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

**Monday, October 30th, 2023, 10 – 11 am ET**

**Virtual Meeting Via Zoom Conference Call**

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

**MEMBERS PRESENT:**

Rep. Melissa Minor-Brown, Co-chair

Christina Andrews, Co-chair

Leah Woodall

Susie Finnerty

Alethea Miller

Amy Katzen

April Lyons-Alls

Christina Bryan

Darren Blackston

Bridget Buckaloo

Dr. Gilliam

Erica Allen

Gwendolyn Scott-Jones

Haita Ndimbalan (RIDOH)

Jeanine Kilgore

Mary Wise

Shannon Kojasoy

Tracy Harpe

**HMA SUPPORT STAFF PRESENT: Akiba Daniels and Diana Rodin**

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & FOLLOW-UP** | **PERSON RESPONSIBLE** | **STATUS** |
| I. Call to Order | The meeting was called to order by Tina. Previous minutes approved by Mary Wise with second by Alethea Miller.  | No further action required. | Co-Chairs | Resolved |
| II. Co-chair Introduction  |  The co-chairs did a brief introduction and welcome.  | No further action required. | Co-Chairs | Resolved |
| III. Rhode Island Birth Worker Co-op & RI HHS Guests  | Guest speakers: * Susie Finnerty, co-Founder & Board Member of the RI Birth Worker Cooperative. She is a certified doula and have worked as a doula in RI since 2014. Prior to this, she managed a psychiatric clinic in Oregon. She was co-president of Doulas of Rhode Island and founded the RI Birth worker cooperative. They do not have any board members who are not doulas. In addition, they have bi-laws and democratic governance and are both customers and owners, servicing themselves. (<https://www.susiefinnerty.com/>)

RI EOHHS provided an update on RI’s doula support entity approach* Rep. Minor Brown shared information about the group and the goal to move toward Medicaid Reimbursement. She questioned what the RI support entity for doulas have looked like
* Their initiative was not a Medicaid only initiative; there were initiatives planned in the past that did not serve the community in RI
* The actual bill is a mandate for commercial insurance and the mandated piece was added to the governor’s budget
* This is a full spectrum benefit meaning that no matter the outcome of the pregnancy, the coverage needs to cover it
* Doulas in RI are specific about eliminating barriers of doulas becoming Medicaid Providers (understanding historical context of structural racism)
* They have an ecosystem of marketing for the benefit (shared responsibility). They share materials via flyers, newsletters, doula hotline and referral service (UPEC), Meet the doula events (DoRI), community baby showers (SF), community events, and individual doula practice marketing
* April Lyons-Alls questioned why they do not partner with the Dept. of Health in RI. Susie mentioned the doulas have built trust with families and want to have true autonomous support. A lot of times, partnership has a different meaning from agency to agency.
* RI hospitals haven’t always been respectful of autonomy of families in their care
* RI has a little under 10k deliveries a year; capacity -wise, when Susie started in 2014 there were 20 doulas and now there are over 100 certified perinatal doulas
* They have 70 members and 33 doulas who are actively billing
* They don’t have the workforce to take care of 1000 people at a time; this is essentially an issue to address, and they will talk about workforce development in RI
* Amy in the chat: I was just counting all the Medicaid-enrolled doula providers - we have about 70 enrolled at this time.
* There is an opportunity for their members to have in-person support
* Susie shared information about systems integration with hospitals and care providers – community doula practice and decolonizing doula work
* Overview of doula reimbursement protocols and practices: all billed fee for service so doulas are paid by visit; people do not need a referral or proof of pregnancy appointment. Labor and delivery support (full spectrum): $900
* 3 postpartum visits: $100 per visit
* Certification is through the RI Certification Board and any training that meets the core competencies are approved. There has been a public statement from RICB that certification should not be considered a requirement to practice.
* RI Insurance Regs – EDI claims must be paid in 30 days of receipt and paper claims must be paid in 45 days of receipt. Network adequacy is regulated and there is a quick turnaround time on complaints.
* Priscilla Mpasi questioned the type of outcomes data they have been using and Susie responded that they have capacity to collect data but would need to do this with close care and following guidelines and ensuring the community knows what the data is being used for; it would be better if they were getting paid to do this.
* Leah in the chat: To maintain certification and costs for training...are there opportunities for the Coop to help defray some of these costs or sponsorship?
* Shannon Kojasoy in chat: Is there a reason you are not a non-profit?
* April Lyons-Alls – is your model based on the COPE training? Susie responded they only use it for the training
* Tina asked if they use a client management system. Susie mentioned the doulas have access to everything and they have a client management system that doulas can use
* Tina questioned the financial set-up. Susie responded that between the different organizations there is a lot of opportunity to get trainings paid for; the culture between the organizations, this is all taken care of. If doulas need scholarships, they can get those and people can train with other orgs outside of the state who have scholarships as well. They do have a small fee (less than most people spend on coffee every month). Billing services could charge up to $300 a month but they are not motivated to make profit. Their decision not to be a nonprofit was to keep things really simple for them. They don’t have a huge overheard or huge staff and there can be a lot of capitalism in non-profits and a lot of their doulas are ex nonprofit owners, which is interesting.
* They have doulas of color as well as a lot of white doulas as well
* April mentioned there are several attendees from Delaware State University, and they are the only HBCU in the state; questioned partnerships with the university – Susie shared the university mostly present is Brown University and they are not an HBCU. They have a tense relationship with the University and are learning how they communicate and what it means to work with them.
 | No further action required. |  |  |
| V. DMMA/ Mercer Update | Will discuss during the next meeting.  | No further action required.  |  |  |
| VI. Follow-up Discussion of stakeholder engagement reports | Will discuss during the next meeting.  | No further action required.  |  |  |
| VII. Public Comment  | Co-chairs |  |  |  |
| VIII. Next Steps  | Co-chairs and Leah Woodall  |  |  |  |
| VIV. Adjourn-ment  | There being no further business before the Committee, the chair adjourned the meeting at 11:06 am | No further action required |  |  |

 **Minutes prepared by: Akiba Daniels and Diana Rodin**

 **Minutes reviewed by: Leah Woodall**

 **Minutes respectfully submitted by:**

 **Minutes reviewed and approved by CHAIR:**

**Upcoming Doula Ad-Hoc Committee Meetings via Zoom. (Zoom invite to follow):**

* Monday, January 29, 2024