

WASHINGTON  
COMMUNITY  
MENTAL HEALTH  
COUNCIL



...creating healthy and  
secure communities  
through partnerships...

Member:  
National Council for Community  
Behavioral Healthcare

April 11, 2012

Barb Lantz, Bea Rector  
Via email  
Olympia, WA 98504

Dear Barb and Bea:

I am writing to comment on behalf of the Washington Community Mental Health Council on the draft Health Home Proposal dated March 13, 2012.

We deeply appreciate the careful consideration given by the Health Care Authority and the Aging and Disabilities Services Administration to the service needs of those with more complex health conditions, including multiple diagnoses and who are frequently being served by multiple systems. As is recognized on page 3 of the proposal, these needs may be best served in a team based, integrated service delivery system where care management is provided by a community based organization that has established relationships and frequent contact with the individual service beneficiaries.

We also support the comprehensive and flexible definition of health home as a network of community-based providers, and the clarification that a health home setting can include primary care in nontraditional settings such as community mental health agencies (CMHAs) as well as 'traditional' primary care settings. In fact, many of the people served by CMHAs might well be best served in that manner. Other individuals could be served successfully in primary care settings, as long as those settings have contractual relationships with CMHAs.

One advantage that CMHAs can have that works well for people with serious and persistent mental illness is the inclusion of peer counselors on their staff. This is an emerging best practice for serving seriously mentally ill people experiencing a crisis. CMHAs also have experience dealing with the requirements of the Involuntary Treatment Act which can be an important consideration for some patients.

We are concerned about frequent references to health plans as health homes. While it makes sense that health plans be required to contract with state-certified health homes, health plans (for the most part) are not health care providers. This reference to a health plan as a potential health home also contradicts one of the lessons learned from the Washington Medication Integration Project, that service delivery must be integrated at the community level, rather than at the MCO level, to meet the needs of individuals with complex needs.

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ANN E. CHRISTIAN  
CHIEF EXECUTIVE OFFICER

One important consideration for health homes would be that PRISM and similar information must be made available at the provider level, not just the plan level. Behavioral health providers need comprehensive health information in order to deliver the effective integration and care management necessary to have success as health homes.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Christian".

Ann Christian, CEO  
Washington Community Mental Health Council