CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING TRANSCRIPT

Doula Stakeholder Implementation Workgroup
Meeting Closed Caption

Date:	May 9, 2025
Time:	10:00AM to 12:00PM
Number of Speakers:	23
Duration:	2 hours

Speakers:

Department of Health Care Services

- Erica Holmes
- Michael Freeman
- Jim Elliott
- Raquel Saunders
- Kristina Armstrong
- Andy Potter

RACE For Equity

- Zachary Epps
- Lydia Nakavuma

Panelist

- Khefri Riley
- Ajira Darch
- Linda Jones
- Priya Batra
- Sayida Peprah-Wilson
- Samsarah Morgan
- Kate Ross

Speakers:

Panelist

- Kristin Schlater
- Kairis Joy Chiaji
- Andrea Ferroni
- Pooja Mittal
- Crystal Haswell
- Colleen Townsend
- Chantel Runnels
- Peggy Wheeler

TRANSCRIPT:

[Lydia Nakavuma] 10:07:01
Good morning, everyone. Thank you for joining us today for the doula implementation stakeholder worker committee. My name is Lydia Nakavuma, and I am a facilitator with Race for Equity. I asked that as... I think I've already started doing that. Please place your name and organization in the chat, and what part of the state you're operating in or residing in. The purpose of the doula implementation work group meetings is for this group to get together to examine the implementation of doula services in Medi-Cal settings and to inform the DHCS report to the Legislature with data and Medi-Cal members using doula services, and recommendations to reduce any identified barriers to the doula services. So, we are here today to have that meeting in service of those... I'd like to hand this over to the DHCS team to get us picked up.

[Zachary Epps] 10:08:06
Michael, it looks like you're talking or someone's muted if you're talking, we can't hear you yet. Okay.

[Michael Freeman] 10:08:10
Do you hear me? Can you hear me now? Okay, we have quite a wonderful crew here in the room today. So we have a little different setup. So please bear with us as we navigate the sound challenges as we dive into the meeting but

[Zachary Epps] 10:08:12
Now we can, yes.

[Lydia Nakavuma] 10:08:12
Yeah.

[Michael Freeman] 10:08:27
On behalf of DHCS, I want to welcome everyone to the final iteration of our SB 65 doula implementation stakeholder work group. It's pretty incredible to think about all the deep engagement and complex policy work that's occurred over the last several years of this particular work group, and we're just really, really grateful for all the time and effort that everyone has put into this. Benefit and making it successful. And of course, we always look forward to the ongoing collaboration as we move into a new phase of this doula benefit. We're getting closer and closer to this July 1, 2025, deadline to finalize this report with the recommendations that all of you have provided input into and We will be discussing that quite a bit more in today's meeting. And with that, I'll turn it over to my colleague, Erica.

[Erica Holmes] 10:09:24
Thanks, Michael. Yeah, so I just want to reiterate, obviously, what Michael said. And I do also want to acknowledge that we recognize at the department that the work doesn't end here relative to the doula benefit and so The department has an ongoing commitment to continue the engagement with our doula partners after this work group as we recognize that there still needs to be refinements and adjustments that may need to be made as we move forward and so Just want everyone on this call today to recognize that this is not the end, but there will be a sort of transition into sort of a new mechanism for engagement on a go-forward basis. I just want to thank everyone who attended all of these calls and participated in this forum and as Michael said, we look forward to continued engagement as we move forward.

[Zachary Epps] 10:10:29
So just a quick tech note. Hello, everyone. I'm Zachary. Oh, sorry. We're going to be introduce Race for Equity in a moment. I just wanted to call out the tech note in the… Q&A in terms of Jim has spotlighted. So, we do have, it's a hybrid meeting today So if it's possible, we may want to spotlight the actual presenters, if we have folks live, it's going to be coming from Jim's square so it'll be showing Jim no matter who's talking. And so, if there's a formal presentation, that might be a good note. As we know, we know who's going to be presenting throughout. So we'll have to spotlight them. If they're in person as they're speaking. So wanted to thank anonymous attendee for letting us know about that.

[Raquel Saunders] 10:11:22
Thanks, Zachary. Okay, so I'm going to go ahead and go over the work group logistics. As usual, the work group members are the only stakeholders in these meetings that are able to speak. They'll have the ability to speak as well as participate in the chat. The attendees on this call do have the ability to participate in the chat, but you will not be able to speak. Attendees will be in listen only mode. All stakeholders, as I said, have the chat feature and we also have other ways that people can participate by providing feedback, not just with the chat. You can provide feedback and comments to anything that's discussed today to our doula benefit email address that is on this slide shown here. And all of these stakeholder meetings are open to the public. And as I said, anyone can listen in on these calls. Next slide, please. And I'm going to pass it over to Race for Equity to go over the agenda for today's meeting.

[Lydia Nakavuma] 10:12:32
Thank you, Raquel. I had a chance to introduce myself earlier but with me on this meeting, I have my colleagues, Zachary Epps, who is also going to be co-facilitating the meeting. We also have Aquilah Nelson, who's going to be working on knowledge management, capturing the information that we're sharing for our records. So the agenda for this meeting, we are going through our welcome purpose and agenda right now. We will go through a section where we will have an overview of the doula report and there'll be some time for discussion with us. After that, we shall go through the doula enrollment data. We'll also include a discussion of that, we'll have a 10 minute break before we return to go over the report recommendations. And then we shall have Khefri Riley sharing with us some information about what is happening on the ground and the experiences of the doula who are providing services on the ground. I find agenda item is going to be a celebration of successes. We've had a long period coming to this stage. And it is important for us to recognize all the work that different stakeholders have accomplished in getting us to where we are now, even though we still have a long way to go ahead.

Before we move on to the next part, I'd like to also extend my special thanks and gratitude to the co-design team. We meet with them prior to each meeting, and they support us in developing the agenda and also deciding how to run the meetings in a way that is effective and ensure that all the voices of the stakeholders are heard and included in the feedback as we work on the doula benefit.

Next slide, please. Okay, so the first item on the agenda is the doula report overview. This conversation aims to provide an overview of what the final report is going to be looking like to the group. You will have some time at the end of the presentation to have a discussion and share your thoughts and feedback where you'd also be able to

insert your questions into the Q&A to have them answered. At this moment, I'd like to turn it over to Dr. Kristina Armstrong.

[Kristina Armstrong] 10:14:49
Hi, everybody. Good morning. I'm Dr. Kristina Armstrong. I'm a research scientist at DHCS in the program evaluation section, and we wanted to start off just with like a very brief refresher about what's written in Senate Bill 65 for the doula benefit implementation report. So DHCS is required to publish a report that addresses the number of Medi-Cal recipients utilizing doula services, compares birth outcomes among people who use doulas and those who did not. And importantly, identifies barriers that impede members access to doulas. And includes recommendations from the work group on ways to reduce barriers. Next slide, please.

[Kristina Armstrong] 10:15:34
And so here's an outline of the report. This should also look familiar. So the report starts with an executive summary and a background section which covers not only Senate Bill 65, but details about the doula benefit, the creation of the work group, and the co-design team. The objectives of the report, information on doulas and what they do.
Along with a brief review of relevant research on doula support as it relates to some of the limitations of the required maternal health outcomes comparisons. Quantitative and qualitative results were presented at the April 11th meeting, and I'll be sharing some more quantitative results today, specifically regarding the comparison of maternal health outcomes between doula users and non-users that haven't been shared with the work group yet. Then there's a section that includes the recommendations that you all have been working on, recommendations made by the work group.

And then lastly, the report just ends with conclusion, references, and appendices. Next slide, please. So next, I wanted to share some of the results from our comparison of maternal health outcomes between members who had doula support And those who did not. However, like we've discussed before, we really didn't want to present any of these outcome results without appropriate framing. So we added in an entire limitations section that noted a few important things So this analysis is limited to those who utilize doula support between January 1st, 2023 and June 30th, 2024, which was very early on in the benefits implementation. We also, as you guys saw in the presentation on April 11th, we have very small numbers of utilization currently. And so when we have greater utilization in the future, this could enable us to compare more of these maternal health outcomes. There were also several limitations to the data that we had available.

We originally wanted to include a comparison of doula users and non-users on several other indices, particularly on maternal morbidity. One of the things that we wanted to look at that we weren't able to was gestational diabetes. And we also really wanted to look at rates of vaginal births after cesarean between doula users and non-users. But we weren't able to do that due to data limitations of having just a really small sample of doula users. And since we're relying on claims and encounter data, we were unable to see if members had had prior C-sections, which is really important in assessing rates of vaginal birth after cesarean. And then SB 65 mandated that we include maternal morbidity in our comparison of maternal health outcomes. Even though there's actually very, very limited and in many cases even non-existent evidence in the published literature that doula support actually impacts risk for these clinical conditions. And so we wanted to make sure that we really called attention to this in the report.

[Kristina Armstrong] 10:19:06
And so we called attention to it, not only in the background section, which I mentioned before, but also in this limitations section that is part of the quantitative results. And so when we introduce each finding from these comparisons. We appropriately framed it with any relevant research or even acknowledging that there is no research currently, showing that doula support alone impacts risks for these particular conditions.

Next slide, please.

And I also wanted to walk you through kind of the process for making these comparisons before we share the findings. So one of the first things that we did is we identified members who had a doula supported birth from claims and encounter data. And then next, we created a matched comparison group. And now we didn't just want to pick any random group of doula non-users. We really wanted to make sure that our group of doula non-users, our comparison group was as similar as possible to our doula user group on a number of key characteristics.

