

Leading the Charge: Lehigh Valley Behavioral Health Symposium Workgroup Meeting Minutes 10.23.24

On October 23, 2024, our Behavioral Health Symposium provided education to executive leaders and convened focus groups to tackle critical challenges in behavioral health, from ED boarding and workforce development to social determinants of health (SDOH) and continuum of care. These discussions emphasized the importance of coordinated action, with a central aim to improve behavioral health outcomes by addressing patient risks, enhancing service integration, advocating for funding, and removing systemic barriers across care pathways. Each focus group has provided insights that will inform targeted solutions and policy advocacy for behavioral health in the Lehigh Valley.

We are now seeking individuals to chair four ongoing workgroups that will focus on the actionable solutions identified during the symposium. Those interested in leading or participating in these workgroups should contact Tom Walker. We encourage stakeholders to leverage our distribution list to share these opportunities with colleagues who may wish to contribute. Together, we aim to drive meaningful change by improving crisis intervention options, expanding behavioral health resources, and advocating for policy reforms that support a sustainable, accessible behavioral health system for our community.

ED Boarding Notes Summary 10.23.24

The ED boarding section covers:

- **Patient Risks:** The dangers associated with patients leaving or being admitted to the ED without appropriate care or resources.
- **Admission Criteria:** Determining who meets the criteria for admission, including patients needing social holding but not meeting traditional boarding criteria.
- **Service Integration:** Emphasizes the need for integrated services to prevent ED boarding.
- **Crisis Services:** Highlights the importance of making crisis services accessible and well-utilized within communities.

Funding / Insurance

The funding and insurance section focuses on:

- **Policy Changes:** The need for payer policies that ensure financial investment in behavioral health services.
- **Transportation:** Lack of transportation funding limits access to mental health services.
- **Legislative Changes:** The need for laws that mandate payers to adequately fund behavioral health services.

Parking Lot

The parking lot section addresses:

- **Housing Options:** Discusses available options, such as Housing First, recovery housing, and domestic violence shelters.

- **Case Management and Funding:** Examines challenges in case assignment due to funding gaps, limited case management, insurance issues, and housing availability.
- **Service Barriers:** Outlines barriers to accessing services, including data limitations, demographic challenges, housing shortages, and insurance constraints.
- **Next Steps:** Mentions a virtual meeting to discuss further steps.

Other Notes

Additional notes include:

- **Zoning Reform:** Highlights zoning issues affecting service availability.
- **Service Access Barriers:** Discusses limitations such as capped services and non-paying patients.
- **Resource Closures:** Notes the impact of resource closures and the critical role of mandatory mental health services.

Initial Recommendations. Convene a workgroup of champions to address:

1. Identify Codes and variability of the code requirements differing from payers (Parity)
 - a. Department of Insurance
2. Traditional ED's improving environment and education of staff to serve patients in psychiatric trauma
 - a. Why are we not training the teams to help treat patients in the existing environment
3. Crisis Regulations when released for comment this group will distribute for comment and create recommendations for final rule

Summary: Workforce Development & Retention in Behavioral Health 10.23.24

Workforce development and retention challenges are not unique to healthcare, but are especially pronounced in behavioral health. While retention is difficult, attracting new talent is equally challenging. Effective recruitment strategies include referral bonuses, using the Indeed platform, word-of-mouth about positive work environments, internships, licensure supervision programs, stipends for continuing education, and retention bonuses.

Key ideas for improvement:

- **Educational Outreach:** Engaging college students early to showcase diverse career paths within behavioral health.
- **Rethinking Internships:** Shifting internships to earlier in education could foster interest and clarity about career options.
- **Inspiring Employees:** Identifying and nurturing employee interests, even beyond direct job requirements, can boost retention.
- **Tailored Interview Processes:** Reviewing interview questions, fostering trust, and avoiding repetitive questioning can enhance hiring outcomes.
- **Understanding Workforce Needs:** Knowing community needs and job differences in rural vs. urban areas helps match employees to roles suited to them.

- **Policy Advocacy:** Pushing for reduced work requirements for student loan forgiveness could ease workforce shortages.

