GOV COUNCIL ON WOMEN & GIRLS HEALTH AND SAFETY SUBCMTE

Commissioner B Bye
Commissioner V Dorantes

https://portal.ct.gov/Office-of-the-Governor/Working-Groups/Governors-Council-on-Women-and-Girls/Health-and-Safety-Subcommittee

Subcommittee Co-Chair: Commissioner **Beth Bye**, Office of Early Childhood

Subcommittee Co-Chair: Commissioner **Vannessa Dorantes**, Department of Children & Families

Subcommittee Co-Chair: Commissioner **Miriam Delphin-Rittmon**, Department of Mental Health & Addiction Services

Health & Safety subcommittee Congratulates...

Miriam E. Delphin-Rittmon, Ph.D.

Assistant Secretary for Mental Health and Substance Use

Miriam E. Delphin-Rittmon, Ph.D., is the Assistant Secretary for Mental Health and Substance Use.

Dr. Miriam E. Delphin-Rittmon is currently Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration. She previously served as Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS) and served in this role for six years. Prior positions held at DMHAS include Deputy Commissioner, Senior Policy Advisor and Director of the department's Office of Multicultural Healthcare Equity. In her role as Commissioner, Dr. Delphin-Rittmon was committed to promoting recovery oriented, integrated, and culturally responsive services and systems that foster dignity, respect, and meaningful community inclusion.

Prior to her current appointment, Dr. Delphin-Rittmon was an Adjunct Associate Professor at Yale University where she served on faculty for the past 20 years. While at Yale Dr. Delphin-Rittmon served as the Director of Cultural Competence and Research Consultation with the Yale University Program for Recovery and Community Health.

In May 2014, Dr. Delphin-Rittmon completed a two-year White House appointment working as a Senior Advisor to the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) with the U.S. Department of Health and Human Services. While at SAMHSA, she worked on a range of policy initiatives addressing behavioral health equity, workforce development, and healthcare reform.

Through her 20 year career in the behavioral health field Dr. Delphin-Rittmon has extensive experience in the design, evaluation, and administration of mental health, substance use and prevention services and systems and has received several awards for advancing policy in these areas. Most recently, she received the 2019 State Service Award from the National Association of State Drug and Alcohol Directors and the 2016 Mental Health Award for Excellence from the United Nations Committee on Mental Health.

She received her B.A. in Social Science from Hofstra University in 1989, her M.S. and Ph.D. in Clinical Psychology from Purdue University 1992 and 2001, respectively, and completed a postdoctoral fellowship in clinical community psychology at Yale University in 2002.

Last Updated: 07/02/2021

We are so proud!!!

H & S sbcmte presentation:
MATERNAL HEALTH OUTCOMES CT

- Commissioner Gifford of the State of Connecticut Department of Social Services shared information on the **maternity bundle** as it relates to **Doulas** and support for paying part of prenatal care & childbirth service costs; with support of the **CT Health Foundation**,

- Commissioner Gifford stressed the important focus for wraparound services during pregnancy and the post-partum period: care coordination, Doulas, breast feeding support, mental health and substance use disorder treatment for pregnant and parenting women.

- DSS held stakeholder feedback meetings including: hospitals, birth centers, Nurse Midwives, OBGYN, Doulas, Community Health Workers, breast feeding supports, many community organizations and members themselves who had received prenatal care through Husky

- DPH also received recommendations also from the **Maternal Mortality Review Committee** also including the need for providers to have a single access to refer these services. DPH has applied and received a grant from CDC, as part of the American Rescue Plan Act, to focus on health equity and also to work on the **maternity bundle**.

- All with the goal of **equity** and improving birth exp/outcomes by address the underlying issues to resolve disparate health outcomes for women and babies of color.

CT has the beginning framework of a payment plan and are working to develop it.

H & S sbcmte presentation:

Community Health Workers(CHW) in CT;

Role in Women's Health

Vicki Veltri, Executive Director of the Office of Health Strategy (OHS) introduced **Grace Damaio** from the Hispanic Health Council for an overview of CHWs in CT.

