3576 South 43 Street, #32
Milwaukee, WI 53220-1550
April 7, 1999

Joint Finance Committee
State Capitol
Madison, Wisconsin

Dear Committee:

I have worked as a live-in and come-in Personal Care Worker for over eight years in Wisconsin. I enjoy my work and feel I'm good at what I do in helping people who are physically disabled.

But because wages are so low and there is no health insurance offered, I'm forced to work two other jobs just to make ends meet.

Please raise the wages of workers like myself and offer health insurance so I can continue working as a PCW.

Thank you.

Sincerely,

Constance Fuss

Joint Finance Committe:

I have been working as a PCW for 6 mn years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quiting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the $4.00 rate increase to agencies for MA Personal Care.

Date 4-7-99

PCW Signature [signature] Ella Potekhina

Joint Finance Committee

I have been working as a PCW for 3 years. Without my help the people I care for could not live in there homes.

Please support the $4.00 rate increase to agencies for MA Personal Care

Barbara Sobotke

3576 S. 43 #30
Milw, WI 53220

I've been working in this business for the last 10 years. I'm time consumming job & We do need some kind of raise. We are losing ~~working~~ workers. because it isn't worth it.

M. A.

Date ____________

PCW Signature Margaret Sampsel

State of Wisconsin
Joint Committee on Finance

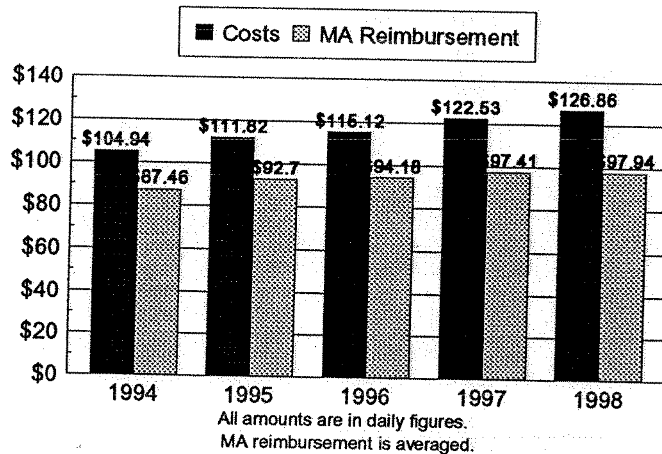
Support of the 7% Wage Increase Pass Through

April 15, 1999

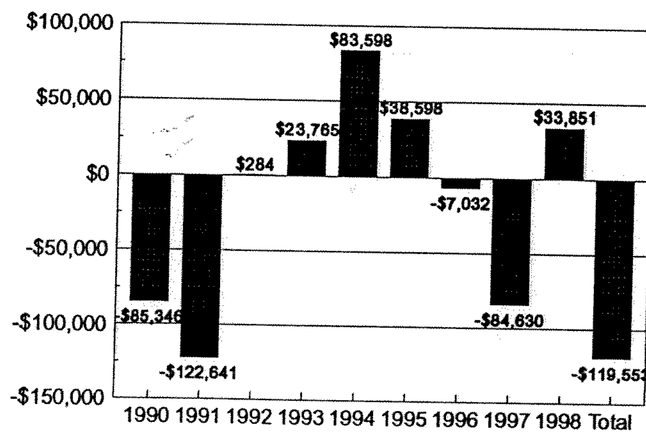
Prepared by:

Bill Bender
Administrator
St. Marys Care Center

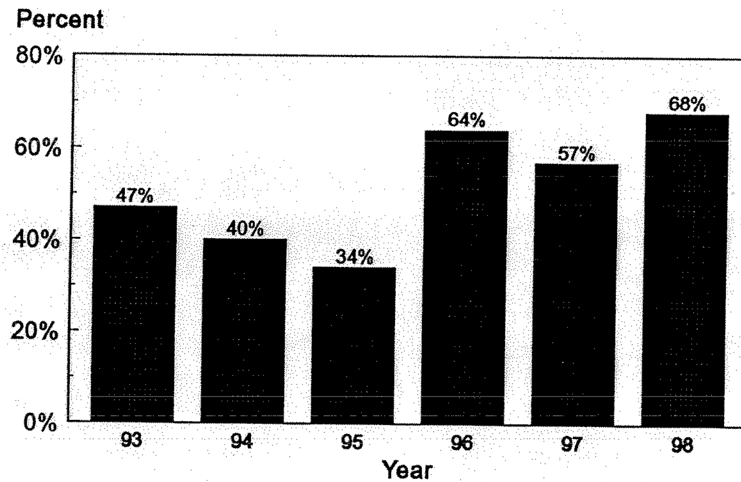
At St. Marys Care Center, Medical Assistance recipients comprise over 50% of our total patient days, yet provides only 41% of our total revenues. For the most part, Private Pay residents subsidize our Medical Assistance residents. Please refer to the below graph to see the disparity between our Medical Assistance rates and our costs. The graph figures are per day amounts.



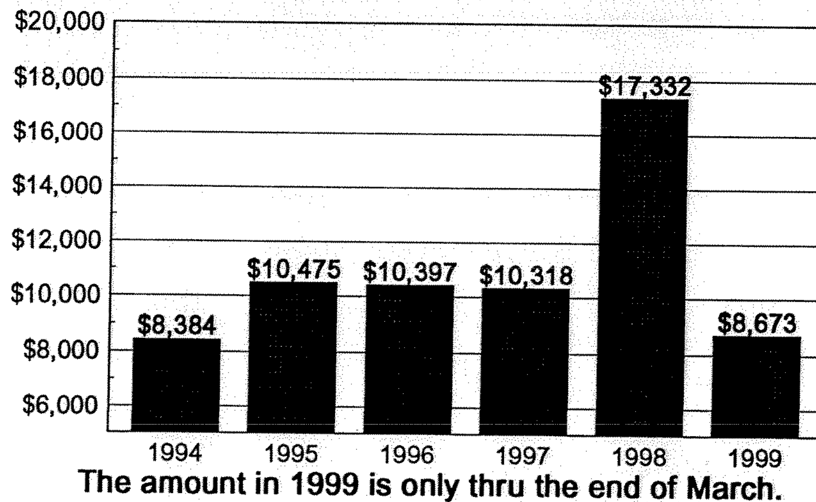
Staffing is our number one problem and is directly associated with our reimbursement from Medical Assistance. The below graph shows our Net Operating Income. After nonoperating income is added in, our finances improve However, we must stay within budget in order to survive as a business. Because of our reliance upon Medical Assistance, our finances prevent us from instituting higher increases. We simply cannot keep passing on the cost increases to our small base of private pay residents.



