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Doula Learning and Action Collaborative

Application Overview and Q&A Session

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Thursday, May 2, 2024

3:00-4:00 pm ET



MISSION

Improve the lives of Medicaid enrollees

Develop, implement, and diffuse innovative and evidence-based models of care



Promote quality, value, and equity



Engage individuals, families, and communities



VISION

Provide independent, unbiased, nonpartisan information

Inform Medicaid policy

Improve the health of the nation

Strategic Priorities



Access, Coverage, and Outcomes



Community and Equity



Data and Quality



Sustainability





It's not the statistics that make Medicaid real.



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It's when you love one of the numbers.™

Objectives for Webinar



- Provide an **overview** of the learning collaborative opportunity.
- Review the **application components**.
- Provide **guidance and considerations** regarding the type of information requested in the application.
- **Answer your questions** on the learning collaborative and application.

Agenda

Overview of Doula Learning and Action Collaborative Opportunity

Application Components and Requirements

Question and Answer

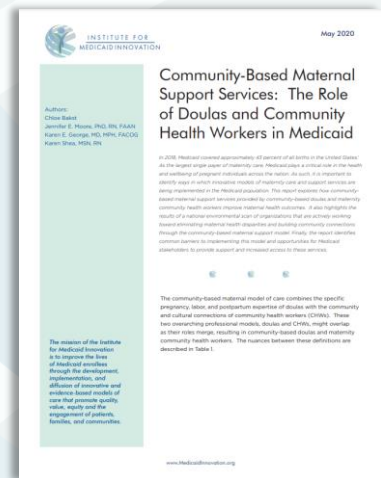
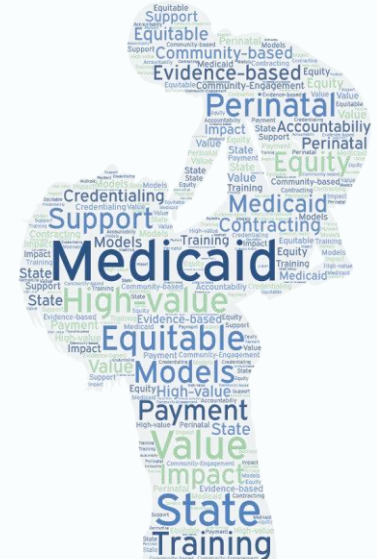
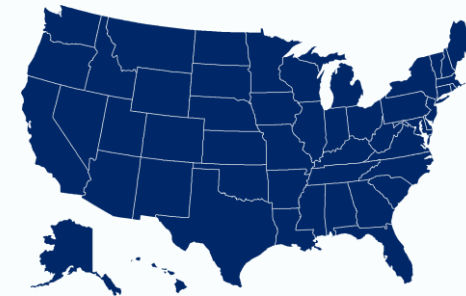
Doula & Medicaid Portfolio

8-Part Open Learning Series

Doula & Perinatal Community Health Worker in Medicaid Learning Series; Key Outcomes Report

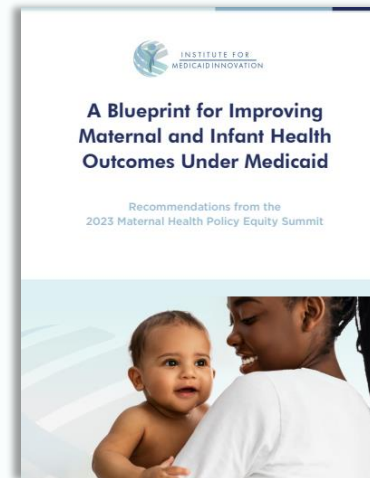
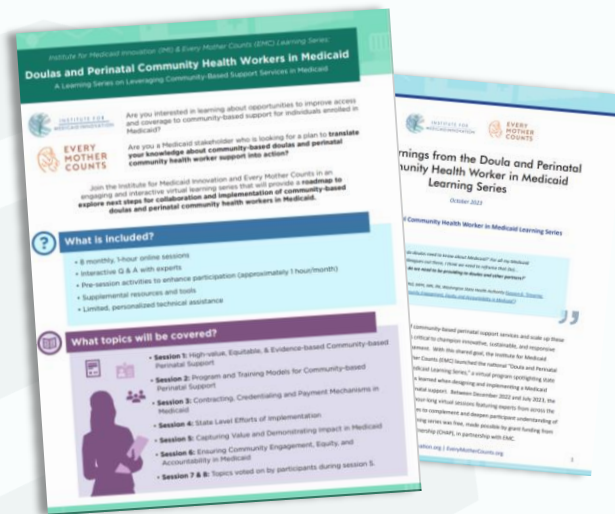
Planning Phase

