
Behavioral and Mental Health Task Force Meeting

Tuesday, January 7th, 2016
 2:30 PM – 4:30 PM
 Buena Vista Conference Center
 Buck Library

Meeting Attendance

Task Force Members

Present

Co-Chair Senator Patricia Blevins
 Co-Chair Senator Bethany Hall-Long
 Susan Cycyk
 Dr. Marc Richman
 Representative Debra Heffernan
 Jim Lafferty
 Joshua Thomas
 Susan Jennette

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 Marc.Richman@state.de.us
 Debra.Heffernan@state.de.us
 JLafferty@mhainde.org
 JThomas@namide.org
 Susan.Jennette@state.de.us

Absent

Brenna Welker
 Erin Booker, LPC
 Dr. Michael Barbieri
 Secretary Rita Landgraf

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 Michael.Barbieri@state.de.us
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Task Force Staff

Present

Caitlyn Gordon
 Carling Ryan
 Tanner Polce
 Bryan Gordon
 Thomas Johnson

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Public Attendees

Name

Richard Margolis
 Daphne Warner
 Edwina Bell
 Adam Glushakow
 Traci Bolander
 James Nutter
 Neil Kaye
 Kathy Janvier
 Leslie Tremberth

Affiliation

DPBHS
 DPBHS
 Author
 MABH
 Parkowski, Guerke, & Swayze
 PSD/MSD/NAMI
 DCHI
 PCG

Wayne Smith	DHA
Tom Olson	PBH
Julane Miller-Armbrister	DCHI
Tim Collins	
Bill Mason	MWBHS
Kim Gomes	Byrd Group
Irene Waldron	DHCFA

The meeting was called to order at 2:33 pm.

Senator Bethany Hall-Long, Co-Chair, opened the Task Force meeting by welcoming and thanking Task Force members and members of the public for coming. Next, she asked Task Force members to introduce themselves.

Approval of Meeting Minutes

Senator Hall-Long asked if members had changes that they would like to see made in the Meeting Minutes from January 4th, 2016. Seeing none, Senator Hall-Long asked for motions to approve the January 4th Meeting Minutes. The first motion to approve the Meeting Minutes was made by Jim Lafferty; this motion was seconded by Susan Cycyk. The Meeting Minutes from January 4th, 2016 were approved unanimously.

Workforce Presentations – DPC Residency Program

Senator Hall-Long introduced Dr. Gerard Gallucci who presented on the DPC (Delaware Psychiatric Center) Residency Program.

There is not a hard copy of Dr. Gallucci's presentation. Therefore, his main points are summarized below:

DPC Residency Program

1. Residents Accepted
 - 1000 applications – 20 interviews - 4 are accepted
 - Students from all over the U.S. and abroad
 - Students who travel from other states have been less likely to stay in Delaware after the residency program.
 - Many graduates go on to do fellowships.
2. Program Details
 - First year- inpatient work
 - Second year-child/adolescent psychiatry at the Terry Center
 - Many residents will leave after their third year to do the 2-year child fellowship.
 - Third Year-outpatient rotations
 - Substance treatment sites
 - Christiana
 - Union Hospital-Maryland

After explaining the DPC Residency Program, Dr. Gallucci asked Task Force members if they had any questions.

Senator Hall-Long asked if there was a discussion about Christiana Hospital, or other places around the state, having a residency program. The Senator asked how can elected officials and members of the public help make these programs happen. Dr. Gallucci answered that there has been conversation and Christiana was eager about the idea of taking over the Delaware Psychiatry Residency Program. He added that when Christiana looked into this possibility, they learned that they did not have the funding for a residency program.

Next, Senator Hall-Long referenced Dr. Gallucci's affiliation to Johns Hopkins and asked how Delaware can get the state's residency to have that true academic affiliation. Students who graduate from Delaware high schools and colleges want to start a career in psychiatry but do not even apply to DPC. Dr. Gallucci answered that DPC needs to strengthen their affiliations with the academic centers. DPC is a freestanding program, which is not linked to a big medical center. For instance the University of Maryland residency program is linked to their health system, which is linked to the state hospital. Dr. Gallucci added that one way to create academic affiliations is to identify a program, like the one at Drexel, Hopkins, or the University of Maryland. Then, see if DPC could become an affiliate program where both programs could rotate faculty and residents. With this, DPC could improve relationships with multiple programs.

