6900 Horizon Drive
Greendale, WI 53129-2737

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Janis M. Serak

April 11, 2001
Statement: Joint Finance Committee
Madison, WI

I am the parent of a twenty-three year son who has autism. He graduated from high school in 1998 ready to contribute to society through work and community service. He has been on a County waiting list for adult support services for six years. While he waits for his "number to come up," it has been a tremendous challenge to find resources to enable my son to be active in the community and keep his spirit alive.

I am the Executive Co-Director of the Wisconsin FACETS, an organization that provides training and individual support to over 8,500 parents of children with disabilities annually related to special education and services available - 85% are Hispanic and African American parents faced with waiting lists. FACETS is a member of the *Wisconsin Special Education Stakeholders* group and fully supports the position statement developed on April 9th related to special education provisions in the budget. I am the Co-Chair of the Stakeholders.

I am the Immediate Past-President of the Autism Society of Wisconsin. Our Society represents over 1000 parents of individuals with autism spectrum disorders, school personnel, therapists and others, and individuals with autism. **One in every 250 people have an autism spectrum disorder - 26,000 people in Wisconsin. Six babies are born daily in Wisconsin who will later be diagnosed with an Autism Spectrum Disorder** This budget continues to errode supports available to people with autism. The Society is a Quality Education Coalition member of the and fully supports the *Wisconsin Special Education Stakeholders* position statement. The Society is a *Survival Coalition* member and fully supports the Survival Coalition positions.

The budget must:

- **Implement WISCONSIN SPECIAL EDUCATION STAKEHOLDERS's Position Statement.** (See attached).
- **Implement SURVIVAL COALITION Positions.**
- **Eliminate waiting lists for the Family Support Program.** Include $2.5 million GPR in Year 1 and $5 million GPR in Year 2. Additional GPR funds above and beyond a fully-funded Family Support Program (see above) to implement Children's Long Term Care Redesign in 4-8 pilot counties
- **Increase funding for the Birth to 3 program.** Include $2 million GPR Year 1, $2 million in Year 2
- **Begin piloting Children's Long Term Support (LTC) Redesign (serve 20% of the state's eligible children).** Include $1.3 million GPR in Year 1 and $3.3 million GPR in Year 2.
- **Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries.** Include $6 million General Purpose Revenue (GPR) in Year 1, $32 million GPR in Year 2 for Community Integration Program (CIP) IB and Brain Injury Waiver.
- **Increase wages for community service workers by 30%.** $30 million GPR in Year 1,$60 million in Year 2
- **Eliminate waiting lists for Medicaid Community Support.** $450,000 GPR Year 1, $1.5 million GPRYear 2.
- **Add 7 more projects to the Lifespan Respite Initiative.** Include $225,000 each year

Please do the right thing for people with disabilities.
Sincerely,
Jan Serak

(414) 425-0763 ● fax (414) 425-0743
email: jserak@execpc.com

Wisconsin Special Education Stakeholders

Member Organizations

Wisconsin School Administrators Alliance:

- Association of Wisconsin School Administrators
- Wisconsin Association of School Business Officials
- Wisconsin Association of School District Administrators
- Wisconsin Council of Administrators of Special Services

Parent Education Project of Wisconsin, Inc.

Quality Education Coalition

Wisconsin Association of School Boards

Wisconsin Coalition for Advocacy

Wisconsin Council of Exceptional Children

Wisconsin Department of Public Instruction - Division Equity & Advocacy

Wisconsin Education Association Council

Wisconsin Federation of Teachers

Wisconsin Family Assistance Center for Education, Training and Support, Inc.

Wisconsin Parent Teacher Association

2001/2003 Biennial Budget Recommendations

April 2nd, 2001

The Wisconsin Special Education Stakeholders are representatives from fourteen key Wisconsin school, parent and statewide disability-related organizations that are committed to improving the quality of special education services in Wisconsin.

The Wisconsin Special Education Stakeholders recently analyzed the implications of the proposed 2001/2003 biennial budget and proposed policy changes included in the budget related to the provision of special education services in Wisconsin. **We came to unanimous agreement on the following positions:**

✓ **Increase the state categorical aids for special education services to a 50% reimbursement rate.** We strongly believe that the Governor's proposed 2001/2003 biennial budget does not provide sufficient funds to meet current levels of reimbursement for special education services

✓ **Increase state aid to 90% reimbursement rate for the expenditures of high cost students that exceed 3 times the school district's average cost per pupil.** We are concerned that the Governor's proposed 2001/2003 biennial budget does not provide sufficient funds for high cost special education students. We also support a one-time revenue cap exemption for the unreimbursed school district expenses for these children.

✓ **Modify Medical Assistance -School Based Services in the proposed budget so that school districts will receive at least 90% of the federal cost sharing reimbursement.** We are concerned that participating Wisconsin school districts will continue to receive only about 60% of the federal cost sharing reimbursement for Medical Assistance -School Based Services since school districts provide 100% of the state share in this program.

Co-chair: Nissan Bar-Lev, Wisconsin CASS (920) 849-9384
Co-chair: Jan Serak, Wisconsin FACETS (414) 288-0622

Wisconsin School Administrators Alliance:

- Association of Wisconsin School Administrators
- Wisconsin Association of School Business Officials
- Wisconsin Association of School District Administrators
- Wisconsin Council of Administrators of Special Services

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Wisconsin Federation of Teachers

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Wisconsin Parent Teacher Association

✓ **Increased Funding for Alternative Education Programs.** We are concerned with the lack of funding for Alterative Education Programs. These programs are not limited to children with disabilities. We recommend a $5 million increase in the first year, and a $10 million increase in the second year of the biennium. Appropriate funding to ensure adequate availability of quality alternative educational programs in this age of "no tolerance policies" is absolutely necessary.

✓ **Separate consideration of all Chapter 115 revisions from the budget process**. Such proposed revisions as 115.28(9), 115.77(3), 115.78(2)(c), 115.782(2)(e), 115.898(2) will change the way special education services are provided in Wisconsin. If the legislature wishes to consider such changes in Chapter 115, we as stakeholders, believe this would best be accomplished through a separate bill before the Assembly and Senate Education committees. Wisconsin's children with disabilities deserve, at the very least, a discussion that is not diluted by the many other issues in the budget. [The WASB supports the retention of 115.28(9) within the budget process.]

