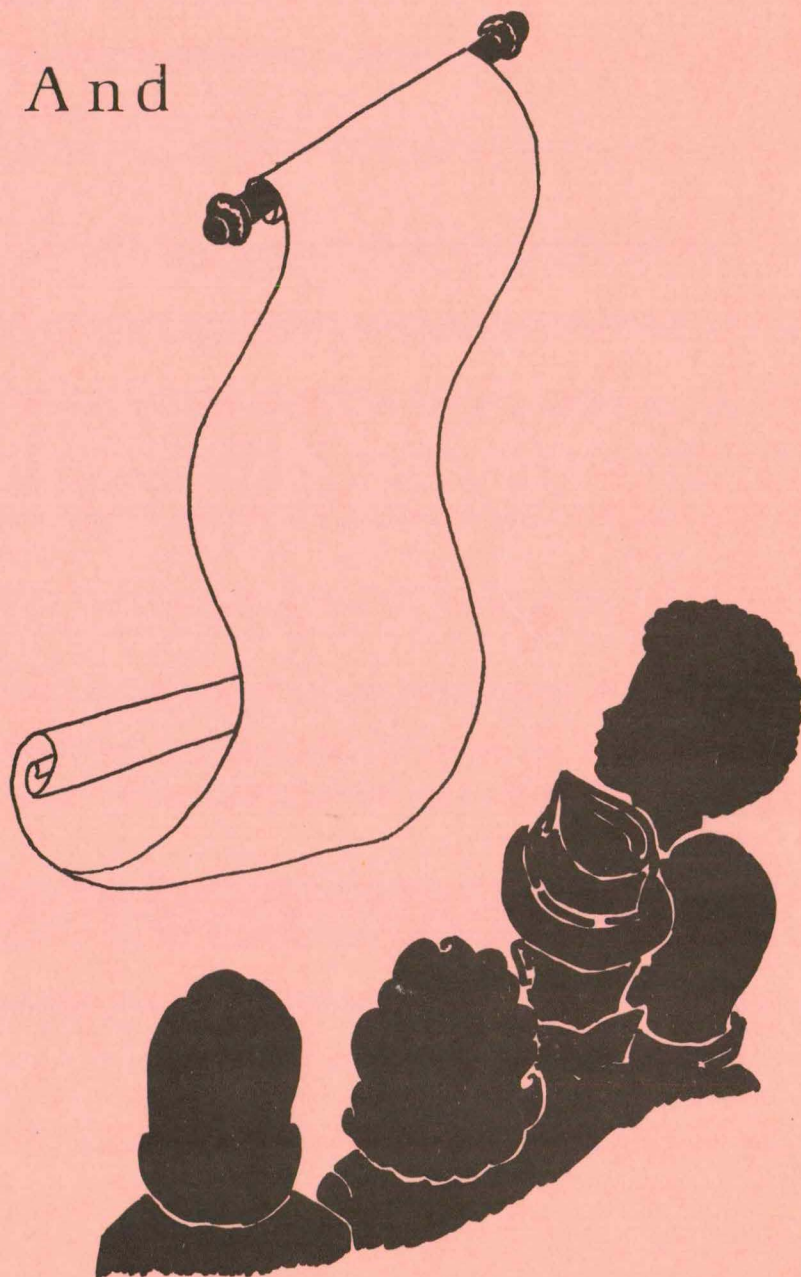


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Statements of Positions
of the
Iowa Department of
Social Services on
Vital Issues
Affecting It And
Its Clients



December 1977

Position Statements

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IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

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 ideally combines housing and staff into fewer locations, thus reducing administrative costs. Continued efforts to combine agency functions should reduce administrative costs through reduction of operating locations. 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, 1978

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 67th General Assembly adjusted the Aid to Families with Dependent Children payment levels for families of two, three and four individuals. All other family sizes were left at prior payment levels. The payment levels were then established by the legislature as 100% of need. The department's budget request for fiscal year 1978-79 reflects an increase in payment level based on a 6.5% increase in cost of living from fiscal year 1977-78. This appropriation request would increase the payment level for a family of three from \$318 to \$339.

Although the caseload increased slightly during fiscal year 1977, there was a decrease in total persons receiving Aid to Dependent Children. As of August, 1977, there were 93,903 persons receiving compared to 96,080 in August, 1976. Of these persons, 63,138 were children. Cases with earned income continue to comprise approximately 30% of the caseload.