Senator Hall-Long asked what percentage of students who come to DPC are from other countries. Dr. Gallucci answered that the majority of students are from foreign medical schools, although there are still students who come from U.S. medical schools.

Susan Cycyk noted that Delaware pays less to those who provide behavioral health treatment than surrounding states do. She added that this adds another layer of difficulty when trying to recruit psychiatrists to practice in Delaware.

Richard Margolis stated that the number one shortage area in medicine is child psychiatry. The number two shortage area is general psychiatry. Therefore, there is a smaller workforce to begin with, which the State has been trying to recruit from.

Dr. Neil Kaye noted that he is shocked that DPC has a list of 1000 physicians who are willing to move to Delaware for residency, he asked if this list of people would be willing to practice primary care in the State as well.

Dr. Adam Glushakow noted that many clinics cannot afford to exist anymore. Therefore, even if there are physicians in the State, some cannot afford to practice and provide the care that the State needs, this is probably the biggest barrier to retaining talented clinicians. Additionally, there is more of a burden on residents because they provide valuable services to indigent citizens. However, with the closure of state/community clinics, this has become more of a challenge.

Jim Lafferty asked if the salary that DPC provides to residents is competitive with other states or other programs. Dr. Gallucci stated that residents make in to 40s-50s but they have not compared this rate with other states. However, this has not come up as an issue for whether or not a resident has decided to come to Delaware or not. He added that within the 1000 applications that DPC receives, applicants are eager to come to the state.

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Senator Patricia Blevins, Co-Chair, stated that it seems the supply and demand is both there. She noted that it seems practical to create a small workgroup when the Task Force is finished to talk about how the State can better achieve residency programs all over Delaware.

Senator Hall-Long asked what the selection process is for the DPC Residency Program. Dr. Gallucci answered that the applicants apply through an electronic record and they are screened and reviewed before looking at them. Once the 20 applicants are selected, they come for an interview, which four people are selected from. He added that almost 100% of accepted applicants choose to commit to the program.

Senator Hall-Long asked Dr. Gallucci why DPC does not use the Match Program. Dr. Gallucci answered that DPC would probably not be as competitive in the Match Program. The Senator followed this statement by asking if Delaware developed a more competitive program, if they could consider using the Match Program. Dr. Gallucci agreed and noted that DPC has gotten to the point where the program is competitive enough for the Match Program but the residents that they have had in the past were very talented. Dr. Margolis noted that since Delaware does not have a medical school, recruiting residents is more difficult. Medical students tend to do their residencies where they train.

Workforce Presentations – DCHI Workforce and Education Committee

Senator Hall-Long introduced Dr. Traci Bolander and Dr. Kathy Janvier who presented on the DCHI (Delaware Center for Health Innovation) Workforce and Education Committee.

Mr. Lafferty asked what the highest number of Spanish speaking psychiatrists was; Dr. Kathy Janvier noted that she would get him that number at a future time.

Senator Hall-Long asked Dr. Bolander why other institutions in Behavioral Health do not use the DHIN (Delaware Health Incentive Network) Dr. Bolander noted that she uses DHIN. However many Behavioral Health institutions do not use DHIN because the only value is in labs, she added that she would not be able to put her discharge summaries on there. Dr. Bolander stated that it costs her \$7,000 a month for her electronic health record and was a \$300,000 investment initially.

Dr. Bolander also noted that DCHI has money earmarked from a grant, which is specifically for behavioral health practices becoming electronic to start sharing data.

Senator Hall-Long referenced Delaware's hospital system that has gone to integrated care and asked if they are seeing more patients, and if patients are not getting seen. Dr. Bolander replied that they are working on trying to see more patients, but the patients are still being seen regardless.

After the presentation, the following questions were asked:

Dr. Adam Glushakow, member of the public, asked why there is more focus on patients who have higher physical needs and less mental health needs. Dr. Bolander replied that physical needs are the focus of training at the time, because that is where the need is. However, the others are not being ignored.

Mr. Lafferty noted that an important point Dr. Bolander referenced was education and training for the physicians, nurse practitioner, and the mental health professional that is in the office. This way, each of those individuals knows what the other does and they can communicate together. Integration should not be confused with communication.

