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POSITION STATEMENTS

**Iowa
Department
of Social
Services**

**January 31,
1977**

Position Statements

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IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
UMBRELLA AGENCY

In 1967, the General Assembly passed legislation which created the present Department of Social Services, combining the Board of Social Welfare, Board of Control and Board of Parole, thereby establishing the "umbrella agency", the Department of Social Services.

The legislation facilitated greater administrative efficiency by providing for one administrative head, with authority to organize the agencies by functional divisions, which allowed closer coordination of services with avoidance of duplication of effort.

The Commissioner, as the "chief administrative officer", may establish the policies, assigning duties, powers and responsibilities which increase the effectiveness of the total organization, as opposed to a fragmentation of function, with diverse objectives, self-serving management, and inter-departmental communication obstructions.

The umbrella agency provides for a central budgeting process. This assures a review of requests which highlights the areas of expenditure and persons served, reducing duplication in funding and services.

Combining agency functions under the umbrella concept, telescopes (staffing and housing) needs into fewer locations, reducing administrative costs.

Availability of staff so placed reduces the client's need to go from agency to agency for services. It increases staff information and knowledge about departmental programs, reinforcing the interface which improves the quality of the services provided.

Many clients, as families or individuals, avail themselves of services across divisional lines. Under the umbrella, service provision, reporting and accountability are standardized; with linkages established between institutional and community-based programs.

The Department has expended considerable effort to establish the umbrella concept, and continues to modify its organization to achieve a smoothly functioning operation, ever mindful of the legislative charge and the department's mission.

There are now over thirty states moving to the umbrella concept. Iowa, as one of the first states, continues to serve as a model.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
PAYMENT LEVEL IN THE
AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM

The Aid to Families with Dependent Children program provides financial assistance to children who are dependent because of the death, desertion, abandonment or incapacity of one or both parents or unemployment of the father. Assistance is provided to assure that the child's needs for food, clothing and shelter are met, and to prevent further deterioration of the child's family situation. The goal is to maintain the family setting until economic independence is achieved.

The Department is requesting funding to pay Aid to Families with Dependent Children assistance at a level believed to be minimally adequate to meet the basic needs of dependent children. The present grant of \$356 per month (for a family of four) was set on December 1, 1974. Since then, and as of September, 1976, the Consumer Price Index has increased 24.6 percent. Allowing the Aid to Families with Dependent Children payment level to continue to fall behind the cost of living increase, only decreases the opportunity for the family to become independent. The Department's recommended payment level for July, 1977, of \$472.00 for a family of four is based on Consumer Price Index factors as of December, 1976.

During the Fiscal Year 1976, the caseload growth slowed significantly as compared to previous years. As of October, 1976, 94,363 persons were served in the program (30,465 adults and 63,898 children). Approximately 30% of the cases have earned income representing either part or full-time employment.

The federal government shares in the cost of the program. As of October, 1977, the federal matching percentage will drop from 57.13% to 51.96%. This change in federal match will require additional state funds of \$5,250,000 just to maintain the present payment level.

The Department budget request for FY-77-78 is \$63,039,400 and for FY-78-79 is \$71,068,100. This will allow the Department to pay 100% of a proposed December, 1976, need standard. The second year will allow 100% of a proposed December, 1977, need standard.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
DELETION OF SPECIAL NEEDS FROM THE
AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM*

The Department of Social Services is in the process of a consolidation of the need standard. Currently the family receives a standard payment amount, but is also eligible for an additional amount if a special need situation exists. These special need situations are property repair, special tax assessment, tree removal, school expenses, emergency child care, personal services and guardianship fee. The Department believes the program could be administered more equitably if these special needs are averaged into the basic payment amount.

The philosophy of Aid to Families with Dependent Children is to provide equitably, sufficient funds to meet basic needs of all families determined eligible. To provide for individual exceptions is to arbitrarily determine needs.

Special needs are difficult if not impossible to administer uniformly to all recipients. There is wide latitude in the recipient's and/or worker's ability and aggressiveness in identifying any special need. This results in unequal treatment.

Public Assistance programs should be administered to minimize paternalism and enhance the recipient's opportunity for self-determination and eventual financial independence. A standard basic payment amount allows the families to be responsible for managing their own affairs which contributes to their independence.

The Department believes that averaging the remaining special need items into the basic grant amount will lead to a more equitable program as well as to increase the recipient's opportunities for self-determination and independence. The recipients have greater opportunity to decide how their money will, in fact, be distributed.

