

## F I N A L    R E P O R T

### SOCIAL SERVICES AND MENTAL HEALTH STUDY COMMITTEE

January, 1976

An interim "study of the function, duties and structure of the Department of Social Services, the performance of the Department in discharging its responsibilities, and the effect of the current administrative structure upon this performance" was requested by Senate Joint Resolution 13, passed by the 1975 session of the Sixty-sixth Iowa General Assembly.

The Legislative Council established the Social Services and Mental Health Study Committee to conduct the requested study, and to take over jurisdiction of the Follow-up Study of Former Mental Health Patients begun during 1974 under the former Mental Health and Juvenile Institutions Study Committee. Subsequently, the Council also assigned to the Study Committee specific responsibility for consideration of the future status of the Drug Abuse Authority and the Commission on Alcoholism.

Twenty legislators were appointed to the Study Committee by the Council. They are Senators Leonard C. Andersen of Sioux City, William E. Gluba of Davenport, George R. Kinley of Des Moines, Charles P. Miller of Burlington, John S. Murray of Ames, Berl E. Priebe of Algona, W. R. Rabedeaux of Wilton, Richard R. Ramsey of Osceola, Steve Sovern of Marion and Dale L. Tieden of Elkader and Representatives Gregory D. Cusack of Davenport, Roger Halvorson of Monona, Ingwer Hansen of Hartley, William J. Hargrave of Iowa City, Mattie Harper of West Grove, Thomas J. Higgins of Davenport, Joyce Lonergan of Boone, Lillian McElroy of Percival, W. R. Monroe, Jr. of Burlington and Richard W. Welden of Iowa Falls.\* Senator Kinley was designated temporary Chairperson by the Legislative Council but did not wish to serve permanently in that capacity. Senator Miller and Representative Hargrave were elected Co-chairpersons at the Study Committee's organizational meeting.

#### FOLLOW-UP STUDY COMPLETED

A significant achievement of the 1975 legislative interim was completion of the follow-up study of former patients of Iowa's state mental health institutes. The report of that study is being distributed under separate cover. The study was financed by an appropriation of \$50,000 originally made by the First Session of the 65th General Assembly (1973 Acts, Chapter 5, sec. 2), which was extended and augmented by \$4000 in additional funds by the 66th General Assembly (1975 Acts, Chapter 40).

The follow-up study, although different in concept than that intended by the initial proponents of the appropriation, should prove to be of great significance in evaluating delivery of

mental health services in Iowa. It focuses upon the experiences of a randomly selected sample of patients leaving the four mental health institutes during the fiscal year ending June 30, 1974, and in particular examines the extent to which these individuals received aftercare--those services needed to assist them to full recovery or to maintain a stabilized situation which had been achieved and to aid them in resuming life in the community or in adjusting to a new setting if that was their situation. This is both an important aspect of an overall mental health service delivery system, and one which is at least potentially complicated in Iowa because the Department of Social Services operates the mental health institutes but does not have general responsibility for mental health services at the local level. Autonomous community mental health centers are a major, but by no means the only, resource for the delivery of mental health aftercare services in Iowa.

Much significant information of an essentially factual nature will be found in the report prepared by Execucom Systems Corporation, which was employed to conduct the study, and accepted by the Advisory Board organized late in 1974 to oversee it. (Information on the planning and organization of the study and the composition of the Advisory Board will also be found in that report, as well as in the reports of the former Mental Health and Juvenile Institutions Study Committee for the 1973 and 1974 interim.) The Advisory Board is in the process of developing recommendations based on the study, and these will be submitted through the appropriate channels when completed.

#### INITIAL PHASE OF SOCIAL SERVICES STUDY

The first phase of the Social Services and Mental Health Study Committee's own effort was devoted primarily to assembling data to assist its members in their deliberations. The Study Committee received information about the present organization of the Department of Social Services and the responsibilities and functions of each of its major divisions from Commissioner Kevin J. Burns and the Department's division directors.

Study Committee members also sought to learn how the Department's organization, programs and services are perceived by its own administrators and employees at the district and county level, by county officers, and by other groups and agencies--public and private--which deal with or are concerned about the Department. Organizations and groups making statements were the Iowa State Association of Counties, the Community Mental Health Centers Association of Iowa, the Iowa Welfare Association, the Iowa Association for Retarded Citizens, Lutheran Social Service of Iowa, the Legal Aid Society of Polk County and the Iowa Mental Health Authority.

Other Participants

The Legislative Service Bureau staff was instructed to arrange for participation of a number of persons, having various policy-making, administrative or implementation responsibilities in connection with human services, in the Study Committee's second meeting on September 15-16. All of these were to be persons outside the Department of Social Services state central office.

Participating on September 15 were three county officers--Supervisors Jean Oxley of Linn County and James J. Cooper of Lucas County and County Coordinator Warren Wood of Scott County--and three Department of Social Services district and local administrative officers.\* The latter were Hardin County Director of Social Services Leland Reece, Dubuque District Administrator Jay Barfels (President and Vice President, respectively, of the State Association of Local Social Services Administrators) and Pottawattamie County Services Unit Supervisor Daniel Sparks.

On September 16, six of the Department of Social Services' line staff people--those in day-to-day contact with clients--met with the Study Committee. Committee members had asked that these persons be selected by the Service Bureau staff on a random basis, without input into the selections from the Department. This was done by obtaining from the Department a printout of its payroll for the district and local offices, selecting the six counties on the basis of geographical distribution and varying county populations, and then picking one name of a social worker I or II or income maintenance worker I or II off the payroll for each county chosen. These persons were then contacted by telephone and, upon accepting the invitation to participate in the meeting, were sent letters of confirmation. The six persons so involved were Elaine Blair, Income Maintenance Worker I, Wapello County; Clark McDonald, Social Worker II, Polk County Adult Services Unit; Ethel Pellersels, Income Maintenance Worker II, Sac County; Michael Weidman, Income Maintenance Worker III, Black Hawk County Income Maintenance Unit\*; Roberta Weitzke, Social Worker II, Adair County; and Dale Wolfe, Social Worker II, Bremer County.

The Study Committee devoted a portion of one of its meetings to a forthright discussion with two members of the Council on Social Services, appointed by the Governor under section 217.2 of the Code. The Council members participating at the time were Chairman Dolpy Pulliam of Des Moines and Lois Emanuel of Marion. (Other members of the five-person Council are Vice Chairman C. Thomas Reilly of Council Bluffs--who attended a later meeting of the Study Committee--and Fernice Robbins of Waterloo; a vacancy created by a resignation remains unfilled.) Study Committee members sought to learn the Council members' view of their function under present law, and how the Council acts to discharge this function.