✓ **Increase Funding so that all Counties have an Integrated Service Program.** We are concerned that the "Integrated Service Program" (ISPs), also known as "wraparound programs", which are currently operating very successfully in 28 counties as pilot programs, will not be expanded to additional counties. These programs have helped children stay in school and out of institutions thereby saving the state money and improving the lives of these children and their families. We recommend that these successful pilot programs be implemented in all Wisconsin counties at an additional cost of $3.2 million plus $800,000 for staff and administration.

We are making these recommendations as a diverse coalition concerned with the future of special education services in Wisconsin. We ask that you give these recommendations serious consideration and would appreciate the opportunity to be a part of the ongoing dialogue on these issues.

Senator Burke, Representative Gard, and members of the Joint Finance Committee:

I am the parent of a child with autism and the president of the Madison Chapter of the Autism Society. Last week I was asked to do a presentation to the Cub Scout leaders of the Yahara Council on how to accommodate Cub Scouts with Autism Spectrum Disorders. Twenty-six years after the passage of what we now call IDEA, this is a measure of how special education has changed our society. But now in Wisconsin, the school funding squeeze threatens the acceptance of students with disabilities.

Because the federal and state governments have never funded IDEA up to the levels originally promised when the law was first passed, school districts are forced to use their general funds to pay for mandated special ed services for a burgeoning population of students with special needs. The spending caps that were instituted a few years ago have have resulted in many districts having to cut programs that are not mandated, such as talented and gifted programs, athletics, and arts programs. Some parents of regular ed students blame our children for these cuts, and this attitude is bound to filter down to their children. The fact is that the parents of special ed students don't want these cuts either, because our children are in these talented and gifted programs, athletics, and arts programs also.

I ask you today to increase the special education funding in the budget and to remove the spending caps on school districts. These two steps will allow districts to fund special education without cutting regular education programming, and will prevent the special ed students from being blamed for program cuts. Thank you for this opportunity to testify.

Donna Rosinski
2859 Dunton Circle
Madison, WI 53711
(608) 276-8358 asamadison@charter.net

Good morning Chairpersons Burke and Gard, and members of the committee. I am Rita Macdonald and this is my son, Kevin. We are here today to talk to you about funding concerns for disabled children. We'll start by asking you to think of the classic story The Christmas Carol. You know the character, Scrooge, who is visited by three ghosts. Scrooge doesn't feel any connection to society in general. Scrooge can look aside and grumble that Tiny Tim, his father and their family problems and future aren't his concern.

Kevin's present and future include a letter from our insurance stating that no benefits will be given for developmental delays. No occupational, speech, physical therapies. No early childhood learning will be covered. Future participants of Birth to Three will face more and more insurance companies writing policies dropping families and kids off a cliff. Employers offering what they can for insurance. Parents with no choice but to except these bad policies.

Now you can turn aside and say - So What? - They should have looked at their policies or thought about that sooner before the child was born. You can turn aside and regard it as someone else's problem.

Now back to our story. In the end Scrooge "Gets it", he "Gets it". He awakes Christmas morning and asks "Is it not to late?" He sees that he can make a difference in Tiny Tim's future. He sees what he can receive in return by being a real part of society. He sees that people he looked away from or ignored or scoffed at in the past, were greatly connected to him.

Kevin's past was that Birth to Three took a 12 month old, who couldn't lift his head and got him walking by 2 ½ years old. He wasn't making any sounds, Birth to Three gave me the courage and knowledge to learn signing. It is hard to understand that Birth to Three saves parents also.

JOINT FINANCE COMMITTEE TESTIMONY

Madison Area Hearing
Wednesday, April 11

SPEAKER: LISA PUGH – Parent to Child with a Disability
5605 Rustic Woods Drive, Madison, WI 53716
(608) 441-0762
CONCERN: Birth to Three Funding

I am here today because of my concerns regarding Birth to Three funding. My daughter Erika was born with a rare genetic syndrome called Rubinstein-Tabyi syndrome. Doctors suspect it affects about 1 in 500,000 births and is truly an act of nature.

By virtue of some job changes, my family could be considered experts in the Birth to Three program. Erika has lived in four different counties since her birth and she is not even 2! Erika was initially enrolled in the Birth to Three program in Sedgwick County in Wichita, Kansas. During our one year in this program I was told I could design any therapy program I thought Erika needed. I requested and received nutrition counseling in my home, we had specialized feeding therapy, occupational therapy, physical therapy and early childhood education We attended Birth to Three music therapy sessions and playgroups with typical children.

When we moved to a neighboring KS County, they made special arrangements to make sure Erika did not have to switch therapists even though technically she no longer lived in Sedgwick County.

Then we moved to Wisconsin last fall as my husband took a job with Midwest Express Airlines. I alerted Birth To Three folks approximately a month before our move that Erika would be enrolling in the Dodge County program. I also transferred all her records. Even after we settled temporarily in my in-laws home, it took 2 months to see a physical therapist and three months to see a teacher. Because of serious budget constraints, Dodge County has limited therapists to cover the area.

These shortfalls are truly unacceptable. There is such limited precious time to intervene with children with disabilities. My daughter does not eat orally. She does not talk. Studies prove there is a window of time during which a child most easily develops these skills. Even a week's worth of missed therapy is too much in my estimation, in Erika's estimation.

When we moved to Dane County in December, I was truly dismayed to learn that Birth to Three services had recently been suspended due to budget concerns. This is unacceptable. How can there not be enough money to help me teach my child to eat and talk and walk? After all, these are skills that will undoubtedly help Erika to live independently one day. Isn't that what any parent wants?

In other counties, I personally know families whose children need speech therapy and have waited 6 months or more to see a therapist.

I know parents who travel an hour or more to other counties each week to receive therapy services because professional assistance is not available in their area.

I know of families who have been told they cannot receive early childhood education and other therapies because the money just isn't there .

Many families have had two or more physical or other therapists over the last year because providers cannot retain employees.

The state has not increased funding for the Birth to Three program since 1996 even though the number of children qualified for services has increased 21 percent – **THIS IS NOT ACCEPTABLE**.

Elminiating children from this program is also not acceptable and not even worthy of discussion. Asking parents to pay more in for these services takes a huge risk that some extremely needy children may not receive any therapy at all.

Today, I ask you to make additional Birth to Three funding a budget ***PRIORITY***. We need **<u>$4 million dollars</u>** to provide the required services for these children over the next two years.

