



## **The Delaware Health Care Commission (DHCC) Meeting**

March 7, 2024

9:00 a.m. - 11:00 a.m.

### **Meeting Attendance and Minutes**

**Commission Members Present In-Person:** DHSS Cabinet Secretary Josette Manning, Nick Moriello (Highmark Delaware), Cabinet Secretary Rick Geisenberger (DOF), Insurance Commissioner Trinidad Navarro (DOI), and Stephanie Traynor (DSCYF)

**Commission Members Attending virtually:** Mike Quaranta (Pro Tempore)

**Commission Members Absent:** Theodore Becker, Dr. Nancy Fan (St. Francis), Dr. Roger Harrison (Nemours), Melissa Jones, RDH, and Dr. Jan Lee (DHIN)

**Meeting Facilitator:** DHSS Cabinet Secretary Josette Manning

**Health Care Commission Staff:** Elisabeth Massa, (Executive Director), Dionna Reddy (Public Health Administrator I), Latoya Wright (Manager of Statistics and Research), Sue Walters, (Public Health Treatment Program Administrator), Colleen Cunningham (Social Service Senior Administrator), and Sheila Saylor (Admin)

**Anchor Location:** The Chapel, Herman M. Holloway Sr. Health and Social Services Campus  
1901 N. DuPont Highway, New Castle, DE 19720

### **CALL TO ORDER**

After confirming a quorum, Secretary Manning called the meeting to order at approximately 9:10 a.m. She explained that she would be chairing the meeting today in the absence of Dr. Fan the DHCC Chair. Public attendees were reminded to identify themselves by placing their name and affiliation in the chat box and those attending in person to sign the sign-in sheet in the Chapel.

### **BOARD BUSINESS**

**ACTION ITEM: Approve February 1, 2024, Meeting Minutes**

The commissioners reviewed the February 1, 2024, meeting minutes. Secretary Manning asked if there were any comments. Hearing none, Nick Moriello made a motion to approve the minutes. No objections were made. The minutes were approved by the commissioners and are available on the [DHCC Website](#).

## **POLICY DEVELOPMENT**

DHCC Commissioner, Dr. Stephanie Traynor (Deputy Director, Division of Prevention and Behavioral Health with the Department of Services for Children Youth & Their Families (DSCYF)) presented on Youth Behavioral Health. The key points covered were an overview of the DSCYF, the Division of Prevention and Behavioral Health Services, eligibility for different services, a continuum of service and youth served, and highlighted prevention and treatment programs.

Dr. Traynor provided an overview of the department stating that it was created in 1983 to enable efficient services for children and families experiencing child maltreatment, delinquency, and behavioral health challenges by avoiding fragmentation and duplication. It consists of 4 divisions, Division of Family Services (DFS), Division of Youth Rehabilitation (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), and Division of Management and Support Services (DMSS). There are approximately 1,400 employees.

DPBHS's mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care. The mission is based on approaching the work through a system of care lens and a trauma-informed approach. Which means it is family-driven and youth-guided.

Dr. Traynor moved on to DPBHS services eligibility. The continuum of services ranges from prevention to early intervention to treatment. Depending on which service is chosen or needed eligibility is different.

Prevention services are available to all Delaware youth. These programs are located throughout the state based on provider expertise. Depending on where the youth is located there may be different types of prevention programming available to them. The website has an interactive map to help families see what is available to them in their area.

Early intervention is available for Delaware children by referral from early learning centers and schools. Early intervention is not insurance-dependent and is open to all youth in Delaware schools. However, the individuals providing intervention are in specific schools and the school controls who is granted services. Families can speak with their school to be able to access services.

Treatment services are available for Delaware children who are Medicaid or uninsured. Crisis intervention is the exception which is open to all children who are physically located in the state at the time of the crisis.

Most treatment services are provided through contracts with in-state and out-of-state providers. Contracted providers can decline to accept referrals. Exceptions are two DSCYF-run facilities:

- Silver Lake Treatment Consortium (Odessa House and Middletown Manor)
- Terry Children’s Center (Crisis Bed & Diagnostic Stabilization Programs)

Dr. Traynor highlighted several specific prevention services provided directly by DPBHS. Intensive Family Consultation (IFC) for short-term case management support. Birth to Three (B23) is a foster children initiative that checks in to make sure developmentally children are on target. Building Bridges Conference (April 29th and 30th) and a prevention helpline performing community outreach for families looking for prevention services that we help them negotiate what is available to them.

Early intervention services are offered in schools throughout the state. Early Childhood Mental Health Consultants (ECMHC’s) – 14 licensed clinicians; youth/families served are referred by early learning centers and schools. Family and Student Interventionists (FSI’s) –in 54 elementary schools that provide positive actions for case management and social/emotional learning, and summer programming (450 youth served last summer over four weeks). Behavioral Health Consultants (BHC’s) – in 31 middle schools.