While not all Study Committee members would necessarily agree, virtually all of the persons who appeared and participated in meetings of the Committee advocated efforts to solve the

problems involving the Department of Social Services by means other than a major reorganization or dismemberment of the Department. Limitations of time and space preclude detailed discussion of the information received by the Study Committee in the course of the various presentations noted in the preceding paragraphs, but this information may be found in the text of or in attachments to minutes of the Committee's August 18-19, September 15-16 and September 25-26 meetings. Copies of these minutes are available from the Legislative Service Bureau.\*

#### Documents and Publications

Additional information has been made available to Study Committee members through publications and documents obtained or prepared for them.

Senate Joint Resolution 13 noted that the past efforts of both various legislative interim study committees and other nonlegislative committees and groups had contributed much valuable information on delivery of human services in Iowa, and directed that the Study Committee "review, update and consolidate" this information. This task was delegated to the Legislative Service Bureau, which prepared and distributed to Committee members a document entitled "Summary Review of Studies Relating to the Iowa Department of Social Services." Copies of this document are also available from the Service Bureau.\*

During his appearance in the course of the Study Committee's first meeting, Commissioner of Social Services Burns distributed to Committee members copies of two Council of State Governments publications which he suggested are helpful in assessing the concept underlying creation of a comprehensive human resources agency, such as the Iowa Department of Social Services. The two publications are "Human Services Integration; State Functions in Implementation" (September, 1974) and "Human Resource Agencies; Administrative Support Services" (April, 1975). A very few copies of these two publications are available for loan from the Legislative Service Bureau.

#### APPOINTMENT OF SUBCOMMITTEES AND FORMULATION OF RECOMMENDATIONS

The Study Committee concluded on September 25 that its work could best be expedited by the establishment of several subcommittees which could work concurrently on different aspects of the Study Committee's overall responsibility. Accordingly, four subcommittees were appointed, as follows:

##### Alcoholism and Drug Abuse Subcommittee

Representative Cusack,  
Chairperson

##### Corrections Subcommittee

Representative Higgins,  
Chairperson

Representative Hansen  
Representative Monroe  
Senator Murray  
Senator Sovern

Representative Lonergan  
Senator Andersen  
Senator Kinley  
Senator Rabedeaux

Community Services and  
Purchase of Services Sub-  
committee

Mental Health Subcommittee

Representative Hargrave,  
Chairperson  
Representative Harper  
Representative McElroy  
Representative Welden  
Senator Gluba

Senator Pricbe,  
Chairperson  
Senator Miller  
Senator Ramsey  
Senator Tieden  
Representative Halvorson

Each of the subcommittees met briefly on September 26, and has met on two or more occasions since that date. Because the proposals which the Study Committee has under consideration are based on the work of its subcommittees, the proposals are presented under the headings of the respective subcommittee areas of concern. Except as otherwise noted, this report reflects the status of the respective proposals as of the Study Committee's meeting of November 12, 1975.

Alcoholism and Drug Abuse

The Alcoholism and Drug Abuse Subcommittee has proposed to the Social Services and Mental Health Study Committee that it recommend legislation mandating a merger of the Division on Alcoholism and the Drug Abuse Authority into a single state agency to deal with substance abuse, effective on July 1, 1977 (one year earlier than the termination of the Drug Abuse Authority's existence as now provided under section 224B.24 of the Code). This legislation--designated Study Committee Draft Bill III--calls for delivery of initial proposals as to structure and program of the merged agency by the Executive Branch to the legislature on or before January 15, 1977.

The proposed legislation states that the overall goals of the merger are (a) improved assistance to residents of Iowa who are abusing chemical substances--i.e., alcohol and the substances referred to in Iowa law as "controlled substances"--and (b) reduced administrative costs and greater program efficiency.

The legislation further specifies that the merger proposal to be delivered to the legislature in January, 1977 include, but not be limited to, the following provisions:

1. Administrative structure of the merged agency; specifically, its relationship to the Governor and to the General Assembly and the question of a governing board or commission and advisory council.

2. Continuation of strong input from communities and local treatment programs through annual development of a state plan, with comment and review by local agencies and groups.
3. Specific recommendations for funding mechanisms and criteria, including a maximum state liability equal to 50 percent of total program cost, with additional recommendations for the related roles of counties and local communities.
4. Specific designation of education, treatment and prevention programs, outlining the state's role and the related responsibilities of counties and communities.
5. Proposed relationship to other state agencies.
6. Common (so far as feasible) licensing and certification standards and procedures.
7. Monitoring and evaluation mechanisms.
8. A goal of statewide availability of acute care for chemical substance abusers.

The proposed legislation also expresses the intent that the proposals developed in response to the foregoing criteria be based on the needs of clients, and of the community generally, as determined from hearings held widely throughout the state.

#### Other Proposals

Pursuant to presentations made to it by the Division on Alcoholism and by the Drug Abuse Authority, the Alcoholism and Drug Abuse Subcommittee has also proposed that the Study Committee recommend the adoption of two short draft bills, affecting these agencies respectively. It is believed neither will be controversial. Copies of the bills are attached to this report.

#### Draft Bill I

Proposed Study Committee Draft Bill I clarifies a number of provisions of the Iowa alcoholism treatment law, chapter 125 of the Code. It reduces the required state share of the cost of alcoholism treatment programs from 75 to 50 percent. It also repeals the authority for, and all references to, local alcoholism service units--a concept never clearly defined in the law and which has not been implemented anywhere in the state to the UBCOAA's ~~knowledge~~ LEDGE. A copy of Draft Bill I is attached to this report.

The Division on Alcoholism also called to the Subcommittee's attention other problems with respect to chapter

125. The Subcommittee has not proposed any recommendations, but has requested that the Study Committee give further consideration to:

- Funding of treatment programs under chapter 125. The Division contends that the present 75 percent state-25 percent county matching ratio creates inequities, particularly in the absence of a precise definition of the basis for computing the state's liability. Also, the Subcommittee is favorably inclined toward a suggestion by the Iowa State Association of Counties that a specified portion of the gross revenue from the sale of liquor, in addition to the portion now allocated to cities, be distributed to counties and earmarked to help pay the county share of the cost of alcoholism treatment provided pursuant to chapter 125, and has suggested that the Study Committee consider the exact amount to be so allocated and the mechanism for its distribution among the counties.

- Ambiguity regarding power to discharge the Director of the Division on Alcoholism. Under section 125.8, the Director is an appointee of the Commission on Alcoholism, subject to approval of the Commissioner of Public Health. However, that section also makes the Director subject to the state merit system, which suggests that the Commissioner could initiate action to discharge the Director regardless of the wishes of the Commission which appointed him or her.