The department budget request for fiscal year 1978-79 is \$50,087,800. This represents the state's share of funding for the program and will permit the department to increase benefit levels by 6.5% for an average monthly caseload of 95,500 individuals. The federal matching percentage will be 51.96%, with the state share of costs being 48.04%.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
FOOD STAMP PROGRAM - STATE ADMINISTRATION

The Department of Social Services believes that the Food Stamp program 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 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 \$1,368,650 for fiscal year 1978-79. In consideration of the state's fiscal position, the legislature may choose to implement this change in July, 1979.

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 August, 1977:

<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>
18,923	16,494	35,417	65,538	36,953	102,491
Cash paid for coupons		\$1,863,525.00			
Value of bonus coupons		2,352,964.00			
Total value of coupons issued		4,216,489.00			

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

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 sixty 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 placed 4,022 clients in jobs during fiscal year 1977.

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 ongoing 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 1,500 clients. Up until fiscal year 1977, the operating costs of the Individual Education and Training Plan program have increased in direct proportion to the number of clients served. However, during 1977-78, 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, 1978

POSITION STATEMENT
CHILD SUPPORT RECOVERY SERVICES

The department believes 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 established a Child Support Recovery Unit in 1972. 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 ADC recoveries of child support in Iowa for the fiscal year ending June 30, 1972 were \$1,355,190.00. Those ADC recoveries were increased to \$7,742,777.00 for the fiscal year ending June 30, 1977.

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. Fortunately, for Iowa, this launching of the program prior to the federal mandate has enabled Iowa's Title IV-D Agency to attain national leadership and recognition particularly in terms of cost effectiveness.

Title IV-D of the Social Security Act also provides for and requires the department to make these same child support enforcement services available to the non-assistance individual as well upon application by the individual. The department endorses and supports this concept and through the Child Support Recovery Unit has provided for the extension of such services.

The department budget request for fiscal year 1978-79 is \$396,200.00. This will permit the department to increase Child Support Recovery Unit positions from 76 to 101 positions and to increase projected child support collections from \$9 million for fiscal year 1978-79 to the total of \$12 million.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
FUNDING LEVEL FOR TITLE XIX

Because of the rising costs of health care and the increasing case load, it was necessary to obtain an \$8 million supplemental appropriation from the 1977 legislature in order to maintain expenditures within available funds for fiscal year 1977.

The appropriation made by the General Assembly for fiscal year 1978 was \$74 million, which the department estimates will be sufficient to maintain the program in essentially its present form during the current fiscal year.

During the current fiscal year, the department is working on implementation of some of the recommendations made by the Human Resources Appropriation Subcommittee in 1976 as the result of a study of the administration of the Title XIX program by the Certified Public Accounting firm of Haskins & Sells. The department generally agrees with and supports the recommendations made by the Subcommittee, and is moving ahead with implementation of some of these recommendations, principally the development of the Medicaid Management Information System (MMIS).

The basic finding of the Haskins & Sells study, with which the department is in agreement, is that although there are certain improvements in the administration of the program that can be made, no sizable savings in program expenditures can be effected unless medical and health services are curtailed or the case load is reduced.

Aged recipients account for approximately 53% of the expenditures in the program; aid to families with dependent children, 30%; disabled, 15%; blind, 1%; and others, 1%. Payments to intermediate care facilities (nursing homes) account for 52% of program expenditures; hospitals, 22%; physicians, 10%; pharmacies, 8%; dentists, 4%, and others, 4%.

The budget for the current fiscal year should permit continuation of the program in its present form. It is anticipated that expenditures will increase by approximately 12% during the fiscal year as a result, primarily, of rising health care costs. The department supports implementation of administrative cost containment measures whenever appropriate, but it must be emphasized that such changes cannot produce significant reductions in spending in the Title XIX program. The department does not recommend reducing services or restricting eligibility for the program inasmuch as this would work a hardship on recipients and would not be consistent with the stated purpose of the program.

The department is preparing a budget request to fund a program for the medically needy. The individuals to be covered by this program would be those who meet all eligibility standards for either the Supplemental Security Income Program (SSI) or the Aid to Dependent Children program, except for income or resources. The cost of the program is estimated to be \$11,869,247 in state dollars to cover all services, and \$4,266,912 to cover the six mandatory services.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
ALTERNATIVES TO INSTITUTIONAL LIVING FOR ADULTS

The Department of Social Services believes that most older persons and individuals with severe handicaps can remain out of an institution and in the community if provided with services and some monetary assistance. Independent living outside of an institution helps preserve the dignity of the individual, and has been shown to help maintain physical and mental well-being.