Dr. Traynor then provided some statistics on DPBHS services.

**Early Intervention:  
Number of Youth & Families Served**

Program	Youth Served	Referral Reasons	w/Youth & Family	w/School Staff
ECMHCs	137 early learning centers	Aggression, defiance, developmental concerns, emotional regulation, teacher stress	239 child specific	206 classroom focused; 207 trainings to 1,049 staff
FSIs/KS	1,008	Behavior, emotional concerns, family issues	79,697 (25% to families)	
BHCs	598	Relational (peers/family), depression, anxiety	6,096	2,386



## DPBHS Treatment Continuum of Services

- Community -based, intensive outpatient treatment services
- Partial-hospital programs
- Inpatient psychiatric hospitals
- Residential Treatment
  - Out-of-state psychiatric residential treatment facilities (PRTF)
  - In-state residential treatment facilities
- Crisis-bed program
- Mobile Response and Stabilization Service (MRSS)

Claims Paid FY23
\$8,012,711
\$1,128,193
\$13,608,515
\$1,964,908
\$1,852,679
\$363,214
\$3,187,790
\$30,118,010



Dr. Traynor cited not all expenditures are represented on the above slide and some things are paid out of general funds but the vast majority of what is paid out for fiscal year 2023 is represented.

## Treatment: Number of Youth & Families Served

Type of Service	FY22	FY23
Across All Services	3707	3641
Community-based Treatment	1460	1513
Inpatient Hospital	968	1075
Residential	101	73
PRTF/Out-of-state Residential	60	38
In-state Residential	41	41
Crisis Bed Program	25	16
MRSS	2620	2276



Dr. Traynor stated that most numbers are consistent, but the out-of-state residential was the most notable decrease. That was not because work was not needed but because we could not get programs to accept our children. Steven Constantino, Director Health Care Innovation and Finance, Department of Health and Social Services (DHSS), asked if it was because of the Delaware rates and that most out-of-state providers don't like our rates. Dr. Traynor said she did not think so, or none of the programs had mentioned rates being an issue. Dr. Traynor stated that they have some flexibility with out-of-state rates so if a program came to them needing to talk about rates there would be a conversation. Another question was asked regarding the increase in services whether it was due to the decline of the pandemic or just increased need for those types of services. Dr. Traynor did not feel she could properly answer the reason for the increase but stated the pandemic did cause a drop in services because of families not going out as much. She stated that they have seen more acuity but not necessarily

more children. David Bentz, Deputy Director of Health Care Innovation and Finance asked how you prioritize which schools offer services. Dr. Traynor stated the school district makes the selections. Mr. Bentz also asked when year-over-year expenses are estimated does that go into the initial ask when the budget is being built and what percentage of the bill for the upcoming fiscal year did you request relative to what the expenses were the past year? Dr. Traynor stated that right now they are in a position where their budget meets their needs, so they did not have to ask for increased money for treatment services. Secretary Manning advised that preceding Dr. Traynor, when Secretary Manning was there, DPBHS operated with a huge deficit every year so from 2017 up to 2021 they worked with the OMB and the Governor's office to right size up the budget. Therefore, they are not operating with a surplus but returning to the number of children being served and they are budgeted appropriately.

#### DPBHS Current Expansions and Initiatives

- Expansion of Trauma Response for Youth (TRY)
- Stand Together pilot
- Expansion of youth peer support
- Addition of new service providers
- Training in new evidence-based practices (EBPs) to staff and provider network
- Substance use treatment needs assessment
- Expansion of crisis beds
- Diagnostic and stabilization program and Wharton Hall renovation

Michael Quaranta inquired given the demographics of the state, and post-pandemic school district declining enrollments what is the trajectory for services in a shrinking or flattening population. Dr. Traynor cited utilization and we have new contracts for community service providers. Secretary Manning stated that the population may be shrinking but because we have had waitlists and service gaps is probably why they are not seeing the impact and that percentage-wise more kids need behavioral health services than 5 or 10 years ago.

DPBHS Current Expansions and Initiatives also include the Diagnostic and Stabilization Unit at Terry Children's Center due to open in early 2025. DSCYF Prevention Campaign whose 8-month campaign produced 17.7 million impressions and 28,000 unique visits to the campaign website, **de.gov/notalone**. Secretary Manning celebrated that this campaign on inception produced visits in the hundreds and now increased to 28,000 visits. Mr. Bentz mentioned that he would be available offline to help with strategic marketing ideas on how to reach minorities. Secretary Geisenberger was thrilled to see the direction for the campaign as this is exactly the vision they had we he served on the committee that started the Government Information Center (GIC), in 1996. Secretary Geisenberger explained that the GIC is an agency that was created to assist other agencies in developing graphics and staff training to enable successful marketing strategies and campaigns.