The Department will also be able to pay a slightly higher basic grant to all recipients.

Overall administration can be improved through reduced paper work, staff time saved for use in improving the administration of other program areas and reducing case errors. The adequacy of payment levels can be highlighted to the community by focusing on the basic need of families without distorting the basic need picture with special need items that apply to only a limited number of cases.

If the Aid to Families with Dependent Children program is to be administered in a manner equitable to all recipients, in a manner to enhance the recipient's self-determination or independence and more efficiently, then moving to a standard payment is important to the accomplishment of these goals.

* No action will be taken on this pending judicial review.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
FOOD STAMP PROGRAM - STATE ADMINISTRATION

The Department of Social Services ~~pre~~^{sub}scribes to the idea that the Food Stamp program as such should be incorporated as a part of any national welfare reform package. This change can only come about by federal action. Until such reform is achieved, the Department supports the food stamp program as an important resource for helping people.

The administrative responsibility for the program in Iowa has been divided between state and county government, with the counties paying the non-federal share of expenses. The result has been uneven administration of the program between counties, inability of the Department to assure uniform state-wide administration and inadequate management of the program in some counties. A program of this size needs to have a clear administrative responsibility defined in law.

The Department believes that the food stamp program should be clearly defined as a state responsibility and that the state should assume the non-federal costs in this program. Appropriate legislation should be passed to make the program a state program under the law, with an appropriation to cover the costs. The necessary appropriation is \$1,249,600 for FY 77-78 and \$1,283,650 for FY 78-79. This would provide for conversion of county staff to state employment.

The federal government pays 50% of all administrative costs of the program as well as the total cost of the bonus stamps.

Data on food stamp usage for the month of October 1976:

<u>HOUSEHOLDS</u>			<u>PERSONS</u>		
<u>Public Assistance</u>	<u>Non-Public Assistance</u>	<u>Total</u>	<u>Public Assistance</u>	<u>Non-Public Assistance</u>	<u>Total</u>
18,871	18,239	37,220	66,915	45,426	112,341
Cash paid for coupons			\$1,956,742		
Value of bonus coupons			2,460,330		
Total Value of Coupons Issued			4,417,072		

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
WORK AND TRAINING OPPORTUNITIES FOR
AID TO FAMILIES WITH DEPENDENT CHILDREN RECIPIENTS

The goal of enabling client to achieve economic self-sufficiency has always been a primary concern of the Iowa Department of Social Services. To this end, the Department of Social Services fully supports the Work Incentive Program (WIN) and the Individual Education and Training Plan Program (IETP) which provide Aid to Families with Dependent Children recipients the opportunity to obtain vocational training and job placement services.

The Work Incentive Program, which is a federally authorized program, has been operational in Iowa since 1969. Funding for Social Service Work Incentive Program responsibilities includes 90% federal dollars and 10% state dollars. This program, which is administered by both Job Service of Iowa and the Iowa Department of Social Services, has expanded from a one county operation when the program first began to 60 counties which currently receive Work Incentive services.

Aid to Families with Dependent Children recipients living in areas served by the Work Incentive Program are required to register for Work Incentive unless they qualify for exemption. Once registered, clients begin working with a Work Incentive team which helps the client choose a vocational service to enable the client to achieve this goal. Vocational service components offered by Work Incentive include Direct Job Placement, On-the-Job-Training, Public Service Employment, Work Experience and Vocational Classroom training. Iowa's Work Incentive Program, which placed 3,938 clients in jobs during FY-76, has achieved a number one ranking for program achievement in Federal Region VII and a national ranking of number three.

INDIVIDUAL WORK AND TRAINING PROGRAM

The Individual Education and Training Plan Program (IETP) is a state authorized program which receives 75% federal Title XX funding and 25% state funding. This program which has been operational since 1969, is available state-wide to Aid to Families with Dependent Children recipients.

The Individual Education and Training Plan program serves recipients on a volunteer basis and provides vocational training opportunities which range from high school completion to skill training program requiring as much as three years to complete. The program differs from the Work Incentive program primarily in its ability to offer long term training.

Recipients who volunteer for the Individual Education and Training Plan services are served by one social worker who provides all vocational and social services required to enable the client to begin training. The same workers provide on-going services while the client is receiving training and assists in job placement once training has been completed.