That would predict their utilization of the benefits. So those could include Those actually included race, ethnicity, their spoken language, Medi-Cal managed care plan, their county eligibility for services. And then presence of any health conditions, such as the presence of obesity smoking status, pre-existing diabetes, advanced maternal age, among others. And so that way, these two comparison groups were as alike as possible, except for whether or not they had a doula. Then I examined maternal health outcomes such as having a cesarean birth, and having maternal morbidity conditions such as gestational hypertension and preeclampsia, and postpartum visit attendance by using statistical analyses to see if there are meaningful differences, between the two

groups. And we also controlled for the influence of a number of different health conditions. that would impact whether or not somebody may have some of these maternal health outcome conditions in our analyses so that we really could see the true effect of having doula support.

Next slide, please.

And so this table just kind of outlines some of our findings. We found that doula users, and this is, I think, an exciting finding, because the research has shown that doula support has been associated with better attendance at postpartum visits. So we found that doula users had a three times higher odds of attending a postpartum visit than non-users.

[Kristina Armstrong] 10:22:12
And while, as I mentioned, there's some research that exists on the relationship, and between receiving doula care and the attendance of the postpartum visit, I found a recent review paper that shows that receiving doula care was positively correlated for postpartum visit attendance for both black and white birthing people. And then we didn't find any true differences between doula users and our match group of non-users on the odds of having a cesarean section, or on the odds of having gestational hypertension or preeclampsia. And we noted in the report that the need for a cesarean section may be based on member preference, such as having a prior cesarean birth or be driven by clinical necessity despite them having doula support. And so, like I said, we also appropriately frame each of these results for maternal morbidity in the report by noting if there's little to no research. That exists currently in the published literature between doula support. And these conditions.

Next slide, please.

And so I just wanted to open up if anybody has any questions, on this maternal health outcomes analyses that we weren't able to share in the April 11th meeting.

[Lydia Nakavuma] 10:23:49
Kairis.

[Kristina Armstrong] 10:23:49
Yeah, Karis. I think you're muted.

[Kairis Joy Chiaji] 10:23:58
Can you hear us now, Kristina? Okay. Can you hear me?

[Kristina Armstrong] 10:24:04
Oh, I can hear you now, Kairis. Great.

[Kairis Joy Chiaji] 10:24:07
Okay. So the only thing I didn't hear that might shed more light on the things that didn't seem to have an impact where outside of the ones where there wasn't native was whether or not the client was induced. So that's going to have you know three days of Pitocin through your body is going to have a difference.

[Kristina Armstrong] 10:24:36
Yeah, no, I think that was definitely something that we actually considered. We wanted to look at rates of induction, but we weren't able to with the current data. But I do think that's an important point. Thank you for bringing that up.

Dr. Peprah-Wilson, I think you're next.

[Sayida Peprah-Wilson] 10:24:52
Yeah, I was wondering if, I mean, you didn't mention it, but is there a consideration for the future to look at breastfeeding rates, which have been identified a lot in connection with doula support? And also a lot of the studies in the past, like in programs will control for scheduled cesareans. When it would never have been an option, whether or not they had a doula even to start a twin birth, that the doctor decided that because of some condition that they weren't going to even allow a vaginal birth. So that would be really helpful because they kind of conflate what the meaning is. If you just mix all cesareans in, it would have made a difference, and that can be a big population of people that have scheduled cesarean

[Kristina Armstrong] 10:25:36
Yeah, I think that's also a really important point. That was something that we did also want to look at. We really wanted to look at rates of breastfeeding too, but we just didn't have good data on that. So I think these are all good things to kind of take back and think about for future evaluations of this benefit, if that happens. Priya, you are next.

[Priya Batra] 10:25:59
Thank you. Yeah, great presentation. I know there's a lot of limitations on claims data, like in terms of breastfeeding, like some of the things we're really interested in, unfortunately.

But just two thoughts. One, I think someone in the chat had the same thought as I did, which is like kind of like the dose almost of doula visits, like not just presents at birth, but like number of visits. So like that is something you could look at probably with what you have. So that would just be of interest and then that's one recommendation. And then as Dr. Sayida mentioned like NTSB, like cesarean in it's like null purpose term singleton vertex, right? Like cesarean in in that population, which is used like in quality measurement, you know, that you might be able to kind of tease out of claims data and is more useful in terms of cesarean birth rate because you're totally right. Like if you've had a prior cesarean or there's like a lot of mix there, but NTSB is like kind of the gold standard for when we look at that.

[Priya Batra] 10:26:54
And then the last thing, I might have missed this. Did you share demographics of doula like folks members who chose a doula versus the general medical, you know, I'm just, I might have missed that. I apologize.

[Kristina Armstrong] 10:27:08
I think we did in the last meeting, but I wanted to talk too about like the important point that you brought up with kind of like the dose of doula support. And we very much wanted to look at that. It just ended up being that our sample of doula users actually had very little prenatal visits with doulas and we actually had much higher numbers of doula supported births. And so that's

[Priya Batra] 10:27:33
So maybe as like the benefit, like time horizon expands, you'll see more. That was also 2023, right? So, okay.

[Kristina Armstrong] 10:27:39
Yes, absolutely.

[Priya Batra] 10:27:41
All right.

[Kristina Armstrong] 10:27:51
Yeah, thank you for these questions. Any other questions?

Andrea, go ahead.

[Andrea Ferroni] 10:27:55
Was there not enough data for that?

[Kristina Armstrong] 10:27:59
No, there wasn't. That was something, you know, especially with my own background working for the preterm birth initiative, that was something that we really wanted to look at and we just weren't able to look at those infant health outcomes, unfortunately.

Priya, you had another question.

[Priya Batra] 10:28:13
Sorry. Yeah. Just like thinking of what's available in claims. Perinatal mood disorder screening, like rates of that, that you could probably step, that may be coded. So that's something else you could look at. Just thinking of other things that are easily available in claims data.

[Kristina Armstrong] 10:28:27
That was actually also something that we really wanted to look at and just determined that we weren't the data just wasn't good, to look at that currently. Perhaps in the future too. But that was definitely something that we considered as well.

Any other questions? Okay, I'll go ahead and turn it back over to the other. Oh, Linda. Oh, I think you're muted. Oh, Jim. Oh, okay. Now I can hear you. Yeah.

[Linda Jones] 10:29:03
I love this. Can you hear me? It's not really a question, but you mentioned that these things hadn't been studied you know we have been studied before and the rates did show that we made a difference in C-section rates and all the other stuff. But when we get to a place where we are now in 2025, where everyone's being induced and they're in the hospital for such long times. Doula is not within the whole period of time It's going to be a whole different outlook. And so, yeah, it's going to be it's going to be things that say doulas don't make an effect. And especially if they don't get them in time to meet them. I mean, we could make an impact on gestational diabetes if we met them early in their pregnancy. Because we would talk to them about nutrition and stuff like that. That would prevent that. But if you're not factoring any of this in and just saying she had a doula at the bedside. That's not telling the true story.

[Kristina Armstrong] 10:30:00
Yeah, I absolutely understand. I think these are good comments and we kind of just had to work with the data that we had and most of the doula users hadn't seen doulas prenatally as many as that we would have liked to, but I think those are also really, really important points.

[Linda Jones] 10:30:15
And then really, we shouldn't be studying it yet until we have enough people to make an impact because you know if you talk to five people that's, you know, it's not it's not it's not giving the exact things that we need to know about. And it makes it look like doulas are not making an impact. And we all know already that doulas make an impact.

[Linda Jones] 10:30:33
But if you're looking at a study where you're not looking at the true way a doula works, then you're not going to get the you're not going to get the statistics that we've gotten in the past. It's going to look like we're not going to make an effect.

[Kristina Armstrong] 10:30:50
Yes, and I was really happy to see that there was an effect on postpartum visits. As well in our findings that was showing some of the great work that doulas are doing. But I definitely understand your comments. I think some of my colleagues may also have some things that they want to share. Erica? You want to go ahead?

[Erica Holmes] 10:31:10
Yeah, and I apologize because I should probably know the answer to the question I'm about to ask, but I think others probably don't so, given that what I'm hearing is there's a significant amount of limitations to the data that's available. And so we can't look at all of the things that are important that we'd like to at this point in time. I assume we are somehow like notating the limitations in our analysis so that it's clear for folks Where we weren't able to have like a meaningful analysis and make some you know determinations on outcomes and that kind of thing because i think those are the areas where on a go forward basis, I think there was a question in the Q&A, like obviously the Department is extremely interested in continuing to monitor doula utilization and impact on outcomes. And so this won't be the last time that we're looking at this or having this conversation. So I do want to make that clear, but I also wanted to just confirm for everyone on this call that we will note the limitations in the report so that way we know what we need to continue to sort of hone in on as we get better data and move forward.

[Kristina Armstrong] 10:32:13
Yes, absolutely. All of those limitations are notated in the report currently in a pretty detailed way as well. Andy, did you have anything you wanted to add?

[Andy Potter] 10:32:25

I think Erica said sort of 80, 90% of what I wanted to say. I think the only thing I would add is that I think we've heard some of this from the beginning, right? That there was going to be limitations in the data that the report was you know this is, we were meeting legislative requirements for this report and uh I think it's important to be clear about the impact that doulas do make while also, I think we heard early on, not expecting doulas to solve all the problems that we have in birthing care in the. So we've been hearing that through these meetings for a year or two now, right?