- CHWs are public health outreach professionals with in-depth understanding of a community's experience, language, culture, and socioeconomic needs.
- Under the Breastfeeding Heritage and Pride Peer Counseling Program,
- Provide health promotion by conducting clinically integrated prenatal visits; post-partum hospital rounds; with prenatal and post-partum clinical teams.
- Liaison between community members, heath care and social service providers and provide a range of services, including outreach, advocacy, and care coordination.
- Unify diverse functions as part of the same workforce.

Progress on CHW policy in CT includes

- Refining the definition,
- certification,
- Advisory Board under OHS,
- multiple symposia,
- policy briefs,
- business case reports, and
- CHW survey conducted by DPH.
- ARTPA Funding of $3M, more needed

Planning for a CHW service system in CT needs to involve multiple sectors, including community-based organizations and CHWs; and be based on a comprehensive needs assessment; and enhance and coordinate with existing (effective) programs.

H & S subcommittee presentation:
MATERNAL HEALTH OUTCOMES
The Doula Effect

Jennifer Wilder of the **Office of Early Childhood (OEC)** gave a presentation on The Doula Effect.

The purpose of the Doula is to help women (men) have a safe, memorable, and empowering birthing experience.

Pregnant women of color die at three times the rate of white women in birth related deaths according to the Centers for Disease Control and Prevention (CDC).

OEC has a pilot program to support pregnant and parenting teens.

OEC also has a contract partnership with the Department of Corrections (DOC) to have Doulas at the women's prison.

Doula Project aims to have **30 home visiting staff** trained as Doulas;

25-30 Doulas trained and enrolled into **statewide Doula network** (4-5 per region in the 6 regions) and **100 families** served virtually or in-person with Doula services.

*Ms. Wilder also shared measurable family outcomes that OEC is already capturing data on, that will allow for simple analysis of benefits of the **Doula Project**.*

DMHAS DOULA SERVICE INTEGRATION PHASES

Phase One:

DMHAS provided a **Doula education and support pilot at 3 Women & children's programs** and contracted with **Birth Support Education and Beyond**. BSEB is **a comprehensive perinatal home visiting program** which our Young Adult Services Program (YAS) began using when DMHAS received grant funding from DPH several years ago. SEB held a weekly 2-hour group class series at each of the (3) facilities. Training classes were six weeks in duration with topics that included: anatomy & physiology of birth, maternal/fetal development, prenatal tests/procedures, maternal nutrition & exercise in pregnancy, teratogens, warning signs in pregnancy, signs and stages of labor, natural & medical comfort measures & techniques, positions for labor & birth, interventions, unexpected complications & outcomes, cesarean birth, hospital protocols and what to expect, newborn care and characteristics, maternal postpartum care, attachment & bonding, perinatal mood and anxiety disorders, warning signs in newborn/mother, building secure attachments. **Perinatal Support Specialist (PSS) Services** provided advocacy, consultation and support with prenatal care, assistance with **establishing individualized birthing plans and CAPTA Plans of Safe Care** on a case by case basis when indicated.

In Connecticut, nearly one third of all pregnancies are unplanned. Rates of unplanned pregnancy are as high **as 90% for women with substance use disorders**. Women with **opioid use disorders are particularly vulnerable** to unplanned/unwanted pregnancy due to their lack of regular menses which many women interpret as an inability to become pregnant. Many women are not actively using birth control at the time of conception, despite their lack of intention to become pregnant. An unplanned pregnancy can delay the onset of prenatal care which can lead to negative outcomes for both mother and baby especially those with substance use and co-occurring disorders. A significant percentage of women who receive services in the DMHAS service system of care often have co-occurring disorders including Major Depression Disorder and Anxiety Disorders including Post-Traumatic Stress Disorder rooted in deep histories of traumatic experiences. **Pregnancy, birth and parenting a newborn can often trigger mental health symptoms**. Staff within Birth Support, Education & Beyond, LLC have specialized skills to address these perinatal needs. Additionally, 24/7 on-call virtual doula support will be provided for pregnant clients on a case by case basis (2 weeks before/after the estimated due date).