The Individual Education and Training Plan program has experienced continuous growth in the yearly number of clients served since the program began with a current enrollment level of approximately 1,200 clients. Up until FY-77, the operating costs of the Individual Education and Training Plan program have increased in direct proportion to the number of clients served. However, during 1976-77, greater utilization of other outside funding resources such as the Basic Education and Opportunity Grants from the United States Department of Education reduced the amount of Departmental dollars expended in the program for numbers of persons served.

Future plans for the Individual Education and Training Plan program include development of an on-the-job training component for clients living in areas of the state not served by the Work Incentive Program and who do not have access to such training.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
CHILD SUPPORT RECOVERY SERVICES

The Department does believe that all parents should be responsible and should support their children to the best of their ability, both emotionally and financially.

To accomplish this, the Department in 1972 established a Child Support Recovery Unit. Prior to the establishment of the Child Support Recovery Unit, the enforcement of parental support was primarily a county responsibility. The counties accepted this responsibility with a varying degree of enthusiasm. For the most part, other than a few notable exceptions, child support enforcement rated very little priority. Under this approach, total recoveries of child support in Iowa for the fiscal year ending June 30, 1972, were \$1,355,190.00.

The Unit was charged with the responsibility for the organization and administration of the program. One of the first priorities was to effectuate an efficient monitoring and review system to insure the prompt contact of absent parents failing to pay their child support. The emphasis was and is for the consistent periodic weekly or monthly payments, rather than the hit and miss lump sum approach of the past. Of equal importance, was the development of a system for location of absent parents and an effective referral system designed to insure the legal enforcement of support in the recalcitrant cases.

Initially, Child Support Recovery Unit staff were located in approximately eight of the sixteen district offices. In the first six months of activity, we found those counties being serviced by the Child Support Recovery Unit field staff increased recoveries by 51.2%, compared to only a 15.5% increase in the other counties. With this proven effectiveness, the program was extended state-wide during 1974.

This proficiency is reflected in the increased state-wide recoveries as follows:

<u>Fiscal Year Ending</u>	<u>Amount</u>
June 30, 1973	\$2,456,466.00
June 30, 1974	3,018,005.00
June 30, 1975	4,253,736.00
June 30, 1976	5,686,737.00

With the current tendency of doubling recoveries every two years for the fiscal year ending June 30, 1978, recoveries will exceed \$12 million.

With the enactment of Title IV-D, effective August 1, 1975, all states were mandated to have "effective" child support programs. That requirement is enforced through the threat of a five percent reduction of the federal financial participation in the Aid to Families with Dependent Children programs. The Department, as the Title IV-D agency for the state of Iowa, is charged with the organization and administration of the program.

The Department is proud of the nationwide recognition that Iowa's Title VI-D program continues to receive. Among these are the following:

1. In the Department of Health, Education and Welfare's First Annual Report to the Congress on the Child Support Enforcement program, dated June 30, 1976, Iowa was number one in terms of cost effectiveness. That is, in terms of dollars returned for dollars expended. Iowa returned six dollars for every dollar expended on the program.
2. Iowa was number eleven in terms of total dollars collected for the quarter ended June 30, 1976, and missed the top ten by less than \$7,000.00. This is not bad for a state that ranks twenty-fifth in terms of population.
3. The Department of Health, Education and Welfare has selected Iowa, California and Michigan as the testing ground for their new audit procedures and techniques, designed to go into effect in October 1977. These are the audit guidelines for the "effective" program.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
FUNDING LEVEL FOR TITLE XIX

Because of increased cost of providing services and increased case loads, it was necessary to obtain a \$13,800,000 supplement in state funds to maintain the program for FY 76. The General Assembly appropriated \$9 million less than was necessary to fund the full program for FY 77, because it was felt that a detailed study should be made. This study was done by Haskins and Sells. The Department generally agrees with and supports the recommendations contained in the report, and is moving ahead with implementation of some of the recommendations and will be discussing funding to allow other of the recommendations to be implemented.

The basic result of the study did point out, as did the Department last year, that no sizable savings can be made in the program unless services are cut or numbers of people served are reduced.

Aged recipients account for 53% of the expenditures in the program; Aid to Families with Dependent Children, 30%; Disabled, 15%; Blind, 1%; and other, 1%.

Nursing homes account for 52% of the expenditures in the program; hospitals, 22%; physicians, 10%; pharmacies, 8%; dentists, 4% and other, 4%.

Federal participation will drop in FY 77 to 51.96% from our current ratio of 57.13%. This drop in percentage will require 6.8 million in state dollars just to stay even.