To this end, the department works with people in their own homes, so they may remain there. The department also assists persons to find alternative living arrangements in the community when they are unable to remain at home, but do not need the complete care of an institution.

The following services are provided by the department: assessment of need, case management, homemaker-home health aide, assistance with obtaining adequate housing and health services and protective service.

Monetary assistance to people in their own homes includes cash grants to help individuals purchase chore/handyman and in-home health related care. Through the provision of these services and grants, an adult is often able to remain in his own home rather than being placed in an institution.

The Family Life Home Program matches elderly persons or younger disabled adults with families. The individual lives in the family home and, in essence, becomes a member of the family. A small grant is often given to the family to assist with the expenses of adding a member.

Homemaker-home health aid services are provided to approximately 6,500 persons monthly.

In 1977, there were approximately 4,000 persons receiving monthly grants to obtain chore/handyman service and \$45,803.27 was given to these persons for August services. The In-home Health Related Care Program was begun in April, 1977, and has been steadily expanding. It is a program of care to a person in his own home who would otherwise need nursing home care. In August, 1977, 83 persons received care under this program at a cost of \$18,472.44.

The department is planning a recruitment campaign for family life homes. Fifty persons have been placed in homes through September, 1977.

Approximately 30,000 persons were assessed to determine what services they would require to remain in their own homes, and were given follow-up case management services. It is hoped that a continuum of services can be developed so that each person can receive the most appropriate services, and can remain as independent as possible as long as possible.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
DELIVERY OF SOCIAL SERVICES

The Department of Social Services is responsible for providing appropriate social services to eligible clients in Iowa. Department staff will determine eligibility and plan the type of service needed with the individual or family.

When the Department of Social Services has the staff and internal resources to meet the client's needs, the service is provided directly by that staff. If the service cannot be provided directly or is not available elsewhere free of charge, the department may purchase the needed service from another agency.

When the department decides to purchase a service, it refers the client to another social service provider through the Purchase of Service System. The Department of Social Services' case worker or case manager must continue to insure that the services purchased are appropriate and are meeting the needs of the client.

The Purchase of Service System is intended to supplement direct services and to assure the availability of resources to meet the social service needs of eligible clients. It is not designed as a mechanism to fund provider agencies.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
TITLE XX

Before 1973, the Social Security Act allowed state welfare agencies to develop services for recipients of public assistance. State expenditures were matched by federal funds, 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 for reimbursement to a state for the cost of social services.

In 1973, federal legislation was passed which repealed the former services program and implemented what is commonly known as Title XX. The \$2.5 billion federal ceiling was retained. 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 rehabilitation 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 of people that could be served beyond the public assistance recipients, provided funds are available.

The Department of Social Services believes:

1. The Federal Ceiling Act should be raised. This would enable the Department of Social Services to continue to provide the services it does now, and possibly add more services. Until this happens, the Iowa Legislature should continue the Title XX supplement to at least maintain the current level of services.
2. Appropriate services should continue to be provided by the Department of Social Services staff directly and by purchase of services from other public or private agencies or providers. This mix of direct and purchase is appropriate and assures that the services needed by a client will be available.

3. If it does become necessary to reduce services, eligibility should be limited to those receiving a financial assistance grant. If, depending on finances, services can be offered to others, those whose incomes fall 40% to 60% below the national median income should be included rather than continuing to serve those at present income levels.
4. Title XX should be the "second dollar" when other resources are available to meet needs of special groups. Where services are the responsibility of someone else, those services should not be provided by Title XX; for example, education of the retarded is the responsibility of the Department of Public Instruction. If there are gaps in service, Title XX can supplement to fill these gaps.

Total federal dollars allotted to Iowa for fiscal year 1978 are \$35,076,259. With the one-fourth state and local match added, the total expenditure is budgeted at \$46,225,325. We received \$750,00 from the state legislature for Title XX supplementation. This is matched by \$250,000 in local funds. The federal allocation for fiscal year 1979 is \$33,506,250, making a total of \$44,595,000. We do expect to receive \$2.7 million in federal day care money in addition. It has been decided to serve those whose income falls below the 60% median income of Iowa for fiscal year 1979.

