

# Recommendations for Doula Alignment

Presented by the ELC Health and Home Visiting Committee (HHVC)  
to the ELC Executive Committee

September 16, 2024

# Outline

- Objective and Rationale
- Process and Timeline
- Recommendations
- Discussion at HHVC

# Objective and Rationale

## **Objective:**

Update and align standards across state funded (ISBE, IDHS, Start Early Maternal Child Health) doula programs embedded in home visiting programs

## **Rationale:**

- Align and strengthen program quality
- Improve coherence and ease for programs
- Move toward the new Department of Early Childhood
- Streamline systems for Medicaid benefit (approved State Plan Amendment)

# Process and Timeline

- March 18, 2024: HHVC approves plan to work with Perinatal Supports Workgroup to develop recommendations
- Summer 2024: Perinatal Supports Workgroup developed crosswalk and recommendation. Staff from IDHS, ISBE and Start Early engaged in discussions and review.
- September 12, 2024: HHVC reviewed and approved the recommendations
- September 16, 2024: HHVC is presenting the recommendations for approval by the ELC Executive Committee

# Recommendations Overview

- 17 recommendations across all areas of program including staffing ratios, labor and delivery support, clinical consultation, training and community partnerships
- Most differences across funders are not significant
- 3 key recommendations

# All recommendations

1. Service Initiation
2. Labor and delivery support
3. Birth plan support
4. Visit requirements
5. Topical Focus
6. Prenatal Groups
7. Connection to long-term home visiting
8. Caseloads
9. Staff Ratios
10. Salaries
11. Clinical consultation
12. Supervision
13. Capacity requirements
14. Training
15. Curriculum
16. Infant/Early Childhood Mental Health Consultation
17. Community partnerships

The three key recommendations are highlighted above.

# Key recommendations

**7. Connection to long term home visiting:** Doula services funded within a home visiting program are fully integrated within the context of the evidence-based home visiting program model, allowing families to access whichever home visiting program best meets their needs

**10. Salaries:** All doulas and doula supervisors should be compensated in line with the minimum salary requirements included in the IDHS cost model.

**16. Infant/Early Childhood Mental Health Consultation:** Doula programs will utilize Infant/Early Childhood Mental Health Consultation as described in the Illinois model for IECMHC.

# Areas of alignment

1. Service Initiation
2. Labor and delivery support
3. Birth plan support
4. Visit requirements
5. Topical Focus
6. Prenatal Groups
8. Caseloads
9. Staff Ratios
11. Clinical consultation
12. Supervision
13. Capacity requirements
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15. Curriculum
17. Community partnerships



# Recommendation Discussion at HHVC

Feedback on how the ECE system should approach support for the doula system included:

- Engage doulas in implementation discussions
- Attend to language used – e.g. “directory” instead of “registry”
- While the focus of these recommendations is on doulas embedded in home visiting, look for opportunities to engage with the broader doula community
- Monitor the roll-out of the new Medicaid benefit to ensure providers and families are receiving equitable supports

The recommendations were approved. We now request approval by the ELC Executive Committee.