

September 13, 2007

Dr. Elizabeth Duke, Administrator
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Defining Scope of Project and Policy for Requesting Changes, Specialty Services and Health Centers' Scope of Project and Policy for Change in Scope Requests to Add a New Target Population

Dear Dr. Duke:

The National Council is pleased to provide comments regarding Defining Scope of Project and Policy for Requesting Changes, Specialty Services and Health Centers' Scope of Project and Policy for Change in Scope Requests to Add a New Target Population. As you know, it has recently been reported that the individuals served by our membership die 25 years earlier than the general population—this is a more significant health disparity than any group currently targeted for federally supported primary care services. We are very interested in assuring collaborative work between our member agencies and Federally Qualified Health Centers, in order to address the health status issues of people with serious mental illness and to improve access to behavioral health for primary care populations. Our chief concern is that, among all of the examples given in the drafts, there is no mention of people with serious mental illness or mental health centers as an example. Additionally, there are some statements that may perpetuate currently perceived barriers to collaborative care. We have proposed language to address these issues:

Page Defining Scope of Project and Policy for Requesting Changes

Page 5. a) Definition of a Service Site, fourth bullet, add: *(for example, a nurse practitioner health clinic at a mental health center on Tuesdays and Thursdays).*

Page 8, 2. Services a) Requirements and Discussion of Services, second paragraph, add: *This means that more limited primary care services can be provided on a regularly scheduled basis to a special population at a site where individuals may normally seek other special services (e.g., homeless shelter, mental health center), so long as the patients seen at such a site may subsequently receive additionally needed primary care services offered by the health center at other sites. Such regularly scheduled services must be made equally available to all special population site patients, regardless of their ability to pay. It is not expected that such primary care services provided on a regularly scheduled basis to a special population (such as those who are homeless or have serious mental illness) must be configured to serve the larger target population as well, as long as the larger population can access services at other sites.*

Policy for Change in Scope Requests to Add a New Target Population

Page 5, first paragraph, add to parenthesis beginning line three: *people with serious mental illness*

Specialty Services and Health Centers' Scope of Project

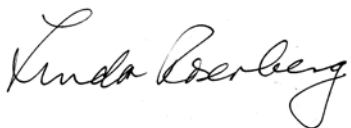
We absolutely support the need for easily available psychiatric consultation for PCPs and primary care-based behavioral health staff, as well as “stepped care” in which the psychiatrist may see some patients (reference the IMPACT model, tested in randomized controlled trials, including in health centers, now being widely implemented). However, we take issue with characterizing psychiatry as primary care. Professional training and health care planning methods designate psychiatry as a specialty service. Where psychiatry fits is as another example in the discussion on Page 6 regarding services that may be a complementary extension of primary care, such as pulmonologist consultations or examinations, where the health center serves a substantial number of asthmatic patients or patients with tuberculosis.

Page 3, E. Primary Care Services, first paragraph, delete: *(including psychiatry services)*.

Page 6, bullets at top of page, add bullet: *psychiatric consultations for primary care providers and behavioral health providers as well as examinations and differential diagnoses, where the health center serves a substantial number of patients with mental health and/or substance abuse diagnoses.*

Thank you for the opportunity to submit comments. Please feel free to call if we can offer any assistance on this issue.

Sincerely,

A handwritten signature in black ink that reads "Linda Rosenberg". The signature is written in a cursive, flowing style.

Linda Rosenberg, MSW, CSW
President and CEO