Medicaid Priorities for Behavioral Health

Joel A. Dvoskin, Ph.D., ABPP
University of Arizona College of Medicine
Chair, Governor’s Advisory Council on Behavioral Health and Wellness

- (Actually. It’s 2 words, but I digress)
- Care has always been managed
- The solution to every problem includes integration of systems and care
- Managed care has the capacity to integrate care way better than fee-for-service
- Mental health care reduces medical costs
- The question is not whether we manage care, but how

Managed Care Is Not a Dirty Word
Person-centered
Strength-based
Why “trauma informed” is not a fad
Outcomes instead of process measures
Hopeful and respectful treatment
Support should not require a crisis
Three words: Housing, housing, housing

Recovery-Focused Treatment and Support

A brief tirade against cable news
An ounce of prevention
Crisis services must be timely and competently provided
Props to the Sheriff’s Office and LV Fire and Rescue
Coordination across agencies, jurisdiction, and providers
The value of peer-run services

The Crisis Crisis
Health workforce deficits will demand new models of service
- Holistic care is better care
- Primary care psychiatry requires education and consultation
- Mental health treatment reduces physical health expenses
- Access: What we can learn from McDonald's
- Prevention: Pay me now or pay me later

Integrated Care

This is as serious a crisis as the drought
- There are simply not enough doctors & nurses
- Especially serious in regard to specialties
- New medical and osteopathic schools will not create specialists without new residency slots
- Medicaid will not reimburse for services by residents
- Extremely difficult and time-consuming to expand or create federally funded residencies
- Need for federal advocacy

Healthcare Workforce
Peer support
Loan repayment
Telemedicine
Licensure reciprocity
Better reimbursement rates for psychiatrists and nurse practitioners
Should psychologists be allowed to prescribe? Under what circumstances?

Healthcare Workforce (cont.)

Individuals with developmental disorders
Children
Elders
Veterans
People with no place to live

Integrates Service to Special Populations
Fast access after release from jail and prison
Suspension instead of termination of benefits
“In-reach”
Supporting and expanding CIT
“Safe and Sober Housing” (or the death of common sense)

Relationships with Criminal Justice and Public Safety Agencies

Will be addressed by Council and legislative Task Force
Move to managed care changes the question
Communities need input into the care their citizens receive
Option: Local advisory boards
Option: Regional control of state-provided services
Who will provide QI, audits, and contract management?
Stakeholders
- Consumer and family input is crucial
- MCO’s and Providers
- First responders, incl. Police and Fire & Rescue
- Business communities and community organizations
- Tribal leaders

Governance
“For want of a room, the person was lost”
Why we must be able to use Medicaid dollars for targeted, MH-related housing
Housing can dramatically reduce the most expensive MH care expenses
Housing can reduce medical expenses
Need for federal advocacy
Not more spending—smarter spending

The Elephant in the Room: Housing

If it’s from the Dalai Lama, it’s not corny.
To those who suffer
You act with love and kindness
You are a blessing

Thank You Haiku