



August 7, 2021

Thank you for completing your 2021 Community Star Individual Nominee Questionnaire!

Overview

Here is a copy of your answers for your records. All nominations will be reviewed and evaluated by members of NOSORH's Community Star Selection Committee. One Community Star will be selected per state. If you are selected as your state's Community Star, I will work with you to schedule an interview so that we can develop your outstanding story to share in our annual book of Community Stars released on Thursday, November 18, 2021.

If you have any questions, please reach out to NRHD Community Star Project Coordinator, Brea Corsaro at bcorsaro@powerofrural.org.

Your Information

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Have Questions? Contact:
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Organization or Project Website

<https://kids.delaware.gov/dcpap/dcpap.shtml%20%20%20>

Please describe in as much detail as possible, your role within your organization and the nature of your work in rural health?

As a practicing collaborative psychiatrist, I serve children in all three counties in Delaware and consult with schools, wellness centers, and mental health programs, both public and private. My workday spans multiple levels of care. I educate mental health and medical professionals on a wide variety of clinical topics, including integrating systems of care and treatment of children with complex psychiatric disorders. I am currently a child psychiatric consultant and CME lecturer for the newly established Delaware Child Psychiatry Access Program (DCPAP), promoting collaborative care through consultation with primary care practices statewide. This program increases access for youth to age 21 to child psychiatric expertise through consultation and collaboration of child psychiatrists and primary care professionals throughout the state of Delaware. Review of patient treatment plans and creating continuing education on topics in child psychiatry for primary care teams is especially essential to increasing access during and post COVID-19. Through my committee work with the American Academy of Child and Adolescent Psychiatry, I have helped to author and edit two editions of the Child and Adolescent Psychiatric Clinics of North America, one on measurement-based care in child psychiatry, and due out soon, on engaging our partners in mental health, including child psychiatrists working with psychologists, nurse practitioners, pharmacists, school officials, and primary care professionals. We see these as blueprints to helping child psychiatrists to transform practice, dedicating more time to collaborative and consultative care. In this way we keep child psychiatrists available to youth, especially

those coming out of hospitals and returning to rural shortage areas, where access to follow-up appointments can be difficult.

I continue to consult with a number of nurse practitioners in independent practice, who work in shortage areas in Delaware, encouraging them to attend our CME activities as well. One of the nurse practitioners has set up a food pantry and a connection with a non-profit as part of her independent practice.

We have promoted access to our DCPAP program statewide through on-site and virtual visits to primary care offices and training resident physicians. Mindy Webb is our Behavioral Health Consulting Social Worker, who helps primary care practices connect their youth and families to community resources, including non-profit organizations devoted to the social determinants.

I am a member of the Primary Care Collaborative in Washington, and serve on our Behavioral Health Integrated Care Workgroup, which has brought together representatives from clinical, payers, and employers to increase access to behavioral health for youth.

I have worked with the DE Insurance Commissioner's Office on model legislation for sustainability of our DCPAP program and for increasing access to collaborative care. We plan discussions with Delaware legislators. Our DCPAP program is currently engaging with Delaware's Pediatric Health Network, Behavioral Health Consortium, Al DuPont Nemours clinics throughout the state to increase access to child psychiatry consultation.

I have worked to promote parity and access to care for children, adolescents, and their families, and am currently advocating for appropriate valuing and reimbursement for psychiatrists involved in collaborative and integrated care

services, whether under fee-for-service or for increasing value-based service arrangements.

What inspired you to choose your career?

I have always been interested in people and in nature. A neighbor whose son was a doctor always told me that someday I would be a doctor, just like her son. In medical school I considered family medicine and enjoyed my rural health elective in Springville, New York. As I experienced my psychiatry rotations I noted that while some of my med school peers tended to "recede" in the presence of those with mental illness, that I just spoke to folks with mental illness the same way as anyone else. This special gift allowed me to be with enough people to realize that I wanted to be a psychiatrist, and later a child and adolescent psychiatrist. For psychiatry residency and child fellowship I trained in a multidisciplinary psychiatry program, which gave me access to clinics in rural West Virginia. In looking for residency, I spent a month working in rural eastern North Carolina and had a great experience. In moving to Delaware to set up a Day Hospital Program for youth, and through contracting with a number of community agencies devoted to helping the poor and under-privileged, I had the wonderful opportunity to work with people who were real because they did not have enough means to put on any airs or fancy defenses, so we could get right down to caring for their real needs. I continue to work with Delaware Medicaid and MCO's on such issues as pharmacy and therapeutics, quality improvement, and safety in drug utilization, especially in limiting weight gain in foster care youth on antibiotics.

Finally, I am especially proud for having edited the AACAP policy statement on bullying, and area of personal interest, so that it mentions that the bully is

accountable and is also considered for care, so that they may create less victims in the future.

What is the impact of your work in your community or the rural populations you serve?

In addition to my role as a consultant to the DCPAP program, which helps rural pediatricians and family practitioners to access child psychiatry consultation for youth and families, I was a consultant to LaRed Health Center, an FQHC in Sussex County, Delaware, serving the rural Hispanic Community as well as the town of Georgetown, helping to establish collaborative care and laying the groundwork for hiring a behavioral health consultant and increasing on-site ties between primary care and embedded mental health professionals.

I have been a presenter several times for the Rural Health Initiative, covering issues related to collaborative care and coding/value-based reimbursement options and access for youth in rural and shortage areas. Expanding telehealth services to schools and family homes during Covid-19 allowed school professional and IEP teams continued access, and allowed parents who might not be able to drive to city centers for care to receive help right in their own homes and school neighborhoods.

Have you accessed, benefited from, or worked directly with your State Office of Rural Health? If yes, please describe.

I have been involved at several points with the Rural Health initiative as a presenter, as noted above, as well as with nurse practitioners working in shortage areas in DE. My work with LaRed Health Center in Georgetown was also a way to help those in rural areas.

Are you or your organization a HRSA, Federal Office of Rural Health Policy Grantee? If yes, which grant program? If yes, which one?



Yes

Our Delaware Child Psychiatry Access Program is in the 3rd year of a 5 year grant. We are working on ongoing sustainability

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