasi thanked members, agency partners, and community attendees for their continued involvement and thoughtful discussion, particularly around the Housing Pilot Program. • Leadership reaffirmed the importance of collaboration across committees in advancing maternal and infant health priorities statewide. 			
VIII. Adjournment	Meeting adjourned at 12:00 pm.	Dr. Priscilla Mpasi, Chair	Resolved	No further action required.

Minutes prepared by: Brit Seidt

Minutes reviewed by: Leah Jones

Minutes reviewed and submitted by DHMIC Chair: Dr. Priscilla Mpasi

Minutes approved by: Pending next quarterly meeting

2025 Meetings

All Meetings held at DTCC, DelOne Conference Rm, Dover

Tuesday, January 13, 2026

Thursday, May 21, 2026

Wednesday, September 30, 2026

Tuesday, November 10, 2026