Doula Learning & Action Collaborative



Original Report

Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid



Maternal Health Policy Equity Summit

One of four affinity groups centered Doulas & Perinatal Community Health Workers

3-Year National Learning Collaborative

Doula Learning & Action Collaborative

Planning Phase National Advisory Committee Members

Chanel Porchia-Albert, CD, CPD, CLC, CHHC, *Ancient Song Doula Services*

Iris Bicksler, CHW, PSS, Doula, *PacificSource Health Plans*

Amy Chen, JD, *National Health Law Program*

Alli Cuentos, *SisterWeb*

Twylla Dillion, PhD, MBA, *HealthConnect One*

Shanita “OABBY” Edwards, CD, *OABBY Natural Healing*

Simone Edwards, DrPH, MPH, *Excellus BlueCross BlueShield*

Nina F. Miles Everett, MD, MBA, FACP, CHCQM, *Priority Partners MCOs for Johns Hopkins University*

Theresa Hattori, MBAHM Candidate, *Community Health Plan of Washington*

Holly Horan, PhD, *University of Alabama at Birmingham*

Sarah Hodin Krinsky, MPH, *MassHealth*

Chelsey Leruth, *Institute for Healthcare Improvement*

Tricia McGinnis, MPP, MPH, *Center for Health Care Strategies*

Mildred Menos, *Horizon Blue Cross Blue Shield of New Jersey*

Pooja Mittal, DO, *Health Net*

Salma Mohamed, MPA, *MassHealth*

René Mollow, MSN, RN, *California Department of Health Care Services*

Raeben Nolan, CD, *Legacy Health & Oregon Doula Association*

Andrea Palmer, MPA, MBA, *Pritzker Children’s Initiative*

Sayida Peprah-Wilson, PsyD, *Diversity Uplifts, Inc.*

Belinda Pettiford, MPH, *North Carolina Department of Health and Human Services*

Beth Tinker, PhD, MPH, RN, *Washington State Health Care Authority*

Jill Wodnick, MA, LCCE, IMH-E®(II), *Montclair State University*



Doula Learning and Action Collaborative

Overview of Doula Learning and Action Collaborative Opportunity

By the end of the collaborative, state-based teams will:

- Gain skills, resources, and relationships that will advance their goals within the landscape of Medicaid coverage for doulas in their respective states; and
- Be positioned to increase access to and coverage of doulas for pregnant, birthing, and postpartum individuals with Medicaid insurance.

Doula Learning and Action Collaborative

Project Objectives

The collaborative will provide structured support, resources, and guidance for state-based teams to achieve the following objectives:

Assess the current policies, practical considerations, and utilization of doula services covered by Medicaid

Collaborate across state-based teams to maximize learning and action opportunities

Complete an implementation toolkit designed by IMI within year one of the collaborative to set team goals that guide the subsequent action phase

Implement initiatives that result in new or expanded opportunities for birthing families with Medicaid health insurance to use doula services

Connect with experts, leaders, organizations, and resources that can support the team's goals

Key Components of the Collaborative

National Advisory Committee	Foundational Learning Sessions	Technical Assistance	In-Person Meetings	Evaluation	Dissemination
<ul style="list-style-type: none"> Composed of a multidisciplinary group of subject matter experts in Medicaid, community-based doula services, business development, managed care, and population health Will provide guidance to the overall project and offer technical assistance to the state-based teams. 	<ul style="list-style-type: none"> Offered during the first year of the Doula Learning and Action Collaborative Provide a structured approach for state-based teams to establish a strong foundation to launch their initiatives to achieve their goals. Includes resources, tools, shared learning, and expert support and guidance. 	<ul style="list-style-type: none"> Will be tailored to the needs of each state-based team. TA is assessed and adjusted throughout the three years. Includes guidance, consultation, and resources to support state-based teams in achieving their goals. 	<ul style="list-style-type: none"> IMI will facilitate a 2-day, in-person meeting. The annual meeting will facilitate completion of the foundational learning sessions through a structured toolkit in year 1. 	<ul style="list-style-type: none"> IMI will continuously seek feedback throughout the 3 years of the Doula Learning and Action Collaborative to ensure that it is meeting the needs of everyone. IMI will capture the overall experiences of state-based teams participating in the collaborative. 	<ul style="list-style-type: none"> IMI will collaborate with state-based teams to identify and communicate successes, best practices, innovations, and lessons learned with IMI's national network of Medicaid stakeholders, including state and federal policy makers.