It is possible that the Title XX ceiling will be raised for fiscal year 1979. Inflation has decreased the amount of services that can be provided under the present Title XX ceiling resulting in a greater need for local dollars to ensure continuation of services at previous levels. Even if an increase in Title XX funds is received, there is still a need for continuation of Title XX state supplements to ensure continuation of current level of services. About two-thirds of Title XX supplementation is being used for community-based services to developmentally disabled and mentally retarded persons, services that are the responsibility of local communities. The department is requesting \$750,000 for continuation of Title XX supplementation.

The department, during the past year, has worked to strengthen the District and State Title XX Advisory Committee. Continued strengthening of this partnership for progress will assure that Iowa maintains a position of leadership in Title XX planning.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
CHILD PROTECTIVE SERVICES

The Child Protective Service program provides for therapeutic intervention and treatment services to those families in which the children have been abused, neglected or exploited.

The services are initiated upon a referral indicating a child is in danger. Services are family-focused in order to meet the goal of stabilizing the home environment so that the family is able to remain intact without further danger to the child. Referrals to Juvenile Court are made only after an intensive effort to provide for protective treatment on a voluntary basis has failed. These services are provided without regard to income eligibility.

The legal base for provision of services is 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.

The development of the protective services program has included a 24-hour reporting system for abuse and the provision of prompt interventive services for all reports of child abuse. There were 1,023 abuse investigations in the first six months of 1977.

The current reporting law, Chapter 235 of the Code of Iowa, defines child abuse only as "non-accidental physical injury." The department supports the efforts to include neglect and sexual abuse in the definition of child abuse. The definitional change would provide for a minimum level of protection to all children who are endangered by sexual and physical abuse, neglect and exploitation. The definitional change would also enable Iowa to meet federal eligibility requirements for Title IV-B of the Social Security Act and Public Law 93-247.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
SERVICES TO CHILDREN

A major responsibility of the department is to provide services to children at risk whose families are in crisis or are unable to deal with the child's special needs or problems. All services seek to prevent further deterioration of functioning, with such services contributing positively to the child's growth and development, and strengthening and restoring the family unit whenever possible. To accomplish this aim, an array of programs are utilized including financial assistance and in-home and out-of-home services which are available through the various divisions of the department and purchase of services agencies.

The department's major objectives for the next year are:

1. To decrease the number of children in foster care by 10%. Such a decrease shall be accomplished by:
 - A. Preventive and alternative services to foster care. That is, utilizing foster care only after in-home services have been provided to the child and family, but have failed to alleviate the need for out-of-home placement.
 - B. Improved assessment, planning and screening procedures for children being considered for foster care placement.
2. To reduce the length of stay of children in foster care. Such reduction shall be accomplished by:
 - A. Specific and time-oriented case planning for the child, including mandatory case plan reviews to review the status of children in foster care and determine the appropriateness of continued placement.
 - B. Keeping families involved during the child's placement to facilitate the re-unification of the family.

By directing our priorities to keeping the family unit together through proper planning, services and preventive care, improved services to children should be achieved.

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 and (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.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

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, states that counties were to continue to provide office space, equipment and supplies. This was done because of the time frames, but with a consensus 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's 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)	\$2,360,000
Office supplies and miscellaneous	993,200
Equipment	250,000
Total expenditures	<u>\$3,603,200</u>
State Share	\$1,801,600

Federal shares in the cost of this are 50%.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
ADULT CORRECTIONAL SERVICES

The department is committed to a comprehensive corrections system which emphasizes community programs whenever possible while providing individualized treatment for each offender requiring institutionalization. For those incarcerated, adequate security must be maintained to protect the offender and prevent transgressions against the community. The department also believes in the essential God-given worth and dignity of every human being, and in the capacity of people to effect a positive change in their behavior. Therefore, it is essential that corrections programs provide positive reinforcement for the person who is motivated toward self-improvement.

Since community-based correctional resources should be an integral part of the Criminal Justice System, the department has provided for locally administered services in each of the eight judicial districts, including deferred prosecution, pre-trial release, pre-sentence investigation, probation and pre-institutional treatment facilities. The post-institutional programs such as post-incarceration services, parole and operation of work release is administered by the Bureau of Community Correctional Services within the Division of Adult Corrections. Further, the department has accepted the responsibility of assisting local communities in the development of community-based correctional programs, providing technical and financial assistance and setting standards for program management and operation.