Phase Two:

Due to the success of Phase one our team developed a proposal for an expansion of BESB services **through 2023**. The same model as mentioned above will be implemented in each of the 7 women and children's residential programs.

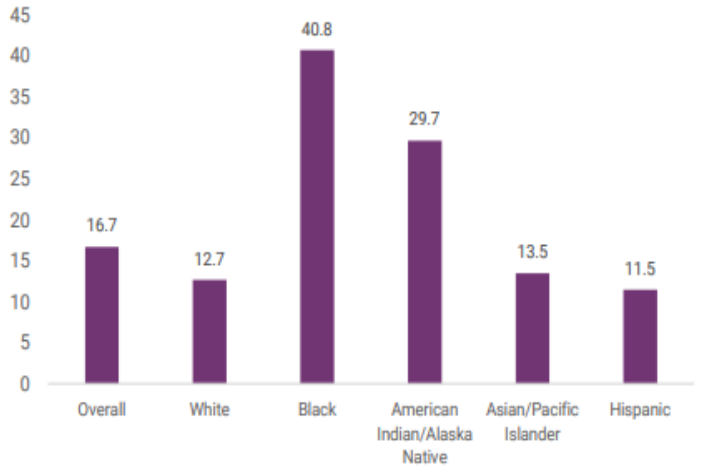
MATERNAL MORTALITY CONTINUES TO BE A PRIORITY AREA OF THE LAMONT ADMINISTRATION

MATERNAL HEALTH

There are significant racial and ethnic health disparities in pregnancy-related deaths.

One recent national study found that Black women were more than three times as likely to die from pregnancy-related causes than white women.

Pregnancy-related deaths per 100,000 live births, U.S., 2007-2016[3]



While socioeconomic differences often correspond to differences in health outcomes, they did not fully explain these differences. The study found that Black women with a college degree or higher were still 1.6 times more likely to die from pregnancy-related causes than white women without a high school diploma.

Among those with a college education or higher, Black women were 5.2 times more likely to die from pregnancy-related causes than white women.

"Most pregnancy-related deaths can be prevented, and significant racial/ethnic disparities in pregnancy-related mortality need to be addressed," the study authors wrote.