[Andy Potter] 10:33:01
And I think the only other thing I would add is that the research that's part of what Kristina mentioned earlier, right? There will be research that's cited that is not this study that points to other studies where doulas have been shown to make an impact to provide that context. You know, I think we've uh we have this challenge I agree with Mama Linda, right? That there's, you know, it seems a little early to be making this assessment. I think the legislature has asked for it at this time. And so I think just the, all of these comments that we're receiving about the context right the context that needs to go around that actually occupies the pretty significant piece of the significant amount of space in the report that will occupy a significant space in the report.

And I have a side comment as well, which is a question for Race for Equity, which is that if folks I've seen a lot of questions in the chat. I think Kristina and I will definitely try to answer those. Is it the preferred method for folks to put the question in Q&A. I guess that's uh so we can keep track of them. That's sort of a question for Race for Equity.

[Lydia Nakavuma] 10:34:10
Thank you, Andy. The present method is for the attendees to insert their questions in the Q&A so you all can go ahead and answer them there. Or also if you feel so compelled, you could answer those questions in the chat as they roll up once you notice them.

[Zachary Epps] 10:34:30
Sorry, just as a note, the... panelists will be unable to use the Q&A. So that might be what you're seeing in is some panelists may have thoughts and questions that are in the chat, because they can't because of the technology, panelists normally don't submit Q&A questions as well. So that might be what you all see as well. So if you are a participant, as Lydia just mentioned, if you are a participant, please use the Q&A function. It's right next to raise hand participants share and show captions. And then if you are a panelist, you will have to use the the chat to engage with your thoughts and questions due to the technology. So I wanted to make that.

[Andy Potter] 10:35:17
Thanks. We'll answer these questions.

[Kristina Armstrong] 10:35:21
Thank you. Ajira, you had a question?

[Ajira Darch] 10:35:26
I wasn't a question so much as a reflection because I think what your report demonstrates is that implementation of this benefit has not been as effective as we'd hoped. I think that it would be helpful to have some kind of, well, I heard you say that the limitations when noted. I think it's important that they're stressed and that there is, you know, I think like Andy mentioned, a callback to the fact that there is research that clearly demonstrates that doulas have an impact on those and what the difference is between what that research is reflective of in terms of the care experience that people are having you know when doulas have a longer time with their clients As opposed to just one visit.

At the birth site, the impact is palpable and significant and so It is disappointing to you know see that page where it's like oh clients attend more postpartum visits, which is great. But that's not the entirety of the impact that we have. So yeah, I hope that you will stress the limitations, you know, just point out the caveats, as it were, of how wide the research looks how it looks or why the data looks how it looks. Make sure that this is not the conclusion of the whole thing, right? That this is not like Oh, yeah, never mind.

[Kristina Armstrong] 10:37:00
Yes, we absolutely do that, Ajira. And we really stress that this is so early on in the implementation as well. We talk about those limitations throughout, but also what's really nice is that this isn't the only work that we've done to assess the impact of this great doula benefit. There's also Dr. Marshall's qualitative work where they interview doula users. And so we highlight so many of those positive benefits of doula support as well throughout the report, but really important points that you made. Thank you for those comments. Kirstin?

[Kristin Schlater] 10:37:41
Hi, thank you. Kristen Schlater, LA Care. And as you noted, I think early on in the doula utilization, we were seeing members request doula services later in their pregnancy. I think that's why we had more postpartum doula utilization, but now we're seeing now that the benefit is becoming more promoted, more people are learning about the

benefit we're seeing more a prenatal visits with doulas. So happy to see that trend. Of course, we want to identify a member's pregnancies as early as possible, and then also connect them with doulas as early as possible.

[Kristin Schlater] 10:38:21
And some of our preliminary data analysis, we also saw that C-section rate was about 24% as compared to the 31% California rate. So we did see, and again, this is preliminary data, but just keeping an eye on that within the health plan to see how C-section rates are affected with doula utilization. Just wanted to share that as well. Thank you.

[Kristina Armstrong] 10:38:49
Thank you for those comments, Kristin. I wanted to respond too to something that Peggy Wheeler had put in the chat. We're absolutely highlighting research that demonstrates the positive impact that doulas have had as well in the report.

Any other questions or comments?

[Kristina Armstrong] 10:39:14
Pooja?

[Pooja Mittal] 10:39:16
I'm curious. Thank you for sharing with research. I'm curious if you're going to be doing any qualitative evaluation as well, not only of members served and experiences that they're having, but also the experiences of doulas, because I think that is such an important piece of this benefit and how those experiences hopefully continue to change over time to be more positive. There's just so much that the doulas are experiencing and in setting up this benefit and having to put themselves on the line to always be advocating for people when they're in the hospital. And so just curious about the qualitative piece of this as well, both on the member side and on the doula side.

[Kristina Armstrong] 10:40:03
Yeah, interviews with doulas. Were also included in Dr. Marshall's team's qualitative work. And so that will be part of the report. And some of those results, I believe all of those results actually were presented in the last meeting in April. But thank you for these comments. We share the view that the doula's voice is really important in this as well.

Any other questions?

[Lydia Nakavuma] 10:40:42
Thank you, Dr. Armstrong. And if anyone has any other questions, please feel free to email those to DCS or put them in the Q&A section. I will hand it over now to my colleague, Zachary Epps to facilitate the next piece.

[Zachary Epps] 10:40:59
Thanks. And as we transition, it's certainly to the next topic. It's certainly reflective of the conversation that just happened right in terms of the report speaks to a request for certain information, but as we see, right, there's opportunities to frame the information in ways that highlight the benefits of the care that doulas provide. And also how it's not an end point. The report is not an endpoint, but a lot of the topics will continue to be monitored, discussed and addressed. And so with that, the next topic is doula enrollment data.

And so really, as we've done in the last few conversations, there'll be data presented from DHCS and then also opportunity to discuss it after that. So I'll hand it over to DHCS and we'll go forward.

[Raquel Saunders] 10:42:00
Thanks, Zachary. I'm going to speak to the data on doula providers.

Next slide, please. So in an effort to be receptive to some of the feedback we've received from the work group, as well as attendees that have participated on these calls.
We recognize that we have new people attending these calls every time, so we want to make sure that you know we are receptive to the things that we hear, but also to kind of introduce things in a new way because this may be new for some people on the call. So sometimes it's really helpful to kind of have these visuals to really kind of see the utilization and kind of speaking to some of the things we've heard related to the report, we have we are able to capture a point in time with data. Whereas with these kind of visuals and this information that I'm presenting right now, we're better able to have more like real time, right? So to reflect what you know, the latest data.

So for benefit utilization and one thing that we've seen with and we've talked about with this benefit is we've really anticipated kind of a ramping up period, right? So it's kind of slow to the start. but it builds on that. And so that's what we kind of see with this trend here. And again, we're still very much at the beginning of this benefit. And it's just kind of a drop in the bucket to what we kind of anticipate to see moving forward.

But this really kind of gives us a nice little trend of what we've seen from the start of the benefits. So January, March 2023. And as it's kind of, we've seen an increase of utilization of that benefit over time.

Next slide, please. So here we have. Doula enrollment on a quarterly basis. And obviously, you know, we, we, we like to see that, you know, steady increase.

[Raquel Saunders] 10:43:47
We have 194 doulas that are currently enrolled as of May 2, 2025. And this just kind of shows the progression of that from the start of the benefit in 2023 to now. And again, we continue to really see that increase in numbers. And I think that that is really reflective of the work that this group has done and just kind of reaching out to other individuals, encouraging that enrollment and also helping people in that enrollment process, right? So DHCS has helped facilitate that, but the people on this work group have really, you know, worked to see that number. And obviously we want that number to continue to grow.

Next slide, please. So this is the number of doulas per county. So what we did here, and so there's several slides related to this, but I just want to kind of preface not all counties are shown in these slides because if the number is under a certain amount, we have to suppress that data. So what we've done is we've shown the counties where we did not have to suppress that data. So we have number of doulas per county. This is, again, based on May 2nd of 2025. And so I'll give a second to kind of let people take that information in. And I also want to let you all know too that this data reflects enrollment applications. So some doulas may provide services in different counties, but this is just one doula per county. So that number is going to be a little bit greater than what we see here.

Next slide, please. And this is the same thing just continuing on there's you know, California has a lot of counties, and then I'll move to the next slide.

Next slide, please. So kind of switching gears from the data that was just shown, that was the number of doulas per county. So now we have the doulas per 1,000 births by county. So again, it's the same situation here where we have, we've suppressed data that's under 11 because we don't want any we need to de-identify that data. So here we have kind of a reflection of that. And this again is in an effort to be responsive to some of the feedback we've heard. Sometimes it's good to see the numbers. We want to know how many doulas are in the counties, but then we also want to be able to kind of compare that to the births within that county. Next slide, please.

And then next slide, please, and then something that we've heard, we've gotten a lot of feedback on requests for languages spoken by doulas. So we wanted to kind of give that kind of as a graphic here so people can really identify that.

[Raquel Saunders] 10:46:53
So just a note for that other category, it includes the nine doulas who speak the following languages. And we had received some feedback in previous meetings kind of wanting to identify what that other entailed. And so we've listed that here. And this data reflects 470 doulas that provided this information. So this isn't reflective of all the doulas. This is information that the doulas have provided kind of voluntarily.

Next slide, please. And then also responding to some feedback we've received kind of wanting to get a breakdown of the race and ethnicity of enrolled doulas. And we wanted to provide this kind of illustration so people can see the race and ethnicity breakdown of the doulas that are currently enrolled. And this reflects 458 doulas who provided this information in the doula directory.