Summary: Social Determinants of Health (SDOH) in Behavioral Health and System Challenges 10.23.24

A discussion on the social determinants of health (SDOH) highlights major factors impacting behavioral health, including housing, food security, domestic violence, education, and employment. Key assessment tools, like the DLA20, are employed across 20 life domains, with data managed by MTM. Federal initiatives (e.g., CMS 2025/2026) aim to embed SDOH metrics into care planning, yet gaps persist due to funding limitations and resource shortages, especially in Medicaid-dependent areas.

Key Issues:

- 1. Resource & Funding Gaps:**
 - Churches, non-profits, and grants offer limited support for needs like housing, psychiatric rehabilitation, and food security.
 - Medicaid-related barriers include unreliable transportation (e.g., LANTA van service), housing shortages, and insurance limitations.
 - Insurance restrictions lead to inadequate SDOH funding, further impacting behavioral health service accessibility.
- 2. Data and Diversity Challenges:**
 - Gathering demographic data by zip code and ethnicity is critical for funding and resource allocation.
 - Diverse populations, especially in ethnic minority communities, are underserved and underrepresented in behavioral health services and workforce demographics.
 - Organizational self-assessment for diversity within boards and staff is recommended to improve service inclusivity.
- 3. Systemic and Ethical Challenges:**
 - Emergency departments (EDs) struggle ethically to decompress overcrowded spaces, causing financial strain.
 - Caps on sessions limit commercial insurance holders but not Medicaid recipients, creating inequities in treatment continuity.
 - Staffing disparities between mental health and physical health fields exacerbate workforce issues, with mental health staff often receiving lower pay.
- 4. Actionable Solutions:**
 - Telehealth offers potential to bridge service gaps by removing logistical barriers, such as transportation and childcare.
 - Mandates and diversion programs could help reduce the flow into the criminal justice system by directing individuals into mental health services.
 - An action plan focusing on improved demographic data, database development, and community-driven strategies will be crafted with invited stakeholders.

These discussions stress that an integrated, well-funded approach to SDOH could reshape behavioral health in the Lehigh Valley, addressing both immediate needs and long-term systemic barriers.

Continuum of Care Workgroup Summary 10.23.24

The Continuum of Care Workgroup reviewed persistent issues affecting patient referrals, regulatory barriers, and resource limitations in behavioral health services. Participants noted gaps in funding, challenges with immediate access to appropriate levels of care, and complexities in navigating requirements for clients, particularly those in high-acuity outpatient cases. Though community-based case management (CBCM) and intensive case management (ICM) are available, providers are seeking a more specialized outpatient case management model to address complex cases. Additionally, programs face financial instability, limited state support, and regulatory constraints, impeding their ability to meet increasing demand.

Key Barriers:

- 1. Referral and Access Challenges:**
 - Mismatched care levels, long waitlists, and inadequate inpatient options for high-need cases.
 - Limited client access to technology hinders follow-up and continuity of care.
- 2. Regulatory and Systemic Hurdles:**
 - Complex regulatory requirements, varied system mandates, and a lack of flexibility complicate provider efforts to navigate the care continuum.
 - Insufficient resources and funding for housing, transportation, and other social determinants of health intensify access issues.
- 3. Provider Needs and Program Stability:**
 - Providers face financial strain due to low reimbursement rates and seek legislative advocacy for regulatory adjustments and enhanced funding models.

Actionable Steps and Follow-Up:

- 1. Forming Targeted Subgroups:**
 - Assign subgroups to focus on distinct challenges, including regulatory barriers, continuum of care referrals, and state legislative support for higher funding rates.
- 2. Resource and Referral Optimization:**
 - Improve referral processes using tools like PA Navigate and expand awareness of existing CBCM programs.
- 3. State and Legislative Advocacy:**
 - Develop a proposal to address systemic gaps, such as expanding program funding, refining regulations, and supporting the need for additional outpatient resources.

Subgroups will prepare concrete recommendations to be presented at the next meeting, with a focus on actionable regulatory and systemic solutions.

Next meeting: St. Luke's Hospital - Sacred Heart Center, Allentown, PA

Date: April 17, 2025

Respectfully submitted by Tom Walker, Magellan Behavioral Health of Pennsylvania
Twalker@magellanhealth.com