> "The lifelong effects of race, racism, social class, poverty, stress, environmental influences, health policy, and other social determinants of health are reflected in the elevated rates of adverse outcomes and persistent disparities."
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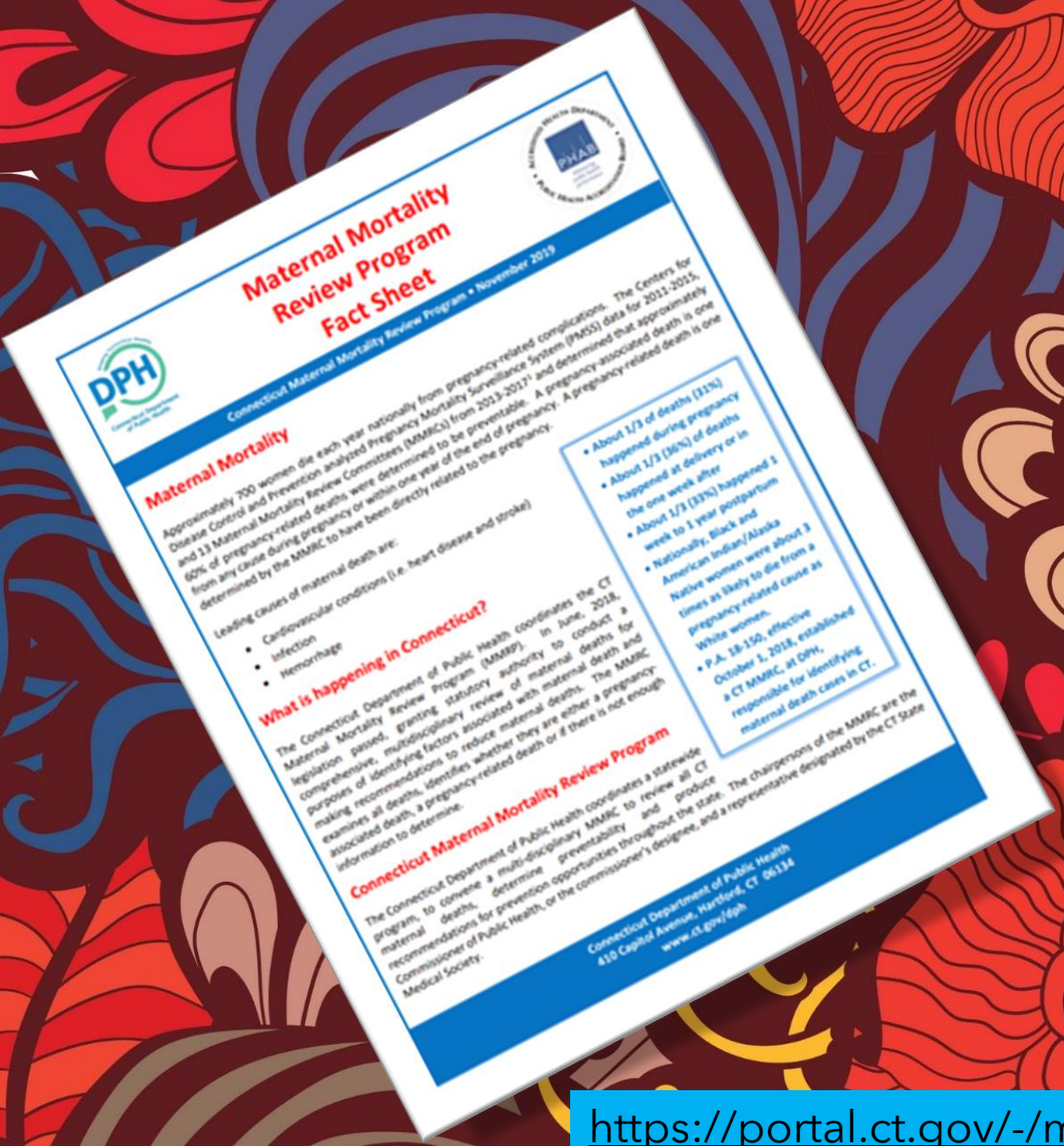
> - Connecticut Department of Public Health, Healthy People 2025



DPH MATERNAL MORTALITY REVIEW PROGRAM

HTTPS://PORTAL.CT.GOV/DPH/MATERNAL-MORTALITY/MATERNAL-MORTALITY-REVIEW

https://portal.ct.gov/-/media/DPH/Maternal-Mortality/fact_sheet_program2019rev.pdf

H & S subcommitee presentation: KEEPING BABIES SAFE

Faith Voswinkel of the CT Office of the Child Advocate (OCA)presented on monitoring children's injuries, specifically infants, and trends during the COVID-19 pandemic.

OCA looked at **311 cases** of mechanism/injury and for fractures-74 of which 57 are infants; bruising-26 of which 17 were infants; burns-23 of which 8 were infants; parental dealth-38 of which 3 were a parent of an infant; child fatalities-36 of which 29 were infants (*4 under 30 days, 3 with little to no prenatal care*).

Ms. Voswinkel also talked about the (reporting)disparities across CT communities.

- OEC OCA partnered on a fact sheet available with information on keeping babies safe during the pandemic.

https://portal.ct.gov/-/media/OCA/OEC-OCA-Keeping-Babies-Safe-C4_V1.pdf

H & S Announcements:
MOBILE COVID 19 VACCINES!

DPH has **mobile vaccine** access anyone having an event can extend an invitation to guests who have not been vaccinated to get vaccinated through the mobile clinic. For more information and **to put in a request for a mobile vaccine van to attend your event**:

https://portal.ct.gov/vaccine-portal/COVID-19-Vaccination-Scheduling-Options?language=en_US

HEALTH AND SAFETY SUBCOMMITTEE NEXT MEETING DATES

August 2, 2021	10am-noon
October 4, 2021	10am-noon
December 6, 2021	10am-noon