I ask you as a parent, and as a representative for other families whose children with disabilities have not been born yet to PLEASE, fully fund the Birth to Three program

October 23, 2000

On August 23, just 2 short months ago our two year-old son Daniel was diagnosed with Autistic Disorder. Stunned and overwhelmed, we began making phone calls that afternoon to seek treatment resources for him. It took less than 24 hours for Melinda Shippey from the Birth to Three Connections program to return my call. One week later on August 30, Melinda came to our home to meet and observe Daniel and fill out the necessary paperwork to begin Daniel's treatment. Over the next 2 weeks Daniel was evaluated by a Special Educator and a Speech/Language Therapist and an IFSP was created. Daniel's Speech therapy began on September 22nd, just one day after the IFSP was created and just one month after receiving the initial diagnosis.

I mention these dates because I think it is important to note how quickly the Birth to Three Connections Program responded to our call for help. While it has taken weeks to get evaluated by other therapeutic programs, the Birth to Three Connections staff understood our sense of urgency in starting treatment for Daniel. In just one short month, Kathy Bingham the Service Coordinator assigned to us has provided additional resources for support, educational materials, and a videotape of a therapeutic treatment to consider. With the assistance of Angie, the Special Educator, Daniel began eating with a spoon last week – a task he had been unwilling to try previously. Joy his Speech and Language is working with us to create a communication board to help promote his speech.

The Birth to Three Connections program has provided us with hope for Daniel and his future. In these initial weeks after the diagnosis they have shown a sincere concern for him and a desire to structure their therapy sessions around his specific developmental needs. This is such an important program for families of young children with special needs. We were shocked to discover that most HMO and medical insurance programs do not cover therapies for individuals diagnosed with Autistic Spectrum Disorder. While Medicaid will cover some of the early intervention programs, they can cost up to $40,000 per child annually and not all children qualify to receive this funding. The Birth to Three Connections Program provides an affordable option for those individuals who do not qualify for Medicaid. I strongly urge the continued fiscal support for this invaluable program.

BIRTH TO THREE CONNECTIONS has my permission to use the attached document as a testimonial to the importance of the program.

Jim L'Heureux

Chris L'Heureux
Jim L'Heureux

PERMISSION TO USE INFORMATION

UCP

United Cerebral Palsy
of Greater Dane County

Birth to Three Connections

1502 Greenway Cross
Madison, WI 53713-3173

tel 608 273 3232
fax 608 273 3426

connects@chorus.net

I give permission for the following information about
☒ My child Daniel L'Heureux
☑ My family

to be used by Birth to 3 Connections and its administering agency, United Cerebral Palsy of Greater Dane County for the purpose of
☒ Advocacy
☒ Public education
☐ Fund-raising
☐ IFSP team information
☐ School district information

This permission is given for
☒ Written information I have created (a letter or story) about my child/family
☒ A photograph of my child Daniel that I have provided or approved
☐ A videotape of my child ________ that I have provided or previewed

I understand
☒ that all use of this information will portray my child and/or family in a positive manner; and
☑ that I may give written modification or withdraw of this permission at any time.

Christine D. L'Heureux 3/9/01
Parent Signature & Date

3/9/01
Parent Signature & Date

FAMILY, INDIVIDUAL AND COMMUNITY STRENGTH
DANE COUNTY
DEPARTMENT OF HUMAN SERVICES

Kathleen Bingham
322 Garnet Lane
Madison, WI 53714
(608)245-1929

March 21, 2001

Dear State Representative Mr. Mark Miller and State Senator Mr. Chuck Chvala:

I am writing this in regards to a situation that has come to my attention by those who "give their all" to help children age 0-3 with disabilities become the best they can be. I am told that Wisconsin has not increased Birth to Three funding in the last two budgets-since 1996 and the State Bureau, which runs the Birth to Three program has been told there will be a zero budget increase in 2001-2003. Without a funding increase County Birth to Three programs may not be able to offer enough services to meet the needs of the children. As a parent of a "graduate" of the Birth to Three program in Madison and seeing first hand what amazing outcomes can happen with Birth to Three intervention, I am saddened to think of the children that may be experiencing delays will not get the early intervention they need to prevent or lessen developmental problems later on.

My daughter Lindsay is now 7 years old. She is a happy, healthy first grader who plays soccer, basketball, t-ball and rides a 2-wheeler. You would never know that this is a child with a metabolic disorder and spinal cord birth defect who we were told that would never walk and probably be wheel chair bound for life. She got involved with the Bridges Birth to Three program when she was diagnosed at 12 months old. A teacher, Physical Therapist, Occupational therapist and Speech Therapist came at different times throughout the week to assist us in giving us the "tools" we needed to help her develop strength in her arms and legs, which had severely low tone. They also gave us ideas to stimulate her mind to make the connections that were not happening. Within 6 weeks, she was pulling up, standing, crawling and taking her first steps! She has gone very far from those first weeks and has continued to amaze us. I have witnessed also what great strides other children in the Birth to Three program have made and how dedicated families are to Birth to Three.

As Legislators I implore you to support increases in Birth to Three funding and to draft a bill requesting additional funding. Please be an advocate for these very special children, because intervening early will lessen problems later on and most importantly raise the quality of life for a human being.

Thank you for your valuable time!

Sincerely,

Kathleen Bingham + Family

Kathleen Bingham

PERMISSION TO USE INFORMATION

UCP

United Cerebral Palsy
of Greater Dane County

Birth to Three Connections

1502 Greenway Cross
Madison, WI 53713-3173

tel 608 273 3232
fax 608 273 3426

connects@chorus.net

I give permission for the following information about
☒ My child Lindsay Bingham
☒ My family

to be used by Birth to 3 Connections and its administering agency, United Cerebral Palsy of Greater Dane County
for the purpose of
☒ Advocacy
☒ Public education
☒ Fund-raising
☐ IFSP team information
☐ School district information

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☒ Written information I have created (a letter or story) about my child/family
☒ A photograph of my child Lindsay that I have provided or approved
☐ A videotape of my child ______________ that I have provided or previewed

I understand
☒ that all use of this information will portray my child and/or family in a positive manner; and
☒ that I may give written modification or withdraw of this permission at any time.

Kathy Bingham 3-19-01
Parent Signature & Date

____
Parent Signature & Date

FAMILY, INDIVIDUAL AND COMMUNITY STRENGTH
DANE COUNTY
DEPARTMENT OF HUMAN SERVICES

DANE COUNTY BOARD 2001 BUDGET HEARING

Hello, my name is Kathy Bingham and this is my daughter, Lindsay. I would like to thank the Dane County Board of Supervisors for allowing me to speak this evening on a subject that is very personal to me in a number of ways. I have been in the health-care field as a registered nurse since 1990. I have cared for families as a high risk obstetrics nurse here in Madison and have helped parents cope with many areas of loss grief and sorrow. Whether with an early loss or mis-carriage, pre-term baby, stillbirth or baby babies born with a multitude of special needs. For all of these families there is one thing in common-the loss of a vision of what they dreamed for, expected on, longed for their family to be. As a nurse in a family practice care setting, I saw the daily challenges families faced and the impact of their special needs child's condition, on family finances, their jobs, time with other children and the stress on their spouses or significant others in their family. Today I come as an advocate not only for those families, but most importantly in support for my own family, who has been blessed with a very wonderful child who happens to have some very special needs.