Yet our staffing situation gets worse. The next graph shows our turnover rate. The years 1993 to 1995 we averaged a 45% turnover rate. The years 196 through 1998 this average jumped to 63% turnover.



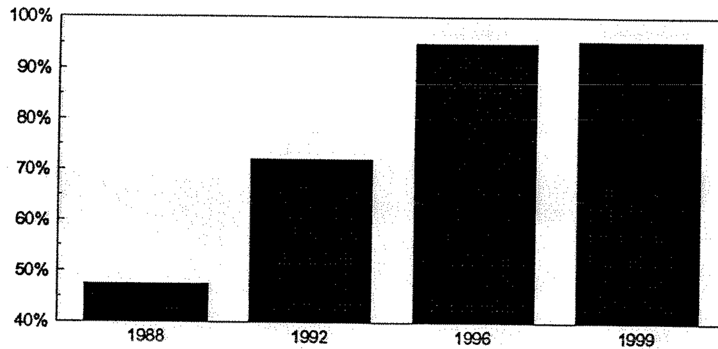
We advertise continually in the help wanted section of area newspapers. Below is what is spent on an annual basis for these help wanted ads. If 1999 were annualized, the cost would be over $69,000!



The amount in 1999 is only thru the end of March.

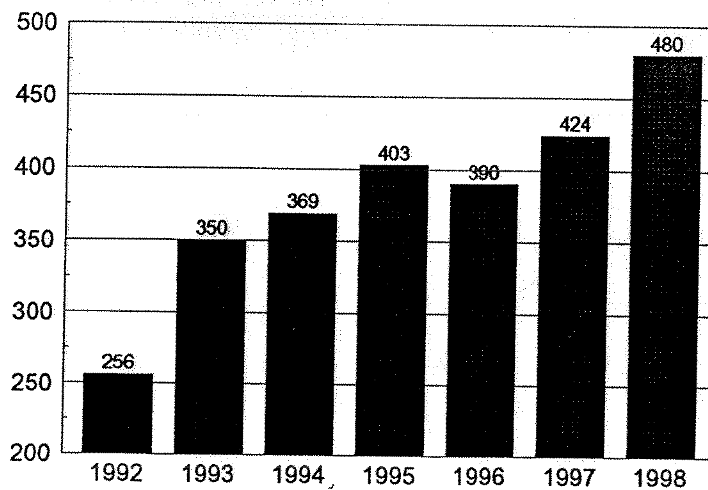
Meanwhile our work load increases. The below graph shows the percentage of higher acuity residents who receive services at St. Marys Care Center.

Percentage of Residents Requiring Skilled and Intense Skilled Nursing Care

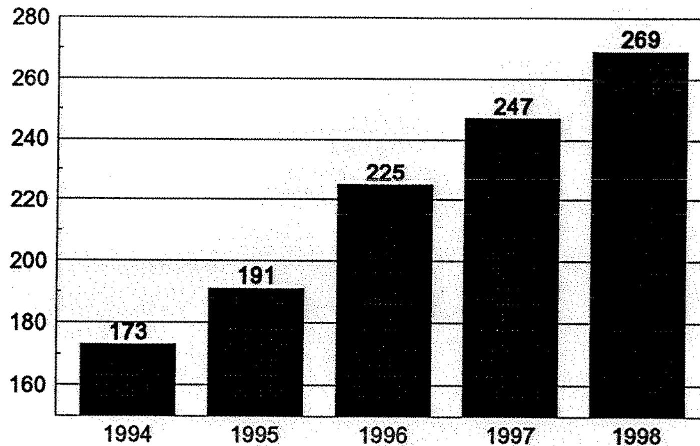


Our market niche has also changed, further adding to the workload of staff. The below graph shows the number of admissions we process from year to year. In 1990 an admission took an average of an hour and a half to process. With mandated paperwork required by State and Federal regulations, an admission now requires approximately six hours of staff time. Even if this person is here for only a week or less!

Admissions



This trend is further shown by the next graph, which shows our discharges back to an individuals home or apartment. While we are very proud of sending such large numbers of people back to the community, this again adds to our already heavy workload requirements.



We need the 7% wage pass through in order to attract and retain the types and numbers of staff the public has a right to expect. Please support the wage pass through for nursing homes. While $17 million is a great deal of money from our State budget, it would be money well spent. Below are the pay rates currently paid the main job classifications of our 230 staff members. This is after we implemented a $.50 per hour across the board increase.

ST. MARYS CARE CENTER

STARTING WAGES:

RN	$15.75
LPN	$12.25
CNA	$ 8.00
HOUSEKEEPING AIDE	$ 7.25
LAUNDRY AIDE	$ 7.25
DIETARY AIDE	$ 7.25

AVERAGE HOURLY WAGE:

RN	$16.89
LPN	$14.47
CNA	$ 8.50
HOUSEKEEPING AIDE	$ 8.02
LAUNDRY AIDE	$ 8.68
DIETARY AIDE	$ 7.86

Thank you for your time in reading this document.

To whom it Concerns: 4-15-99

I am a Certified Nursing Assistant at St. Mary's Care Center here in Madison. I have been a CNA for almost seven years and ~~the only~~ one of the things that is and has been diffucult is to be able to make ends meet. Between Rent in a decent area, car payments, child care, etc. & the money I recieve just makes ends meet.

I have been told since I've gone through my certification, is that "we" as CNA's are the back bone of a facility. We have the hands on to these residents + know them the best. But the thing is, that we are expected to talk to, walk, help in feeding, Range of motion and Personal cares. Each ~~res~~ resident expects to have thing done certin ways, some take longer than others + also, things do come up. ~~to~~ To follow through with the expectations of the resident + the facility, the ratio of residents to nursing assistant needs to drop. One of the only ways to do this is the facility needs more help. I have seen different "sales pitches" to draw CNA's to ~~the~~ a facility but the one thing I haven't seen, is ~~constant~~ consistant support

from those who make the "rules" that we need to follow. ~~What I am getting at~~ ~~is~~ It breaks my heart to hear that there are facilities in this state are having to refuse admits ~~do~~ do ~~to~~ to the fact that there just isn't enough help. I have a grandparent in a nursing home and I know that the care they are recieving is the best of their ability but I know for a fact it would be alot better if there was more help. But there needs to be a draw for people to work ~~here~~ hard + to come into the facilities. It saddens me to look around at the job postings throughout this town alone fast food + grocery stores are actually our competors not just other nurising homes or hospitals. They are offering about the same wages + benifits and the job is less stresful, less dangerous, + they don't have to work as hard. Every day I go into work I have the potential of contracting some disease life threatening or not or just simply hurting my back just enough so I am not able to lift up my daughter or a bag of groceries. I have only two hands + there only ~~so~~ so many hours in a day to make money and until any nursing home can ~~find~~ get the staffing that is willing to take all these chances

the only people that are suffering are the residents. Don't we owe it to them not to suffer anymore, they have been through enough. They deserve the help, time + compassion that they can only get, if the ratio is dropped.

