

**THE IOWA ALLIANCE OF COMMUNITY MENTAL HEALTH CENTERS
STATEMENT OF PRINCIPLES
MENTAL HEALTH REFORM**

The Iowa Alliance of Community Mental Health Centers, consisting of 19 MHC's, located throughout Iowa, believes that the following principles should be incorporated into the mental health reform legislation presently under consideration. A number of reform issues are not addressed because some choices are of concern to relatively few members. There are others for which there was no member consensus. Therefore, individual Alliance members may, from time to time, advocate alternative or additional solutions to these issues.

However, it is the consensus of the Alliance that reform legislation should:

1. Establish a mechanism for creating geographically regional and exclusive service delivery areas that recognize, among other factors, the importance of statewide uniformity in the quality, accessibility, and cost of core services; the expertise of the counties in meeting local needs, and the availability of trained service professionals.
2. Require one primary CMHC in each region, except a region that includes Polk County, as the single point of entry service provider, either through its own facilities or its own contractual provider network, and that it be accountable for delivering mental health clinical and system of care services to a defined population of adults, children, or both.
3. Require that the designated CMHC comply with state and national standards that will be adopted by the Mental Health Commission and implemented by the Department of Human Services. The designated CMHC will offer the initial core services prescribed in HF 248 and such additional core services as may be prescribed by administrative rules promulgated by the Department of Human Services. A process needs to be developed for Deemed Status during the transition.
4. Require, or strongly incentivize, CMHC's and FQHC's to form contractual partnerships to provide integrated medical and behavioral care homes for eligible individuals.
5. Incentivize, or at least permit, service payment plans that allow fiscally qualified providers to accept financial risk in exchange for retaining savings which could be used for creating or expanding innovative programs or increasing service capacity.

6. Retain the current substance abuse funding and delivery system. Require, or strongly incentivize, CMHC's and SA providers to form contractual partnerships to provide integrated co-occurring disorder services.
7. Reform legislation needs to take into account the workforce shortages that currently exist and shortages that will occur through retirement in the next few years. Mechanisms need to be put in place for the recruitment, training, and retention of mental health professionals. Success of any reform legislation hinges on a well trained and substantial workforce.
8. The new system needs to be fully funded to allow for the delivery of services to take place. A Block Grant system of funding will allow providers to have the predictability of resources and allow for the planning of needed services in their region.