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

Recognizing that 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 to permit physical separation whenever possible.

The department strives to provide a secure environment for those persons serving sentences. Rules are adopted and enforced to ensure the good order of the institution, since a secure environment is essential to permit incarcerated persons to 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 counseling 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. To do otherwise would be expensive, counter-productive and contrary to the public interest.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
COMMUNITY-BASED CORRECTIONS

In 1973, the Iowa Legislature passed a bill enacting Community-Based Correctional Services in the state of Iowa. This bill became Chapter 217.24 through 217.29 of the Iowa Code. The Department of Social Services supported passage of this initial enabling legislation. One of the strengths of this initial bill was that while it laid out a distinct concept, it did not build in a great deal of cumbersome detail. The bill encouraged the Department of Social Services to play an active role in the encouraging of local development of community-based corrections programs.

By the spring of 1976, there were community-based corrections programs operating in all eight Judicial Districts of the state of Iowa. These programs provided services to all but two of the 99 counties of the state. The programs reflected a variety of different administrative styles and structures. In some districts, there was a question about the legal business status of such programs. There was also a clear distinction between certain programs which had developed primarily in rural areas with state staff, as an extension of State Parole and Probation Service, while other areas, particularly urban in nature, were operated independent of state administration.

In May of 1976, the Council on Social Services (the legally charged policy-making body for the Department of Social Services) recognized that it must address the hodge-podge of programming that was taking shape. In May, 1976, this body passed a departmental policy which stated that the Department of Social Services would functionally divest itself of all pre-institutional service delivery. This meant that districts which had been staffed with state employees and administered through the state structure would begin to put together administrative structure separate from state government. The Council was of the opinion that such a policy was consistent with the legislative intent of creating community-based corrections in Iowa. The Council also confirmed that post-institutional services such as work release and parole would remain a function of the state agency.

After that policy was reached, correctional administrators within the department identified the need for additional legislation which would clearly create legal public entities at the Judicial District level, capable of conducting human service business. This led to discussions with members of the Iowa Senate, who later introduced what became Senate File 112. Department staff participated in the drafting and eventual passage of this bill. The same department staff also had initiated implementation of programming which was to be consistent with the legislative intent of Senate File 112.

With the evolution of this bill, two additional items were added. They are the provision of work adjustment and training at the Riverview Release Center and the extension of the State Work Release Program. In both cases, Department of Social Services correctional administrators were involved in the discussions leading to these items being included in the bill, and correctional administrators strongly support implementation of the provisions found in Senate File 112.

The department strongly believes that Senate File 112 fills critical gaps which had existed. With the passage of this bill, the question of program responsibility and accountability has been resolved. The state of Iowa now has a comprehensive correctional system providing services from time of arrest throughout the remainder of time spent in the criminal justice system.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

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 resources should be directed toward strengthening that system.

The organizational structure to deliver services is not singly critical since it would be nearly 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. 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. The Division of Mental Health Resources within the Department of Social Services allows for greater communication and improved follow-up care of mental health patients who have improved as a result of the intensive treatment at the Mental Health Institutes and placed in the community. The umbrella effect of the Department of Social Services allows the involvement of County Departments of Social Services, County Care Facilities, Title XX and Title XIX services and funding in the planning and provision of continuity of care once the patient has been discharged from the Mental Health Institute. This broad range of social and income services provided by the department is directly supportive to the care and treatment needs of the mentally ill in the community. To take any other approach in Iowa would restrict the services offered the mentally ill and would be more costly through the duplicated administrative efforts such as budgeting, data processing, statistics, payroll accounting, public information and personnel services. These administrative services are currently being provided to the Division of Mental Health Resources through the Department of Social Services.

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, after-care 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.

This past year has seen the Division of Mental Health Resources and the Community Mental Health Centers Association develop an agreement which has been signed by each community mental health center and the Mental Health Institute in the respective quadrant, formalizing, in writing, the continuity of care which has been practiced for years. This agreement has solidified the community mental health centers and the Mental Health Institutes into a more cohesive service delivery network. 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 joint development of the State Mental Health Plan as required by Public Law 94-63, which will further promote the delivery of responsible mental health care to the citizens of Iowa. The plan includes major goals and objectives which clearly set forth directions for the delivery of mental health service. Sub-objectives and action implementation steps to bring to fruition these goals and objectives are developed yearly 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, 1978

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 insitutional 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 mental health services responsive to the needs of the people.