- The Division on Alcoholism requested that the Subcommittee propose inclusion in section 6 of Draft Bill I of amendments which would mandate, rather than authorize, a peace officer apprehending an intoxicated person in a public place to take that person to a treatment facility, but would also make it mandatory rather than permissive that the person be arrested if he or she refuses help from the facility. The Subcommittee concurs that the problems underlying the Division's request are valid, but does not feel there was sufficient time during the 1975 interim to adequately consider all the implications of thus restricting peace officers' discretion in such situations.

- Section 125.12, subsection 1, is somewhat confusing and contradictory as to exactly who has final authority in drawing boundaries of regions for conduct of alcoholism treatment programs.

#### Draft Bill II

Proposed Study Committee Draft Bill II provides that quarterly reports by hospitals or practitioners treating drug addicts be made to the Director of the Iowa Drug Abuse Authority rather than to the Commissioner of Public Health, as is presently required. This requirement predates establishment of the Drug Abuse Authority, and it is more appropriate that the report now go to the Authority. This bill also removes from the law much detail regarding the content of the quarterly reports. The Director will have authority to indicate what information is to be furnished in these reports.

The bill also requires that hospitals which maintain specific drug dependency programs obtain licenses for those programs from the Drug Abuse Authority, in the same manner as other drug treatment facilities. Finally, the bill clarifies the basis on which information may be made available to researchers and others with a valid interest from drug treatment facilities without disclosing the identities of the patients involved.

The Drug Abuse Authority also submitted to the Subcommittee proposed additions to Code chapter 224B which would require each county to pay 25 percent of the cost of treatment provided to drug abuse victims who have legal settlement in that county. The Subcommittee is not necessarily opposed to this proposal, but believes it would be more appropriate to consider it in the context of the proposed merger of the Drug Abuse Authority and the Division on Alcoholism.

#### Corrections Subcommittee

The Corrections Subcommittee of the Social Services and Mental Health Study Committee has proposed that the Department of Social Services be divested of its responsibilities for adult and juvenile correctional programs and that these responsibilities be vested in a newly created Department of Corrections and Court Services. The proposal would also create three divisions within the Department of Corrections and Court Services; the Division of Adult Institutions, the Division of Adult Community Based Programs, and the Division of Juvenile Services.

Under the proposal the Department of Corrections and Court Services is established with jurisdiction over the adult and juvenile correctional programs which are presently under the jurisdiction of the Department of Social Services. The Director of the Department of Corrections is appointed by the Governor with the approval of two-thirds of the Senate and serves at the pleasure of the Governor. The Director is responsible to the Governor and the General Assembly for the operation of the Department, the Department's budget and financing, and the establishment and implementation of support programs needed by the three divisions.

A draft bill embodying the substantive parts of the proposal to create a Department of Corrections and Court Services is under preparation by the Legislative Service Bureau. It will be designated Social Services and Mental Health Study Committee Draft Bill IV. Pending its completion, a diagram of the pattern of organization of the proposed new Department is attached to this report, following Draft Bill III.

### Division of Adult Institutions

The executive officer of the Division of Adult Institutions is appointed by the Director of the Department of Corrections and Court Services and serves at the pleasure of the Director. The duties and responsibilities of this Division and the executive officer are the same as those currently vested in the Director of the Bureau of Adult Corrections. The institutions under the Division are: the State Penitentiary, the Men's Reformatory, the Women's Reformatory, the Iowa Security Medical Facility, the Riverview Release Center, and the Luster Heights Work Camp.

### Division of Adult Community Based Programs

The executive officer of the Division of Adult Community Based Programs is appointed by the Director of the Department of Corrections and Court Services and serves at the pleasure of the Director. The executive officer is responsible for the establishment of rules, policy, and guidelines for the operation of Adult Community Based Programs and for evaluating and maintaining the community based programs and providing technical assistance to each of the thirteen Adult Services Commissions.

### Adult Service Commissions

Adult Service Commissions are established in each of the thirteen judicial districts and subdistricts of the state to oversee and direct the operation of the community based programs consistent with the rules, policy, and guidelines promulgated by the Division of Adult Community Based Programs. A Director of Adult Community Services hired by the Commission is directly responsible to the Commission for the operation of the programs. Programs to be operated by the Commissions include: residential facilities which provide supervision while permitting the person to avail himself or herself of employment, educational, and vocational opportunities within the community; pretrial release programs; all probation services; all parole services; and purchase of services for those persons with special needs, for example, drug and alcohol rehabilitation. (For a detailed discussion of these programs see Community Corrections in Iowa: An Alternative to Tradition prepared by the Department of Social Services and submitted in June, 1975.) The Commissions are appointed by the Judicial Nominating Commissions which shall consist of two county board of supervisors members, two employees of a public school system, two lay members, one district court judge, one city official, two law enforcement officers, two representatives of private social service agencies, and one representative of the Department of Social Services.

### Division of Juvenile Services

The executive officer of the Division of Juvenile Services is appointed by the Director of Corrections and Court Services and serves at the pleasure of the Director. The duties and responsibilities of the executive officer are the same as those currently vested in the Director of Family and Adult Services, to the extent that they pertain to the three state juvenile institutions. In addition, the executive officer is responsible for the evaluation and monitoring of the juvenile community based services and providing technical assistance to the thirteen Youth Service Commissions.

### Youth Service Commissions

Youth Service Commissions are established in each of the thirteen judicial districts and subdistricts to oversee and direct the operation of the community based programs consistent with the rules, policies, and guidelines promulgated by the Division of Juvenile Services. The services offered by the Youth Service Commissions are: Youth Service Bureaus, Residential Treatment Services, and Court Services. The Commissions are appointed by the Judicial Nominating Commissions and are comprised of one juvenile court judge, three lay adult citizens, one representative of a private social service agency, one representative of a public social service agency, one representative of a public school system, two minors between the ages of twelve years and seventeen years, one member of a county board of supervisors, one probation officer, and one law enforcement officer. A Director of the Youth Service Commission is employed by the Commission and is responsible to the Commission for the operations of the programs.

### Youth Service Bureau

The Youth Service Bureau is responsible for referring juveniles and their families to appropriate public or private services, when they voluntarily seek their assistance. The Youth Service Bureau is also responsible for providing informal probation services to a juvenile who is the subject of a delinquency complaint and who has had a delinquency petition filed against him or her by court services.

### Court Services

Court Services is responsible for determining if a complaint alleging delinquency is of sufficient gravity to initiate the filing of a delinquency petition. If Court Services determines that a petition should be filed they will prepare the petition and prepare a social history file on the juvenile. Court Services is also responsible for preparing the petition and social history file on a juvenile referred to it by the Department of Social Services for court action as a child in need of assistance.