Next slide. Oh, sure.

Self-reported. Yes, it is self-reported information. But this doesn't total Almost 900. No, so it's self-reported. It's based on the doulas that provided this information. So not all provided the information. Yeah.

Next slide, please. So now I'm providing information on the contracted doulas by the managed care plans. And I would just like to say, I believe we reported that not all of the managed care plans had contracts with doulas at the last meeting. So we are happy to report that 24 of the 24 plans have contracts with doulas.

Okay, the next slide, please. And then I want to turn it over for any questions that people may have related to the information that was presented.

Oh, okay. Priya was first. Oh, I'm sorry. Priya. Go ahead.

[Priya Batra] 10:49:23
Great presentation. Just asking, I'm so interested to see Kaiser Foundation so high. Is that your question, Saeed? Okay. So are they like contracting I'm just so curious the wisdom of the group because we have not found, we found that Kaiser actually does not contract in our county and like I'm wondering how they're defining contracting. Is it like internal staff or oh, yeah. Okay. Everyone has... Thank you.

[Crystal Haswell, Kaiser Permanente (she, her)] 10:49:53
This is Crystal from Kaiser. Hi, everyone. We don't have internal doulas at Kaiser. We don't have any Kaiser employees who we are contracting with. Like we don't have Kaiser doulas, if that's what the question was. So we have we're in 32 counties and we do have all pretty big doula network. Yeah, I don't i don't

[Priya Batra] 10:50:17
Can you share the county breakdown? I don't know. We're just, that's very like counter to my experience.

[Crystal Haswell, Kaiser Permanente (she, her)] 10:50:26
We'll look for that information and see if I can share. Sure.

[Priya Batra] 10:50:41
Sayida, you're up next, I think.

[Sayida Peprah-Wilson] 10:50:41
Okay. With that, Crystal, too, I think one of the questions that we were having is that including like a doula group, right? Like if you have a group that says they have 50 doulas and so you contract and you have a sense that there are 50 doulas behind the group. I'm just curious if that's like conflated that way Okay, leaving that.

[Crystal Haswell, Kaiser Permanente (she, her)] 10:51:00
I don't believe so. I believe that's individual doulas. I don't believe that to be a group, but I can double check. And put it in the chat if I can find that information during this call, able to share it.

[Sayida Peprah-Wilson] 10:51:15
Even if you share it later, it'd be really helpful because those of us on the ground working with doulas, many of the doulas across the state have had issues with kaiser saying that they're not, they wouldn't contract all kinds of things. So we know that there are some kinds of doulas that have contracts with Kaiser. It seems... difficult to believe because um We don't see it.

Can you go back to... I think the slide. On race, I think I had a question about that It's a delay. Oh, okay. Yes. So when you were saying there were a couple of places where you said that if they didn't report, this was like voluntary. So is this like when they sign up and they have to note their own personal demographics?

[Raquel Saunders] 10:52:03
So this is part of the doula directory. So some of the questions that we ask is the race and ethnicity and they have the they have the option to decline.

[Sayida Peprah-Wilson] 10:52:03
Yeah. And so, but that's not when they're enrolling. When they enroll, they don't have to know race.

[Raquel Saunders] 10:52:17
No. Yeah, this is based on directory information.

[Sayida Peprah-Wilson] 10:52:17
So, a call out to the doulas in the community. A lot of times we often don't want to report our race for whatever reasons. And everybody has the right. But it is, you know, I always think about like, where's the impact like even like with my children, like when they're like, do I say this or not? And it's like, depends on what it's for. What will it count to know? Right. And so It's just something that I think I just wanted to note that if people know that they're declining information, this is how it would show up that people wouldn't be able to know who's in the community. So families won't be able to know how many people could be accessible to them. Health plans don't know who's really actually working, like what what communities have a need, right? Like, oh, we don't have enough people, but maybe there is a bunch of doulas in a community that are not noting their race for some reason. So not a pressure, but just wanted to make it real, like what happens to data. And I think that's it for now.

[Raquel Saunders] 10:53:09
And Sayida, you made a good point earlier just related to the health plan data. So I wanted to provide some clarity on some of the information I provided. As it relates to the doulas by county. You can go back to that. So one thing I did want to note is that that is individual doula data. So it doesn't include groups because if we're capturing individual doula data, that also captures the doula groups. So I just wanted to make sure that was clear. I know for some people that that may make sense, but everybody may not know that. So just so everyone on the call is aware. That this information, the number of doulas per county does reflect individual doulas. And not doula groups, but the way that the doula groups have to enroll since they do have to enroll individually, it does capture that.

[Sayida Peprah-Wilson] 10:53:58
Would you go back to the slide that has the thousand version where it's 1,000 doulas? So yeah, I was just thinking it could be helpful. Can you explain for people who aren't

used to seeing data like this? Just like talk that out so like look at Humboldt, for example. What does 50 to 100 mean? Like if you could just explain it.

[Jim Elliott] 10:54:15
Yeah, so what it is, you take the total number of units within a county, the total number of births, you divide the total number of births by the county multiplied by 1,000. So for every 1,000 births. Yeah, there are 50 doulas. Right. That's a small county. They have a lot of doulas.

[Sayida Peprah-Wilson] 10:54:16
So I just wanted people to hear that because it's so like if you don't look at this, you're not necessarily…So that means Humboldt has a very small population. If there are 50 doulas to every thousand members small population a few births. And then a few births yes it's a small population of births yeah So it could be like five doulas there. Let's just say.

[Jim Elliott] 10:54:59
Yes, potentially.

[Colleen Townsend] 10:55:01
It's actually 70 something, but yes, it's relative to the number of a lower volume of deliveries at a relatively higher volume of doulas compared to someplace where there's lots of births and maybe even a higher number. So if you look at Los Angeles. High number of doulas, equally very high number of births happen in that county. In Humboldt County, not so many births. Yeah.

[Sayida Peprah-Wilson] 10:55:21
Just wanted to make sure that that was clear. Yeah, awesome. Thank you.

[Erica Holmes] 10:55:29
To that point, though, it might be helpful if for this data we add that context.
[Sayida Peprah-Wilson] 10:55:29
So like a little sense of like give an example yeah

[Erica Holmes] 10:55:29
footnote it or something so that it's like how the calculation is done because depending on how you're reading it, it could mean something different to different folks. But the data is representing. So we will add that to the next generation.

[Khefri Riley] 10:55:54

Can we go back to the slide on... insurance and the deal isn't enrolled by county. This is where we're looking at Kaiser. And I have a question of this. Is this also single case agreements? I'm also curious because, as you know, there's multiple care plans in Los Angeles County. So for one care plan, to have such a large amount. What we're seeing with doula enrollment. But it also might show the challenges that doulas are having with other managed care plans. So I'm really wondering, are these doulas virtual doulas? Better be accessed through other networks that are available throughout the state. Are they actually LA County doulas? You just have to look at how L.A. Care or Molina, and we're trying to figure out how this is really making sense. So just something for us to maybe look at together so we can see the enrollment processes. How they're being credentialed. Are these virtual? Are they groups across the state? Are they actually practicing in that county and giving the hands-on care? I'm curious because it's so drastic, and doesn't also reflect the challenges that doulas are sharing about contracting? But also might reflect the fact that commercial all of these might be engaging doulas and drawing them in. I need to be built commercial. And Medi-Cal. There's a couple of things that we'd love to talk about.

Colleen, I think you've had your hand up for a little while. Just for a second, I just had a question. You don't need to go back to the slide unless you want to, but on the race slide, I noticed that American Indian or Alaska Native isn't one of the isn't represented in this particular diagram recognizing not everyone chooses, does the question come from, so I know it goes, it is what is sort of presented by the doulas themselves I just want to put out there American Indian, Alaska Native is an option as a choice or is it left for people to fill in on their own? Their race, ethnicity.

[Raquel Saunders] 10:58:07
So my understanding is that they are able to kind of fill it in on their own. So we don't give options. They can self-identify.

[Erica Holmes] 10:58:14
And I do recall from my review of the data, this is anecdotal because it's been a little bit since I took a deep dive into it, but I do recall seeing them. Some self-designations under that category, but I do believe it was a fairly small number. So I think they're lumped under the other category on this chart. They're just not called out specifically. Perhaps similar to what we did for the language slide, we can call out what is covered under the other category, because it could also include individuals who had self-identified as multiple different categories. And I know we have multi-ethnic, multiracial, and then other, but the other category could also include individuals in a single

category, but there wasn't a large number of them. So I think we could call that out as well, just like we did for the language slide.

[Samsarah Morgan] 10:59:01
I think it would be helpful to call it out specifically. Just give us a number.

[Colleen Townsend] 10:59:02
Thank you. Great. That's great.

[Samsarah Morgan] 10:59:04
Just give us a number. If it's three doulas.

[Colleen Townsend] 10:59:09
And then a second question jumping forward on the health plan data. There was a health plan that was labeled as I think PHC California, which had one enrolled doula, and I don't necessarily want to call it a health plan. I'm just curious who that is because it makes me worried that it's there. That it's a Partnership Health Plan of California some that one right there, PHC of California. Is that just someone besides Partnership Health Plan of California? Is there another health plan out there with our letters? Wouldn't be surprised if that were the case.

[Jim Elliott] 10:59:42
We'll have to go back and check. When these are positive health care.
Positive health care.