We as nursing assistants, need the finacial help in order to survive + to hopefully recrute more CNA's. The ratio situation is bad now, in nursing homes, what happens in 20 years from now when the baby-boomers are in their 70-80's. We are having trouble now, fix the problem now don't just ignore it.

We are asking for your help now + a re-evaluation of this situation every year to every couple of years in the years to come. I have spoken to people in administration about our wages + the problems the facilities are having and the answers I have heard + see is they wish they could give more finacially but they can't.

I don't know if you have a family member in a nursing home now or maybe you will in the future, but do you want them not to recieve the help you + they would want or do deserve to recieve?

Joy Brunke
Joy Brunke CNA 4-15-99

Eric Brunke
Eric Brunke CNA 4-15-99

Submitted by Valerie Fjalstad
Lifespan Respite Care Committee member

Lifespan Respite Care Bill 4/15/99

opposed to cut in community funds because services such as respite would be greatly reduced

Lifespan Bill asks for $525,000 total

State wide forums held during April 1998 for input on respite issues

given that the need for respite is already identified, the Respite Care Bill will address several concerns about the lack of services: family testimonies are included

relating to - areas with funds but no respite services

the Bill will establish a statewide vhicle to coordinate consistent, quality respite care - assisting in recruitment & retaining providers

relating to - areas with respite services & no funds

the Bill will establish funds for start-up & technical assistance

relating to - waiting lists - from 1 to 4 yrs.

the Bill will increase to family / primary caregivers respite options & availability

respite saves money by preserving family unity -
out of home placement annual cost $60-80,000
1 wkend a month of respite annual cost $2-3,450

The Ma[illegible]spite

Lifespan Respite

LIFESPAN RESPITE CARE

....

ISSUE STATEMENT:

Respite Care is care which is provided to a person with special needs in order to give temporary relief to the family or primary caregiver of that person or care provided when the primary caregiver is unable to provide care on a temporary basis. A special need means the physical, behavioral, cognitive, emotional or personal need of a person with a condition which requires care, supervision or both in order to meet the basic needs of the person. Respite is a primary support service consistently requested by parents and other primary caregivers of individuals with special needs. Demand for respite in Wisconsin far exceeds available funding, programs, and qualified providers. Service access and funding are inconsistent throughout the state. In many counties respite programs have waiting lists or are non-existent, or. Some families have access to funding but cannot find skilled providers, while others have providers but no funding. In addition, Wisconsin lacks an efficient means to coordinate respite care statewide, resulting in fragmentation of resources, duplication of efforts, and inconsistencies. There is no set of statewide standards and guidelines, or means to promote quality assurance .

SPONSORING ORGANIZATIONS

ARCH - Association for the Rights of Citizens with Handicaps, Inc, Waukesha
Catalyst Home Health, Madison
Child Care Connection R&R Agency, Wausau
Children's Trust Fund, Madison
Have a Heart Farm , River Falls
Independence First, Milwaukee
Interfaith Partners in Caring, Sinsinawa
Juneau County Committee on Aging , Mauston
La Causa, Inc, Milwaukee
La Crosse Aging Unit, Lacrosse
Lifespan Respite Care Committee, Wausau
Marathon County Commission on Aging
Omatayo, Milwaukee
Piccadilly Place Respite / Child Care, Beloit
Parents Education Project (PEP) - West Allis
Rehabilitation for Wisconsin, Inc, Madison
St. Agnes Hospital, Respite Care, Fond Du Lac
South Central Respite, Inc, Pardeeville
St. Ann's Adult Day Care, Milwaukee
St. Ann Center for Intergenerational Care, Milwaukee
Special Needs Adoption Network, Milwaukee
The Arc of Wisconsin, Madison
The Respite Care Association of WI, Inc, Green Bay
United Cerebral Palsy NCW., Wausau
United Cerebral Palsy SEW., Milwaukee
United Cerebral Palsy of SCW., Janesville
United Cerebral Palsy of Wisconsin, Madison
Wisconsin Family Ties, Madison
Wisconsin Coalition for Advocacy, Madison

Background :

Parents and primary caregivers who are responsibly trying to raise their children with a special need or care for a family member at home search for the appropriate services and supports to help meet their respite care needs. Sometimes this search forces parents or primary caregivers who have exhausted all their own financial , emotional and physical resources to place that individual with a special need in an foster home, nursing home, or institution. This practice is the consequence of inadequate funding of respite care services. Lack of incentives and statewide coordination to develop flexible community based respite to help keep individuals of all ages with special needs at home, in their schools, jobs, and communities also contributes to the problem

These practices:

- **Increase the risk of out of home placement by 50%**
- **Lead to a 4 times higher risk of abuse and neglect**
- **Lead to an 80% divorce rate**
- **Put the health of the primary caregiver and siblings at high risk . 65% of primary caregivers will develop chronic or life threatening illness i.e. depression, lupus, cancer, muscular dystrophy, multiple sclerosis. 45% of siblings develop serious emotional disorders**
- **Force parents or primary caregivers to make an otherwise unthinkable choice between retaining responsibility for and the relationship with the individual and giving decision making authority and control to a state agency by severing legal ties to the individual with special needs in order to obtain the help they so desperately need - In many counties CHIP(children in protective custody) petition has to be filed before families are eligible for respite**
- **Waste public funds by placing an individual with special needs in an out of home placement when their basic needs could be provided by their families who love them**
- **Force individuals into out of home placements rather than supporting families and promoting the development of community based respite service**

Position:

The Lifespan Respite Care committee, and numerous organizations statewide are seeking to increase the availability of respite to Wisconsin citizens as part of a comprehensive service system to all individuals with special needs . Adequate respite care is critical in our efforts to ensure a full continuum of support services for families and primary caregivers. The Lifespan Respite Care committee, along with numerous organizations statewide, and direct service organizations supports a policy of consumer-driven respite care services in which all Wisconsin families and primary caregivers have access to flexible, affordable, and quality respite - regardless of disability, income, or age. Consumers have a right to adequate resources for respite care; a right to choose whether to have respite in their home or elsewhere; and to choose who provides it. Respite should be provided in a variety of settings with a variety of support models, and be flexibly designed to fit the unique circumstances of each person. Consumers should have the option of time-limited respite as an alternative to a more restrictive and long term living arrangement, including out of home placements.