### Residential Treatment Services

Residential Treatment Services is created to provide services to juveniles adjudicated as delinquent, but whose conduct does not justify commitment to a state institution. Programs to be operated by the Bureau include: residential facilities (detention and shelter care), pretrial release, probation, parole, and purchase of services for those persons with special needs, for example, drug and alcohol rehabilitation.

### Community Services and Purchase of Services Subcommittee

The Community Services and Purchase of Services Subcommittee has voted to submit to the Social Services and Mental Health Study Committee a number of recommendations. It is believed that nearly all of these can be implemented without passage of legislation.

### Purchase of Services

1. The Subcommittee recommends that a purchase of services unit be created within the Department, sufficiently staffed to perform the auditing services now performed under contract by a private auditing firm.

The Department of Social Services has approximately 175 purchase of service contracts with providers, and the Subcommittee would like to see this number increased (see recommendation 3 under this subsection). To handle the immense responsibilities generated by the purchase of service system, the Department, is investigating the feasibility and desirability of establishing a permanent purchase of service unit. The Subcommittee is in general agreement with this suggestion, recognizing the volume of services contracts has grown almost beyond control in recent years and that steps must be taken to insure adequate monitoring and evaluation of this program. However, there is disagreement about what responsibilities should be assigned to this unit. Faced with limited auditing capabilities at present, the department has contracted with Conrad and Associates for a desk review, which entails checking semi-annual purchase of service contract reports for arithmetical accuracy and compliance with department regulations. The contract also includes verification of unit cost components and the development of standards for assessing whether the unit cost figure for a specific service is "reasonable." While a purchase of services unit would perform field auditing responsibilities now performed under supervision of the Conrad firm, the Department contends it would need to continue to contract for a desk review of completed audits for at least a year. The Subcommittee instead recommends that any permanent purchase of service unit be equipped to handle all audit responsibilities.

2. The Subcommittee recommends that the Department conduct an in-depth review of present contracts and providers to insure that high quality services are being purchased from local providers when available. The review should identify methods for stimulating the development of local providers, including dissemination to the community of information about service opportunities available.

The Subcommittee is concerned that the larger, conglomerate providers are dominating both the market and the dialogue on purchase of services and that smaller, local groups are either being squeezed out or are not aware of the opportunities open to them. Since most contracts were described by Department representatives as "ongoing" the Subcommittee also questioned whether present monitoring and evaluation techniques are sufficient to detect either or both a decline in the quality of services offered by a provider or the availability of higher quality alternative services. The Subcommittee further suggests more efforts be made to contract with providers based in the community in which the service is to be provided.

3. The Subcommittee recommends that the percentage of Department services provided by contract be increased. This should result in higher quality services at less expense.

#### Community Services Programs and Performance

1. It is the recommendation of the Subcommittee that the Department make specific efforts to encourage the employment of welfare recipients either in the public or private sector, when personal and family circumstances permit.

The Subcommittee specifically suggests that ADC recipients be employed to perform homemaker or other services offered either through the Department directly or by contract with provider agencies. Employment of recipients in public service jobs (which need not necessarily be limited to the Department of Social Services) would help meet the staffing needs of state agencies and would also permit reduction or termination of ADC grants.

2. The Subcommittee recommends that the Department review its organization and programs to ascertain the extent of duplicatory services, inspections and administrative units.

From discussion with Department representatives it is the consensus of the Subcommittee that such duplications exist, in licensing and nursing home inspection in particular, and should be eliminated.

3. The Subcommittee recommends that a study be conducted of the state merit system and its effects on the performance of the Department.

The full Study Committee heard testimony indicating that the merit system forces experienced and qualified field workers into supervisory positions or employment with private agencies because the financial rewards for remaining in the field are insufficient. The Subcommittee also received complaints that the merit system makes discharge of unproductive employees, particularly at the district level, difficult. Both situations can result in the placing of unproductive and sometimes apathetic or novice employees at the service delivery level where contact with the client is the greatest. The resulting problems in service delivery and performance are not the fault of the Department but rather of another state agency. The Subcommittee recommends that the study of the merit system and the Department of Social Services consider the granting of more authority over the employment and discharge of employees to district administrators as well as provisions for encouraging the continued employment, at a reasonable salary, of experienced personnel in field positions.

4. The Subcommittee recommends that both the frequency and quality of review of assistance cases be increased.

One member of the Subcommittee believes that too many individuals are receiving cash assistance for extended periods of time. It was suggested that volunteers pay regular visits to recipients to help answer questions and detect problems which should be referred to a case worker.

5. Because requests for information or assistance from the Department at both the central office and local level are often channeled through several persons before the information or assistance is obtained, the Subcommittee recommends that Department personnel at the central office and local level be cross trained to provide a variety of services or information in response to a single inquiry.

Department representatives state that workers in some of the smaller counties are cross trained, but this practice is viewed as not feasible for the larger counties. The Subcommittee disagrees, maintaining that service delivery should be as smooth and simplified as possible to effectively meet the needs of the client.

6. The Subcommittee recommends that political subdivisions be afforded more authority over the administration of programs in their area, especially when they have made a financial commitment to such programs. (Legislation may be necessary to fully implement this recommendation.)

During the planning for the present Title XX program year local governments and agency representatives, while included in the planning process, found their priorities drastically altered in the final allocation of state Title XX funds. Similarly the counties paying for the administration of the food stamp program have no input into central office policies regarding that program. The Subcommittee views such exclusion of governmental subdivisions from

the decision-making process as unacceptable and recommends more local control in the planning and delivery of social services.

7. The Subcommittee recommends that the Department review present program reporting systems with the objective of consolidating and simplifying reporting forms and requirements.

Subcommittee members have received numerous complaints from constituents about the tremendous volume of paperwork they must complete to meet Department reporting requirements. While it is recognized that many reporting forms come directly from the federal government, the Subcommittee believes considerable consolidation and simplification could still be effected.

8. The Subcommittee recommends that the General Assembly be afforded more control over the operation of the Department, in part by strengthening the role of the Council on Social Services. Among suggestions offered by members of the Subcommittee for strengthening the role of the Council, vis a vis the Department were:

a. The payment of an annual salary plus expenses (\$5,000 was suggested) to Council members to encourage a higher level of performance in the discharge of their duties.

b. Requiring the Council to convene at least once a month.

c. Giving the Council the authority to employ and discharge the Commissioner.

d. Statutorily requiring that the Council adopt and establish guidelines for operation of the Department and the implementation of programs, subject to approval by a majority of the members of the General Assembly.

Legislation is required to implement this recommendation. Accordingly, Social Services and Mental Health Study Committee Draft Bill V has been prepared and a copy is attached to this report.