This budget will allow our current program to continue, and anticipates some increased costs in vendor payment and increased program utilization.

The Department supports implementation of administrative cost containment measures wherever appropriate, but it must be recognized that such changes cannot produce significant reductions in spending in this program.

The Department does not recommend reducing services or eligibility.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
ALTERNATIVES TO INSTITUTIONAL LIVING FOR ADULTS

The Department of Social Services believes that older persons and individuals with severe handicaps should be helped, both with money and with services, to maintain themselves as independently as possible.

The State Supplemental Assistance program provides supplemental assistance to recipients of Supplemental Security Income who have special living arrangements. The types of living arrangements covered are residential care facility, board and room or family life home, living with a dependent person and In Home Health Related Services. Persons in need, and having these types of living arrangements are paid an amount over and beyond their Supplemental Security Income benefit to meet the additional costs of the living arrangements.

The residential care and home health care supplements are paid on an actual, up to a maximum basis. The other supplements are paid on a standard payment basis and are paid by the Social Security Administration along with the Supplemental Security Income check. The state reimburses the Social Security Administration the amount of the supplement.

In September, 1976, 3,537 individuals were receiving supplements. The largest single group of individuals are those in residential care facilities; 1,026.

The Department is requesting \$5,014,400 State Supplemental Assistance for next year. This will allow us to increase the Residential Care Maximum payment from \$11 to \$12 per day. This increase reflects a cost of living increase and is intended to further encourage diverting individuals in need of a protected living arrangement, where appropriate, into a lower level of care than Intermediate Care Facilities.

The budget for this program also includes a significant asking for In Home Health Related Services. This new program is seen as an important resource for helping people stay as independent as possible for as long as possible without having to move into institutional care. The program will allow nursing care to be provided in an individual's own home. The person must meet eligibility requirements of income and resources and must be certified by a physician as in need of services which require the supervision of a registered or licensed practical nurse.

It is hoped that this program, along with the Department's other service programs such as homemaker, chore, home-health, and volunteer, will ensure that adults can be maintained in their own homes wherever possible.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
DEVELOPMENT OF COMMUNITY BASED RESOURCES FOR THE
MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PERSON

Of the array of social services the Department makes available to the citizens of Iowa, services to the mentally retarded and other developmentally disabled persons present a special concern because of these citizens' special needs. Recognition of these special needs and designating services to meet them does not imply or suggest that separate services are proposed or acceptable. It is the Department's view that necessary adaptations of the basic array of social services designed to serve the general population should be made so that the special needs of the mentally retarded, the developmentally disabled, and their families are met as effectively and efficiently as any other citizens served by the Department.

The Department, with approval and appropriations from the Iowa General Assembly, developed a corrective plan of action for the two hospital-schools for the retarded. Work is currently being done to bring those two institutions up to certification standards. The result of all of this activity is better programming and living for the residents of these two schools.

The corrective plan of action also called for development of appropriate community-based facilities and programs for the mentally retarded and developmentally disabled.

A state-wide planning task force was assigned this responsibility. During the past several months the process has involved better than 900 interested Iowans. The results of their work is a carefully thought out plan of action which will allow for the development of community-based Intermediate Care Facilities and residential facilities in the next several years. The funding mechanism for these programs will be shared by federal, state and county.

The Department is requesting \$1,000,000 for 77-78 and \$1,500,000 for 78-79 for Intermediate Care Facilities for the Mentally Retarded at the community level.

In addition, there is a request of \$1,000,000 for each of the next two years to develop residential-mentally retarded community-based facilities.

This will allow us to evaluate the appropriateness of present services available in the community to provide alternative services to the mentally retarded person to prevent placement in an Intermediate Care Facility for the Mentally Retarded. Certification of the programs in the county-care facilities, not covered by Intermediate Care Facilities' regulations, would provide monitoring and evaluation capability by the Department to ensure comprehensive care standards.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
TITLE XX

The Social Security Act allows state welfare agencies to develop services for recipients of public assistance and matched money expended in this area generally at a 25/75% ratio.

In 1972, federal placed a \$2.5 billion ceiling on the amount of federal dollars available for matching services developed and provided by all states. This money was allocated to the states on a population basis and determined the maximum amount available to a state if they developed the match.