Action Required:

1) The Lifespan Respite Care committee supports the following legislative initiatives: to provide GPR funding of $525,000 for the 1999-2000 biennium to increase availability of respite services and to develop a consumer-driven, well-coordinated, and ready-to-respond respite care delivery system in Wisconsin.

2) Contact your Senator and Assembly Representative to indicate your support for Lifespan Respite

3) Urge your Senator and Assembly Representative to co sponsor / support The Lifespan Respite Care Bill

Fact Sheet #1

Families or primary caregivers caring for someone with significant needs in their home, live with high levels of physical, emotional, and financial stress.
*Studies conducted at both the National, and state level show that without support services such as respite families, primary caregivers and individuals with disabilities are placed at risk. These risks include

- The divorce rate among this population is 80%.
- There is a 50% increased risk of out-of-home placements.
- In those families that lack support services such as respite, 45% of siblings of the special needs person develop emotional problems.
- 65% of primary caregivers develop chronic and life threatening illnesses (i.e., lupus, depression, TMJ, chronic fatigue syndrome, cancer, mulcular dystrophy, multiple scelorsis, heart attacks).

Caregivers report the following negative impacts of caregiving:

Exhaustion
Irritability
Tension
Little time with spouse or other family members

The emotional impact of being a caregiver:

- Feeling of intense sadness
- Upheaval of family dynamics
- Isolation
- depression
- Frustration
- *Isolation
- *Hopelessness
- Lack of leisure time or personal time
- Loss of hopes , dreams

*** National studies and research done at the University of Vermont, reveal that <u>hopelessness and isolation</u> pose a higher health hazard then cigarette smoking. Further research documents The high demands of <u>constant</u> caregiving increase the risk of Cancer, Multiple sclerosis, and Muscular dystrophy.**

Respite Care, on a regular basis, can help to:

- Reduce stress in families
- Reduce risk of abuse and neglect
- Enhance family coping ability
- Increase caregivers' physical and mental well-being

Reduce out-of-home placements
Increase family social activities and interactions
Prevent burnout
Promote healthy families

*Data collected from ARCH - National Respite Resource Center for Respite and Crisis Care Services, The National Caregivers Association, and The Respite Care Association of Wisconsin, Inc. The university of Kansas. Developed by Nancy Olson RN Project Coordinator Lifespan Respite Care

The Murphy's..... Ben and Donna sat quietly in their living room. They were physically and mentally exhausted from the constant demands of caring for their disabled daughter, Annie. Respite had been available to them on a very limited basis. The Murphys were overwhelmed and stated "we have been neglecting our other child, our responsibilities, and each other. We keep getting further and further behind". There was no funding available to the Murphys. CIP, Cop, and family support all have waiting lists and none of them offer respite programs or providers. With no other option available to them Annie was placed in foster care for 2 1/2 years (the amount of time they were on a waiting list). Annie came home with CIP funding , but again only minimal respite was provided. The family went into crisis again and the Murphy's decided to look into institutionalization, only to find out that there was a waiting list as well. Their marriage suffered under the strain and they separated, leaving Donna a single mom with two children. Donna's health continued to suffer and her medical bills grew. Annie's disability progressed and she became eligible for an increase in respite hours. The Murphy's reconciled and are now receiving adequate and appropriate support for their family. Today they state "that respite is the only thing that will keep Annie at home and our family together".

The Anderson's ..... Sheila is a woman in her late twenties, she is married with 5 children. Sheila and her husband, Ed, share their home with and care for her 58 year old mother, Mary, who has had a stroke and needs help with ADL's .To complicate matters Sheila's husband Ed has an inoperable brain tumor. Mary gets frustrated with all the kids and uses her cane to nudge the kids and yells at her daughter to keep them quiet. Sheila and her family need respite and so does her mother. The family does not have money for respite, Mary is under 60 which puts her on a waiting list that could take one to two years for COP funding. She may end up being placed in a nursing home if both do not get respite. If money was available, Mother could attend the Adult Day Services Center paying from a sliding fee scale and both Mother, daughter and daughter's family would have the respite they need. Cost savings of attending the ADS Center vs. a nursing home is about $75 a day. Improvement of family relations can not be measured.

The Yang's... Kevin and Tina are excited about the arrival of their 5th child, but unsure about who will provide care for the other four children while Tina is in the hospital and Kevin is at work. They are particularly concerned about their youngest son who is only 7 months old and medically fragile. Although their English is poor, the Yang's have an interpreter to help them as they search for support for their family. The Yang's would like to fly Kevin's mother here to provide care for all the children while Tina was in the hospital having the baby and stay to help out for a while after she and the baby return home. They contacted a local Service organization who agreed to train grandma to take care of the disabled infant., but they still needed the funding to pay for the flight. The yang's were on waiting lists for CIP and other support programs. The county would not help to pay the $250.00 needed for grandma to fly here. Tina went into the hospital to have her baby , who was born with severe anomalies and will require an extended hospitailization, and the county placed her children in foster care. The county is paying for foster care for five children, one of which is severely disabled and medically fragile.

The Millers.... Ann and Gerry were hesitant to ask for respite care, but they finally called there social worker, got approved for services and were given a stipend of $ 500.00 per year . To date they have never used the money because their attempts to find a respite provider have been totally unsuccessful. Ann tells the following story "The first people we called initially arranged to meet with us, but then called us back and said "we're to busy, my husband doesn't want us to do this, sorry but no". The second number I called did not answer, so I left a message, I was never called back". I was so frustrated the last time, I realized that I honestly could not face picking up the phone again, only to get a negative response or worse still no response. I nearly called the social worker in frustrated anger and told her to keep the $ 500.00, its to cruel to have it sitting in our "credit bank" with no way to spend it. Give it to someone who is more resourceful than I, maybe they can use it. I realized when I felt more rational that I would be biting of my nose to spite my face. And so we remain in limbo, money available, no way to spend it, overtired, overtaxed, and depressed at times. Do we need respite yes! Can we figure out how to get it .. no.