[Colleen Townsend] 10:59:50
Okay, perfect. Thanks. I just got a little confused

[Raquel Saunders] 10:59:58
Samsarah?
No, we've got you. You're good.
[Samsarah Morgan] 11:00:04
So... So much. Firstly, I want to positively bring to attention the folks over at Alameda Alliance. They have been a pleasure to work with. They sincerely care about doula care, about the community, and I think they deserve, you know, looking to approach. Hands for them, we should.

These reports from Kaiser. On the flip side is very demoralizing. Kaiser is the most difficult health plan to deal with the most disrespectful. Their rules and regulations change weekly. I have a client whose baby was born three months ago who still doesn't

know who should how and where she should be reimburse. Is it me? Is it them? And this is not the medical side that's just Kaiser. And then I have folks on the Medicaid side and their complaints too. So I really want to reach out with all the empathy I have, I've got a lot of for the representative at Kaiser. Because I know there's a disconnect between what she's reporting and seeing of perhaps being told, to what's happening on the ground. People are very different and demoralized both doulas and parents.

[Crystal Haswell, Kaiser Permanente (she, her)] 11:01:43
Hey, Samsarah. If I can just respond for a moment um i You're right. Like I am very far from the ground, but I am also a mother. I have two young children. I'm a Kaiser member and I birthed my kids at Kaiser. And that's not to say that that makes anything okay, but just a little bit of context about me I'm a very big advocate for maternal health and for doulas as well. And have been working in this space for many years outside of Kaiser. So I appreciate what you're saying and we do take it to heart and I'm going to um drop in the chat for everyone if there are issues This is a general mailbox that we use, but it's specific to Medi-Cal doulas. So if there are issues that if the are issues that the doulas are experiencing, they can please contact us there. And members also have their process they can go through as well to get the right escalation, for when there are issues that they want to raise to the health plan too. So I will put that information in the chat and I hope that we can work through these ongoing issues together.

[Samsarah Morgan] 11:02:57
If you would please give me your phone number, I'd be very happy to talk to you about the individual things that are going on. And please note the comments are not personal. It's not about you as a beautiful human being. I know you're doing your job. And I'm trying to assist you in case the whole picture is not being presented to you.

[Crystal Haswell, Kaiser Permanente (she, her)] 11:03:15
I appreciate that. Thank you. And I look forward to connecting with you.

[Linda Jones] 11:03:20
I'd also like to add, Crystal, if I'm not mistaken, about the fifth person we've talked to who says that they're in charge of what's going on at Kaiser. Every time we have a meeting, there's another person. So it's hard for us to kind of wrap our head around what Kaiser is doing because everybody comes they show up and then we never see them again So I'm not sure what's going on with that, but it's hard to say call me And then they're gone.

[Crystal Haswell, Kaiser Permanente (she, her)] 11:03:47

I'm, you know, I'm part of a new small Medi-Cal doula team. In response to really a lot of the issues that are being raised here. So I want you to know that we do take this very seriously. And we recognize we've had staffing changeover and we want to make sure that we're moving in a positive direction forward with the doula community. So we look forward to working on that with all of you.

[Samsarah Morgan] 11:04:16
Thank you.

[Raquel Saunders] 11:04:16
Do we have time for One more question, Alex.

[Alex Rounds (she/ella)] 11:04:22
Yeah, I'm looking at the number of doulas per county. I noticed there is 26 of the 58 counties represented. Do we have data on the other 32 counties?

[Raquel Saunders] 11:04:32
So that is the information that I shared at the beginning. So we're only able to share the counties that we didn't have to suppress data for. So if we had to suppress data, those counties are not included.

[Alex Rounds (she/ella)] 11:04:41
Okay. There was a third page, so I don't think we saw that one for very long. So there's a few more. Okay, a few more represented. Thank you.

[Raquel Saunders] 11:04:54
Mm-hmm. Okay, thank you. I will turn it back over to Race for Equity.

[Zachary Epps] 11:05:01
Thanks Raquel, we're actually going to take a break in this moment for 10 minutes and we're going to come back 15 minutes after the hour. So see you in 10 minutes.

[Zachary Epps] 11:15:29
All right. We're going to rejoin. Folks are able to come back on camera to let us know you're back or you can send us a note in the chat if you're unable to come back on camera. But we're going to continue the conversation.

Coming back to the report, this part of the agenda is going to focus on an update on the report recommendations. So I'll hand it back over to, I believe, Jim from DHCS to lead that conversation.

[Jim Elliott] 11:16:14
Thank you very much, Zachary. Thank you, everybody, for attending today. We have been discussing these recommendations at the two previous meetings, so we're going to go over the current iteration of those, and I know every meeting we always have new people so we'll try to go through these very quickly. I do want to point out these recommendations are also will be online either posted today or Monday. There's also a bit more information about them Since we've changed some of these before, we're going to go over them fairly quickly and then we'll spend a little more time discussing the ones that have changed that are new.

These recommendations are based upon feedback that we've been receiving from this work group since the very beginning of the meetings. We had shared different drafts of different feedback that we've seen so we have been updating them. We've also worked with our co-design team. Please note, when I call these draft recommendations it's because that's just the term I'm using until the reports published and then their final.

Some of the changes that you will see, I would not consider them a change into the intent on this section and there are some of their descriptions you will see we have more information about them and some recommendations. So as you will see we have I can hardly see what my… Oh, there it is. 21 recommendations. The vast majority of these are to the Department of Health Care Services.

What are the changes that you will see is previously we had said that some of the organizations should make these changes. But since these are recommendations, we figured it'd be a little nicer to say that they are encouraged to provide these recommendations And you wonder why we said that the state should make these recommendations. I figure we got big shoulders and you have free speech rights to say that if you'd like to about us so That's why we did that.

[Jim Elliott] 11:18:14
So as I said, we'll go through these very quickly. Just real briefly, we're going to go through these before each section slide we're going to show like the authority of each of the infinity groups. This is largely unchanged from the first time we just want to note that we've added the bottom about the process we're approving the non-edition of postpartum visits, just provide some clarity for that. So as Erica had said, and we're just going to reiterate, today's meeting report is not the end of our engagement with a work group. We'll continue to continue to work with them in some capacity, have it as small working group to these issues. A lot of the things that are mentioned in the

report is something we will continue to work with in various ways on the next couple of years.

So as you see on here, some language in here about protection guidance about services for pregnancies for which there's no documentation for. The documentation of a pregnancy is a safeguard for the doula so that there's evidence that the person qualified for that. We definitely need to provide some guidance so that's clear and it's something we want to take a look at. I also want to acknowledge that some people had requested that the recommendations for the department provide legal protections for people that provide services for doulas. But legal protections are outside the scope of our authority by legislation adopted, enacted by the legislature and the governor.

So this is just a reiteration request that we've had about the dispute resolution process, that just a lot of requests we've had about communication, the contact information. So this is a commitment we will have to have a dedicated FAQ that will provide this information. I'd also like to note that with all of our FAQs, they are tending to be fluid and verbal and to be updated as we have more information available, or more questions come in.

Contact information, the big request is for contact information to be up to date and accurate. So we are working with our health plans associations and with the managed care colleagues about how to gather this information in a timely fashion with their plans and make sure doulas have access to it.

When you see the, oh, this is about the CalAIM. This is one of the new recommendations to support for the community-based organizations. In the report, it will show that The CBOs have been very, very valuable to doulas and their success. And so we're looking for ways that maybe plans could, request for plans to support their work.

[Jim Elliott] 11:21:27
As has been mentioned a lot of times, there's been a lot of requests for ongoing data. So what are the requests for the department to develop it? A dashboard with data We will certainly be continuing to monitor the data. The support also goes hand in hand with the recommendation later on for the managed care plans to work with us to as was previously noted, the claims data has some limitations on what we can have, so we're looking for ways to have access to other information that we can use.

So as I'm sure hopefully everybody knows, we have a standing recommendation for the initial set of services labor and delivery but for the additional nine set of services,

there's a form that would be filled out for those services. And so one of the requests is for the Department to issue a standing recommendation for those. Standing recommendation for those. So the next is... Okay, so I'm going to do a mea culpa on here. The legislation requires the state to have communication awareness campaign which has always been in our minds but for some reason it wasn't on the list in April. So we're putting her down here just to be clear that we recognize that ongoing communication about this.

So this goes hand in hand with the other one. So it's about working with the plans and way to streamline the processes for submitting claims and credentialing and just trying to work together with our doulas and with the plans and the plan associations.

And then we also had a request about doulas expressing interest in working with ECM and community supports which our services by the managed care plans for all care management service of people with high needs.

Next is recommendations for the hospital associations. So... Let me announce it. So one of the key revisions about this is hospitals, different areas of the hospitals where there's been a request for access. Each of them have their own visitation policies we understand visitation is a term that maybe not the best applied to doulas, so this isn't saying that doulas are visitors, but just that they have policies for the different areas of the hospitals and the request is for each of these areas to have policies that address doula access for members into those areas. And we do have a little note there on the bottom. We're very pleased the California Department of Public Health issued an all facilities letter two months ago encouraging hospital staff policies specifically address doula access.

And this is again another issue about access. As you see on the bottom there, there's some different things that different hospitals definitely do and meet and greets and other ways to engage and work doulas into working with the other people at the hospital so when they're there it's very simple and easy for them to coordinate with each other.