In 1973, federal legislation was passed which repealed the former services program and developed what is now known as Title XX. The \$2.5 billion federal ceiling was retained and the goals of the new program were:

1. Achieving or maintaining self-support to prevent, reduce or eliminate dependency.
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
3. Preventing or remedying neglect, abuse, or exploitation of children or adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other less intensive care.
5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

Title XX also expanded the group that could be served beyond the public assistance recipients.

The Department of Social Services believes:

1. The Federal Ceiling Act should be raised. Until this happens, the Iowa Legislature should continue the Title XX supplement, to at least maintain the current level.
2. Appropriate services should continue to be provided by Department of Social Services staff directly and by purchase of service from other public or private agencies or providers. This mix is appropriate and assures that a broader array of services will be available to our clients.

3. If it does become necessary to reduce the provision of services, recipients should be limited to those receiving a financial assistance grant, or services offered above this group should be limited to those income eligibles who fall 50 or 60% below Iowa's median income rather than continuing to serve those who fall below 80% of Iowa's median income.
4. Title XX should be the second dollar when other resources are available to meet the needs of special groups. Where services are the responsibility of another sector, that service should not be provided by Title XX, i.e., education of the retarded is the responsibility of the Department of Public Instruction. If there are gaps in service, Title XX can be the second dollar in providing for these services.

Total federal dollars allotted to Iowa for FY 77 are \$33,956,250. With the one-fourth state and local match, the total expenditure is budgeted at \$45,627,645. The Department is requesting \$2,000,000 for each of the next two years to continue the Title XX supplemental plan.

Persons Served: 1975-76

40,000 Average Each Month

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
CHILD PROTECTIVE SERVICES

The Child Protective Service program provides therapeutic intervention services to children and their families whose functioning is disrupted by physical abuse, sexual abuse and/or neglect. The services are child-centered but family-focused, as the goal of the program is to keep families intact and to maintain the child/children in their own home(s) when not in danger of injury or threatened with further harm to their physical or emotional well being. The investigation, disposition and treatment of child abuse and neglect cases involves due process of law, adherence to rules and evidence, and protection of the rights of both children and parents.

The legal base for provision of services are found in Public Law 93-247 (The Child Abuse, Prevention and Treatment Act), Public Law 93-647 (Title XX of the Social Security Act), and Sections 232, 235 and 235A, Code of Iowa. These laws provide the sanction for the Iowa Department of Social Services to intervene in the private affairs of a family when a report of abuse or neglect is received.

During 1976, on-going therapy was provided directly by the Department staff and purchased from public and private sources for 2,450 abused and/or neglected children.

Children who received protective services by eligibility base:

1. Aid to Families with Dependent Children	1,001
2. Supplemental Security Income	25
3. Without regard to Income	673
4. Income Eligibles	433
5. Child Welfare	35
6. Medicaid (Title XIX)	283
	<u>2,450</u>

Yearly an estimated 30% of the caseload is served on a short-term basis, with an estimation of 900 unsubstantiated child abuse reports.

In addition, the Department investigated approximately 2,000 reports of abuse and neglect which could not be substantiated or which necessitated short term involvement to clarify and remedy family functioning; thereby preventing damage to the children.

The development of the protective services program has included a state-wide registry; providing for reception of all inquiries regarding child abuse, and reports of alleged child abuse.

Membership in the National Clearing House on Child Abuse facilitates tracing of child abusers from state to state.

Protective services is the one service provided by the Department without regard to income eligibility.

The Department supports the efforts to include sexual abuse in the definition of child abuse. Justification is based on financial consideration of the cost and the contra-indicated therapeutic benefits to incarcerate parents involved in incest and individuals needing therapy. Efforts are more appropriately directed to correcting the behavior related to sexual involvement with children.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
SERVICES TO CHILDREN

A major goal of our Department is to maintain or restore families whenever possible. This may require both financial assistance and services which are available through the various divisions of the Department. Working with families in their own home certainly requires quality staff.

There are services available for children who, for whatever reason, cannot be maintained in their own home. These services are vitally important but again should be used with the goal in mind of returning the child to their own home if at all possible.

Foster care is seen as an alternative available to assist families in stress or children with exceptional needs. It is a very critical element in the planning for children who are retarded or have other handicaps that could preclude the natural family's ability to meet the needs of the child.

Our major goals in the next year are:

1. Reduce the utilization of foster care by offering other alternatives to families in stress;
2. To reduce the length of stay in foster care by improving the case planning and increasing the efforts to keep the families involved whenever a child is placed in foster care.

Group homes are also part of the treatment program available to children. The issue in this program is licensing.