9. The Subcommittee suggests that the Department initiate efforts to inform all ADC recipients of other benefits available to them such as food stamps. It is further suggested that the Department increase the number of food stamp distribution days scheduled each month.

It was pointed out during discussion that 51% of all assistance recipients are not receiving food stamps. The Subcommittee believes Department field workers should be better educating their clients concerning the benefits available to them. Furthermore, many recipients do not seek employment because of the mistaken assumption that all earnings will be deducted from the amount of their grant. Actually the first \$30 earned and 1/3 of the remainder is disregarded in determining the assistance grant.

Such misconceptions should also be corrected through better education of recipients by department workers.

Food stamp distribution is conducted twice a month. This limited availability may prevent persons who do not have the necessary cash at the designated times from taking advantage of the benefits. The Subcommittee suggests that the Department increase the number of distribution days each month to make benefits more accessible to program participants.

### Organizational Changes

After examining the present structure of the Department both on paper and in practice there appear to be discrepancies between the theoretical and the actual. The Subcommittee tried to delineate the actual flow of communication and chain of command from the central office to the workers in the field and found it a difficult task. It appears that policies are supposed to be issued from the central office, after consultation with program specialists who themselves have no policy-making authority, to the district administrators who are in charge of implementation, but that in practice this system breaks down. It is the recommendation of the Subcommittee that controls be improved to insure implementation of central office policies by local office administrators. It is felt that this would go a long way toward solving many specific program problems.

### Mental Health Subcommittee

The Subcommittee on Mental Health--recognizing they outstanding progress in mental health services in Iowa in the past two decades--is desirous of bringing under the jurisdiction of a single state agency both the present function of the Iowa Mental Health Authority as it relates to locally-governed community mental health centers in Iowa, and the responsibility for operation of the state mental health institutes now vested in the Department of Social Services' Division of Mental Health Resources. Subcommittee members have discussed various means of approaching this objective, with the broad goals of further improving access to quality mental health services for all Iowans, bringing about greater coordination of effort in delivery of these services, and achieving whatever adjustment is necessary to meet changing circumstances in the future.

The Subcommittee has directed the Legislative Service Bureau to draft, and proposed to the Study Committee that it recommend passage of, legislation providing for:

1. Establishment of a new Department of Mental Health Services, headed by a seven-member council which will appoint a full-time director. The council will consist of three persons appointed by the Governor, two persons appointed by the Senate and

two persons appointed by the House. (The four latter persons will not be members of the General Assembly.)

2. Development, updating and implementation of an overall state plan for delivery of quality mental health services to all residents of the state in the most appropriate manner.

3. Establishment, pursuant to the Administrative Procedure Act, of policies and standards designed to achieve the objectives of the state plan. These standards will be mandatory for state mental health institutes, and also for those services of community mental health centers for which state financial support is provided. In all other cases, the standards shall be advisory with respect to community mental health centers, it being intended that the local boards of directors shall continue to be the primary policy-making organs for the community mental health centers.

4. Organization, pursuant to the standards and policies established under item 3, of regional boards within each quadrant of the state, each representing the counties, local mental health resources and consumers in that quadrant, to coordinate mental health delivery systems in that quadrant. Each board will serve as, or appoint from its membership a committee to serve as, an advisory body to the state mental health institute serving that quadrant.

5. Initiation and maintenance by the state mental health institutes of programs that will make them resource centers serving counties in their catchment areas which do not have convenient access to community mental health centers, as well as providing backup services for community mental health centers which find it impossible or impractical to offer comprehensive mental health services at the local level.

6. Coordination of the state plan with federal legislation, so that community mental health centers which elect to comply fully with applicable standards established under item 3 may be assured of eligibility to receive available federal funds.

7. Establishment and financing of a standards and evaluation unit to (a) assist the Council and Director in formulating standards which are acceptable to providers of mental health services without prejudicing the prerogatives of the private sector; (b) interpret these standards to professional personnel engaged in delivery of mental health services in Iowa and to boards of directors of community mental health centers; and (c) to assist in appropriate ways the implementation of the Department's standards through evaluation of the services actually delivered by providers to whom the standards are applicable.

Legislation to achieve these objectives is currently being developed. A partial draft, labeled Social Services and Mental Health Study Committee Draft Bill VI, has been sent to members of the Mental Health Subcommittee and other interested parties, and their comments and suggestions solicited.

SOCIAL SERVICES AND MENTAL  
HEALTH STUDY COMMITTEE  
DRAFT BILL I

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to treatment of alcoholics and to the division  
2 of alcoholism of the department of health.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section one hundred twenty-five point two  
2 (125.2), Code 1975, is amended by striking subsection eight  
3 (8).

4 Sec. 2. Section one hundred twenty-five point seven  
5 (125.7), subsection two (2), Code 1975, is amended to read  
6 as follows:

7 2. Approve the comprehensive alcoholism program, and the  
8 funding therefor, developed by the division pursuant to  
9 sections 125.1 to 125.26.

10 Sec. 3. Section one hundred twenty-five point nine (125.9),  
11 subsection one (1), Code 1975, is amended to read as follows:

12 1. Plan, establish and maintain treatment programs as  
13 necessary or desirable ~~with-the-approval-of-the-commission~~  
14 in accordance with the comprehensive alcoholism program.

15 Sec. 4. Section one hundred twenty-five point ten (125.10),  
16 subsections eight (8), nine (9), and eleven (11), Code 1975,  
17 are amended to read as follows:

18 8. Organize and ~~foster~~ implement, in cooperation with  
19 local treatment programs, training programs for all persons  
20 engaged in treatment of alcoholics and intoxicated persons.

21 9. Sponsor and ~~encourage~~ implement, in cooperation with  
22 local treatment programs, research into the causes and nature  
23 of alcoholism and treatment of alcoholics and intoxicated  
24 persons, and serve as a clearing house for information relating  
25 to alcoholism.

26 11. ~~Advise-the-commission-and-the-governor-in-the-prepar-~~  
27 ~~ation-of~~ Develop and implement, with the counsel and approval  
28 of the Commission, a comprehensive plan for treatment of  
29 alcoholics and intoxicated persons ~~for-inclusion-in-the-state's~~  
30 ~~comprehensive-health-plan~~.

31 Sec. 5. Section one hundred twenty-five point ten (125.10),  
32 Code 1975, is amended by striking subsection fifteen (15)  
33 and inserting in lieu thereof the following:

34 15. Negotiate and implement contracts with hospitals and  
35 other appropriate health facilities with adequate

1 detoxification facilities.

