Perinatal Hubs Workgroup: House Bill 1537 (2023)
November 16, 2023 – 8:30-12:30 pm
Office of Vital Records, Richmond, VA

Member Attendance	**Voting Record** Y=Yes, N=No, A=Abstain
Bold = Present *Italicized* = Absent	11/16/23 Passing Bylaws
Dr. Vanessa Harris Walker, Virginia Department of Health	
Cindy deSa, Dr. Melanie Rouse, Virginia Department of Health	Y
Heidi Dix/Doug Gray, Virginia Association of Health Plans	Y
Dr. Lisa Stevens, Department of Medical Assistance Services	
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y
Lisa Brown, Birth Sisters of Charlottesville	Y
Kenda Sutton-EL, Birth In Color	Y
Kathryn Haines, Virginia Interfaith Center for Public Policy, Faith-based Organization	Y
Dr. Jaclyn Nunziato, Dr. Arthur Ollendorf proxy, OBGYN	Y
Lauren Agyekum, American College of Nurse Midwives, provider	Y
Danielle Montague, Virginia Association of Rural Health,, Rural Health	
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker representative	Y
Kamil Chambers, lived experience/doula	Y
Deborah Oswalt, Virginia Health Care Foundation	
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald, Christen Crews
Other attendees present to observe: Natalie Southerland (VDH), Fahimah Zaman (VDH)

Welcome, Introductions and Workgroup Business

The meeting was called to order at 8:53am. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.

Bylaws were reviewed. Mary Brandenburg made a motion to approve the bylaws. Heidi Dix seconded. Vote occurred by roll call and the bylaws were approved by all members present.

Review of Workgroup Purpose

During the 2023 General Assembly Session, Chapter 654, HB1567 (Patron: Delegate Rasoul) was enacted. This legislation directs the Virginia Department of Health, in collaboration with the Virginia Neonatal Perinatal Collaborative, the Virginia Maternal Quality Care Alliance, and Urban Baby Beginnings to convene a workgroup to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model. The intent is to hold two meetings so the Virginia Department of Health can report on recommendations to the 2024 General Assembly Session.

There was discussion about:

- The increase in maternal mortality rates as a foundation for why perinatal health hubs could be a helpful tactic to improve how we deliver care
- Four key tasks from the legislation were highlighted including (i) analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs; (ii) review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs; and (iii) project estimated costs of implementing the work group's recommendations for the next five years

Public Comment Period

No persons signed up to speak during the public comment period.

Work Group and Perinatal Health Hubs Overview

Lauren Kozlowski, VDH Maternal and Infant Health Consultant, presented an overview of perinatal hubs. She reviewed how a perinatal health hub model may be defined, potential funding sources, other states' experience with such hubs (New Jersey, Ohio), and an example of a model in Virginia (Urban Baby Beginnings).

Cindy deSa, Title V Director at VDH, described current VDH services and programs that support the perinatal population via home visiting, maternal child health programs, and local health district work. The goal was to provide some information on other funding in the state that currently supports work in the perinatal health realm.

- BabyCare program in Virginia is established in 12 health districts (out of 35), some more robust and interactive than others. The Virginia Title V block grant funds some salaries, but it is braided with other types of funding. BabyCare can bill Medicaid. Families are to be Medicaid eligible and receiving services. Serves the maternal and infant population (up to age 2). Utilizes a broad definition of high risk. Benefits – broad eligibility, each district can tailor the needs to their populations, aligns with Title V measurements for the state.
- MIECHV, or the Maternal, Infant, and Early Childhood Home Visiting Program – funded through the federal Maternal Child Health Bureau (MCHB - same entity as Title V). Supports evidence-based models of home visiting. MIECHV is a social determinants model (vs. BabyCare, a medical nursing model). There are 21 local sites in 42 localities. Different inclusion and exclusion criteria for each model. One centralized intake site in Hampton Roads/Newport News area.
- Virginia Healthy Start "Loving Steps" is also a home visiting program and serves Hopewell and Norfolk. Similar inclusion and exclusion criteria to MIECHV.
- Resource Mothers provides home visiting and support to pregnant and parenting teens in 7 sites. Funded by Temporary Assistance for Needy Families (TANF).
- A map was shared that highlights where these programs are available across the Commonwealth.

Period to Share Perspectives from Current Perinatal Health Hubs/Perinatal Safe Spots in Virginia

The following questions were posed to each perinatal health hub, collaborative, or entity in the room serving pregnant and postpartum families. Notes on responses from corresponding organizations follow.