Institutional care should also be available to serve children needing more structured care.

1. To provide equitable treatment for delinquent children and children in need of assistance through programs that will (a) strengthen family living, (b) plan with the courts for alternatives to commitment to the three children's institutions, (c) assist with the development of community-based resources.
2. To ensure selective control of children admitted to state institutions and consider institutionalization as only part of the treatment plan; with services given before, during, and after placement.
3. To assure that those children unable to live in their own homes shall have services and a living environment that will meet their needs and opportunities for return to a family of their own.

4. To assure that children placed in institutions are comprehensively and adequately cared for in accordance with their general and special needs. All children placed in institutions will have as their major goal a return to the community either in their own home or other community placement.

The Department does not recommend that any of the three juvenile institutions be closed at this time. As with all other services, a continuum of care, including a variety of resources, should be available. The three juvenile institutions are needed to assure the continuum at this time.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
STATE ASSUMPTION OF COST OF LOCAL OFFICES

In 1973, the Iowa Legislature clarified that the employees in the local county offices of Social Services were state employees.

The legislature, in that same bill, stated that counties were to continue to provide office space, equipment and supplies. This was done because of the time frames, but with a concensus understanding that this cost is an appropriate state expenditure.

Since that time, the Department has each year asked for monies to assume the cost of office space and equipment for our employees.

The proposed assumption of administrative responsibility would provide local relief through reduced taxes or through releasing funds to be used for local programs. It would clearly define state and local administrative functions for employees, both staff and line.

Problems experienced under the combined administrative responsibility have been the method of reimbursement to the counties, governed by federal regulations; unclear supervisory responsibilities for staff at local levels; dissatisfactions expressed by counties when staff work across county lines; and requiring space in a county not sharing in the expenses.

With the advent of collective bargaining, which provides that working conditions are a bargainable item, it is imperative that the matter be resolved promptly. If not, it is quite likely that the 99 county boards of supervisors would necessarily become parties to the bargaining process for state employees.

Since all employees of the Department of Social Services are state employees, and the local offices are considered program sites for the Department, service delivery systems, it follows that total costs for implementation and delivery of the services should also be the responsibility of the Department of Social Services.

This recommendation would require a Code deletion of Section 217.32, related to Office Space in County. The costs for assumption of County administrative costs are outlined below:

Office rent (utilities included)	\$2,101,500	\$2,228,600
Office supplies and misc.	937,000	993,200
Equipment	2,638,500	250,000
Total Expenditures	<u>\$5,638,500</u>	<u>\$3,471,800</u>
State Share	\$2,819,250	\$1,735,900

Federal shares in the cost of this are 50%. Costs are higher first year because the request includes money to purchase equipment from Counties.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
ADULT CORRECTIONAL SERVICES

The Department is committed to a comprehensive correctional system which encompasses both institutional and community-based programs.

It is designed to provide protection to the public, which is essential, and also to offer services which allow motivated offenders to improve themselves, returning to the free society as a fully-functioning members.

Believing that community-based correctional resources should be utilized, the Department is moving to have locally administered services in each of the eight judicial districts, including deferred prosecution, pre-trial release, pre-sentence investigations, probation, and pre-institutional residential treatment facilities. The post-institutional programs such as post-incarceration services, parole, and operation of work release will be administered by the community-based Departmental staff.

The institutional program of custody, protection, care and treatment provides for physical needs, counselling, and work and training to assist the offender to use the institutional experience in a constructive manner, with access to the post-institutional services of the community-based component.

Since offenders come to the institutions with differing personalities, problems, and needs, it is useful to have differing degrees of security. This is best accomplished by using different institutions so that physical separation is possible.

The Department strives to provide a secure environment for those persons serving sentences. Rules are adopted and enforced to insure the good order of the institution, because a secure environment is essential so that incarcerated persons can freely seek to better themselves and increase the likelihood of a successful reintegration into the community. Positive attitudes and skills are fostered by actively encouraging people to become involved in academic classes, vocational trades, regular work, and counselling activities.

Finally, for those individuals who do not wish to improve themselves while in the institution, the Department seeks to provide a humane level of care and custody.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
NEW MEDIUM SECURITY FACILITY-ADULT CORRECTIONS

The Department of Social Services' correctional responsibilities are to provide for the care, custody, and treatment needs of the offender, and the protection of the citizens of the state. Toward accomplishing those objectives, progressive programs and alternatives in the institutional and community corrections areas have been developed.