Linday was diagnosed at 15 months old with a very rare metabolic disorder called Short Chain Acid Dehydrogenase Deficiency or S.C.A.D.. She was the first child in Wisconsin to be diagnosed with this rare condition, and initially she was mistakenly diagnosed with a type of Muscular Dystrophy. She was always a very quiet baby and did not reach developmental milestones such as sitting, crawling or bearing weight like her older brother had. Her pediatrician thought she was "just a little slower than the norm" and being a "nurse-mom" I wanted to belive him although instinctually I knew something wasn't right. She was floppy and had low muscle tone in her arms and legs and didn't seem to act like other babies her age. At 14 months old after a mild viral illness she had a seizure. A battery of tests showed she was unable to break down the fat in foods and instead a toxic build-up of toxins would rise in her bloodstream causing muscle weakness and developmental delays. A low fat diet and Carnitine(a daily amino-acid supplement) was introduced and her blood levels started to normalize. But it still was not enough. Her doctor suggested that she get into physical therapy to strengthen the muscles in her arms and legs but I was amazed to fined out that only six sessions would be covered under my HMO's plan. This was not enough in my mind to help a child who was a full year behind in her development skills. I had been alerted to a phone number for Wisconsin First Step, which directed me to the birth to three program for the Madison area. Within days of speaking to a service coordinator I had appointments set up with an evaluation team for physical therapy for her large motor skills, occupational therapy for her daily self-help skills and a speech and language therapist. Within a short period of time the results were dramatic. Lindsay loved the play therapy sessions and the early interventionists were wonderful about giving our family the skills and support and information we needed to best help our child to be all she could be-within one month of the birth to three support Lindsay started to bear weight on her legs and by her second birthday she was walking. Not only did Lindsay's confidence grow with the growth of her skills, but most importantly our confidence as a family grew as we gained the valuable skills taught to us by the birth to three team.

I remember a christmas when Lindsay was unable to stand on her own due to the severe weakness in her legs. She was literally belted into a standing frame which looks like a football goal post. I have a picture of her and her physical therapist decorating the tree, she is smiling and so proud to be a big-girl today I see my big girl running down the soccer field to kick the ball in the goal. She has come so far and I am so thankful to those who helprd her and our family. I would be saddened that some families might not be able to gain the valuable tools that we received for Lindsay, I was appeal to you as you make important decisions re: next years budget. I urge you to provide adequate funding for the birth to three program so that services don't have to be cut or waiting lists established and so others can have as happy out comes as our family has.

Thank you

Middleton-Cross Plains Area Schools
Commitment to Excellence
7106 SOUTH AVE. ◆ MIDDLETON, WI 53562 ◆ (608) 828-1600 ◆ Fax (608) 836-1536 ◆ TDD 836-0650

Resolution: The Middleton-Cross Plains Area School Board takes the following positions on the Governor McCallum's Proposed 2001-2003 State Budget.

STATE REIMBURSEMENT FOR SPECIAL EDUCATION STUDEN

Request 90% funding for children with severe disabilities. Lower the amount that is considered "high cost, low incidence" to students whose annual costs are greater than two times the state average.

Initially, the proposal was for students who cost over $75,000 a year; then it was lowered to $50,000. Our district of about 6,000 children has no children who will qualify for either. This number is so great, and there are so few students who fall in to this category, that it is an empty gesture to say the state will pay the proposed 50% reimbursement--which incidentally is about 20% less than you committed to originally for this legally mandated program. If the state lowers the amount to two times the state average, we have about 30 students who would qualify. At this point, the reimbursement would be meaningful.

Request that special education funding be increased to 50% of the actua costs for all other special education students.

State wide this support has been about 35.7%. Even though there is more money in the proposed budget for special education, this means a decrease to 33.2% of the cost. Additional funds will be allocated from local school districts' regular education funds, which results in cuts in programs, larger class sizes, delayed purchase of textbooks and supplies, and delayed maintenance.

We are against the current proposal to base this reimbursement on census numbers, and request that reimbursement continue to be based on the actual costs of certified staff, EAs, and special education administrators salaries and benefits.

Additionally, the budget proposes to give funding as "census based" which does not take into account the reality that some districts have a much higher incidence of these "lower" cost special education students that need specialized services and additional support personnel such as Program Support Teachers, Diagnosticians, Special Education Coordinators, bilingual staff, etc.

Request that funding for bilingual education reimbursement be increased

from the 18.2% rate that is currently paid to 60% of costs.

Current proposal will decrease funding from 18.2% to 17.1% over the biennium. Demands on bilingual education programs continues to increase.

Request new categorical fund for low income students (SAGE), based or 10% of the state average revenue for each student eligible for free or reduced lunch.

These funds could be used for class size reduction programs, support programming, early kindergarten programs, or others as determined by school boards. The amount in the current budget designated to expand eligibility and size of the Milwaukee Parental Choice program in private schools would be able to fund SAGE in the public schools.

OTHER SCHOOL FUNDING ISSUES

Revenue limit flexibility

Request that school boards be allowed to increase their local tax levies on a per pupil basis above the state limits by 2% of the state wide average cost per pupil.

This is the WASB resolution from January '01. The revenue limits, which were frozen at the '92-'93 level, allow for an increase of about 2.5% per child, unless higher spending is approved by voter referendum. This has not kept pace with increases in costs of personnel, technology, maintenance, fuel costs, etc. many of which are beyond the control of school districts to restrict.

Request revenue cap exemptions for health insurance and utilities expenditures.

Request adjustment of the revenue limit to account for the state mandated exemption of the lane movement from the QEO.

Request maintenance of current law, allowing districts to count 40% of the summer school enrollment for purposes of the revenue limits.

Request districts be allowed to count 4 year old kindergarten on a full time equivalency basis

Declining Enrollment

Request legislation to alleviate the funding effects on school districts with declining enrollment by allowing these districts to use the highest enrollment attained in any one year since the '93-'94 revenue limit calculations.