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Workforce Presentations – DPBHS: Workforce Development

Senator Hall-Long introduced Dr. Richard Margolis, Dr. Tom Olson, and Daphne Warner, LCSW, who presented on DPBHS (The Division of Prevention and Behavioral Health Service) – Workforce Development.

Senator Hall-Long noted that she has been looking at the identifiers of the age of 6-10 where early prevention could start. Senator Hall-Long asked Daphne Warner what her thoughts were on early prevention in the schools or in the community. Ms. Warner responded that if they could implement prevention work in elementary schools, she would be extremely happy. She noted that prevention works and it is important. If Delaware could start in elementary schools, it would help with the FCTs (Family Crisis Therapists) in the elementary schools. However, FCTs help a small number of students, and schools would benefit from having programs like FCTs on a larger scale with licensed therapists. Additionally, high schools need them as well.

Representative Debra Heffernan asked if Delaware has reciprocity for licensing in Delaware, like a lot of other states. Ms. Warner noted that there is some; however she is not sure the details. Additionally, Delaware is having problems with how much they pay compared to surrounding states. Delaware pays a lot less than Pennsylvania and New Jersey.

Representative Heffernan also asked if there are state colleges and universities in Delaware that offer a master's degree in social work. Ms. Warner replied that Delaware State University offers a master's degree in social work. Additionally, West Chester and Widener has MSW (Master's in Social Work) programs. Wilmington University has the Master's in Counseling and the University of Delaware has a program too. Dr. Bolander noted that there are loan forgiveness programs in Delaware; however, the States licensure requirements are more stringent than in other states.

After the presentations, Senator Blevins reminded Task Force members, and members of the public, about the Public Hearing coming up, on February 3rd at 6:30 PM, at Legislative Hall in the Senate Chamber.

Public Comment

Edwina Bell, member of the public, asked what impact the publicity of the federal and state governments has had on the retention of DPC (Delaware Psychiatric Center) workers and recruiting new staff to the State. Senator Hall-Long replied that the Task Force should wait to answer that when Dr. Barbieri is present.

Ms. Bell also asked how the State will follow measures suggested by the outcome data studying effectiveness of treatment. Dr. Richman replied that the measuring outcome for services dove-tail with DCHI in regard to a value based and performance based payment system. This is a very complicated system with a lot of moving parts.

Ms. Cycyk followed that the children's system has one consistent measure, which is not the best. However, the measure is based on whether or not they are able to step down a child to a less restrictive level of care and if the child is able to sustain in that level of care. Mr. Lafferty noted that from the adult side, the U.S. Department of Justice settled on an agreement that has resulted in a lot of additional data collection, filtering the data, and reporting on their progress. However, there is a lot more data collection needed.

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Dr. Margolis noted that DPBHS has a system of care grant, and they have access to technical systems through it. There are different instruments that they are now using to determine whether or not a system is appropriate for each child.

Irene Waldron, on behalf of Delaware Healthcare Facilities Association and member of the public, stated that it is important to be careful when looking at hospitalizations and re-hospitalization data because more individuals have started receiving healthcare insurance within the past 2 years because of the Affordable Care Act. Therefore, part of the reason that the data may have risen is because more people now have coverage.

Tim Collins, member of the public, referenced his passion to fight for those who were wrongly accused of sexual offenses in Delaware.

- Asked if someone could look into his situation of being wrongly accused of sexual offenses.
- Addressed SB 133 of the 144th General Assembly, a law created to remove custody of children from sex offenders. Mr. Collins stated that the law is not written correctly.
 - Noted that the Bill was never put through a committee.
 - Blamed this law for the reason why he is not allowed to see his children.

Bill Mason, on behalf of MeadowWood Behavioral Health and member of the public, stated that if this Task Force constructs a Work Force Committee, he would like to be a part of it. At MeadowWood, they have four nursing schools and receive several requests for nurse practitioners and physician assistants. But, because of funding requirements there are many additional steps that take a lot of time out of the student's working and learning day.

Senator Hall-Long asked if there were any more questions from Task Force members. As there were none, the Task Force meeting adjourned at 4:29 PM.