At the present time, populations at the Fort Madison Penitentiary and Anamosa Reformatory far exceed the programmatic capabilities of those institutions, affecting the areas of education, vocation, recreation, counseling and other programs. The overcrowded conditions result in a lack of proper inmate-staff relationships. In the past four years, the institutional population has increased 45 percent, and that trend will continue as the "high-crime" age segment of society increases. Additionally, the effects on our institutions of the Criminal Code, due to be implemented on January 1, 1978, are not known.

The Department has recommended the construction of a new 300-bed medium security correctional facility which would provide another alternative to the overcrowding problem. Costs for the facility would be \$4.2 million in state funds, to be matched with \$3 million in federal funds currently being held for the Department if the General Assembly acts favorably on this request in the 1977 session. Anticipated operational costs are estimated at \$3.5 million per year.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
IOWA'S MENTAL HEALTH DELIVERY SYSTEM

The Department of Social Services believes that the current mental health system, based on a positive coordinative cooperation process between all the agencies delivering mental health care, is a viable one and should be strengthened.

The organizational structure to deliver services is not singly critical since it would be near impracticable from an operation point of view to include in any single organization all of the elements involved in the delivery of services to the mentally ill.

The Department has, for several years, taken the position that the establishment of a separate Department of Mental Health and Mental Disabilities would not necessarily accomplish the purported major purpose of providing a totally greater coordination of services; it could, in fact, depending on which services would be included, result in further fragmentation. Establishment of a Department of Mental Health would in effect break away two major units of the Iowa umbrella agency for human services which include services and resources that directly relate to mental health such as County Departments of Social Services, County Care Facilities, Title XX, Title XIX services and funding. Duplicated administrative costs would pose an additional burden to Iowa's taxpayer: Budgeting, data processing, statistics, payroll accounting, public information, personnel services, etc., are administrative items which cannot be transferred from the Department since they are not unique to mental health but broadly serve the Department of Social Services. The broad range of social and income services provided by the Department are directly supportive to the care and treatment needs of the mentally ill in the community.

The Mental Health Institutes are an integral part of Iowa's mental health system providing a full range of inpatient and outpatient services. Clinical programs provide comprehensive care and treatment in adult psychiatry and specialized programs for emotionally disturbed children and adolescents; also specialized programs in chemical dependency, geriatrics, diagnosis, evaluation, as well as medical-surgical, support services, aftercare and professional education and training programs.

The Iowa Mental Health Authority and 33 community mental health centers provide preventive services and promote mental health through programs of public education, training and early treatment. Other elements of the current state mental health structure include the Department of Health, Division of Alcoholism, Iowa Drug Abuse Authority and their community-based treatment centers, as well as the Developmental Disabilities program in the Office of Planning and Programming. Additionally, there are private practitioners and other related and collateral agencies such as the Area Education Agencies, the Vocational Rehabilitation Services, Commission on Aging, Public Health Nursing, Courts, County-based services, and public and private residential care services.

The Mental Health Institutes and Community Mental Health Centers do not compete for patients. Each serves a relatively distinct type of patient: Mental Health Institutes' patients generally suffer from more serious mental illness which requires hospital care. Community Mental Health Centers, as well as Alcoholism and Drug Treatment Centers, deal with less severe conditions related to problems of living; they deal, in fact, with quite a different population at different timing and levels of need for care. The coordination of services at the point of delivery to the client is paramount.

Further enhancement of this system is found in the current coordinative effort between the Department of Social Services, Division of Mental Health Resources, and the Iowa Mental Health Authority in the development of the State Mental Health Plan as required by Public Law 94-63. The plan includes major goals and objectives which clearly set forth directions for the delivery of mental health services. Sub-objectives and action implementation steps to bring to fruition these goals and objectives are in the process of being developed with input from all agencies involved in mental health services.

The Department feels that the current mental health system is a viable one and should be strengthened. The critical issue is not the organizational or structural question, but rather the management of the component mental health services that the involved agencies have a responsibility to deliver.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

POSITION STATEMENT
UTILIZATION OF THE FOUR MENTAL HEALTH INSTITUTES

The Department of Social Services (Division of Mental Health Resources) through the Mental Health Institutes delivers institutional mental health programs and services to the citizens of Iowa (Code 226). The Department believes the continued operation of the four Mental Health Institutes is essential in the continuum of Iowa's mental health service system. The Department also supports the continued expansion of community programs to provide a full range of services to the mentally ill and recommends coordination of planning and program development to assure the cohesive organization of a network of mental health services responsive to the needs of the people.