The legislature must take leadership in this area. There is nothing in the budget for schools on the brink of closing. Small essential schools in districts with declining enrollment must be kept open and safe for students living in these mostly rural, low property value districts.

Milwaukee Choice Program

We do not support expansion in funding or eligibility to the Milwauke Parental Choice program.

In the budget currently, there is a proposal to expand funding by $36.3 million and increase the income level for those who can participate in the choice program in *private schools*. This is about the amount needed to fully fund SAGE in *public schools.*

Request that the state to mandate the same testing required of public schools in all schools with choice students

If private schools are receiving public tax dollars, they should be held to the same standards as the public schools. There is currently no accountablility required of these private schools from the state.

POLICY ITEMS

Request that all of the non fiscal policy items relating to education be remove from the state budget.

Policy should be debated on its own merit, by the appropriate committees, not hidden in the budget. This approach to policy making increases public dissatisfaction with state government, and does not allow for public discussion of policy on its own merits.

We strongly oppose the formation the Board of Education, Evaluation an Accountability, which is intended to be a 5 member board, appointed by the governor.

These are now the responsibility of DPI, and should remain there.

Thank you for the opportunity to speak today.
Ellen Lindgren
School Board Clerk
Middleton-Cross Plains Area School District

JOINT FINANCE COMMITTEE TESTIMONY

As the mother of a beautiful toddler daughter who has Down syndrome, I have been awed by the commitment of strangers who have changed the lives of my family through the Birth to 3 program. At six days old, Maria nearly died from dehydration because of a very weak suck. Three breastfeeding specialists could not get her to nurse properly. Her speech therapist taught me how to hold her mouth closed so that she could drink from a bottle, slowly. After a lot of hard work, and with the guidance of gifted, caring professionals, she tested at the low end of normal in developmental skills at twelve months old. Her therapists in physical, occupational and speech therapies have shown me how to guide her play to meet specific goals, stimulate her mouth muscles to prepare for speech, teach her sign language to accommodate the expected speech delays, and bring her to her personal level of potential while supporting me emotionally as I adjusted to life with a disabled baby. Now 19 months old, she loves to point to pictures in books, bang out her own songs at the piano and tries to put her favorite videotape, Baby Mozart, into the VCR. She is learning to walk and is speaking new words weekly, ahead of schedule for children with Down syndrome. She lights up every room with her energy and sense of humor, and is a ray of sunshine to everyone near her.

I don't want disabled and delayed children to be denied needed therapy. Most insurance companies deny payment for these therapies, and the costs put them out of reach of almost all Wisconsin families. The State is re-working the family co-pay system, and that's fine with me; however, without an additional $4 million in the next two years, children who are eligible under current standards would be turned away under proposed much-stricter standards. Entire categories of disability may be eliminated. The Birth to 3 program MAKES SENSE FISCALLY because it saves the taxpayers a great deal of money in future years. Money put toward therapies is not excess. It is not a mis-use of public funds. *I* certainly don't want to pay taxes toward something unnecessary. Birth to 3 funding is a *wise* expenditure. Children who are guided to reach their own potential will require fewer special education services and therapies in the public school system. They may work and pay taxes as adults, needing less public support. *And* it's the right thing to do! Helping disabled children during the time period of greatest growth and development (the first three years of life) maximizes the benefit of each dollar spent.

Your support can keep the program solvent so that a year from now, families of children with disabilities will not be told, "Therapies are available to change your child's life, but you can't get them because the state budget didn't allow for it."

As elected members of our state government, you represent the interests of the people of Wisconsin. I beg you as a parent and as a taxpayer to do what is fiscally responsible. Do what is right. Help these kids to reach their own potential at a young age so that they grow to be less dependent on State of Wisconsin tax money for support in daily living. It's the right thing to do. Thank you.

Mrs. Theresa Danner, N50 W15751 Honeysuckle Ln., Menomonee Falls 53051 / (262) 781-2445

Statement from the Dane County Developmental Disabilities Coalition

Wednesday, April 11, 2001

To: Members of Joint Finance Committee and Distinguished Guests.

Good morning. I am Shelley Rashke, Chair of the Dane County Developmental Disabilities Coalition, and Regional Director for REM Wisconsin. Thank you for the opportunity to speak today. Please consider how people with developmental disabilities, and those who provide support to them, are affected by your decisions. We ask that you commit your support to the Survival Coalition Budget Proposal for Disability Services.

I am here today with Chris to draw your attention to critical issues before us. At this time, I will ask all those supporting our statements to please stand, or give some indication that you are here. Please notice people wearing stickers or shirts, and holding signs supporting the Survival Coalition's package.

The Dane County DD Coalition consists of three dozen independent businesses, that provide support services for adults and children with developmental disabilities. We employ over 2500 people, and generate over $56 million dollars that gets re-invested in the local economy.

Dane County Tax Levy provides over $12.5 million dollars to fund crucial support for adults with developmental disabilities. This is an approximate 75% increase over the past 8 years. Local County taxpayers have covered shortfalls in State funding, and are no longer able to absorb more. As partners, Dane County and service providers have done an outstanding job maximizing Federal revenue sources. The State can also benefit in this revenue matching by drawing down approximately 50% of the money needed to stabilize the system from Federal matching funds.

So, why is the community service system in Wisconsin at a crisis point? Many years of neglect and erosion in State funding, combined with a severe labor shortage, have brought the crisis to a head. Last year, a major commitment was made by the State to correct underfunding in the Medical Assistance Personal Care reimbursement rate. This was approximately a 30% corrective measure, and it certainly has made an impact in this program. That decision represents the tip of the iceberg, however, as most community services are not funded by MAPC revenue. Studies conducted and information presented bears out a need for a 30% increase in State funding for community services to stabilize the crisis. The network of services we have all worked together to build over the years is in imminent danger of collapse if the current course of action continues.

Providers in Dane County have experienced at least 5% reduction in spending capacity since 1996. During a period when inflation totaled 12.5%, providers received 7.5% in contract increases. This scenario is compounded by the most critical workforce shortage in memory. Most agencies report 20-30% vacancy rates for direct support positions, with around 50% turnover.