The Mental Health Insitutes 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 and evaluation as well as medical-surgical, after-care, support services and professional education and training programs.

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 19.9% increase in ages 19-24; 63.4% in ages 25-34; 35.9% in ages 35-44; and 24.5% in ages over 65. A Department of Social Services study developed in February, 1976 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 the top priority; prevention will move up to second place; and outpatient services, now twelfth, will move to third. Evaluating community needs, now at fifth, will move to fourth place 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 1950's to forty days in 1976.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

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. 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 these two institutions up to certification standards as Intermediate Care Facilities for the Mentally Retarded as provided for under Title XIX of the Social Security Act.

Concurrent with work at the two State Hospital-Schools has been a concerted effort to develop community-based alternatives for care and services.

A state-wide planning task force was assigned this responsibility. During the past year and one half, the process has involved more than nine hundred interested Iowans. The result of their work is a carefully thought out plan of action which will allow for the development of community-based care facilities and services over 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 1978-79 for Intermediate Care Facilities for the Mentally Retarded at the community level.

In addition, there is a request for \$1,000,000 for the next year to develop community-based Resident Care Facilities for the Mentally Retarded.

Other needed services will be funded by Title XX, the state and counties as available resources allow.

The initial thrust of community-based services will be toward accomplishing a current diagnosis and evaluation and an individual program plan for each mentally retarded/developmentally disabled person in the state needing services. Based on needs identified, residential and service programs will be used and/or developed which encourage maximum ties to the family and home community of the person being served and which will allow the person being served to exercise the maximum freedom of life choices consistent with his/her capabilities.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
AFFIRMATIVE ACTION

The Iowa Department of Social Services is committed to a policy of Equal Employment Opportunity which forbids discrimination (and exclusion) on the basis of race, creed, color, national origin, religion, political affiliation, sex, age and physical or mental disability. (Said categories shall henceforth be referred to as "protected classes"). This policy shall be implemented through a formal written Affirmative Action plan containing goals within time specifications.

The formalization and documentation of an Affirmative Action Plan is in keeping with legislation as enacted by the Congress of the United States, the General Assembly of the state of Iowa and specifically the Governor's Executive Order number fifteen, Article II, which states in part:

".....Each State agency responsible to the Governor shall promulgate a clear and unambiguous written Affirmative Action Program containing goals and time specifications in Personnel Administration. Each such agency shall regularly review its personnel practices and procedures with a view to correcting any such personnel practices and procedures which may contribute to discrimination in appointments, assignment or advancement. Each such agency shall conduct programs of job orientation and provide training and organizational structure for upward mobility and shall place emphasis upon fair practices in Employment....."

The resultant Affirmative Action plan will serve as the department model, and will be designed to eliminate any discrimination and/or under-utilization of persons of the protected classes. Under-utilization for this purpose is defined as a situation where fewer persons of the protected classes are employed in a job classification than are reasonably expected to be available in the working population.

The Iowa Department of Social Services is the largest employing agency governed by the Merit System of state government, employing approximately 9,000 people. Well over 7,000 (7,545) are employed on a full-time basis. Of the 7,545 full-time employees reported in the Equal Employment Opportunity Commission Report (EE04) for the fiscal year ending June, 1977, the following statistics are significant as indicators of employee status as reflected by annual income:

Category of Employee	Total	Annual Salary less than \$10,000	Percentage Less than \$10,000
Caucasian Males	2608	1081	41%
Females	4749	3483	73%
Racial Minorities	188	118	63%
Disabled	314	195	62%
Over 45	3061	1769	58%

The Department of Social Services Affirmative Action plan shall include goals for the hiring and upgrading (promotion) of protected class members in all components of the department. These goals shall be based on an analysis of all major employment categories in the various organizational units, and shall be in concert with population changes, the availability of protected class persons, training capability and related factors in the Department of Social Services districts and institutions and their geographic environs.

The Affirmative Action plan shall focus on policies, practices and procedures pertaining to:

1. Recruitment
2. Hiring and selection
3. Staff development and training
4. Promotions, transfers, demotions, termination, layoffs and recall
5. Grievances
6. Working conditions
7. Salaries and wages
8. Contract compliance where appropriate

Undoubtedly the implementation of an Affirmative Action plan having goals within time specifications is an ambitious endeavor, and can be attainable only through intensive effort by all levels of administration and management. It is in keeping with the Department of Social Services philosophy that our role as an employer reflects our commitment to the belief in human dignity and the provision of equitable treatment to all applicants and employees.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
QUALITY CONTROL

Quality Control is a federally mandated program. The Bureau of Quality Control reviews a federally required random sample of cases in three programs: Aid to Dependent Children, Food Stamps and Title XIX. Federal regulations require that quality control reviews of a statistically reliable sample must be completed and results reported within certain time limits.