1. Please tell us what services your organization provides.
2. Can you please share what communities your organization serves? Are there barriers to entry or service?

3. Can you share how you your organization is fiscally supported, what payment models you use, and what your strategy is around funding?
4. Please tell the group what success looks like to you and your organization given the drivers of maternal health outcomes in the Commonwealth.

Urban Baby Beginnings: 4 locations with a 5th coming. Primarily serves <200% FPL, high risk, Medicaid members only. Provide grant funding for those who are self-pay or private pay if qualified. We accept limited self-pay clients. Mostly serving women of color. Safe space for care. Pregnant, postpartum or child with under the age of 2. Taking advantage of federal funding and some state funding. Up to 1,000 calls per month for help. In the past, large funding was expiring and had to close one hub and was huge hit to community. Strategy of UBB is to have federal/state/foundations/Medicaid funding. Barrier seen when funding doesn't support staff expansion. Success looks like, two-fold – hope for improvement in outcomes, but really what are the recipients of services leaving with? Are their needs met, and do they have the resources and tools that they need to care for their families? Success looks like when the family is thriving, there is a high level of health and wellness, and that the community feels like they have the resources to be successful.

Birth Sisters of Charlottesville: serves the Charlottesville area and surrounding counties, support other counties or individuals who may be birthing at University of Virginia (UVA) Medical Center. Focus on Black, Indigenous, People of Color (BIPOC) individuals, Black mothers. Race is not a factor, racism is, so there is work in the community to lessen that. Funded in several different ways – foundation funded (primarily), special interest group funding, private donors, special programs/projects funding, through hospitals that they work with. Title V has also provided some funds. Services are free if you qualify for Medicaid, but not structurally set up to receive Medicaid reimbursement yet. Organization provides deep sliding scale payment options for those that are self-pay. Growing slowly. Strategy to improve funding streams and be able to bill Medicaid in near future. Success looks like when people are coming to them, afraid that they are going to die, that they are able to work with them so that they see their birth look different from the statistics that they are seeing. How can they help them get their needs met? Work with clients prenatally throughout the perinatal period and offer postpartum services up to a year.

Birth In Color: Locations in Richmond, satellite in Hampton Roads, Danville, Roanoke and recently in Eastern Shore. Services vary by location; figuring out how services can be referred out is challenging. Populations we serve include 80% African American, 10% Latino, 10% neither. Supported by grant funding mainly, some Medicaid reimbursement, some projects funded by counties, and this helps them sustain the organization. How they sustain administrative staff is a big question, and how to figure out sustaining funding without constantly applying for grants. Funding is challenging – applying and competing for it. Would like to tap into federal funding more, a collaborative model would be beneficial. Success looks like no one going without care who wants to care and bridging gaps between community-based organizations and providers. Do the community providers know what is available? When looking at the mortality and morbidity rate and see that things are working.

Huddle Up Moms: a nonprofit serving the Roanoke, VA area and surrounding counties. Provides education, support, and connection as well as peer to peer support**:** 14 different support groups focused on shared lived experiences in the community and run by mothers in the community. Also have a Support Shop- Provided over 20,000 dollars' worth of diapers, wipes, basic needs w/ wrap around services to over 500 pregnant/postpartum individuals. Over 50% on Medicaid, 20% uninsured. Runs the Moms- Under Pressure Program- wrap-around care focused on providing care coordination, blood pressure cuffs, and education for pregnant and postpartum individuals. Over the 2 years have given out over 200 blood pressure cuff kits. Physical space that is a Maternal Health Hub- Share a downtown location with Postpartum Support. Virginia To date, have served over 3500 individuals in the area spanning over 10

counties. Non-profit with no cost associated with any of their programs or donations, 70 % grant funded (local foundations and 2 government supported grants), 30% private donations/sponsors.

Will pregnant individuals trust or access our healthcare system if they cannot afford or have access to transportation, mental health services, affordable housing, basic needs (food, shelter, transportation)? It means better communication between the hospital system and community and breaking down the barriers for collaboration. It means, truly understanding the landscape of Virginia and how under-resourced Southwest Virginia is when it comes to mental health access, provider access, and maternal health desserts. Huddle Up Moms often focuses on what is called the "gap population" those who do not qualify for government or financial assistance, are living paycheck to paycheck, and cannot afford their basic needs. Success looks like addressing inequities in research, health organization infrastructures, racial disparities, sexism disparities, and policy reconstruction.