Let's take this to a personal level. Imagine yourself as single parent, with two small children. You are offered a starting wage of $8.27 per hour, which is what the Dane County contract affords under the Living Wage Ordinance. How will you pay your rent when it takes a wage of $13.50 per hour to afford a two-bedroom apartment in Madison? You will take on second and third jobs, and work excessive overtime to make ends meet. When will you see your children? How nurturing and effective a parent or caregiver can you be when you are tired and exhausted, and still only able to live at the poverty level? As your employer, I tell you we are unable to fund wage increases, and you need to pick up the part of the increased costs for health insurance (which have gone up 15-30% in the past year). You get to choose between continuing health insurance coverage for your family, or paying other necessary bills. It's a shame that Direct Support Professional staff qualify for BadgerCare due to the low wages we invest in their job roles. Now, I'll ask you to switch your vision. Imagine your son or daughter needs community support services, due to a significant cognitive disability. Is ~~the~~ that person you ~~just~~ first imagined yourself to be, the one you want to provide services for your loved one?

In order to hire in a tight labor pool, we have to compete not only within our industry, but also with all other entry-level jobs. It takes a statewide base wage of $8.52 per hour to hire one out of four applicants for a direct support job vacancy. We usually don't have the luxury of even one applicant for each open position, so you can easily see that $8.27 per hour in Dane County doesn't open the door for us. A food service worker earns $9.41 per hour at the 50th percentile in Wisconsin. This disparity is scandalous. We must pay truly "living wages" to retain direct support professionals in these highly responsible and intensely intimate personal care positions. People deserve to earn a decent living and support their family in their chosen careers.

How can the Community Service System in Wisconsin be stabilized? It will take renewed commitment. Wisconsin has a rich heritage of providing services for its most vulnerable citizens. You heard Chris describe the values and vision that have driven the system ~~up~~ until recent years. Other states in the Midwest, such as Illinois and Minnesota, rectified discrepancies in funding community services, primarily targeted for Direct Support wages. By sharing the obligation with the Federal government, Wisconsin can bring in 50% matching funds. I realize the Survival Coalition 2001-2003 Budget Proposal is ambitious. The time is upon us, however, to take action. There is surplus State revenue that can be used for this purpose.

In closing,
~~Finally,~~ I draw your attention back to the people in this room. These are the people effected by your decisions. Some receive support services so they can live in their own homes and work in our communities. Some provide the support they need. They are partners in their communities and in their lives. Let's be partners with them. It's people who will be hurt if we allow our community service system to fall further into crisis.

I ask you to rejuvenate your commitment to Wisconsin citizens. Do the right thing. Support the Survival Coalition 2001-2003 Budget Proposal. Thank You.

My name is Mary Schlaak . I am a service coordinator for the Birth-Three Program that serves the city of Madison--Bridges for Families. I am here on my personal time today to share my own concerns about the inadequate funding for this program.

I know you have heard and will hear many personal stories from parents and families who have participated in County Birth-Three programs throughout the state. These stories can speak louder than anything I could ever say. I have seen the benefit of early intervention on a daily basis as children, ages Birth-Three are identified early on as having some sort of developmental delay. The program evaluates the needs of the children and supplies quality professionals in the areas of concern: these might include Physical Therapy, Occupational Therapy, Speech and Language, Early Education and Social Work to assist these children on a regular basis. The program also educates the parents on how they themselves can best promote their child's development so once the child turns three, the family has the tools to carry-on. As a service coordinator I partner with parents in this process and serve as a liaison between their service providers and their family's needs. I can assist the family in finding resources that they might need to assist their child and family. I can accompany them to doctor's appointments, facilitate monthly meetings to coordinate needs, access appropriate medical assistance programs etc. My role is, in large part, determined by the families.

There is much research on early brain development that shows that the earlier intervention is received by children who are developing slowly or differently, the greater success and less delay the child will have later on in life. Thus Birth to Three is a preventative program, reducing the amount and severity of delays seen in children, and reducing the amount/intensity of special service they will need in the future . Not only is this preventative but cost effective . I do not want to give the impression that we are "curing" children of all significant special needs, but I firmly believe we are helping them with the best possible services, with the best possible professionals, and with the best possible partnerships with families so that each child can achieve his/her best. I fear that without the financial partnership of this state, our children will no longer continue to get the best.

As you might know, the Birth-Three Program statewide has been operating at the same State funding level since 1996. In this same period of time, the number of children and families participating in Bridges alone has increased by 21%, much of that increase occurring in the last two years. There has been a financial shortfall because: 1)of this drastic increase in children served and 2)no increase in state funding in addition to 3) state and federal mandates that the program is bound to, as well as 4) a drastic decrease in the amount of re-imbursement counties recoup from family's private health insurance. Over the last few years, Dane county and many other counties like it have picked up the shortfall. Recently, the shortfall has been so great that these programs are now reaching the counties limitations.

Looking to the year ahead , there is no new state money for Birth-Three in the Governor's Budget. If the budget remains as it currently is, I am deeply concerned for the families and children that I serve. I know that the program I work within has cut out any excess that it could. The program has changed it's model to focus even more on the education of parents and families.

The program has seriously analyzed which discipline will best serve each child and the frequency needed to do best practice. As a staff, the amount of supplies ordered is limited. Much of the conference costs are paid out of pocket. The monthly newsletter which updates families was halted. Staff who were interested, decreased their work percentages. Programs have done all that they can to maintain a quality program with the limited funds for all the children they serve. And they are mandated to serve all children eligible.

I ask each of you for your help as individual committee members who, I know, chose public service as I did, to do good for the people of this state. Please send a message to the legislature that this is an exceptional program who serves our future, our children. Please send a message that an increase in state funding is needed for Birth-to-Three to remain a quality program. Please send a message that will return Wisconsin to it's leadership role in the country as an innovative state that has quality human services programs.

Respectfully,

Mary Schlaak

Mary Schlaak, MSSW
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Lisa A. Oberbruner
418 So. Academy St.
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608-314-9916
March 6, 2001

Dear State of Wisconsin,

Imagine you have someone in your family that will be leaving grade school this spring. They will be starting middle school the next fall. It's an exciting time for them and you. There is only one problem. There is not enough funding to go around. Instead of middle school next year there is a waiting list of 4 years. What will you do? They are to young to get real jobs, to drive, to live alone, to really be left alone while you are working, and you probably won't be able to find a sitter and if you can, you most likely won't be able to afford one. So what will you do?

And after they graduate from high school there is another waiting list for them to go to college do to lack of funding and there are waiting list for jobs because the economy is so bad. Are you going to support them for the next four years?