Time Commitment

- Monthly, one-hour technical assistance meetings (8 per year).
- Quarterly, two-hour workshops (4 per year).
- Annual in-person meetings (varied lengths).
- Completion of readings and/or activities in advance of the meetings and workshops.
- **Average commitment is 3-4 hours/month.**

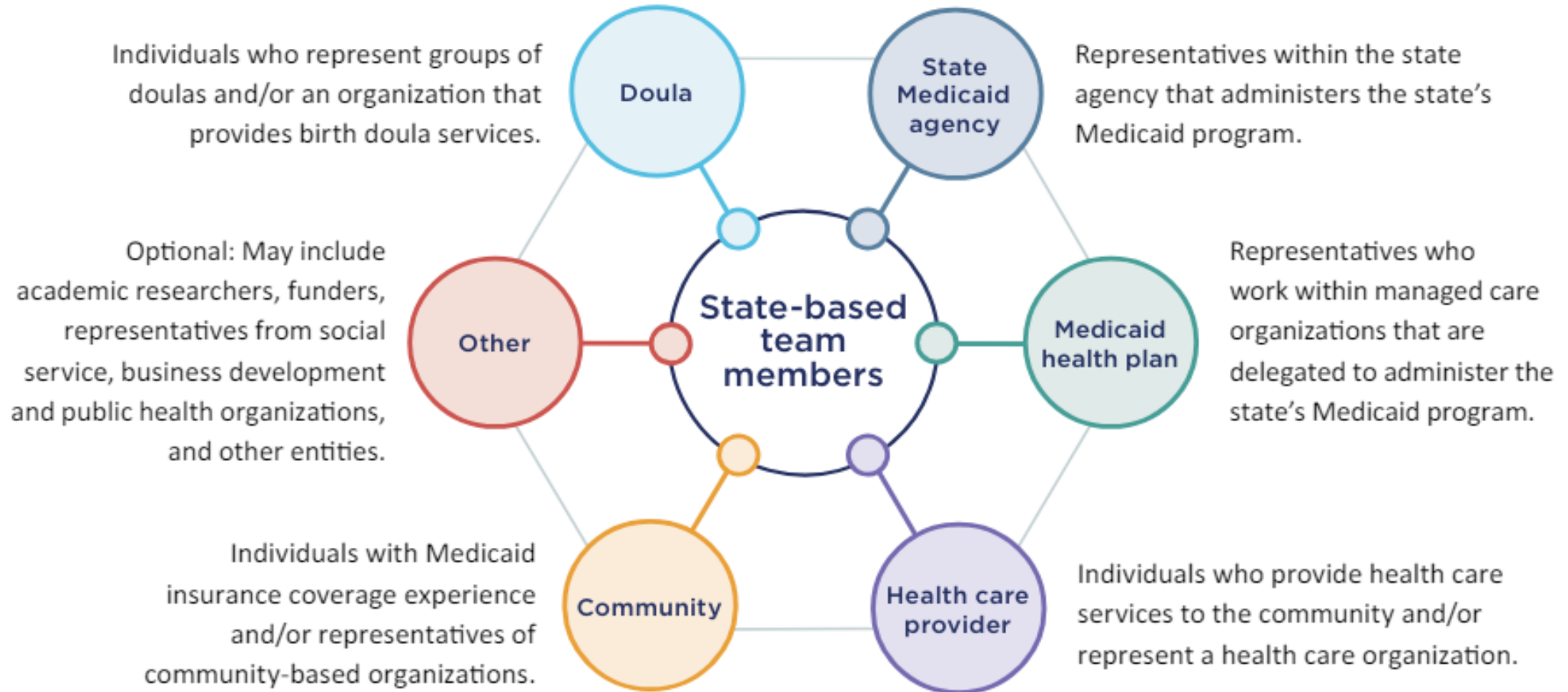
Activity	Year 1	Year 2	Year 3
One-hour virtual state-based team meetings Technical assistance meetings for state-based team.	8 meetings (50 minutes each) per year Commitment: 8 hours	8 meetings (50 minutes each) per year Commitment: 8 hours	8 meetings (50 minutes each) per year Commitment: 8 hours
Quarterly 2-hour virtual all-team meetings Bringing together all state-based teams for shared learning.	4 meetings (110 minutes each) per year Commitment: 8 hours	4 meetings (110 minutes each) per year Commitment: 8 hours	4 meetings (110 minutes each) per year Commitment: 8 hours
Full-day in-person meetings and site visits	2-day kick-off meeting to complete foundational learning sessions to develop goals and action plan Commitment: 16 hours plus travel	One full-day site visit for each state-based team in their state Commitment: 8 hours	Full-day convening meeting for all state-based teams Commitment: 8 hours plus travel
Time outside of meetings	Variable based on goals and team norms Commitment: About 20 hours	Variable based on goals and team norms Commitment: About 20 hours	Variable based on goals and team norms Commitment: About 20 hours
Total Estimated Time Commitment	52 hours	44 hours	44 hours