[Jim Elliott] 11:25:00
So our next recommendations are with the plan associations uh we'll go through these pretty quickly because we've almost all of these the changes that we've changed from shared to encouraged. So this recommendation has not changed other than that. The same with this one and the same with this one. So this recommendation here, it looks different. But when we change from “should” to “encourage”, we just kind of basically had to rewrite the sentence. But it's the same exact thing of plans are encouraged to

not require separate documentation for credentialing that they already submitted DHCS.
So I don't want you to think that we changed from that, and this recommendation is the same.

And then number six. As we mentioned the dashboard earlier, this is hand in hand with that, particularly the fact that some data is not available from clinic claims data and encounter data so we would be working with the plans on how to get this data, specifically some of the requests are about like some of the challenges that doulas have faced and what some of the resolutions has been. So without getting into specifics that you want to have guidance that could be shared. I think the request is for guidance to be shared about the use as good strategies to use and how plans have been addressing these without being at an individual level of data is what we're trying to say on this one.

And we have two more for the legislature. The department doesn't have any money unless the legislature authorizes it. So this is a recommendation for the legislature. Help support the work of grants for CBOs. We've expanded this one the original recommendation was more of like a technical advice and support for doulas and their work as doulas. But we've added this other one about pilot programs to work with support grants that work with communities in the areas with the greatest need. So it's kind of a two-way thing. One's more focused on technical work for doulas and the other's in areas with the members and do the work on those areas.

And then lastly. The directory is, as many of you know, we have a directory online that's available as a PDF and a sort of Excel document. But we've… receive comments that that's not that user friendly. And what can we do about making that more user friendly so doing something a web-based one that would be real user-friendly would be easy easier for people to use, it would take some additional money so that's the request.

We've also received request to not just have the doulas but to be more about the maternity care team. We specifically mentioned obstetricians and midwives on here, but we've also received some requests about some of the other care team members who work with doulas.

[Jim Elliott] 11:28:22
So that's something that if money's available, we would be working with stakeholders on what this would look like. I would note that some of the information, a lot of the information that the doula directory has is not part of the application that people submit, so the department has to request that information. Even something as simple

as a phone number for a doula, we have to request. Request that so that has to be part of the process. So those are the recommendations. And I'd be more than happy to take questions from you.

Yes, please. Andrea?

[Andrea Ferroni] 11:29:05
Jim, this sounds confusing to me. And I don't know what that means and i'm saying

[Jim Elliott] 11:29:15
For this last one right here four point

[Andrea Ferroni] 11:29:16
Yeah, and I agree that doulas, like doulas, midwives have not been built into the managed care plan referral you know the online search for a provider. I agree with that but OBs on the DHCS website seems very misapplied.

[Jim Elliott] 11:29:40
Well, as I said. If money becomes available, we would be working through people. This was a recommendation to include them. I would note that like right now when PAVE, nurse physicians. It doesn't identify them as an obstetrician so there would have to be some work to do that and we'd have to see what is it that's most helpful for people if we develop this online directory.

[Andrea Ferroni] 11:29:56
Ah, okay.

[Jim Elliott] 11:30:11
Colleen.

[Colleen Townsend] 11:30:12
This is sort of adjunctive to Andrea's comment. It's also family physicians also provide perinatal and labor and delivery support. So if there is a directory that aims to be comprehensive around the various services and benefits available for pregnant individuals and their families that I think ensuring that we do include

[Colleen Townsend] 11:30:32
All the people who have the capacity to provide those services in a comprehensive manner is really helpful.

[Jim Elliott] 11:30:38
Thank you. Ajira?

[Ajira Darch] 11:30:44
Hello, thank you so much for this. I'd like to talk about 1.3. If we could go back to that one. DHCS should clarify its policy regarding doula services after unconfirmed pregnancies that ended in miscarriage and abortion. Excuse me. I appreciate that um establishing legal protections that's outside of DHCS scope of authority but I wonder if it would be, I mean, I think it would be helpful for DHCS to indicate what the legal protections are that exist or point them out to people. Because I think the concern here is that, you know, given the current landscape, could this potentially endanger someone? Or, you know, increase their risk so um of being criminalized for having a spontaneous or chosen abortion. Just wanting to uplift the idea that DHCS could certainly point to what legal protections exist. Or where people can learn more about that aspect if that's something that concerns them. Thank you.

Oh, and I mean that for both doulas as well as the clients or members having this birthing experience.

[Jim Elliott] 11:32:10
Yes, thank you. Sayida.

[Sayida Peprah-Wilson] 11:32:10
Yeah, I was just thinking, you know, there were some areas in the recommendation that sound like more work to be done later and if that work is something that can be brought into a future work group. Like if that if there's an intention like the way it's written is that naturally just something that DHCS is going to do on their own? Or is there a thought of like we need to do this collaboratively again just on these recommendations

[Jim Elliott] 11:32:44
I would much prefer collaboration than a department trying to do them. So yeah, that's part of the work group and that's the work group and a lot of those recommendations intersect.

[Sayida Peprah-Wilson] 11:32:58
Yeah like it'd be hard to do that. But I think too on this, the abortion one, I know that's something we had talked about early on, And it's come up just in the conversations about it being important for people to understand that you have access to a doula, no matter how your pregnancy ends. And that it's not about abortion or miscarriage or

any of it specifically. That you can have access to a doula because you were ever pregnant.

So that it minimizes a lot of going into, I mean, doulas are not performing abortions, right? They're not a part of that medical process and so it could be confusing. I've had conversations where I've had to explain to people in the medical field who are trying to understand what the doulas will be doing. That doulas are not going to be administrating abortions. So yes, the clarity, but also like I just caution what does the value of the clarity if it doesn't matter if you had an abortion is the point. We're saying in this benefit, everybody can have access to a doula if they were ever pregnant. And that might have ended in an abortion.

[Jim Elliott] 11:34:13
So yes, dealer services are available at no matter how the pregnancy ends. If there's an abortion, there would be a medical claim for that would support it.

[Sayida Peprah-Wilson] 11:32:28
Oh, and it would be noted as an abortion support, right? And that's why it has to be clarification. Yeah.

[Jim Elliott] 11:34:30
And the point of that is, it's evidence of her pregnancy right of her pregnancy But if somebody never went to their doctor had a miscarriage early on right early on you know that's the sad truth is you know when we go audit, we have to have some protections in there and.

[Sayida Peprah-Wilson] 11:34:51
So that they can be paid because how will people know they were every pregnant at all?

[Jim Elliott] 11:34:56
Right, absolutely. So it's both a protection for the doula of the nature, but it's also just something we haven't solved that problem yet. So it's just something we hear that we need to provide guidance so people know what the parameters are.

[Sayida Peprah-Wilson] 11:35:12
Okay, got it. Thank you.

[Erica Holmes] 11:35:17

And I think to that point, we would welcome collaboration on how that clarification should read to make sure that it's getting at that.

[Khefri Riley] 11:35:30
I think it's important to understand that the workforce is still new and being developed. And so this is not only informing the state policymakers, but also to the community, so that we can help us in our professional development. A lot of this work that we have to do together and continuing years, supporting the doula, supporting the workforce. Professional needs of that, increasing hospital access and so all of this, while it may seem like we're getting into the nitty gritty on what has a huge effect on how doulas will influence the cultural shift of third in California and the United States. So these things matter, so I really want to also commend the collaboration and the community impact that has been a part of these report recommendations. And so I found the DHCS really is listening. And so those who are in here that are in the chat or that are if you have other things you wish to recommend please make sure to DHCS and the doula advocates also hear your recommendations. It's going to take a lot of work still. We're together, so we need to know what your concerns are.

[Jim Elliott] 11:36:44
Thank you, Khefri. If there are no more questions. Zachary, I'll turn it back over to you.

[Zachary Epps] 11:36:58
Yeah. We're going to keep it moving because I want to make sure we have ample time for the next two things so we'll take the next about 10 minutes to devote to the doula medical feedback form or any other topics that might be discussed. So typically we start with Khefri to share some information and we can start there or someone else from the doula folks to, again, could also be open space for dialogue. So I'll pause there and hand it over.

[Khefri Riley] 11:37:32
Absolutely. So do we have 10 minutes in this section for us to share about the feedback form and also for doula advocates to share? Zachary, is there another section.

[Zachary Epps] 11:37:42
Give or take a couple of minutes. Yes, we'll stick to 10, give or take a couple more. But yeah, yeah.

[Khefri Riley] 11:37:47
There will be a bit, I'll be swift as we transition But I do have to share my screen.

And so that we know for the public and the people in the chat and as you can see this screen. Okay, so what you're seeing before you is a form that has helped us actually feed back to DHCS, to the California Hospital Association, to various managed care plans. And to help us advocate for the very types of recommendations that you're seeing today and for us to continue to strive for equitable access to doula care in our communities and Medi-Cal beneficiaries. So this is the California Medi-Cal doula benefit feedback form. We're both community doulas or providers or potential providers or providers that are paid approved, contracted and pregnant people and beneficiaries in the families that we're serving We want to know any concerns that are regarding enrolling as a Medi-Cal doula provider, delivering services as an approved doula provider, or receiving services as a person on Medi-Cal. The Medi-Cal beneficiaries with Medi-Cal managed care plans. So this form is supported and managed by independent advocates. Many of them you know on this call today.

We've worked together to bring this to the people for you guys to report exactly what's happening. And if we don't hear your voices and we don't understand your medicine, your stories, we won't be able to advocate for you. So this is vital for us to continue to collect information and feedback from you so we can do the work that we're doing here today. So all you would have to do is go to the form and put it in the chat. And you will make sure that you share your email. And if you're open to being contacted with the response and who you are. And then you're going to go ahead whatever you're experiencing, whether this is in the hospitals, the managed care plans with enrollment, even with billing, etc. And so once you submit this…do you have any questions.