Pretend that you are one of our families. Our kids civil rights are always being challenged. There is never enough money to go around because the numbers grow everyday. Most of our kids would of probably died if they had been left in the state institution. But staying at home with their families has proven to be the best care there is. And there is not a day that goes by that we do not have to fight for some thing. My daughter should have died many times but she is still here and my own health has suffered from the lack of sleep I have given for her. Just because some of our kids can't talk clearly, or move normally, does not mean they do not know the difference between having fun and being board out of their minds. Most of our kids are not in these conditions because we did drugs or drank or did any thing wrong. Some times it may have been the doctors mistake, or a genetic condition, or problems at birth, or accident. The most important thing to remember is this could and does happen to people just like you. And if it were to happen, are you willing to fight everyday of their life, give up sleep, income and your health to help them?

There are several areas we need to have increases in and they are:

1. ELEMINATE WAITING LIST.
2. BETTER PAY AND TRAINING FOR THE PEOPLE WHO WORK FOR OUR PROGRAMS.
3. MORE FUNDING FOR ALL SPECIAL EDUCATION PROGRAMS.
4. MORE FUNDING FOR TRANSPORTATION FOR DISABLED.
5. HELP OUR FAMILIES STAY TOGETHER /PAY OUR KIDS TO LIVE WHERE THEY WANT TO, PAY PARENTS AND FAMILIES A SUPLUMENT TO CARE FOR THEM, FAMILY PACKAGE.
6. STATE INSITUTIONS, INCREASE THE CIP 1A RATE TO $300.00/DAY FOR NEW PLACEMENTS, AND $160.00/ FOR PEOPLE WHO PREVIOUSLY MOVED TO THE COMMUNITY.
   A. ALSO PART OF THE WAITING LIST.

7. MENTAL HEALTH PACKAGE.
8. CROSS DISABILITY PROGRAMS.

I spoke to the D. D. Legislative Counsel in Nov. and gave some suggestion to help raise some more funds. Please give these a close look. If we returned all of our loved ones to the institutions today the state and federal government would go broke.

The reason for these people in these wheel chairs forcing their way in here was to show you how much we need these increases. I ran into this group the other day at a local store. It happens to include my daughter. How many of you have ever tried to push two wheel chairs and a shopping cart? I had a wheel chair, a baby and a shopping chart at one time. This causes back injuries and is unsafe for the clients. But if we cannot pay better than we cannot keep the help we so desperately need. And again are risking lawsuits for injuries.

Thank you so much for your time. I would like to offer my services to be available for questions if needed.

Sincerely,

Lisa A. Oberbruner

Lisa A. Oberbruner
Concerned Citizen and
Parent

Joint Finance Committee
Testimony
Cynthia DiCamelli
Wisconsin PTA Board of Directors
Madison, WI, April 11, 2001

I come before you today as a representative of the nearly 50,000 PTA members in the state of Wisconsin, and as a parent of two children in our fine public schools. My focus in the brief time I have before you is funding of special education.

In the past 5 years, the number of children identified with special education needs has increased dramatically. My own two children are among those who have received special services and as a result they are both successful middle school students. There are a number of reasons for the increase in identification rates, including new diagnostic criteria and increased awareness among teaching and medical professionals. The services schools provide to these children are as varied as the kids themselves, but they all have one thing in common. All the services are mandated by either state or federal legislation.

In the current budget, state aid provides only about 36% of the cost of these services and federal dollars about 12%. Under Governor McCallum's budget for the next two years, this level of funding will fall to only33%.

Ultimately inadequate funding for special education affects ALL students. Because revenue caps prohibit schools from raising extra dollars to make up for the state's shortfall in special education funding of mandated services, they must find room under the revenue caps to pay for them, reducing the dollars available for other programs and services. In revenue strapped districts, this can create a terrible conflict between special education and regular education programs.

The Wisconsin PTA recommends that the state budget proposal be amended to include sufficient funds to reimburse school districts for 50% of special education costs.

We also recommend that local school districts receive an additional reimbursement when they are educating students whose special education costs are extraordinary. We believe that services that exceed $25,000 per student should be reimbursed at a rate of 90%

Finally, the Wisconsin PTA recommends that the budget include funds that increase reimbursement for English as a Second Language programs from the present 17% to 60%.

Cynthia DiCamelli
453 Union Road
Brooklyn,WI 53521

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GAZETTE CLOSE-UP SERIES

It's a question of care: Parents wrestle with tough choices

(Published March 2001)

By Catherine W. Idzerda/Gazette Staff

For Sara Knutson, the world of developmental disabilities is charged with contradictions, difficulties and things that just plain don't make sense.


Sara Knutson and her son, Camden Hookstead, watch a "Sesame Street" video at their home in Milton. Camden is on the waiting list for day programming, but there's no guarantee it will be available when he graduates from high school.
Al Hoch/Gazette Staff

Why, for example, should other people--group-home providers, adult foster homes and institutions--be paid to care for her adult child when she can care for him herself and with less expense?

Why, also, should the human services department pay welfare benefits to mothers with nondisabled children when her child is developmentally disabled and she works?

Knutson's concerns nag at her more and more, and for good reasons.

Her oldest son, Camden Hookstead, 19, is developmentally disabled and will finish school in 2003. He was the youngster whose story sparked the volunteer construction of CAMDEN Playground at Janesville's Palmer Park.

Knutson, 39, of Milton is well aware that the moment Camden graduates, service entitlements will stop.

Camden is on the waiting list for day programming, but there's no guarantee it will be available when he graduates.

Sara Knutson
39 E. Evergreen W.
Milton, WI.
53563

The people who are waiting

Adult with cerebral palsy wants to feel important, useful at home

It's a question of care: Parents wrestle with tough choices

Only two counties have separate disabilities boards

Facts, figures about those who are waiting

Definitions of terms associated with developmental disabilities

The people whose lives are changing

Man with brain injury ready to embark on new journey

Woman excited, confident about moving out on her own

Planning for change becomes vital for many families

KANDU employees love the way job makes them feel

Class prepares developmentally disabled for jobs

Other agencies in state provide developmentally disabled people with job skills

The people who

That would mean Knutson would have to quit her job to care for Camden at home, creating yet another contradiction: "If I quit my day job and stayed home to care for Camden, I'd have no money to care for him," Knutson said.

Knutson has conflicting opinions about the system, as well, and acknowledges them.

The waiting lists for adults with developmental disabilities is atrocious, far too long and completely unjust to the families involved, she said.

But even if her son's name came up on the waiting list for a group home, she would "turn it down flat."

"I can't put him in a group home," Knutson said. "I don't want to give him up. He's always been with me. I love my son with all of my heart. I don't want to put him in the hands of strangers. He wouldn't be able to tell me how he was being treated and cared for."

It's a trust issue, Knutson explained.

On the other hand, she wants to know that Camden will be cared for, in case something happens to her.