Cost and Stipend

- There is **no cost to participate** in the scheduled learning collaborative activities.
- Each state-based team will receive a **stipend up to \$10,000 annually** for two doula community organizations to participate.
- Each state-based team will receive a **stipend of up to \$3,500** in year 2 to cover the site visit costs and support participation.
- **Travel reimbursement and stipends** are provided for in-person convenings for eligible team members.
- Please note: Federal nonprofit laws prohibit the use of awarded funds for the purpose of lobbying or advocacy activities.



Team Composition



Application Overview

- Nine (9) sections
- Word count limits: 100–600 words
- Instructions listed for each section



Section 1: Demographics

Section 1: Demographics

Location of State-Based Team <i>(Identify state, Washington D.C. is included):</i>
Team Lead #1: This person will be the primary liaison for the application and a co-team leader for the 3-year Doula Learning and Action Collaborative. One of the two team leads must be a doula representative.
Name:
Title:
Organization, if applicable:
Email:
Phone:

Team Lead #2: This person will be the second person willing to serve as a co-team leader for the 3-year Doula Learning and Action Collaborative. One of the two team leads must be a doula representative.
Name:
Title:
Organization, if applicable:
Email:
Phone:

Section 2: Community Landscape

Section 2: Community Landscape

Tell us about your community and state in relation to Medicaid coverage for doula services, including opportunities that can be leveraged and barriers that you are experiencing.

(Limit: 250 words)

Section 3: Opportunities and Goals for Participation

A. The Doula and Perinatal Community Health Worker in Medicaid Learning Series offered foundational information in advance of launching the learning collaborative. What percentage of team members have completed the series, either through participating live or by reviewing the archived materials? What topics from the learning series resonate with your team? **(Limit: 150 words)**

B. What are two (2) of your team's priorities for the Doula Learning and Action Collaborative? **(Limit: 100 words)**

Section 3: Opportunities and Goals for Participation

Section 4: Participating Team Members, Groups, or Organizations

Section 4: Participating Team Members, Groups, or Organizations

Complete this initial roster listing the primary representative(s) from each of the mandatory stakeholder groups who have committed to joining your team.

Name & credentials, if applicable	Group or organization represented, if applicable	Medicaid Perspective or Position	Email address
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	

- A. Tell us about the members of your team and reference the groups or organizations that they represent. Please include: **(Limit: 200 words)**
- their anticipated role on the team (e.g., liaison with external groups, managing logistics, researching best practices, etc.)
 - your experience working together