2 Sec. 6. Section one hundred twenty-five point seventeen  
3 (125.17), subsections one (1), two (2), and six (6), Code  
4 1975, are amended to read as follows:

5 1. An intoxicated person may come voluntarily to a facility  
6 for emergency treatment. A person who appears to be intoxi-  
7 cated or incapacitated by alcohol in a public place and in  
8 need of help may be taken to a facility by a peace officer  
9 ~~or-the-alcoholism-service-unit~~. If the person refuses the  
10 proffered help, he may be arrested and charged with intoxi-  
11 cation.

12 2. If no facility is readily available the person may  
13 be taken to an emergency medical service customarily used  
14 for incapacitated persons. The peace officer ~~or-the-alee-~~  
15 ~~holism-service-unit~~, in detaining the person and in taking  
16 him to a facility, is taking him into protective custody and  
17 shall make every reasonable effort to protect his health and  
18 safety. In taking the person into protective custody, the  
19 detaining officer may take reasonable steps to protect himself.  
20 A taking into protective custody under this section is not  
21 an arrest and no entry or other record shall be made to  
22 indicate that the person who is taken into protective custody  
23 has been arrested or charged with a crime.

24 6. A peace officer ~~or-member-of-the-alcoholism-service~~  
25 ~~unit~~ who acts in compliance with this section is acting in  
26 the course of his official duty and is not criminally or  
27 civilly liable therefor, unless such acts constitute willful  
28 malice or abuse.

29 Sec. 7. Section one hundred twenty-five point eighteen  
30 (125.18), subsection three (3), Code 1975, is amended to read  
31 as follows:

32 3. Upon approval of the application by the administrator  
33 in charge of the facility, the person shall be brought to  
34 the facility by a peace officer, health officer, ~~alcoholism~~  
35 ~~service-unit~~, the applicant for commitment, the patient's

1 spouse, the patient's guardian or any other interested person.  
2 The person shall be retained at the facility to which he was  
3 admitted, or transferred to another facility, until discharged  
4 under subsection 5.

5 Sec. 8. Section one hundred twenty-five point nineteen  
6 (125.19), subsection five (5), Code 1975, is amended to read  
7 as follows:

8 5. A person committed under this section shall remain  
9 in the custody of the division for treatment for a period  
10 of thirty days unless sooner discharged. This section shall  
11 not be construed to require the division to pay the cost of  
12 any medication or procedure provided the person during that  
13 period which is not necessary or appropriate to the specific  
14 objectives of detoxification and treatment of alcoholism.

15 At the end of the thirty-day period, he shall be discharged  
16 automatically unless the director before expiration of the  
17 period petitions the court for an order for his recommitment  
18 upon the grounds set forth in subsection 1 for a further  
19 period not to exceed ninety days.

20 Sec. 9. Section one hundred twenty-five point twenty-seven  
21 (125.27), unnumbered paragraph one (1), Code 1975, is amended  
22 to read as follows:

23 The director shall may, consistent with the comprehen-  
24 sive alcoholism program, enter into written agreements with a facility  
25 as defined in section 125.2 to pay for seventy-five fifty  
26 percent of the cost of the care, maintenance and treatment  
27 of an alcoholic. Such contracts shall be for a period of  
28 no more than one year. The commission shall review and  
29 evaluate at least once each year all such agreements and  
30 determine whether or not they shall be continued.

31 Sec. 10. Section three hundred twenty-one point two hundred  
32 eighty-three (321.283), subsection three (3), Code 1975, is  
33 amended to read as follows:

34 3. REFERRED ON CONVICTION. After any conviction for oper-  
35 ating a motor vehicle while under the influence of an alcoholic

1 beverage under section 321.281, the court may refer the defen-  
2 dant for treatment at a facility as defined in sections 125.1  
3 to 125.26 and designated by the division on alcoholism. The  
4 court may prescribe the length of time for treatment or it  
5 may be left to the discretion of the facility to which the  
6 defendant was referred. A person referred under this section  
7 shall be considered a state patient, and charges and costs  
8 for treatment shall be paid for in the manner provided for  
9 payment for treatment of alcoholics who have no legal residence  
10 in this state.

11 Sec. 11. Section one hundred twenty-five point twenty-  
12 two (125.22), Code 1975, is repealed.

13 EXPLANATION

14 This bill clarifies a number of provisions of the Iowa  
15 alcoholism treatment law. It reduces the required state share  
16 of the cost of alcoholism treatment programs from 75 to 50  
17 percent. It also repeals the authority for, and all references  
18 to, local alcoholism service units--a concept which has never  
19 been clearly defined nor implemented.

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SOCIAL SERVICES AND MENTAL  
HEALTH STUDY COMMITTEE  
DRAFT BILL II

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to certain reporting, licensing and confiden-  
2 tiality requirements pertaining to the Iowa drug abuse  
3 authority.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section two hundred twenty-four A point five  
2 (224A.5), Code 1975, is amended to read as follows:

3 224A.5 STATISTICAL REPORT QUARTERLY. Every medical  
4 practitioner or hospital that provides treatment or rehabili-  
5 tation services to a person addicted to or dependent upon  
6 drugs, shall each quarter of every year make a statistical  
7 report to the ~~commissioner-of-public-health~~ director of the  
8 Iowa drug abuse authority in such form and manner as the ~~com-~~  
9 ~~missioner~~ director shall prescribe for each such person treated  
10 or to whom rehabilitation services were provided during the  
11 preceding quarter. The form ~~of-the-report~~ prescribed shall  
12 be furnished by the ~~commissioner-of-health-and-be-so-designated~~  
13 ~~that-a-carbon-copy-will-be-available-which-shall-be-sent~~  
14 ~~quarterly-to-the-narcotics-law-enforcement-division-of-the~~  
15 ~~state,-such-report-not-to-include-doctor's-signature.--The~~  
16 ~~name-or-address-of-any-person-treated-or-to-whom-rehabilitation~~  
17 ~~services-were-provided-shall-not-be-reported.--Such-report~~  
18 ~~shall-include-the-number-of-persons-treated-or-to-whom~~  
19 ~~rehabilitation-services-were-provided,-the-county-of-such~~  
20 ~~person's-legal-settlement,-the-age-of-such-person,-the~~  
21 ~~medication-prescribed,-if-any,-number-of-such-persons-treated~~  
22 ~~as-inpatients-and-the-number-treated-as-outpatients,-the~~  
23 ~~number-treated-who-had-received-previous-treatment-or~~  
24 ~~rehabilitation-services,-the-number-of-such-persons-who~~  
25 ~~maintained-their-employment-while-receiving-treatment-or~~  
26 ~~rehabilitation-services,-the-number-of-such-persons-who~~  
27 ~~themselves-or-their-family-received-public-assistance-during~~  
28 ~~such-treatment-or-rehabilitation-and-the-type-of-public~~  
29 ~~assistance-received,-and-any-other-data-required-by-the~~  
30 ~~commissioner.--If-treatment-or-rehabilitation-services-are~~  
31 ~~provided-to-a-person-by-a-hospital,-public-agency,-nonprofit~~  
32 ~~agency-or-corporation,-such-hospital,-agency-or-nonprofit~~  
33 ~~corporation-shall-co-ordinate-with-the-treating-medical~~  
34 ~~practitioner-so-that-the-statistical-reports-required-in-this~~  
35 ~~section-shall-not-duplicate-one-another.--The-commissioner~~

1 director, who shall cause all such reports to be compiled  
2 into quarterly reports which shall be a public record. The  
3 names and addresses of the reporting medical practitioners  
4 or hospitals shall not be a public record unless authorized  
5 by the person or entity filing the report.

