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

**Wednesday, June 14, 2023**

**Virtual Meeting Via Zoom Conference Call**

**MEMBERS PRESENT:**

Rep. Melissa Minor-Brown, Co-chair

Christina Andrews, Co-chair

Leah Woodall

Christina Bryan (DHA)

Mona Liza Hamlin

Dara Hall

Mary Wise

Dr. Garrett Colmorgen

Aletha Miller

Dr. Priscilla Mpasi

Shannon Kojasoy

**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 Dara Hall. | 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. Legislative Update | Rep. Minor Brown provided a Legislative update   * House Bill 80, an act to require doula services under DE Medicaid, was approved for appropriation and will be on the agenda within the next week or so. Hopefully we will have doula services covered under Medicaid by Jan. 1st, 2024 * We will start looking at private insurance coverage | No further action required. |  |  |
| IV.  Update from Tina | * Tina provided an update around improving quality of births and the experiences of birthing people of color. * At the AMCHIP conference, Tina attended a session by the author of the book *The Big Letdown.* * Tina opened up to the group: When you think about Black births, what comes to mind? * Rep. Minor Brown – would love for a beautiful experience to come to mind but automatically think about if the women will be okay and will survive the pregnancy. * Mary Wise – disparities * Tina shared that throughout the room people expressed pain, fear, death and injustice. * We want safety and no fear, but are also not asking for anything more, births should be about joy, community, and family - White birthing people and others have this as part of their experience and families of color should also. * The author has a podcast where she explores joy in Black births. There is joy, history and love in Black births as well as making sure these disparities are addressed. There is a shift in the narrative happening because everything focused on Black births is negative and that defeats the purpose of what we are trying to accomplish. * The author and podcaster is Kimberley Seals Allers: <https://birthrightpodcast.com> * Congrats to Tina for catching her first baby!! She shared it was a phenomenal experience! | No further action required. |  |  |
| V. DMMA/ Mercer Update | * Shannon Kojasoy shared a brief update on behalf of Mercer/ DMMA. * They have completed the certification process and received from the DE certification board and process; being circulated for feedback from the small doula stakeholder group. * One of their big tasks was to complete the SPA language and that has been drafted. * We are putting some of the language within the state plan but the goal is to allow flexibility with training requirements. * They are scheduled to talk about the Doula Support Entity; Tina is working on this within the committee and talking about what that will look like and who will take that on. * The title is Certified Doula for Medicaid Reimbursement but want to be clear that this is a requirement for only those who are seeking reimbursement through Medicaid. |  |  |  |
| VI. Updates on Stakeholder engagement | Leah provided a brief update on stakeholder engagement.   * We have elevated the focus group report conducted by Westchester University in partnership with DPH to the DPH Privacy Board and the DPH Communications office for review. * Most of the feedback are stylistic changes. DPH and WCU/Erin Knight, the author and researcher are combing through and providing feedback, finalizing, and responding to comments by the DPH privacy board; most comments are minimal and stylistic so this should be a quick turnaround. This feedback / report will be circulated to the committee, DHMIC, and posted on DE Thrives website for review. * Also finalizing analysis of interviews with maternal health licensed providers and Leah will have an update during the next meeting. There will be a companion report to the Doula focus group report providing a summary of the interviews with licensed maternal health providers. |  |  |  |
| VII. Follow-up on doula support entity approaches in other states & discuss approach to building relationships with hospitals | Diana provided an overview from the March meeting and shared the slides.   * Rep. Minor Brown would love to block off time next meeting to solely focus on the different support entities in other states. * Tina shared that there were pieces of each state example we felt was beneficial for DE but not a particular model we wanted for sure. We liked the RI model but there was a financial difficulty because the members have to buy-in. Tina agreed we should talk about this more in-depth during the next meeting. * Leah questioned in the chat: Is the group interested in seeing if we can invite any representatives from the state that we would like to model to present? And speak to certain elements? * Tina recommends we get Del State involved in some of these initiatives and bringing the potential stakeholders into the conversation to see what they already have and what they could contribute. * Dara asked if there is an opportunity for RI or other states to share their experience with this group? If the biggest barrier is funding, we can dig deeper