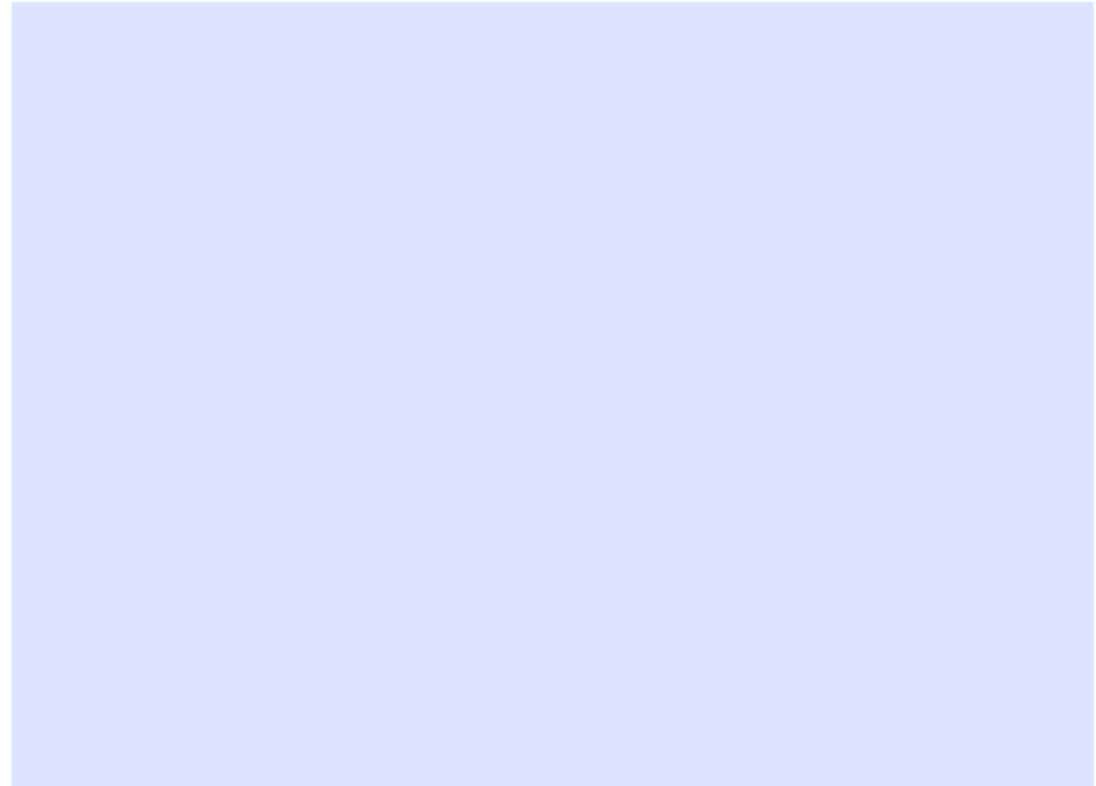
- B. Please describe any known dynamics that could potentially impact your team. What strengths do you bring to this team that will be useful when you encounter challenges? **(Limit: 200 words)**

Section 5: Landscape and Power Analysis

Section 5: Landscape and Power Analysis

The team's application should demonstrate a commitment to community power building, birth equity and justice, and collaboration to increase access to doula services for individuals of color with Medicaid health insurance coverage.

- What are your team's aspirations?
- What strengths and assets will your team draw upon to address potential external challenges that you might face when working toward your aims? **(Limit: 300 words)**



Section 6: Key Events During Learning Collaborative

Consider significant events and developments that your team anticipates over the next three years. In doing so, flag dates and milestones that you are aware of or estimate as of today, as well as which partner(s) will be most involved or affected by these. Examples include legislative sessions, elections, conferences, community events, and major actions that your team members are planning.

Section 6: Key Events During Learning Collaborative

Estimated Month/ Time Frame	Event/Activity	Team Members or Partners Involved/ Impacted	Relevance

Section 7: Opportunities

Section 7: Opportunities

A. Supporting team goals: As you reflect on the strengths, challenges, and opportunities related to advancing the work of doulas in your state and working towards birth equity, how do you envision the learning collaborative supporting your goals? **(Limit: 200 words)**

B. Specific topics and experts:

Using bullets, please describe

a) What topics would you like to dive deeper into as a team? **(Limit: 100 words)**

b) When bringing in national experts to provide tailored support (technical assistance), in what areas would you like them to have experience and/or expertise? **(Limit: 100 words)**

c) Optional: Identify specific organizations and/or individuals you would like us to consider as we build our team of technical advisors to support you. **(Limit: 100 words)**

Section 8: Outcomes

Section 8: Outcomes

What does success look like for the first year of your project? What does success look like at the end of the three years of the learning collaborative? In your description of success, you might consider what equitable access to perinatal health looks like in the community where you will focus your efforts. **(Limit: 250 words)**

Section 9: Resources & Funding

Section 9: Resources and Funding

Describe any supplemental funding or in-kind support you will receive or plan to pursue as part of your participation. If none, enter “none” in the space below. **(Limit: 100 words)**

Note: the answer to this question is *not* taken into consideration for the scoring of the application.

