SPEAKER NOTES

Behavioral Health Services Now Offered Under the California Mental Health Parity Bill

Summarized by Thomas T. Thomas

Since the passage of the California Assembly Bill 88, health plans and disability insurance policies have been required to offer patients with serious mental illness services that are equal to those available for other medical conditions starting in July 2001. How are local providers meeting this requirement? At our July 23 meeting we heard **Andrea Goetz Glover, LCSW,** psychiatric case manager at the Kaiser Permanente Oakland Medical Center; **Jeth Gold, LCSW,** intensive case manager at the Kaiser facility in Richmond; and **Alane L. Friedrich,** senior member and former chair of the Alameda County Mental Health Board, describe their programs and how they are faring under current budget constraints.

ANDREA GOETZ GLOVER

Under the terms of AB 88, "severe mental illness" includes schizophrenia, schizoaffective disorder, bipolar disorder (also known as manic depression), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder (or autism), anorexia nervosa, and bulimia nervosa. The benefits mandated for severe mental illness include outpatient and inpatient services, hospital services, and prescription drugs if a plan contract or insurance policy otherwise covers prescription drugs.

Andrea Goetz Glover is a licensed clinical social worker with a background in triple diagnosis (HIV, substance abuse, and mental illness). She has been with Kaiser since last October, working to set up outpatient services for adults with mental illness. "In Oakland we had 218 patients with either schizophrenia or schizoaffective disorder," she said, "so the first step was to establish treatment guidelines for this group." These guidelines require that every patient have an identified case manager—either Glover herself or a nurse—and be connected with a psychiatrist.

Glover provides initial screening for outpatient services, to offer the best placement in one of the various groups the center offers that do not need a psychiatrist's referral. These groups all meet weekly and include:

- Case management group, where patients who are doing relatively well can check in and discuss their situation with other patients and with Glover.
- Life skills group, which assists with issues like nutrition, socialization, and peer support.
- Family support group, which meets every Wednesday from 5 to 6:30 p.m. for six weeks. Family members under the Kaiser plan can access this group at any time—that is, the group does not have a defined starting date—and participate for as long as they find value.
- A facilitated WRAP (Wellness Recover Action Plan) group, which helps patients identify what they're like when they feel well, learn warning signs of impending crisis, and develop an action plan to deal with it.

"WRAP is based on five principles," Glover said as an aside. "Hope, that something can change. Education from within. Personal responsibility. Advocacy for oneself. And support.

"We've also found that cognitive therapy works very well in these support groups."

Jeth Gold

For several years Kaiser has had similar outpatient services for patients suffering major depression, with eight- and twelve-week support groups and a medical group. And Glover is now working to set up programs similar to the schizophrenia services for bipolar disorder, panic disorder, obsessive-compulsive disorder, and anorexia and bulimia.

Glover has other resources as well, such as a crisis-based intensive outpatient program that meets four days a week for about four hours each day. The Oakland center also provides partial hospitalization under contract with Alta Bates, as Kaiser in Northern California does not have its own inpatient psychiatric services.

"The case manager's goal," she said, "is to work with the patient and with family members. We try to get the person to come to support group meetings and participate—but we don't force anyone. If the patient cannot attend, I try to check in once a month and see how the person is doing."

Jeth Gold, who provides similar case management services at Kaiser's facility in Richmond, works with patients who have been recently hospitalized. "Case management is not therapy," he said, "it's calling people. Kaiser has many groups and resources, so one of the first things I do is meet with the patient and the staff to discuss what group the person should be in."

Gold said that family support is also invaluable, because family members have more intense contact with the patient. In trying to get the patient

connected with outpatient services, he said, paranoia is a problem. So Gold tries to do whatever is required, including household visits and hand holding.

The Richmond center has several groups for patients with schizophrenia and bipolar disorder, including a drop-in group on Mondays and Fridays where patients can talk about their goals, meet others with similar symptoms, and become part of a support network. As in Oakland, there is also a life skills group but no WRAP group.

"Parity is causing a revolution in what health organizations and insurance companies have to provide for patients with mental illness," he said. "Before parity, people would use up their fifteen days of allowed treatment in the first six months of the year, then be left with nothing. Now they get the treatment they need. And once a person starts to become functioning, they are still fragile. That's when they need outpatient support services to get on to the next thing in their lives."

Alane Friedrich, who is the senior member of the Alameda County Mental Health Board, with ten years of service, introduced herself as "the other end of the spectrum. We are where you go when you can't get private health insurance." She noted that her group has a budget of only $196 million to provide for all of Alameda County's mental health services, most of which are under contract.

ALANE FRIEDRICH

Mental Health Boards are mandated by California's Welfare and Institution Code, with members appointed by the county government. Their duties are to review and evaluate the community's mental health needs, services, facilities, and special problems and to submit an annual report on the needs and performance of the system.

This function has become increasingly important, Friedrich said, since the state's budget realignment, which replaced program by program allocations with a single general budget to be apportioned at the county level. She noted that the situation in Alameda County is unique because Berkeley, which is in the county, also has its own Mental Health Commission, which serves a similar function at a municipal level.

Friedrich said that, with the budget realignment and with California's legislature turning over every two years because of term limits, it is critical for the Mental Health Board and for members of groups like NAMI to keep communicating the need for mental health services.

She noted that, in the scramble to balance the budget this year, the California Senate had proposed reducing the state's contribution to Supplemental Security Income (SSI) by $68. "That's taking away a recipient's spending allowance," she said, "because they can't cut back on housing or other re-

quired services." The legislature backed off on this proposal when community-based providers advocated against it.

Another issue that Friedrich has been active in is Alameda County's rate of 5150s (referring to the California Welfare and Institutions Code section defining a person as a danger to self or others). At one time, the county had the highest number of 5150s in the state, and now it's down to sixth place. "We took this issue to the streets," she said, "working with the police who make the arrests, with the hospitals who receive them, and with the clients themselves." Through better communication, we were able to analyze the locations of the arrests and determine underlying causes that can be addressed.

The Sausal Creek Outpatient Stabilization Clinic (described in the May 28, 2003 Speaker Notes) is another of the Mental Health Board's success stories. Similarly, Friedrich has worked on separating children's emergency psychiatric services from adults', so that children are not forced to experience adult anxieties and traumas as well as their own. And she has developed an anti-stigma program based on a speaker's bureau that provides talks about mental health issues and employment to service groups and others.

"The next two years are going to be bad for mental health funding," Alane Friedrich said. "We are going to need your help. You should know where the funding for services comes from and protest when there are proposals to cut it. People with mental illness deserve to be treated with courtesy, dignity, and respect. We must become advocates for those who cannot speak for themselves."