We actually review this form regularly and send this into DHCS. And so you can also share if you want it to be private or confidential. If you don't mind being utilized your name in support of the work that we're doing. So we have to have your continued feedback here in order for us to have really know what's happening on the ground. And it's through the doulas and their courage to be able to say this is happening to me and this is what's going on. And the majority of things that we're still hearing about doulas. What may or may not be allowed, access to their families in the hospital. They're still being counted as support visitors. Not as care providers. Many managed care plans are still having a lot of slow responses to doulas who are contacted about contracting and about billing. And so there seems to be a big lapse in response to when doulas have a concern or if they're trying to make a trying to get something resolved, and the managed care plans really stepping up to resolve that.

[Khefri Riley] 11:40:44

Very similar all throughout the state I'm happy to share the new data that we have. I want to thank the 140 individuals. And so if there's any questions about that, please put that in the chat and we'll make sure that we check that over the years to come. I've also wanted to extend my gratitude to Jason and Melanie, for this process that we've all contributed to over the last several years together people who are new or just joining, this was actually a benefit that was created by the people within the community in collaboration with state and policy makers and advocates. And so we worked really hard together to create a benefit that not only Californians can be proud of it but the entire nation to be proud of as we replicate and try to improve it.

So it's the doulas here that are really represented in this benefit. They are a force. They are here contributed to a cultural shift in birthing practices in California and the United States. And we are reclaiming and reestablishing the humility and the joy, the peace and the health and the wellness that we all and our birthing and postpartum experience.

One of the things I wanted to highlight and then pass the mike, is in this benefit, one of the things that we're most proud of is the what's now called the experience pathway.
I'd like to bring to note this pathway because if you see on this call, people that are in the chat, many unseen advocates, community doulas and birth workers their voices are represented in the state plan. And then individuals here from DHCS made sure that our reasonings, our logic, and our culture application was represented in this benefit. And so this experience path was originally called the grandmother pathway In honor of the grandmother midwives of this nation, birth this nation, bed this nation, and save this nation in many more ways. And they are true cultural heroes and our inspiration. That grandmother pathway then became the legacy pathway and that you now experience as the experience pathway, so that anybody who has some experience can be a doula for Medi-Cal. And the people here on this call actually helped make that happen and it set precedent for other states to continue looking at the cultural experiences and lived experiences of birth workers to be able to serve their community. There's so much work to accomplish together. I'm going to pass the mic. Hopefully that all of you here on this call really join the various different websites. Instagrams, mailing lists, et cetera, so we can increase hospital access, and also support the legal rights of doulas as we're learning so much about what it means to be a healthcare worker. Thank you so much for everybody's time. I'm not sure which one I was just about.

[Sayida Peprah-Wilson] 11:43:25
I can go next. So I'll just jump a little bit on that too, because obviously with the legacy grandmother pathway. We were so proud that we were able to have some things that

were really distinct about our benefit in California different than other states. The no supervision requirement was really valuable to the doulas in the beginning to be able to work in the way that they're used to working. That there are no limits on who can recommend doulas, right? Like it's not just OBs and people in that level of health system that if you are a licensed provider and you are Medi-Cal provider because everybody works with people who are pregnant and postpartum you could refer to doula services that really helps just have a connection between all the people thinking about birth and the whole person in that way. No certification requirements. That is a big deal for us that we were able to get this and be in alignment with that and to have really thoughtful training and experience standards that other people are also looking at in other states and emulating. Clear reimbursement for a full spectrum, right, that we have all different kind of ways that we're able to support people through a course of 12 months. Postpartum, that telehealth was also in there that it's not just live services because with all the needs that we've seen from COVID and beyond, there are people we can't access and some of them, you know, desert areas and people are giving support. Doulas are on the phone with people. They are on FaceTime. They are on zooms or whatever HIPAA compliant devices that they're on to be able to have these video communications. And we want to make sure that people were compensated.

And that there were no limitations to the trainers like that we don't have a monopoly here where if you have this special training by this one organization and all the doulas have to go through this person organization who then takes the monopoly of the money. We've had so many community doula trainings around California, and it was really important to us that doulas who have been working and are connected to their communities can be trained by their communities and you know excellent you know standards um but have that diversity because we are a huge state. We have different needs and I'm really proud of that.

Also wanted to say that for the past three years, this co-design team has been offering and sharing our wisdoms as all of us birthing mothers ourselves, but also like I was adding up like a hundred collective years of experience as doulas for this work group and the DHCS team, we're so thankful that we've been able to give this service. But also we wanted to thank California Healthcare Foundation, the Sutski Foundation, because And many other states, community members have given countless hours and years of advocating and knowledge sharing with health systems

[Sayida Peprah-Wilson] 11:46:09
And they've done so without compensation or recognition. And we've always been acknowledged by DHCS. We felt very respected in this relationship. We've come here. We are live in the room with Jim and Raquel and the team. So that's why we're like

doing our talk because we wanted to see these folks that we've been with for years, you know, learning communication styles and sharing different perspectives and how they think and how we think and you know it's not easy to come together when you come from different places, but if you have heart and you really care, which this team has had.
It's been incredible. So we're really thankful for all the people that have been working to support us and also the other stakeholder work group members outside of the co-design team. It's been really a pleasure to engage with all of you as well. And yeah, I think that's it for me. I'll pass it to anyone else.

Oh, I think I said, though, that I say California Healthcare Foundation is Sutski, but they provided stipends. That's what I wanted to say. To this team after we were together for a year just for a year volunteering our lives away with much heart but they realized that we were going to stay and do this until it ended. And nobody thought that we would be here three years later and still be deep in conversations that we feel like we have to continue for years to come. And so we've been so thankful for the time that we've had stipends on this team. And just anybody out there that has work groups and you're using the community to build and think ideas, please consider finding ways to source and support compensation. Most community people are parents and family members themselves. They're running small businesses and organizations and it's a lot to give the time, but we'll do it because it's our community. But then, you know, it's a sacrifice. So we're thankful for any support.

[Samsarah Morgan] 11:48:06
I would just like to say to all the doulas who are. I think one of the most important things about all the work that we've done is hearing from other doulas and checking in our experiences. I think doulas much more preceding all this, been in our little bubble doing our thing and not talking to each other what we would do, hearing somebody did a study and found out how wonderful we're doing and we would kind of well, of course we are, because we've been doing it for years. So it's been a burst of self-esteem. There's also been a bit of having our heads hung down you know, having to deal with the not welcoming experience of going into the hospital with our clients. Focusing on our clients and their babies and their partners and families has given us the joy that has us keep doing this work. And so we, If there are doulas who are not California doulas on this call. Find your backbone, my friend. And, you know, be in touch. You want my number, I will give it to you.

[Samsarah Morgan] 11:49:24
And be your doula as you fight for doulas in your area. There's things happening now that, you know folks are not, the states are not even asking the doula anything and

they don't know anything about doulas. Don't think that they do, they don't. So it's our job to stand up for ourselves to say proudly what we do to educate them and kind and good-hearted people Wow, that's good what you do. That's important and worthy of respect and worthy of negotiation where they um making sure that our citizens have what you are sharing. How can we help? So I love Everyone at this table. And I thank everyone at this table and I really want to encourage doulas all over this country. Who again you know hardworking mamas and families, Black folks, folks of all indigenous to stand up with that pride and don't let yourselves be defined by anyone else.

[Kairis Joy Chiaji] 11:50:41
Sure. I just, I know that we've had some specific things like that declaring one brand of doulas for this state. But I just wanted to say an extra thank you to the co-design team members who are all unicorns because we know the burnout rate for doulas is not very long and they're literal decades of brilliance and amazing love and beauty and to have stood on what we've always done 10 toes down, stood on you know the entire state is valuable. And then to be able to integrate that into a state system, right? Without being required to wash the community out of how we function is historical magic like decades from now this will be a case study in how you implement what really works. The fact that that lives matter, right? In spaces where we're not even often allowed to identify, to identify demographics of solutions while we readily identify demographics of problems.

To figure out how to do that in a way that genuine relationships. I feel like I could email anybody on this team, and they would know who I am and respond. It's a blessing. And a shout out to the doulas. We're just getting started.

And to… I guess a culture of people who are willing to shift. Because, you know, the way we do things is how we like to do, and so to be able to evolve a new way to provide care, but while still respecting the ancestors, while still respecting the traditions, while still respecting the culture and recognizing that really, that really the folks who were in the past never had this opportunity still knew how to do the work. I am grateful to this. I am proud to have been a part of this. How to be a part of this ongoing because the work doesn't end. There are still families who are bringing babies into the world and for the people who still need care, and It's lovely to be able to trust that even if things aren't perfect, we're still doing the work. And it's not going to stop. Nobody's taking their ball and going home. We're all still out on this playground to make sure.

[Zachary Epps] 11:53:49

Nice. Oh, yep sorry before we continue, I want to open it up. You're going to talk next, so I'm not going to cut you off. But opening up to everyone else, right? As the next agenda item. So it's a great segue. Our closing agenda item for today is really recognizing celebration, success. And so look, thanks for leading the way doulas, right? That's exactly what we want to do. So as you go, Mrs. Runnels. Anyone else, even if you don't serve as a doula, feel free to, Peggy, yes, exactly. Feel free to uh express celebration of success. So Mrs. Runnels, we can come to you and then we'll go to Mrs. Wheeler and keep it moving.