The Mental Health Institutes are intensive acute care hospitals providing a full range of inpatient and outpatient services. Clinical programs provide comprehensive care and treatment in adult psychiatry. The specialized programs include, for emotionally disturbed children and adolescents, chemical dependency, geriatrics, diagnosis, evaluation as well as medical-surgical, aftercare, support services and professional education and training program.

Appropriate geographic distribution of services is important to high quality care. Maintaining continuity of care must be given high priority. For many patients, the Mental Health Institute is the only resource available for certain quality programs. Consequently each facility must continue to provide quality services and to promote program improvement at the community level.

The National Institute of Mental Health predicts an increase in mental illness in the next ten years based on an increase in population of vulnerable age groups, lowered mortality rates among institutional psychiatric patients, and improved survival rates in the general population. The most important increase is predicted between now and 1985, with a 63.4% increase in ages 25-34, 35.9% in ages 35-44, 19.9% in ages 19-24, and 24.5% in ages over 65. A Department of Social Services study developed in February of last year projects peak years in Iowa will be 1981-82.

A study conducted by the National Institute of Mental Health indicates anticipated changing patterns in program importance within the next five years which also must be taken into consideration. Children's programs will remain top priority. Prevention will move up to second place; outpatient services, now twelfth, will move to third. Evaluating community needs, now at fifth, will move the fourth and services to the elderly will move from tenth place to fifth place within the next five years.

The Department believes the Mental Health Institutes will continue to treat a greater concentration of severely disturbed individuals; at the same time expanding their role to that of Regional Resource Centers, providing specialized general and specific services related to mental health as determined by the identified needs of the communities in their respective quadrant.

Admission/Resident Levels: Admission levels have increased greatly from 2,675 in 1956, to 4,263 in 1973, with a subsequent slight but consistent increase to 4,737 in 1976. Patient population has dramatically reduced from an average daily resident level of 5,269 in 1956, to 1,054 in 1971, and has maintained that general level to the current time. This illustrates graphically that more patients are being served and returned to their community as soon as possible. Techniques in rapid diagnosis and intensive treatment have resulted in the sharp decrease in median length of stay from a period of years in the 50's to 40 days in 1976.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1977

CAPITAL IMPROVEMENT MASTER PLAN
IOWA VETERANS HOME
MARSHALLTOWN, IOWA

BACKGROUND

During early 1973, a Facility Replacement Capital Improvement Master Plan was developed for and by the Iowa Veterans Home, presenting a systemized approach for the replacement of outdated facilities.

The Plan included cost data and illustrates how the Iowa Veterans Home would result in a modern Health Care Facility, meeting today's health care and life safety standards. The Plan is consistent with the purpose and philosophy of the Iowa Veterans Home and its objectives of rendering Health Care Services for Iowa's aged, chronically ill, handicapped Veterans, their spouses and/or widowed spouses.

PROJECT TO DATE

During the 65th and the First Session of the 66th General Assembly of Iowa, funding was appropriated for the first phase of the Facility Replacement Capital Improvement Master Plan. Plans were developed and contracts were entered into for the construction and furnishings of a new 360-bed nursing care facility.

Also included in Phase I were Capital Improvements within the mechanical and physical plant of the Facility. Groundbreaking Ceremonies were held on May 23, 1975, with an anticipated completion at the end of 1977. Presently (November 17, 1976), 54% of the project is completed.

During the Second Session of the 66th General Assembly, House File 1579 appropriated \$900,000 and provided an intent clause for 2.5 million dollars to be appropriated by the First Session of the 67th General Assembly, 1977, for completion of the Final Phase II projects to be completed at the Iowa Veterans Home. The final phase - Phase II of the Facility Replacement Capital Improvement Master Plan will (a) construct 180 additional nursing care beds; (b) enable the remodeling of the existing Sheeler Health Care Facilities, consistent with regulatory agency requirements; and (c) make possible the demolition of the existing obsolete domiciliary units. The Iowa Veterans Home has completed Part I of the application process with the Veterans Administration; the State Reviews, and, presently, construction drawings/specifications are currently being developed.

With the completion of Final Phase II, (late 1979), all buildings of the Facility will be closely located and barrier free, thus enabling maximum service to be rendered and will encourage the Resident to maintain his independence in helping himself.