Mobile Response Stabilization Services (MRSS) are provided to any youth under 18 who is physically present in the state and requires assessment regarding imminent danger to self or others as a result of a mental health or substance use disorder. Dr. Traynor spoke about calling “988” when youth or adults are in crisis and that you are connected to a call center who if needed will connect the caller with someone who will give them an in-person response. One of the challenges is that “988” is area code driven so you may not get connected to a Delaware call center. Secretary Geisenberger asked if DPBHS was a member of the “988” committee. Secretary Manning answered that DHSS is the lead on the “988” call center and that to her understanding the call center will divert adults and youth to where they need to go and there will be teams able to respond. Secretary Geisenberger gave background on the fees associated with calling “988.” As of January 1st the fees should generate 8 to 9 million dollars and the funds will go toward strengthening the call center’s ability for an immediate response when a call is received.

## **UPDATES**

### **DIDER**

Dr. Ray Rafetto, DIDER Board Member, presented updates for the DIDER program. DIDER is working on its feeder programs with Delaware State and the University of Delaware. DIDER is participating in Health Professional Night with DIMER which will be a dinner in April at the University of Delaware.

Dr. Rafetto spoke of the great relationship with Temple, and how they are keeping an eye out for Delaware applicants. Temple is hosting a DIDER Luncheon on March 27, 2024, to promote Delaware and connect with the DIDER students enrolled.

The ChristianaCare Residency program has 8 residents from 5 different universities and all of them have taken and passed the board. All 8 residents plan to practice in the state of Delaware and 3 of the 8 are from out of state. Out of the 8 residents accepted 5 are DIDER students. DIDER is grateful to Christina Care because the dental program loses money in the sums of millions each year and Christina Care along with the federal government subsidizes DIDER.

Dr. Rafetto stated that they would like to continue the feeder programs and enter the high schools if they could get professionals like hygienists and dentists to participate. Noting this would have to be approved by the Department of Education (DOE).

### **PUBLIC COMMENT**

Nick Moriello (Highmark Delaware) commented that March is Colon Rector Cancer Awareness Month and please get your screening and March 24th Delaware goes purple for Glucose Day so wear blue and purple this month.

Secretary Geisenberger announced that the Workforce Subcommittee meeting would be March 13th at 9 o'clock at the Star Campus and it would be a hybrid meeting.

Secretary Manning announced the April meeting is canceled, and the next DHCC meeting is scheduled for May 2.

Steven Constantino announced DHSS is applying for the 1332 Reinsurance Waiver with CMS and hopefully will have approval by the next DHCC meeting. It will be a public hearing and its an opportunity to make comments if anybody wishes to do so.

An announcement was made that in April the Delaware Economic and Financial Advisory Council (DEFAC) Healthcare Spending Benchmark Subcommittee will meet, and final recommendations will be presented.

**ADJOURN**

The DHCC meeting slides are posted on the [DHCC Website](#). Secretary Manning called for a motion to adjourn, and the motion was made by Nick Moriello. The meeting adjourned at 10:02 a.m.

**UPCOMING MEETING**

The next DHCC meeting is scheduled for Thursday, May 2, 2024, 9:00 a.m. – 11:00 a.m. The anchor location for the meeting:

The Chapel  
Department of Health and Social Services  
Herman Holloway Campus  
1901 N. DuPont Highway  
New Castle, DE 19720

**Public Meeting Attendees  
March 7, 2023  
Public Meeting Attendees (Virtual)**

Anthony Onugu	United Medical ACO
Beverly Mahon	DMMA
Bria Greenlee	302 Strategies
Brian Olson	LA Red Health Center
Cheryl Heiks	Delaware Health Care Facilities Association
Chris Fraser	Westside Family Healthcare
Christina Bryan	DHA

Christina Miller	DOI
Christine Vogel	DOI
David Bentz	DHSS
Delaney McGonegal	MACHC
Jess Luff	DOI
Jill Fredel	
Judith Butler	League of Women Voters
Lisa Gruss	Medical Society of Delaware
Maggie Bent	Westside Family Healthcare
Melissa Marlin	Department of Finance
Nicolas Conte	DPH-Dental
Nicole Moxley	DPH/OHPR
Nora Hoban	Mid-Atlantic Association of Community Health Centers
Pam Price	Highmark Delaware
Pamela Gardner	Delaware Health Sciences Alliance
Rachel Hersch	LA Red Health Center
Ray Rafetto	DIDER
Richa Shah	
Richard Holaday	DMMA
Shay Scott	Henrietta Johnson Medical Center
Sherry Nykiel	DMMA
Steven Constantino	DHSS
Susan Jennette	DOI
Victoria Brennan	Office of Controller General
Wayne Smith	Smith Capitol Advisors
William Albanese	Atracare