6 Sec. 2. Section two hundred twenty-four B point thirteen  
7 (224B.13), subsection one (1), Code 1975, is amended to read  
8 as follows:

9 1. Hospitals ~~providing-any~~ which provide general service  
10 of care, treatment, counseling or rehabilitation to drug  
11 dependent persons and which are required on-August-15-1973,  
12 by other provisions of law to be licensed on the effective  
13 date of this Act, except that a hospital providing a specific  
14 identifiable drug program within its institution shall be  
15 licensed as required by section two hundred twenty-four B  
16 point twelve (224B.12) of the Code.

17 Sec. 3. Section two hundred twenty-four B point twenty-  
18 three (224B.23), subsection three (3), paragraph b, Code 1975,  
19 is amended to read as follows:

20 b. To ~~qualified~~ the director, his or her designee, or  
21 personnel approved by the director for the purpose of  
22 conducting scientific research, management, financial audits  
23 or program evaluation, but ~~records-so-disclosed~~ an individual  
24 engaged in these activities shall not identify, directly  
25 or indirectly, any individual patient in any research, audit  
26 or evaluation report or otherwise disclose patient identity  
27 in any manner.

#### 28 EXPLANATION

29 This bill provides that quarterly reports by hospitals  
30 or practitioners treating drug addicts be made to the director  
31 of the Iowa drug abuse authority rather than to the  
32 commissioner of public health, and removes from the law much  
33 detail regarding the content of the report. The director  
34 will have authority to indicate what information is to be  
35 provided in these reports. The bill also requires that

S.F. \_\_\_\_\_ H.F. \_\_\_\_\_

1 hospitals which maintain specific drug dependency treatment  
2 programs obtain licenses for those programs in the same manner  
3 as other drug treatment facilities, and clarifies the basis  
4 on which treatment facilities may make certain information  
5 available to researchers without disclosing the identities  
6 of patients.

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SOCIAL SERVICES AND MENTAL HEALTH  
STUDY COMMITTEE  
DRAFT BILL III

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act to merge the division of alcoholism and the Iowa drug  
2 abuse authority into a single state chemical substances  
3 abuse agency effective July 1, 1977, and to require that  
4 the governor submit by January 17, 1977 initial proposals  
5 relative to the statutory provisions under which the merged  
6 agency will function.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Effective July 1, 1977 the division of al-  
2 coholism, now a part of the department of health, and the  
3 Iowa drug abuse authority shall be merged into a single state  
4 agency having responsibility for education about, preven-  
5 tion efforts directed against, and treatment programs to aid  
6 victims of the abuse of chemical substances. The official  
7 title of the merged agency and the provisions for its  
8 administration, powers, duties and limitations shall be as  
9 may be prescribed by the general assembly. Initial proposals  
10 relative to these matters shall be delivered to the general  
11 assembly by the governor on or before January 17, 1977.

12 Sec. 2. The general assembly declares that the priori-  
13 ties of the merger to be effected pursuant to section one  
14 (1) of this Act are:

15 1. Improved assistance to residents of Iowa who are abusing  
16 or seeking to recover from the effects of abuse of chemical  
17 substances; and

18 2. Reduced administrative costs and greater program  
19 efficiency, relative to the quantity and quality of services  
20 being offered.

21 Sec. 3. In preparing proposals to be submitted to the  
22 general assembly as required by section one (1) of this Act,  
23 the governor shall be guided by the priorities established  
24 in section two (2) of this Act. The proposals submitted by  
25 the governor shall include, but need not be limited to, the  
26 following:

27 1. Administrative structure of the merged agency, including  
28 its relationship to the governor and to the general assembly  
29 and whether or not a governing board or commission, an advisory  
30 council, or both should be established, and if so their  
31 composition, manner of selection and responsibilities.

32 2. Continuation of strong local community and local  
33 treatment program input into a state plan.

34 3. Annual development of a state plan, with comment and  
35 review by local agencies and groups.

1 4. Specific recommendations for funding mechanisms and  
2 criteria, including a maximum state liability equal to fifty  
3 percent of total program cost, with additional recommenda-  
4 tions for the related roles of counties and local communi-  
5 ties.

6 5. Specific designation of education, treatment and  
7 prevention programs, outlining the state's role and the re-  
8 lated responsibilities of counties and communities.

9 6. Proposed relationship to other state agencies.

10 7. Common (so far as feasible) licensing and certification  
11 standards and procedures.

12 8. Monitoring and evaluation mechanisms.

13 9. A goal of statewide availability of acute care for  
14 chemical substance abusers.

15 Sec. 4. It is the intent of the general assembly in  
16 adopting this Act that the proposals developed in response  
17 to section three (3) of this Act be based on the needs of  
18 clients, and of the community in general, as determined from  
19 public hearings held widely throughout the state.

20 Sec. 5. Chapters one hundred twenty-five (125) and two  
21 hundred twenty-four B (224B), Code 1975, are repealed effec-  
22 tive July 1, 1975.