Letters of Commitment

This application requires letters of commitment from each Medicaid perspective on your team. Before writing the letter, please review the [overview document](#) and reference the following sections: Collaborative Team Composition, Time Commitment, Cost, Benefits, and Expectations. Please indicate how each letter will be submitted:

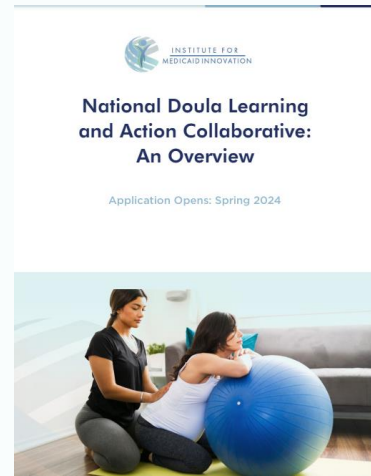
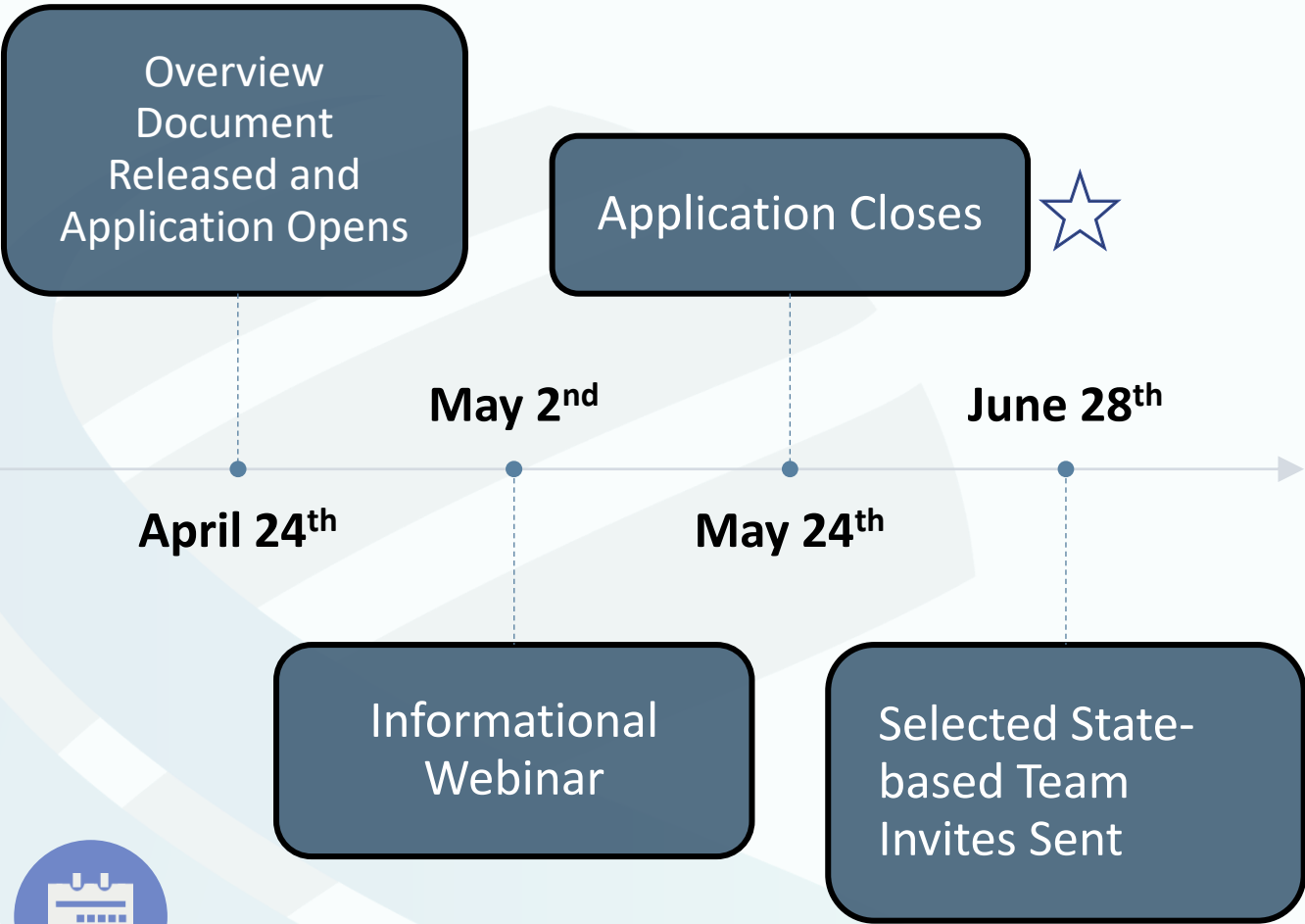
Medicaid perspective/position	Submission method
Doula, doula provider group, community-based doula organization	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
State Medicaid agency	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Medicaid health plan	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Community member, community-based organization, individuals with Medicaid insurance coverage experience	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Health care provider	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*