*Data collected at Statewide Respite Forums, and Conferences i.e 1997- 98 Respite and Crisis Care Conferences, 1998 Circles of Life Conference, and 1998 Long term Care Regional Confeerence

4/13/99

To whom it may concern,

I'm a CNA and work at St. Mary's Care Center. I have worked there on and off for the last 7 years now.. I do love my job and the people that I work with everyday. I feel the place would be even better, But it seems that we can't keep the CNA staff up. It seems that we are always short people. They are moving on to jobs that pay more. We are over worked most of the time. That's not the fair to us, or the residence of St. Mary's.

Most of the people have quit, have done so because of the wage. We are over worked and under paid for our services. After all, We are taking care of real people here. Not animals in a zoo. Some day all of us will have to live in a place like this, and would want a good staff to take care of us. We treat the residence at St. Mary's with dignity and respect, and should also be treated the same from the people who pay us. We need a raise for the work that we do. Then maybe we can keep a CNA staff that we need to give the residence the true care that they need. After all,

the way we feel at work, when we are under staffed, Can't be be good for the residence. Please consider these factors. Thank you for your time.

Deborah A. Trummer

Deborah A. Trummer
CNA

Joint Finance Committee
April 15, 1999

Co-Chairs, Senator Burke, Representative John Gard and distinguished members of the Wisconsin Senate and Assembly, my name is Gary Jackson and this is my wife Beverly. We address you today as parent/advocates for individuals with brain injury and their families. Six years, seven months and fifteen days ago, our daughter and another teacher suffered severe brain injuries in a motor vehicle crash of a mini-van and a pick-up truck. The truck, driven by a habitual drunk driver, ran a stop sign at 60 miles per hour crashed into the front passenger area where our daughter was riding and functionally killed both young women. Our daughter now functions as a pre-schooler.

We would like to briefly discuss two budget issues. The first is a $50,000 item that the Governor graciously placed in the Department of Health and Family Service's (DHFS) budget to be used as part of a local match for a federal traumatic brain injury grant applied for by the Department. This grant will capture $2 in federal funds for each $1 of local match and will provide for a public-private partnership with the Brain Injury Association of Wisconsin. We ask that you vote to maintain these funds in the DHFS budget.

Our second issue concerns services for individuals with brain injury in Wisconsin. Each year in Wisconsin it is estimated that over 5,000 people suffer a brain injury and over 500 of these individuals will have permanent disabilities and need life-long services as our daughter. Many more will need some services for some period of time. Since January 1, 1995, DHFS and its Bureau of Developmental Disabilities Services have operated a successful and cost-effective Home and Community-Based Medicaid Waiver for Brain Injury. Our daughter is one of the Brain Injury Waiver success stories. Because of these funds she has been able to transition back into the community, get a part time job, carry on several volunteer activities and be an active member of society. Without these funds, she would have to live in a nursing home or other institution. This budget contains NO dollars for new Brain Injury Waiver funding. This means that other individuals with brain injury will not have this potential opportunity for success. We ask you to add an amount of funding to this budget with instructions to serve as many individuals

with brain injury as possible. Do not attach a single per diem maximum rate to these funds. Allow the Department on an individual case basis to set a rate range for the services that are truly needed.

Had it not been for the grace of God and the advances in emergency and trauma medical care, our daughter would never have survived. Society through medical science has made the decision that individuals who suffer brain injury are worth saving. For our daughter, I would not have wanted it any other way, but if we, all of us, as a society are going to save these individuals we face an obligation to ensure them the best quality of life possible. That means spending tax dollars. This does not mean trying to spend as little as possible or nothing at all. Human Services means money has to be spent. The only ~~will~~ issue is to spend it in an efficient and cost-effective manner.

This is real tough to say, but if you and all of society are not prepared to take the responsibility to serve individuals with brain injury then DON'T SAVE THEM.

We thank you for this opportunity to express our feelings to you.

Sincerely,

Gary and Beverly Jackson
And Kersten

Pocan . Risser . Boyle

TESTIMONY
BEFORE THE JOINT COMMITTEE ON FINANCE
BY THE WISCONSIN CHAPTER OF NASW
APRIL 1999

While social workers across the state work in a number of areas affected by budget changes, I would like to highlight three areas of concern for our chapter: long term care redesign, W-2, and child abuse and neglect prevention. Along with today's testimony, I have attached the NASW-WI position statements prepared by the Legislative and Social Policy Committee for our recent lobby day.

Family Care

NASW supports the development of Family Care through pilot projects. However, we oppose the proposed management of Family Care. NASW supports public administration of Family Care through the Counties. Also, the counties should have more than two years to establish their long term care programs before bids from private agencies are requested to operate the Family Care program. Finally, the NASW supports an increase in funds for the Community Options Program (COP) for the counties not in the pilot program so that they may prepare the way for the development of Family Care in these counties.

Child Abuse and Neglect Prevention

Despite the recommendations of the 1997 Joint Legislative Council Committee on Prevention, the Governor has not included funds in his budget to extend the Prevention of Child Abuse and Neglect (POCAN) program for this biennium. In addition to the expansion of POCAN, the NASW supports the fulfillment of the 1% for Children initiative as intended in the *Truth in Sentencing* legislation. This funding should be made available to make home visiting and family resource services available to all parents of newborn children. We believe that this funding should: be **new money**, be dedicated to **primary prevention**, provide enough **flexibility** for comprehensive, community wide involvement in the development and delivery of services.

W-2

The NASW Wisconsin chapter supports the following improvements in W-2 to be incorporated into the budget bill:

1. The NASW supports the recommendations of the SSI Parents Coalition for families headed by a parent or parents on SSI. The added cost to the Caretaker Supplement program is small compared to the security it offers families that are already burdened by the stress of a disabled parent. We also recommend that this increase start July 1, 1999 rather than the October 1, 1999 start date in the current budget proposal.
2. Members of the NASW have several concerns regarding the contract process for W-2 agencies. NASW recommends the following: W-2 agencies should be required by contract to inform clients of **all options and services available to them** and the agencies should be required to follow up on clients once they leave W-2 to ensure that they are gaining independence and self-sufficiency, as opposed to simply leaving the "welfare rolls". Explicit guidelines and standards for follow-up should be provided in the contract. In addition, broad-based community participation, including input from clients, advocates, service agencies and community advisory groups should be a required part of all W-2 contract development. All W-2 agencies should be required by contract to participate in an ongoing basis with such groups. Explicit guidelines and standards for collaboration with community groups and individuals as well as for the utilization of their input should be provided in the contract.
3. The NASW supports the Governor's budget initiatives to lower child care co-payments; however, we recommend that the child care co-payments be waived for W-2 participants living below the poverty line, minor parents, kinship care relatives, and foster parents.