[Chantel Runnels] 11:54:34
Thank you, Zachary. I really want to say thank you to the 886 doulas. Who said yes, most of whom are not on the call today because they're probably attending to a mom a baby comforting a loss helping someone navigate a hard decision. And because 886 doulas said yes, maternal health in California is better than it was two years ago. And I think that is a big reason to celebrate. And so hopefully that number continues to grow as we continue to grow as dig deeper into the implementation of this benefit. But as I see some of my fellow doulas on this call who we were some of the first that January to navigate the PAVE process and find the hiccups and the fissures and so truly to all of our comrades really showing up for families on the front line in the State of California. Thank you.

[Linda Jones] 11:55:42
Can I jump in here or should we let other people?

[Zachary Epps] 11:55:47
Yeah, well, Peggy, it sounds like my Mama Linda. So yeah, Peggy, Colleen, Pooja and then Mama Linda, yeah thanks

[Peggy Wheeler] 11:55:57
Thank you so much, Zachary, Peggy Wheeler with the California Hospital Association. I'll make mine very brief. Again, I want to offer my thank you to everyone on the screen and those that aren't able to be here today, I will tell you that my initial involvement was a very humbling experience. I learned so much and I appreciate the candor with which my colleagues here on this screen shared issues so that we could dig in deep. We can't solve them all right away, but I want you to know that we remain committed. And I personally remain committed with my colleague Erica Frank to address those issues where we see barriers to access for doulas. But I want to take just 30 seconds and share with you personally that this was a transformative experience for me individually. And as such, I became a doula. I finished my coursework about a month ago.

[Peggy Wheeler] 11:57:10
And I hope to continue to serve in a unique way in being a bridge between hospitals and the doula community. So thank you very much for for leading me to this pathway.

[Colleen Townsend] 11:57:33
That was impressive. Thank you, Peggy. I just want to say, again, from the health plan perspective, and I certainly don't speak for all health plans, and we only serve 24 counties in California, but I will say from the partnership perspective, we're so appreciative that we could participate in this forum and listen. And really hear the struggles that the doulas in our communities, but not just ours, but across the board have experienced in trying to really jump into this benefit and i'm hopeful that it has definitely changed some of our processes. We're not finished. We're not perfect, but we continue to appreciate the feedback that we have received through this process and then through doula's working directly with the health plan. I just so appreciate the opportunity to engage in this fashion. I too have learned a tremendous amount. I'm walking away with way more learnings than I contributed in terms of benefits to the group and appreciate all that has been brought forward here. Thank you all.

[Pooja Mittal] 11:58:31
I just wanted to express my appreciation for everybody in this group. It's hard work and it's been relationship building. Like I think Khefri and Dr. Sayida and I started on this journey together in 2017. It's been a long road and I never imagined that we'd get to this point and It's incredible to see that doulas who do the work of God are being uplifted in this way across our state. And so just much love to all of you. Thank you to DHCS for being partners on this journey. It's been a rough journey and well worth it. And so just wanted to send you all my love.

[Linda Jones] 11:59:19
I just want to say how proud I am to be on this co-design team.

And work with all these people in the room here and some who aren't.

I agree with Kairis that this is historical what we've done here.

I'm not sure the state knew what they were getting into when they had six of us to help them with this, but it was not so pretty at the beginning, but it's beautiful now at the end. We're going to make Jim a doula too. He just doesn't know it yet.

[Linda Jones] 11:59:32

I'm not a real big with men being doulas. I just feel like we got together and they listened to us. They listen to Black women. And they listen to us make a benefit that's going to serve everyone in the state. People on Medi-Cal need to have doulas. They need to be protected by how we can serve them. And we just need to iron out a few more of the kinks, but I believe that this can be a beautiful benefit and help many mamas and babies come gently into this world.

I just feel really grateful to have been a part of this. And... And be listened to like we have been listened to. And... I look forward to the doulas coming after me, cause I'm really old and I'm not doing this too much longer. But I am training them, and I hope that I'm training up a new army of doulas who still, although they have to go through this bureaucracy, still have a lot of the spirit and the soul. That we've brought to this work. And we've caused changes to the way people deliver their babies. And we've made it a safer place for mamas and babies to be.

So I'm hoping that we can still find a few of those people that will keep the soul and the spirit in this, as well as try to figure out claims and billings and contracts because we didn't have to do all that. So I just, again, am grateful for the opportunity to be here. I thank all of you in this room for listening to us. And I think all of my sisters for all the after-meeting times that we had to spend together to debrief and console and hug each other after some of these meetings. But it was worth all of that. And I appreciate all of you here and I appreciate all of you for listening and I appreciate us for doing the work that we've done, and I think it's good work.

[Samsarah Morgan] 12:02:08
I'd love to add really quickly, first thing my computer's gone dead, so I'm not on screen, but here I am talking to you. I love my profession. I've been doing this since I was 19 years old. When I became a mom. And... There's nothing more sacred and beautiful, than being a birth worker, being a doula specifically. So I say that with that depth of respect. I love birth the way I love Jesus. I'm a Christian woman so, but we are not the answer to the problem of birthing.

I just want to put it out there that really need to be supporting Midwives. Midwives are the answer to the problem. Midwives who are not doctors. Midwives have their own power that's great and powerful. And doctors have their place of what they needed. But you look at the countries that have the best mortality. They have OBs But the OBs are not treating yeast infection.

[Samsarah Morgan] 12:03:23

The OBs are doing the important work of when surgery is done, or when medication will help. So I just want to put that out there because there's a lot of weight being put on doulas now. We're supposed to be the saviors of the situation. I'm still taking the clients into the hospital system. So, you know, as we continue this work, we want to look at that too. I'm glad to see representative of the hospital association on here. To really look hard at how their institutions are not serving our future citizens. So we continue to do the work and everybody has a lot of work to do.

[Khefri Riley] 12:04:17
Well, the door has been kicked down. No, really, I want to say that to all the doulas out there and the applicants out there, we have worked hard together with these beautiful people, but you have to come get it. Nobody is giving it to you. I just want to make sure we end with that message. There's so much work to be done to put one foot in front of the other, one hand together, hold, hug, love. Activate in your power and continue to report any issues, continue to uplift successes, and together we're going to see the culture change. But we need your activity. We need your activation. So thank you, everybody.

I can't wait to keep working with all of you here soon. To continue this massive. Thank you so much.

[Linda Jones] 12:05:03
Ajira had her hand up.

[Ajira Darch] 12:05:07
Oh, thank you. Thank you. I just wanted to say thank you and every person that has been in these rooms that has spoken up, that has shared about the benefit, that has spoken about doulas to their loved ones,or even to people in the street, to pregnant people in queues and stores, wherever you've been meeting folks and sharing about the support that they can access. And I want to also the lineage of ancestors who've ensured that we are still here and that we have these indefatigable spirits to continue to engage with the system that is sometimes or even often extremely violent towards us and harmful, and still showing up because we understand That the work is important even outside or inside or the system that we exist in currently, it's important for us to be present and to be able to witness the experiences that our community members are having and to honor the, you know and bring reverence the moment that a person becomes a parent and a person is born into the world.

[Ajira Darch] 12:06:28

Thank you all, each and every single one of you for all the ways that you show up for yourselves, for each other, for communities I look forward to working with you in the future. And I will likely be reaching out to y'all to see if you want to have a little Zoom party to celebrate. Because that's how I roll. Thank you.

[Raquel Saunders] 12:06:50
I'd just like to add just to kind of highlight something, and I think it's already kind of been said, but I just want to make sure that it's really clear to everybody on this call. California has the best doula benefit and is the example to other states because of the work that of the people that are in this room that came here today to meet us. And the people on this call. So I think it's really important to highlight that the work group is really responsible for the doula benefit that we have today.

[Sayida Peprah-Wilson] 12:07:19
And thank you, Race for Equity. If it didn't, I know it's like we're getting into all of our feelings and we're well past the time. Because Race for Equity came alongside, you know, as we had already started the process and it has been really helpful to have you know an independent I, you know, someone that's like, or a group that's there to make sure we don't go too far off track and keep us on time. We have a big and mighty thing we've been trying to do and without facilitation, I don't think it would have been as um smooth and effective. So thank you, each of you from the team, those that started with us in the beginning and those that have been with us in Race for Equity that have come on. We really appreciate each and every one of you. In this time, so thank you.

[Erica Holmes] 12:08:11
Okay, so I know we're a little over time, so I want to be mindful of that. But I do want to just acknowledge sort of next steps and where we go from here, because I think that's probably top of mind for a lot of folks on today's call.

So again, as I mentioned earlier, we are committed to continuing to work with our doula stakeholders. How that work looks may be a little different than it is with this work group, but it will be ongoing in some capacity, which could be a combination of smaller sort of roll up your sleeve work group sessions as well as larger town halls that invite
folks from the public to come in. And so we will be sharing updates on what that engagement will look like future forward through our doula website and through our normal communication channels so folks are aware. And we will continue obviously to post updates to our webpage. And as always.

[Erica Holmes] 12:09:01

You are more than welcome to send feedback, thoughts, concerns, challenges, whatever you're experiencing relative to the doula benefit to us directly at the doulabenefit@dhcs.ca.gov inbox.

I want to thank everyone for their participation today. It's been wonderful to work with this group. It's been wonderful to see the very vibrant participation from members of the public.

And so on behalf of the Department, I appreciate all of your time, and I wish all of you a great rest of your day and a good weekend.

[Zachary Epps] 12:09:36
Thank you.