#### 23 EXPLANATION

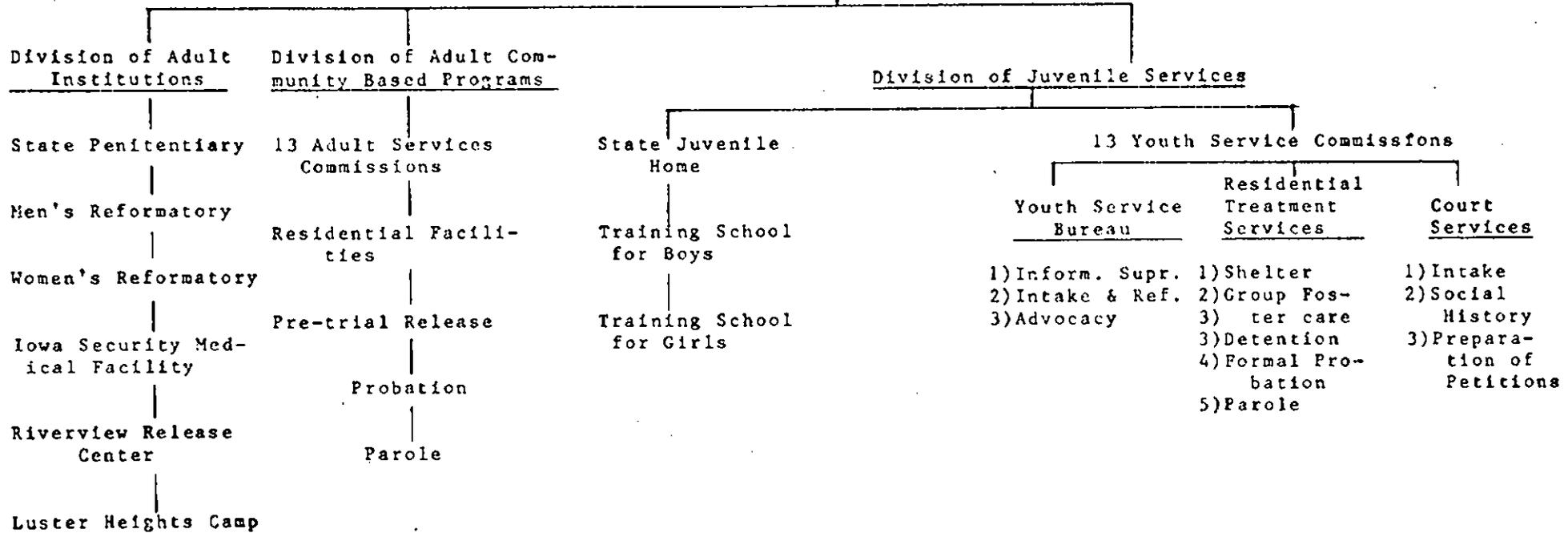
24 This bill mandates a merger of the Division of Alcoholism,  
25 now in the Department of Health, and the Iowa Drug Abuse  
26 Authority effective July 1, 1977. In order to facilitate  
27 this merger, the Code chapters establishing each of those  
28 agencies are repealed on that date. The bill directs the  
29 Governor to submit to the Sixty-seventh General Assembly  
30 shortly after it convenes proposals for detailed statutory  
31 provisions prescribing the new merged agency's administra-  
32 tive structure, powers, duties and limitations.

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DEPARTMENT OF CORRECTIONS AND COURT SERVICES



SOCIAL SERVICES AND MENTAL  
HEALTH STUDY COMMITTEE

DRAFT BILL V

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to the council on social services.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section two hundred seventeen point two (217.2),  
2 unnumbered paragraph one (1), Code 1975, is amended to read  
3 as follows:

4 217.2 COUNCIL ON SOCIAL SERVICES. There is hereby created  
5 within the department of social services a council on social  
6 services which shall act in a policy-making and advisory  
7 capacity on matters within the jurisdiction of the department.  
8 The council shall consist of five members appointed by the  
9 governor with the consent of two-thirds of the senate.  
10 Appointments shall be made on the basis of interest in public  
11 affairs, good judgment, and knowledge and ability in the field  
12 of social services. Such appointments shall be made to provide  
13 a diversity of interest and point of view in the membership  
14 and without regard to religious opinions or affiliations.  
15 The term of each member of the council shall be for six years,  
16 except that those initially appointed shall serve as follows:

17 Sec. 2. Section two hundred seventeen point three (217.3),  
18 subsections two (2) and eight (8), Code 1975, are amended  
19 to read as follows:

20 2. Adopt and establish policy for the operation and conduct  
21 of the department of social services and the implementation  
22 of all services and programs thereunder subject to the approval  
23 of a majority of the members of both houses of the general  
24 assembly.

25 ~~3. Recommend to the governor the names of individuals~~  
26 ~~qualified for the position of commissioner of social services~~  
27 ~~when a vacancy exists in the office~~ Select and employ the  
28 commissioner of social services pursuant to section five (5)  
29 of this Act.

30 Sec. 3. Section two hundred seventeen point three (217.3),  
31 Code 1975, is amended by striking subsection three (3).

32 Sec. 4. Section two hundred seventeen point four (217.4),  
33 Code 1975, is amended to read as follows:

34 217.4 MEETINGS OF COUNCIL. The council shall meet at  
35 least ~~four times a year~~ monthly. Special meetings shall be

1 called by the ~~chairman~~ chairperson or upon written request  
 2 of any three members thereof. The ~~chairman~~ chairperson shall  
 3 preside at all meetings or in ~~his~~ the absence of the  
 4 chairperson the vice ~~chairman~~ chairperson shall preside.  
 5 The members of the council shall be paid ~~a-per-diem-of-forty~~  
 6 ~~dollars-per-day-while-in-session~~ an annual salary of five  
 7 thousand dollars, and their reasonable and necessary expenses  
 8 while attending ~~such~~ council meetings. ~~The amount of per~~  
 9 ~~diem any one member may receive in any fiscal year beginning~~  
 10 ~~on the date of employment shall not exceed eight hundred~~  
 11 ~~dollars.~~

12 Sec. 5. Section two hundred seventeen point five (217.5),  
 13 Code 1975, is amended to read as follows:

14 217.5 COMMISSIONER OF SOCIAL SERVICES. There shall be  
 15 a commissioner of social services who shall be the chief  
 16 administrative officer for the department of social services.  
 17 ~~He~~ The commissioner shall be appointed by the ~~governor~~ council  
 18 on social services with the approval and confirmation of  
 19 two-thirds of the senate and shall serve at the pleasure of  
 20 the ~~governor~~ council. The ~~governor~~ council shall fill a  
 21 vacancy in this office in the same manner as the original  
 22 appointment. If the vacancy occurs while the general assembly  
 23 is not in session, such appointment shall be reported to the  
 24 senate within thirty days of its convening at its next regular  
 25 session for confirmation. Such commissioner shall be selected  
 26 primarily for ~~his~~ administrative ability.

27 ~~He~~ The commissioner shall not be selected on the basis  
 28 of ~~his~~ political affiliation and shall not engage in political  
 29 activity while ~~he-holds~~ holding this position.

#### 30 EXPLANATION

31 This bill makes the following changes in the organization,  
 32 powers and duties of the council on social services:

33 1. Policies established and adopted by the council must  
 34 be approved by a majority of the members of the general  
 35 assembly.

1        2. The council shall convene monthly. Members shall be  
2 paid \$5000 annually plus expenses.

3        3. The commissioner of social services shall be appointed  
4 by the council with senate confirmation and shall serve at  
5 the pleasure of the council.

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