The non-profit funding allocations could use a re-design. Most financial assistance goes directly to programs which is not a sustainable model of providing services for the community. It prohibits non-profits from expanding, valuing their staff, and creating programs that are sustainable.

Postpartum Support Virginia: PPSVA offers direct services - care coordination, peer support groups, and warm line support in English and Spanish. They also offer training for maternal and mental health providers to become experts in perinatal mood and anxiety disorders (PMADs). Statewide nonprofit with a perinatal health coalition of over 200 members. Strongest presence is where they have funding – Northern VA (where they were founded). Strong presence in Roanoke, Charlottesville, Hampton Roads. No barrier to entry for services. Rely heavily on foundation funding (~80% of funding). Rethinking that strategy – cannot depend on grant funding; looking at how to grow partnerships for federal and state funding. Success looks like thinking about access to quality care, screening, and support for PMADS; everyone being able to access services when they need them, and not just going to a provider for medication; and being trusted in the midst of a crisis. Want people to have the resources that they need and to be well and do well in the postpartum period. Reducing stigma and everyone being able to access experts. Success also means thinking about housing, food, jobs, childcare – there needs to be better care for the whole person to be well.

Virginia Interfaith Center for Public Policy: VICPP represents the faith community and emphasizes caring for all humans. Maternal mortality is a compelling issue for the center because this aligns with the prevention of death. Everything comes down to social determinants of health, everything is connected. VICPP recognizes it is important to work on understanding the communities. Funded by grants, regionally funded. Tasked with translating stories to decision makers, lobbying, targeting different policies. Success looks like when all of our pregnant and birthing families are valued, honored and celebrated. Noted that demand for services versus capacity of the organization is a big barrier to caring for communities and families. Highlighted that the ability to bill Medicaid for CHWs is important as they address social determinants of health and that currently this is a barrier to expanding CHW involvement though they are already involved in actively serving the community.

Community Health Workers (CHW) Association: statewide hub for CHWs as a networking opportunity with a focus on personal and professional health. Advocacy and education are offered. Currently contemplating dual certification model to connect other disciplines (eg. doula). Provide technical support and career navigation. System operates in regional coalitions. Do not exclude populations, have strong work with Latino populations, African American populations, and those of Asian descent. Funding is primarily, grants via foundations. Exploring braided models of funding that includes most recently Medicare Physician Fee Schedule – now have a code to bill and are excited about that – starts 1/1/2024. Other Medicaid opportunities are also being explored. In terms of success, ~ 250 certified CHWs – does not include the recertifications. Great interest in services of doulas and CHWs being able to cross train –

survey of CHWs said they would like to pursue this (especially Latino populations). About 10% of VA population is of Latino descent. How do we grow programs that are culturally congruent to this community? Highlighted that not everyone has a social security number but a 9 digit identification number, can be a barrier to care. Also brought attention to the need to consider doulas that are independently working and need mentorship. Consider how to support these doulas and give them access to Medicaid reimbursement training that is accessible and easy to understand.

Workforce development was a service braided throughout all organizations.

Opportunity for Someone with Lived Experience as Provider/Recipient to Share

Shared experience as a consumer of care that then became a provider (doula) herself: Consumer reflected on her first birth as a teenager, which occurred at home unexpectedly. As a teen, she didn't know the hospital language and as her family was out of state, she did not have support at the hospital. With a subsequent birth, she took advantage of the services of Birth Sisters of Charlottesville. Her experience was different than her first birth; she gained more confidence, and knowledge and had the birth according to her birth plan, which was important to her and her experience. Her doula helped her advocate for determining and following her own plan. She had a very peaceful, calm experience for second delivery. Now she works as a doula focusing on teenage mothers. She shared that it is a very overwhelming experience for youth; she reminds clients that it's ok to need help and that they're not the only ones that need help in our communities.

A group discussion followed regarding focus areas for the next meeting and general themes included culturally appropriate care, hospital-community coordination, language access, community education, workforce preservation and development, and the benefits of perinatal health hubs.

Next Steps

Distribute to group:

- Maternal Health data task force recommendations if available to public
- Recent MMRT report
- Maternal Health Strategic Plan from Northam administration

For next agenda:

- Funding mechanisms and options for legislature to consider to be on next agenda
- Organize agenda by tasks assigned to work group

The next meeting will be held on November 30th, virtually, from 9am – 1pm. More information will be sent to workgroup members.

Adjournment

The meeting adjourned at 12:25 pm.