

received FDA approval, are reviewed in some detail.

One of the few shortcomings of the book is its very superficial review of nontraditional medical care and alternative therapies. While this is covered, a person would have to go to another source for more detailed information. Also omitted from a more comprehensive review are the subjects of home nursing care and children living with HIV because, as the authors comment, "these topics warrant books of their own."

There is a chapter devoted to practical matters that covers legal, financial and medical decisions. Other chapters discuss children and custody issues, how to find support services (group and individual therapy, advocacy, etc.) and "putting your affairs in order." The authors are careful to provide information without telling the reader what to do.

"On Dying: Preparing for and Accepting Death" is one of the last two chapters of the book. While brief, it is direct and refreshingly open and honest. The chapter begins with an explanation, "Death is hard to think about, harder to face. The thought of death is slippery, difficult to focus on, surrounded by a cloud of pain and fear. At the same time, the thought is irrepressible; it is impossible to truly ignore." Sometimes in an effort to focus on living rather than dwelling on dying, people make the mistake of ignoring the roll death plays on a person's journey with HIV disease.

It is difficult to balance one's fear of death with the wisdom of living in the present. The authors quote a sixteenth century philosopher, Michel Montaigne, who said, "If you don't know how to die, don't worry; Nature will tell you what to do on the spot, fully and adequately. She will do this perfectly for you. Don't bother your head about it."

### **FOURTH GENERATION MANAGED BEHAVIORAL HEALTH**

BARBARA BENGEN-SELTZER  
PROVIDENCE, RI: MANISSES  
COMMUNICATIONS GROUP, INC.  
1995, 167 PAGES, \$99.99.

### **COMMUNITY SUPPORT SYSTEMS: LESSONS FOR MANAGED CARE**

WILLIAM A. ANTHONY  
CENTER FOR PSYCHIATRIC  
REHABILITATION  
BOSTON UNIVERSITY  
BOSTON, MA  
1996, 48 PAGES, \$18.95.

### **GETTING STARTED ON MEASURING OUTCOMES OF SERVICES TO PERSONS WITH LONG-TERM MENTAL ILLNESS**

JERRY UHLMAN  
PROVIDENCE, RI: MANISSES  
COMMUNICATIONS GROUP, INC.  
1995, \$87.00.

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Clearly, one of the most important challenges facing behavioral health care today is the management of public sector Medicaid dollars. For over two decades, services to people with severe mental illness have been provided in the community through a system of

community supports. For the most part, these community supports have worked fairly well. The problem is not that these systems are ineffective, but that they are too expensive. Driven by fiscal crises, individual states are turning to a variety of managed care techniques to help them more effectively administer these services.

Regardless of the particular managed care system implemented, providers face a very different type of purchaser according to Barbara Bengen-Seltzer, MBA. In her book *Fourth Generation Managed Behavioral Health: What Does it Look Like?*, Ms. Bengen-Seltzer writes, that the values inherent in for-profit Managed Care Organizations are cost efficiency and demonstrated outcomes. These values, she states, reflect the overwhelmingly conservative thrust of state administrations at mid-decade.

Her book is divided into three sections. The first section details the growth of Managed Medicaid. She discusses the major managed Medicaid models, including the pros and cons of the carve-out model versus the carve-in model. Ms. Bengen-Seltzer goes on to describe the early results of Managed Medicaid, citing the results of the Massachusetts and Hawaii experiences. Among those early results are: 1) some major cost savings; 2) some preliminary indications that severely mentally ill patients can be served in the community without harm to their clinical status; and 3) increased access to behavioral services, particularly among impoverished residents who previously were uninsured. Also in this section, Ms. Bengen-Seltzer gives us an extremely interesting look at the new trends in state delivery of behavioral and social service.

The second section provides an invaluable overview of new trends in measuring outcomes and their affect on behavioral health care providers. The author explores new paradigms includ-

ing the increasing credibility for outcome tools and for measures of efficacy; the increasing sophistication about outcome methods; and the increasing applicability of outcomes to everyday clinical decision making by providers. In the new paradigm, purchasers want to know what each dollar of mental health and addictions treatment buys; how effective the treatment is; which treatment modalities are the most effective; and how can they get answers to these questions in “real time.”

Section three focuses on the complex problems of integrating delivery systems. In this section, the author discusses new ways of defining roles and providing care. Using the experiences of three health care systems as examples, the author describes the common thread between these three systems which have made them successful. All three, she writes, have recognized the new paradigm in behavioral managed care. In other words, success is not about marketing existing services more aggressively; it is about taking the financial and programmatic risk of creating services that fill unmet needs and then building up new utilization patterns.

The remaining pages of the book provide excellent descriptions of several leading providers and MCOs who are trailblazing the most promising avenues for building integrated delivery systems. The book ends with an interesting discussion of the projected impact of Block Grant Funding on states as they move to managed care systems.

An interesting contrast to *Fourth Generation* is *Community Support Systems: Lessons for Managed Care* by William Anthony, Ph.D.. In this collection of articles, Dr. Anthony draws the comparison between aspects of community support system services and managed behavioral health care services being developed across the country.

Unlike the *Fourth Generation*, Dr. Anthony's book is much more about the value of the current community support programs than about the nuts and bolts of managed care. Dr. Anthony argues fervently that while it is necessary to work with managed care planners it is important to learn from the past 20 years of community support programs. He cautions against repeating the mistakes that were made during the early days of deinstitutionalization. We must, he writes, influence how outcomes are identified and measured, how state request for proposals are prepared, how state contracts are written, and how systems are designed.

One of the most provocative discussions in Dr. Anthony's book is his discussion about recovery. This, he says, is not an argument about a vision of previous decades' community maintenance, symptom control, or providing certain services, but a vision of promoting recovery. Dr. Anthony refers to “recovery” from mental illness as the guiding vision of the mental health service system in the 1990s. He further states that it would be ethically, empirically, and logically unacceptable to implement a managed care system without psychiatric rehabilitation services, a service never mentioned in Ms. Bengen-Seltzer's book.

Where Dr. Anthony and Ms. Bengen-Seltzer appear to agree is that having the ability to measure outcomes will be an essential component to any managed care system. In his manual *Getting Started on Measuring Outcomes of Services to Persons with Long-Term Mental Illness*, Jerry Uhlman, PhD, presents an interesting example of the type of outcome-based study to which Dr. Anthony and Ms. Bengen-Seltzer refer. More important than the actual findings in the study is the methodology. Using a representative sample of 126 consumers selected from three agency

programs that provide services to the seriously mentally ill, the study establishes a number of performance-based outcome measures that can provide a benchmark against which future program enhancements and service delivery improvements can be compared and evaluated.

All three of these books are well written, comprehensive, and mandatory reading for anyone interested in the subject of managed care as it relates to Medicaid. And while the books are very different in style and tone, they suggest some fascinating opportunities to begin to shape a new system of services for people with severe mental illness.

“Given the flexibility and relative freedom from preexisting regulations,” Dr. Anthony writes, “managed care planners are in an especially advantageous position to design mental health systems consistent with our new knowledge about recovery.” I do not think Ms. Bengen-Seltzer or Dr. Uhlman would necessarily disagree.