The federal purpose of Quality Control is to provide findings that are used to determine the incidence, amount and reasons for errors in the three programs. Quality Control also provides the department with information utilized to take corrective action to reduce or eliminate the causes of errors.

The increasing workload for Quality Control staff is due to a combination of additional federal requirements and increasing caseloads in the Food Stamp program. This increase is detailed below.

FOOD STAMP SAMPLE SIZE

<u>Reporting Period</u>	<u>Active Cases</u>	<u>Rejected/Cancelled Cases</u>
July-December, 1977	982*	216
July-December, 1978	1442*	912
Total Increase	460	696

If Iowa is to remain in compliance with federal Quality Control regulations, staff must be added to handle the increased workload. Staffing standards are:

Active cases $460 \div 13$ reviews per month per worker = 5.89 additional reviewers.

Rejected/cancelled cases $696 \div 20$ reviews per month per worker = 5.80 additional reviewers.

This will bring the total number of Quality Control reviewers to 39. Based on the standard of one supervisor to five reviewers (Federal Quality Control standards are one to four), an additional three supervisors must be added.

Total additional staff required = 12 reviewers + 3 supervisors = 15.

It will be extremely difficult to remain in compliance with federal Quality Control regulations for all three programs for the reporting period of December, 1977 - June, 1978. It will be impossible to even approach compliance in fiscal year 1979 without the additional fifteen staff.

*Includes overpull requirements

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
CAPITAL IMPROVEMENT MASTER PLAN
IOWA VETERAN'S HOME
MARSHALLTOWN, IOWA

Background

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

The Plan included cost data and illustrates how the Iowa Veteran's 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 Veteran's Home and its objectives of rendering health care services for Iowa's aged, chronically ill, handicapped veterans and 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 plan of the facility. Groundbreaking ceremonies were held on May 23, 1975, with dedication scheduled for January 5, 1978.

During the First Session of the 67th General Assembly, 1977, the legislature appropriated the \$2.5 million to fulfill the intent clause of the Second Session of the 66th General Assembly. These monies, with the \$900,000 from the Second Session of the 66th General Assembly, have served as matching state monies with the Veteran's Administration to underwrite Phase II of the Facility Replacement Capital Improvement Master Plan at the Home.

The Iowa Veteran's Home has completed the application process on both the remodeling project and the 180 additional nursing care bed facility. All reviews of construction drawings/specifications have been completed, and we are awaiting final approval from the Veteran's Administration before advertising for acceptance of bids.

With the completion of Final Phase II, 1980, 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.

Funding

Veteran's Administration construction funding is available to State Veteran's Homes on a first-come, first-served basis up to 65% for such projects under Public Law 95-62, effective October 1, 1977, which combined previous Public Law 88-450 and Public Law 91-178. The Iowa Veteran's Home projects were submitted under Public Law 88-450 and Public Law 91-178.

The Iowa Veteran's Home Phase I construction project, nearing completion, presently is receiving federal funding at the rate of 62.48% of the project cost. Funding for the Final Phase II construction projects has been formalized with the Veteran's Administration. The Iowa Veteran's Home, it is estimated, will receive 64.7% of the estimated construction cost for the projects.

IOWA DEPARTMENT OF SOCIAL SERVICES
JANUARY, 1978

POSITION STATEMENT
JUVENILE JUSTICE

The Department of Social Services is supportive of attempts to establish community-based treatment and evaluation services for all children who can benefit from such programming. Such service should take the form of a continuum of programming that will place a premium on prevention and the maintenance of the integrity of the family. Necessarily, such a system will need the moral, legal and financial support of local communities as well as that of the state and federal governments.

The state juvenile institutions should be maintained to serve those children who are unable to benefit from community services.

The state also needs to develop a coordinating body with mandated authority that insures community services are delivered in a coordinated, unduplicated manner.

Revision of the Juvenile Code should insure that a child's right to care and treatment is not lost in an over-zealous attempt to protect legal rights.

STATE LIBRARY OF IOWA



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