Testimony submitted to the Wisconsin Public Hearings of Joint Finance Committee in Madison on April 15, 1999

by Kim Barovic on behalf of NASW - Wisconsin

attachments: position papers from NASW-WI

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

MAKING W-2 WORK

NASW-WI believes that W-2 (Wisconsin Works) must be modified if it is to succeed as a program to move people out of poverty and into economic independence. Although W-2 was "designed to reinforce behavior that leads to independence and self-sufficiency," its success has been defined in terms of caseload reduction instead of client independence and self-sufficiency.

Problems with W-2

Simply reducing the welfare rolls is not the stated goal of W-2. We must look beyond this to the genuine welfare, the health and well-being, of all who live in Wisconsin. We must ask ourselves and our elected representatives, what do we have to offer in terms of career jobs, living wages, education, and support to families to make independence and self-sufficiency a reality and not just a catch phrase? For those for whom independence and self-sufficiency are not entirely attainable goals, how can we as a democratic society demonstrate our humanity, our compassion, and our commitment to basic human and economic rights?

Has W-2 provided the means for those leaving welfare to become independent and self-sufficient? The recently released Department of Workforce Development (DWD) survey of those who have left showed that 38% of the former participants were unemployed. This indicates a critical shortfall in a program designed around the slogan of "Only work pays." Such hurdles as underemployment and lack of living-wage jobs, the scarcity of quality, affordable daycare, and insufficient training and education continue to prevent many families from reaching independence and self-sufficiency. Many have turned to private and faith-based charities, community agencies, and extended families simply to survive, placing greater strains on an already overburdened network of support *without achieving the goals of W-2.* Others have simply vanished from the rolls, their fate unknown. DWD has the responsibility for the implementation of W-2 and must be held accountable to its stated goals.

Recommendations

To help accomplish the stated goals of W-2 of helping families to become independent and self-sufficient, NASW-WI recommends the following:

- Evaluate the success of W-2 by a comprehensive measurement of clients' independence and self-sufficiency.
- Require extensive training for W-2 caseworkers so they are prepared to conduct comprehensive, individualized assessments of applicants for barriers to self-sufficiency, including such areas as education, housing, child care, domestic violence, substance abuse, and mental and physical disabilities.
- Allow W-2 participants up to 30 hours per week for education and training (such as high school, GED, post-secondary, life skills, parenting, AODA, and ESL) along with 10 hours per week of work activities. Also, parents still eligible to attend high school must be able do so without an added work requirement.
- Waive the child care co-payment requirements for W-2 participants living below the poverty line, minor parents, kinship care relatives, and foster parents. Follow the DWD recommendations to reduce co-payments in the first month of work; pro-rate co-payments for children in part-time child care; and cap the maximum payments for child care at 10% of income.
- Restore the fair hearing process and allow participants to continue to receive benefits pending a decision.

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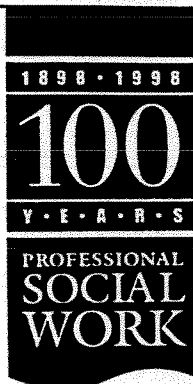

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

PREVENTION OF CHILD ABUSE AND NEGLECT

Today, one can rarely read the newspaper or watch television news without being jolted by stories of beaten, sexually abused, or severely neglected children. In Wisconsin, more than 46,000 cases of child abuse and neglect are reported each year. The people of Wisconsin clearly recognize the need to protect children, and are willing to support prevention programs. In fact, a 1993 survey of Wisconsin voters showed that 88% saw a need for prevention programs, and 80% believed prevention would save taxpayers money in the long run.

It is important to understand that most maltreated children grow up to lead normal adult lives, and they don't grow up to abuse their own children or others. However, studies show abused and neglected children are all at *greater risk* for mental health problems, suicide attempts, alcohol abuse, drug abuse, and poor school performance. Perhaps most disturbing is that physically abused and neglected children are *significantly more likely* than children with no histories of maltreatment to commit violent crimes as juveniles and adults. Pronounced differences between abused and neglected children and their non-abused counterparts can begin to emerge as early as age 8 or 9.

Neglect is by far the most common type of maltreatment reported to child protection authorities, accounting for over half of all national child maltreatment reports and 43% of reports in Wisconsin (1996). While other types of abuse are episodic in nature, neglect generally involves a pervasive and ongoing pattern of behavior. Although there is not a single type of parent who neglects his/her child, researchers have observed some common characteristics: depression, isolation, history of being neglected as a child, drug and/or alcohol use, and stress. National statistics show that neglect disproportionately affects infants and preschoolers, who are at their most vulnerable developmental stage. Recent research on infant brain development suggests that the impact of the environment on a newborn is dramatic: without affection, attention and proper social interactions, the child's brain will not develop properly.

Recommendations

- **Expand Home Visiting Programs**

High-quality home visiting programs which start working with families as soon as the child is born have proven to be effective in preventing child abuse and neglect. The programs are successful because they help parents manage the stresses of raising children before unhealthy patterns develop. NASW-WI recommends the expansion of state supported home visiting programs so that they are available in every county of Wisconsin.

- **Collaboration Between Home Visitors and W-2 Financial Employment Planners**

NASW-WI believes that by working together, home visitors and W-2 Financial Employment Planners can double their impact by providing information and assistance at the local Job Centers or W-2 agencies while reinforcing and extending the message of self-sufficiency in the home environment. By educating parents on parenting skills, family budgeting, interpersonal skills, time management, problem-solving strategies and finding quality child care, the W-2 program and home visitation programs can help individuals maintain employment while encouraging healthy family relationships and child development.

- **Fulfill the Commitment of 1% for Prevention**

Last June, when the Governor signed in to law Act 283, the *Truth in Sentencing* legislation, including the bipartisan-supported "1% for Children" amendment, Wisconsin became the first state in the nation to link crime reduction and child abuse prevention. The amendment calls for the allocation of the equivalent of 1% or greater of the Department of Corrections budget toward the prevention of child abuse and neglect. NASW-WI proposes that the funding for this amendment be **new money** (or money not already allocated to prevention); that it be dedicated to the **primary prevention** of child abuse; and that it provide local jurisdictions with the **flexibility** to design their own programs.