*Email letter to Yontii Wheeler at ywheeler@medicaidinnovation.org

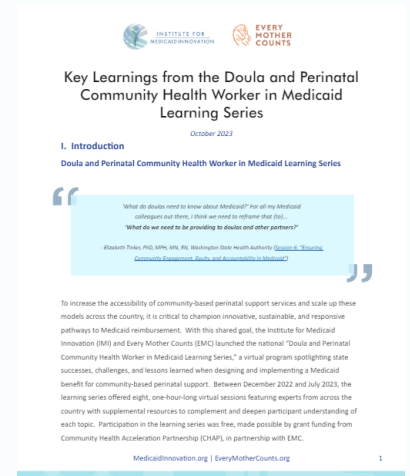


Important Dates

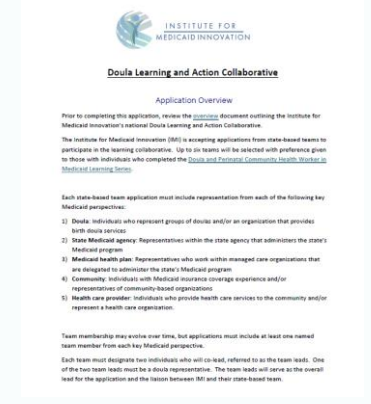
Resources



Overview Document




Doula and Perinatal Community Health Worker in Medicaid Learning Series Resources



Guidance & Considerations

Guidance & Considerations

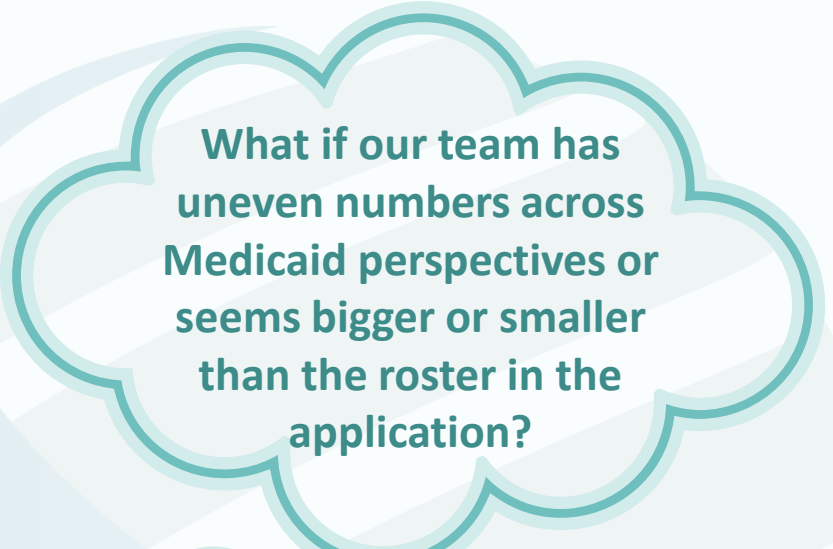


How do I get started in forming a team?

- Existing partnerships and collaborators
- Networking
- Organization or agency points of contact, examples:
 - Member, provider, community engagement teams
 - Maternal child health departments

The Doula Learning and Action Collaborative supports teams of people from various Medicaid perspectives who have shared aims to develop specific goals and plans together.

Guidance & Considerations




What if our team has uneven numbers across Medicaid perspectives or seems bigger or smaller than the roster in the application?

Teams...

- Can have different shapes and sizes
- Evolve over time; and
- Collaborate and partner beyond the team.

Think about who is needed to advance birth equity and justice. Consider future plans to include missing voices and ensure everyone's voice is heard.