and discuss this. Tina agrees we can try to invite them. * Leah questioned in the chat: What are the most important elements to a support entity that we want to know more about? * Tina responded we identified objectives for doula support that this process can be arduous for doulas and contracting with legal questions and trying to figure out how this would work as a business. Need to have an entity to support with that and providing continuing education and providing assistance at different points of the doula journey. * Leah questioned in chat: From state perspective, I’d like to know the staffing infrastructure, is it a 501 c3, how do they fund support entity, sources of funds, what support do they provide? * Tina responded it differs by state; one was working with HealthConnectOne from Chicago * The group agreed to spend time discussing this during the next meeting and Rep. Minor Brown mentioned we can reach out between now and the next meeting to ask for more information on the doula support entities. Rep. Minor Brown motioned to approve and Dr. Colmorgen second. * Mary Wise in the chat: Is this group looking at how Doulas are being used in programs that service people with perinatal mental health and SUD? * Tina responded we haven’t specifically looked at this, but this is important and should be happening. Doulas do work with families with SUD and mental health but there is no formalized look into that or programs specific to those populations. * Rep. Minor Brown mentioned we will touch on this soon; they have a Bill in the agenda in regard to perinatal anxiety disorders and the DHMIC will be doing some work in this space. * Tina shared that the doulas are wrestling with these topics and coordinators of the programs (Tina, Erica, Shane) are trying to make sure they have the training they need to provide supports. They have received a lot of calls with mental health, domestic violence during pregnancy, etc. – looking for suggestions of orgs that focus on pregnancy and immediate postpartum support from doulas * Mona agreed this is an ongoing problem from a trauma-informed perspective particularly from ChristianaCare – she is willing to serve as a liaison and they can reach out to her, and she can help facilitate that safety net to ensure parents are cared for. She wonders if there is an opportunity to look at PSI for folks in DE who have experience in this; we can tap into the folks who do this work daily * Mary Wise in the chat: I’m hoping a discussion about expanding to doula workforce into these areas… doulas with lived experience… DV as well, I totally agree… and trauma training… and lived experiences * Diana in the chat: I wonder if DCADV might have ideas about resources or people to connect with specific to DV support for pregnant and parenting women * Mona Hamlin - 302-690-6714 - for any maternal care concerns for ChristianaCare. Feel free to text or call. They are looking at this and are about to roll out phase 1 of trauma informed care; they see this when it comes to triage. * Tina shared about a recent client, of one of her doulas who was experiencing domestic violence and the hospital and birthing centers kicked her out and she had to go to the home, which wasn’t a safe space. * Dr. Colmorgen advised that the situation should have been taken care of at the hospital and the woman should never have been sent home. * Mona in the chat: Yes agree. We use our social work and leadership team here. Not sure the situation, but our staff just don't have enough training, experience or knowledge to understand some of the "nonclinical" issues that may present. Especially when its after hours, etc. Unfortunately, cases like this can help bring the need to focus on this into perspective of the staff. They meet as a leadership weekly and will pass this along. * Rep. Minor Brown will circle back with Dr. Mpasi for thoughts around this as well since she was not able to be off mute during the meeting. * Leah – Public Health is trying to add a perinatal mental health access component (this has been developed in other states such as MA, [MCPAP for Moms](https://www.mcpapformoms.org/)) and would include consultation to maternal health providers (i.e. NPs) by Psychiatrists to address maternal depression and build capacity of providers serving pregnant and postpartum women. This is driven by data, whereby at least one in five women experience a mental health or substance use disorder during pregnancy or in the first year postpartum. Leah can share the model they are looking at in MA and hope they are successful with the grant. * Alethea introduced herself as the new maternal child health lead within DMMA; she is excited about this group and the work and to be a part of the movement going on. She feels this might be a great time to begin building partnerships; one of those partnerships might be with Domestic Violence Coalition so we have buy-in and sustainability. |  |  |  |
| VIII. Next Steps | Follow-up on action items and schedule speaker for next meeting. |  |  |  |
| VIV. Adjourn-ment | There being no further business before the Committee, the chair adjourned the meeting at 10:29 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, September 25, 2023