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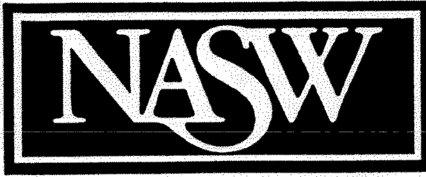

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

PARITY FOR MENTAL HEALTH AND SUBSTANCE ABUSE

The Wisconsin Chapter of NASW believes in the need for a Wisconsin Mental Health and Substance Abuse Parity Law. The Federal Mental Health Parity Act of 1996 (P.L. 104-204) was a first step toward equal insurance coverage for persons with mental illness, but the loopholes in that Law mean that, in Wisconsin, there is no substantive change in health insurance coverage for people with mental illness or substance abuse issues.

Over the past 20 years, research has demonstrated the relationship between mental illness and abnormalities in the brains of affected individuals. No one blames a person suffering from a brain disease. At the same time, treatment for brain diseases has improved tremendously. A NIMH study shows the current success rate for the treatment of clinical depression is 80-90%, whereas the overall success rate for cardiovascular disease is only 45-50%.

More than 70% of people who currently use illicit drugs which put them at risk for developing an addiction, as well as 75% individuals who are alcoholics are employed. Most employer-provided insurance policies today discriminate against people with AODA issues requiring greater patient burden for cost sharing, co-payment, and deductibles, while offering less coverage for number of visits or days of coverage and annual and lifetime dollar expenditure limits for treatment. According to the Bureau of Labor Statistics, in 1995 about 80% of employees working for medium and large employers have health plans that cover a minimum level of medical treatment. However, fewer than 7% of these employer provided health plans covered AODA treatment to the same extent as other medical conditions. If alcohol and drug addiction is not treated when an individual has employer provided insurance, the costs of addiction do not go away. They simply become a negative externality, causing costly problems in other areas of public and private systems, such as the Medicaid, Medicare and Corrections systems. Costs may eventually shift back to the private health system which must deal with alcohol and drug addiction-related accidents and diseases when treatment could be made available before such problems surface.

Parity Will Not Increase Insurance Expenses

The following studies show that insurance costs will not rise with the inclusion of mental health and substance abuse coverage.
A recent study by the Federal substance Abuse and Mental Heath Services Administration (March 1998) concludes:

- State parity laws have a small effect on premiums. cost increases have been lowest in systems with tightly managed care and generous baseline benefits.
- Employers have not attempted to avoid parity laws by becoming self-insured, and they do not tend to pass on the costs of parity to employees.
- Costs have not shifted from the public to the private sector. Most people who receive publicly funded services are not privately insured.

A report from the National Advisory Mental Health Council (May 1998) concludes: %

- In systems already using managed care, implementing parity raises health care costs by less than 1& over one year.
- Introducing managed parity in systems not using managed care leads to a 30-50% reduction in total mental health costs over one year.
- Maryland reported a 0.2% decrease in the proportion of total medical premium attributable to the mental health benefit after the implementation of full parity.

A 1997 Rand Corporation Study concluded that removing limits on inpatient days and outpatient visits will increase costs by less that $7 per enrollee per year.

Finally, since all employees pay the same premium for their health insurance coverage, it is discriminatory to restrict the treatment for mental health and drug and alcohol addiction when treatments for other chronic illnesses are not restricted. People with brain diseases should have the same health insurance coverage as people with other physical health illnesses.

Recommendation

NASW -WI believes that the Wisconsin Legislature should pass a new law and regulations that require mental health and substance abuse insurance coverage.

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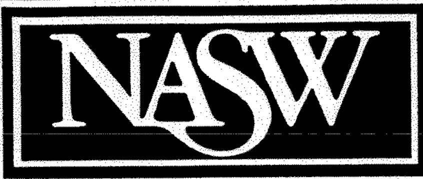

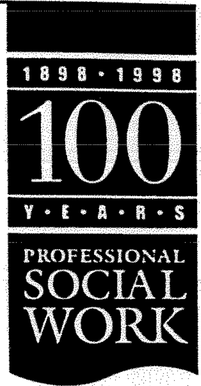

Wisconsin Chapter, National Association of Social Workers
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HEALTH AND LONG TERM CARE

Health Insurance

Almost half a million people in Wisconsin do not have health insurance, and the number of uninsured is increasing. Over 1.5 million people in the state were either denied health insurance, had certain conditions excluded, or paid higher premiums because they had pre-existing conditions. There have been attempts at both the state and national level to secure universal health care coverage for all residents.

Managed Care

Most people in Wisconsin (84%) have their health care through a managed care plan. Although many are satisfied with their managed care plan, the following problems have occurred: limitations on benefits; prior authorization required to receive specialized treatment; restrictions in receiving care from specified providers; inability to receive emergency care without authorization; emergency care limited to specific facilities; not all prescription drugs are available; special provisions and limitations on mental health services; no coverage out of plan area; and restrictions in the availability of grievance and appeal procedures. The 1997-98 State Legislature adopted some changes in managed care, but left out many important protections.

Long Term Care

About 260,000 residents of Wisconsin over age 15 have a permanent or long term disability, and one-fourth of them live in poverty. About a third of these people need to help with three or more basic activities of daily living, such as bathing, dressing, moving around, toileting, eating, or transferring from bed to chair. Another third need help with one or two of these activities of daily living, while the remaining third need help with activities such as managing medications, meal preparation, household chores and using the telephone.

Most of the long term care is provided by family or friends. In Wisconsin, the formal system includes 400 facilities, such as nursing homes. There are 1,300 community-based residential facilities and over 100 county and thousands of voluntary and proprietary agencies providing these services. Since many living in nursing homes have exhausted their resources paying for their care, about 60% of those in nursing homes are covered by Medicaid. The Community Options Program, which provides services to people who remain in their own home, has a waiting list of about 9,000. More than $2 billion in government funds are required to pay for these services. There has been an effort to reorganize long term care in Wisconsin. This has been complicated by capping the funding, including health care and contracting for the administration of long term care.

Recommendations

- Support a Universal Health Care program for Wisconsin residents.
- Support Badger Care, which would provide more people with health insurance coverage and institute sliding scale fees for health care.
- Support consumer protections in managed care, including an independent appeals procedure.
- Permit enrollment in managed care plans, regardless of current coverage or pre-existing conditions.
- Support a comprehensive, coordinated long term care system in Wisconsin under public auspices.