Guidance & Considerations



**What makes the
application review fair
and complete?**

- Criteria are focused on finding teams aligned with the topic and collaboration.
- No reviewers have conflicts of interest.
- Interviews offered to teams where more information is needed.

The review team – like collaborative teams - has many perspectives and diverse experiences.

Guidance & Considerations




Who are good members to join a state-based team from the community perspective?

- People based in communities where the team aims to increase doula services for families who have Medicaid health insurance coverage.
 - Community residents and advocates
 - People with lived/living experience with Medicaid
 - Representatives from community-based organizations

Community-based doulas oftentimes share the same background, culture, and language as their clients, provide services at low or no cost, and are situated outside health care institutions

“Advancing birth justice: Community-based doula models as a standard of care for ending racial disparities.” Ancient Song Doula Services, Village Birth International, & Every Mother Counts.

Guidance & Considerations

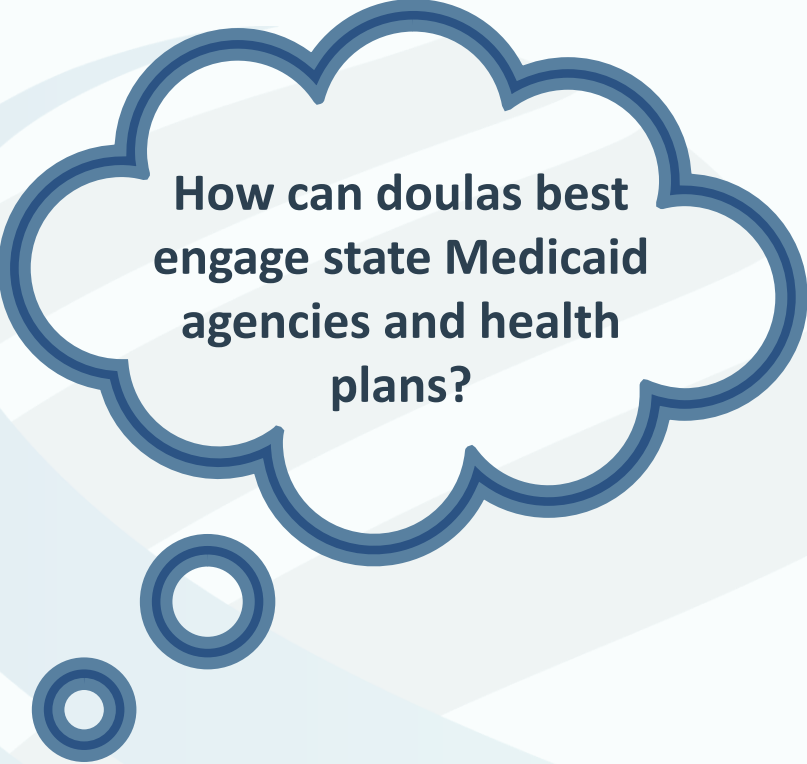


What if our team is not sure about some sections of the application? Should we still apply?

- Each section of the application must be completed, but there are no right or wrong responses.
 - “Tell us about/describe...”
 - “Aspirations...”
 - “How do you envision the learning and action collaborative supporting your goals?”

Everyone learns together in a learning collaborative. We all learn by doing new things together – that is why it is a learning and action collaborative.

Guidance & Considerations



How can doulas best engage state Medicaid agencies and health plans?

- Make contact.
- Share with peers, colleagues, and IMI if you would like help making connections.
- Talk about shared aims.

Identify the champions—they are out there. They can navigate through their organizations.

Guidance & Considerations



It's a lot...

- Support is built in:
 - Annual stipends for doula groups
 - Structured curriculum and technical assistance
 - Annual in-person meetings
 - Access to resources and experts
- It takes a team
 - Collaborative sets the table with the many roles needed for innovation
 - Teams move at their own speed

There is no expectation for perfection in the application or at any point in the collaborative. Teams are encouraged to reach out for support and guidance.

Birth equity will only be achieved through...



A systems-wide transformation that centers maternity care on the holistic needs, outcomes, and experiences of birthing people.

A systems-wide approach means that there are many elements that require transformation.

Access to and coverage of doula and perinatal community health worker services in Medicaid is one part of the essential elements.

Q & A



Please submit your questions via the webinar Q&A feature.



Use Zoom's "raise your hand" feature to ask a question verbally.



Any questions not addressed live will be answered in our post-webinar materials posted on the IMI website.