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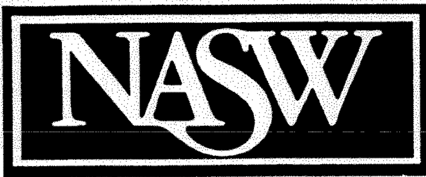

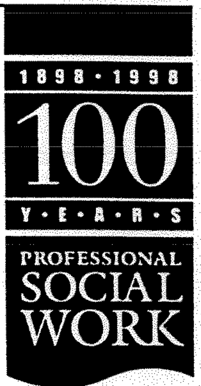

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CIVIL RIGHTS FOR LBGT CITIZENS

It is the position of the National Association of Social Workers that same-gender sexual orientation should be afforded the same respect and rights as other-gendered orientation. Discrimination and prejudice directed against any group are damaging to the social, emotional, and economic well being of the affected group and the society as a whole. Denial of legal rights reinforces and legitimizes homophobic and other acting-out behavior of those predisposed toward prejudice, discrimination, and violence. (Social Work Speaks, 1997: NASW Press, 201-202).

NASW WI believes it is essential that the basic rights and responsibilities afforded to heterosexual citizens are conferred upon lesbian, gay, bisexual and transgendered (LGBT) persons in order to obtain true equality. The following is a description of some of the issues facing LGBT persons in Wisconsin.

Domestic Partnership

While LGBT persons pay the same taxes as their heterosexual counterparts, they are denied the same civil rights and responsibilities that marriage confers. It costs gay and lesbian couples thousands of dollars to replicate just some of civil protections that heterosexual couples receive for the cost of a marriage license. Some basic benefits and responsibilities denied to gay and lesbian couples include:

- Health insurance under their partner's policy
- Health insurance for their child if they are the non-biological or adoptive parent
- The ability to adopt their partner's children
- Responsibility for child support or alimony in cases of a dissolved relationship
- Taxation and inheritance rights

Children of Gay and Lesbian Parents

At a time when Wisconsin is receiving national attention for enacting policies aimed at bettering the lives of children, it is important that one group does not go unnoticed: the children of LGBT parents. The familial make-up of our society is undoubtedly changing, and many children are being raised in households where the primary caregivers are not married to each other. This leaves the children in legally precarious situations, threatened with losing all caregivers or support if something should happen to their legal parent or the adult's relationship. Some essential familial securities that should be included in Wisconsin law are the following:

- Adoption of a child into a loving home by two unmarried adults.
- Adoption of a child by a parent-like figure who is not married to the legal parent.
- Visitation or guardianship of a child by a parental figure in the event of death of the child's legal parents.
- Responsibility for child payments and visitation by parental figures in instances of separation.

Recommendations

- In the interest of fairness, justice and economics, it is important that Wisconsin lawmakers support domestic partnership legislation.

To ensure that all children have equal protections under the law, Wisconsin lawmakers should support and pass legislation that is designed to give the protections listed above to children who have few rights under current law.

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DEVELOPMENTAL DISABILITIES COALITION

"Providers working together to coordinate services
for persons with developmental disabilities in Dane County."

Theresa Fishler	Barb Caswell	Olwen Pomarnke-Blake	Janet Estervig	Bill Huisheere
Avenues to Community	Goodwill	REM-Wisconsin	W.O.R.C.	RFDF
Chair	Vice Chair	Vice Chair	Treasurer	Secretary

Hello, my name is Olwen Pomarnke-Blake. I am Vice Chair of the Dane County Developmental Disabilities Coalition and Regional Director for REM-Wisconsin. I am speaking today on behalf of the Developmental Disabilities Coalition. I am here representing over 2000 adults and children with disabilities receiving services in Dane County. The Coalition is comprised of community service providers who contract with Dane County to provide essential supports to adults and children with developmental disabilities who live in Dane County.

I am here today because of the serious concerns our Coalition has about the proposed biennial budget. While there are a variety of areas of concern including insufficient funding for the highly successful and cost effective COP program, and inadequate increases for the CIP programs, our primary concern is the cut in Community Aids funds in the proposed budget.

As you are aware, Community Aids funds are distributed to Wisconsin counties to help them fund the essential human services that are delivered to our citizens in need of supportive services. Community Aids help fund human service programs for children, people with disabilities, and older adults who require assistance to live full lives as members of our communities. We know the State of Wisconsin values theses services because most of them are, in fact, mandated to be provided. We know they are valued because we talk to the individuals receiving the services, their families and their neighbors on a daily basis. They've told us how much they value the quality of the service system in Wisconsin. There is much to be proud of.

We are seriously alarmed at the proposed slashing of community aids funds. Unless the slated cuts in community aids are restored, and a basic "cost to continue" increase is added to the

budget, Wisconsin counties will be forced to reduce the level of human services that are being provided. Current service levels are barely adequate. In Dane County alone we are aware of 100's of people waiting for services, and that story is repeated throughout the state. Without the full funding of community aids, there is no question that some counties will be forced to terminate some service currently being provided.

On behalf of the Dane County Developmental Disabilities Coalition, I ask you to restore the Community Aids funding and to provide for a reasonable increase in the funding for the cost to continue current services. We do not think that it is the Governor's intention, nor that of the legislature to say that a small tax cut is more important than the lives of people with disabilities and others who rely on our county community service systems.

In Dane County, we have been told to expect cuts of at least 4 % in community service funding if the community aids cuts are not restored. Does this mean that we think 4% of the people receiving essential service should not? What about all of the people still on waiting lists? Will people die before getting needed services? Does it mean that already low-paid workers should receive pay cuts of 4%? Our booming economy already has human service providers scrambling to find staff willing to work for the wages we can currently offer; we could not continue if wages have to be cut. Does this mean that everyone receiving services shall simply have to find a way to get by with less? Should we begin to inquire about which meal during the week they would like to skip, since we will have less staff to provide the necessary assistance, or which trip to the bathroom they would prefer to go without?

I challenge every member of this committee to think for a minute what it would mean to you if you were told that you or your family member could not eat or could not go to the bathroom because we decided that it is more important to give all of us a few dollars of a tax cut instead of providing that assistance.

Community services that are provided in Wisconsin with the use of community aids dollars are effectively and efficiently used to benefit the citizens of our state. Please restore full funding for community aids. Thank You.