"I have two sons, a 9-year-old and a 14-year-old, and I've been training them how to care for him," Knutson said.

Her friend, Emma Schweiger of Janesville, is worried about the future, as well.

Her 20-year-old son, Andy Kirichkow, has behavioral problems and has been on a list, waiting to be placed in a group home for more than four years, Schweiger said.

Andy is nearly 6 feet tall and is much stronger than his mother, and she has a difficult time controlling him, Schweiger said.

Andy still attends school, but he, too, soon will be finished. Then, like Knutson, Schweiger doesn't know what she will do with her son all day.

The two women have considered getting four or five families together, buying a house and running their own group home.

"We could become a board, buy a house and hire staff," Knutson said. "We'd need about four or five families to do this."

have been contributing to the community for a long time

To residents, house is more important than living space

Developmentally disabled held up to higher standards

Providers help put folks on path to independence

Facility is institution only in name

Center can be temporary or permanent home

Man enjoys challenge of being out on his own

Woman finds success living life on her own

Rally to raise awareness about developmentally disabled

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Wouldn't this be reinventing the wheel, creating a service that already exists?

No, Knutson said.

"Nobody can take care of him as well as I can," Knutson said.

They would use their experience as parents to run the group home.

In the meantime, Knutson is looking for day programming for Camden. She hopes efforts will be made to encourage Opportunities Inc., a sheltered workshop based in Fort Atkinson, to set up a satellite base in Rock County. That way, Camden would have a place to go during the day, and she could go to work.

Tom Perry says he understands Knutson's frustrations.

As director of the Rock County Developmental Disabilities Board, he's charged with helping hundreds of families and individuals negotiate the system to get the services they need.

"A lot of parents are in the same situation that she is," Perry said. "There's no doubt about it, it's hard."

The board encourages parents to place their children on waiting lists as early as middle school so they have better chances of getting services after high school.

"For day programming, if you get on the waiting list in middle school, you'll either have a placement or be very close to having a placement by the time you graduate," Perry said.

Of course, there's no guarantee--especially if the amount of state aid to counties continues to decrease.

A program at a place such as Opportunities would be great--but only if funding could be found for it, Perry said.

"It's something that we could look at," said Spencer Jensen, president of Opportunities. "We try to limit job services because of the cost factor. We have accepted referrals on a limited basis from Rock County but do not provide transportation."

How about paying parents to care for their adult children in their own homes? Wouldn't this be cheaper?

"There is a move by grass-roots organizations to get federal and state money for families to care for their adult children in their own home, but I don't think it's going to happen anytime soon," Perry said.

The problem is that state and federal dollars come with a tangle of strings attached.

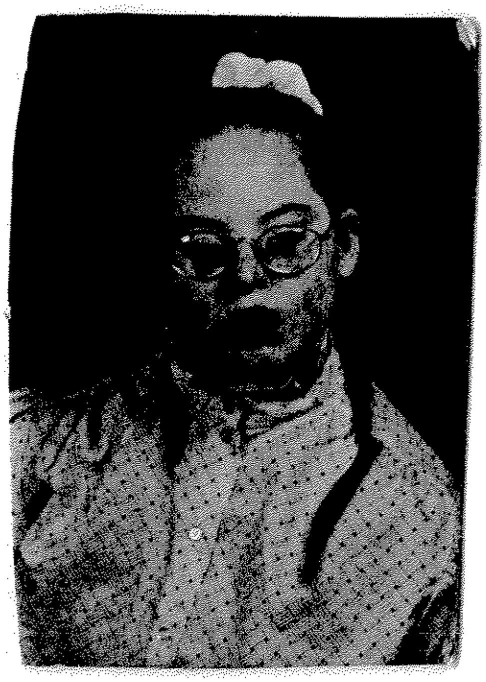
"When we use those ... funds, the county has to monitor the services that are actually occurring in the home," Perry said of medical assistance waiver funds. "A home curriculum and programming would have to be developed. How would we be assured that people were getting the services they need?"

Advocates for the disabled also have expressed the desire that adults with developmental disabilities should have the right to live outside of the family home--just like nondisabled adults.

The bottom line? Rock County's board is trying its best to serve hundreds of people without a lot of money and within a lot of regulations, Perry said.

"There isn't a perfect set of services out there," Perry said.

Gazette reporter Carla McCann contributed to this story.



April 05, 2001

To Whom it May Concern,

I am a mother of a Handicapped child of 16. Since birth it has been an uphill climb and financial struggle to keep our heads above water and maintain a normal household.

Jana was my second born with a four year old sister at home.

Jana was born on December 9, 1984 with many problems. She spent twenty one days in intensive care. Jana was born Down Syndrome with Cerebral Palsy, Club feet, seizure disorder (4 kinds at birth), 3 holes in her heart at birth, respiratory problems and maybe some other things I don't remember at this time. At the age of six months she developed influenza meningitis from an ear infection and was again in intensive care for two weeks. She has had 3 surgeries without the benefit of having insurance. (We lost insurance coverage when she was one year old.) It took five years to get insurance for HER but not the rest of the family. We have not qualified for SSI for her since birth. Some of Jana's special needs are wheelchair, walker, braces (now half leg, but for about twelve years full leg braces), glasses(she needs the ones that give which medical assistance does not pay for), diapers (three boxes a month, 216 diapers which is appox. $168 dollars) seizure medicine (another $158), and instead of a economical car, a van is needed for transpiration to carry all the stuff, which is another expense both payment-wise and maintenance-wise.

It has been hard to maintain a good family life for most of her life both financial and emotionally but we manage. I wish I could have kept my job in computers and accounting to help with the financial problems but Jana has keep me busy with doctors and trips and constant watching for these past sixteen years. I haven't even been able to work at home as an option because of her needs. If you paid the family just two thirds of what we have to pay a care-taker or respite worker (which is, by the way, $10 hour or $75 a day (could you afford to work)) we may be able to have a more normal lifestyle. Some of us do not have the luxury of having family members available for emergencies or respite when we need a break. The little bit the DD Board gets does not go far when you have to spread it between so many. They budget fifteen hundred for my use for respite and a few other things each year for Jana. With the older one in college and putting Jana in respite care for the trips to and from the funding is eaten up fast.

I would like to keep Jana at home as long as possible but wonder if I will be at home myself for 24/7 since there is not funding for the care she needs. That has been a labor of love for me all these years but I see what it has done to my family life due to the limited funds and programs that ARE NOT available in our area to help with maintaining her constant learning both in and out of school.. Persons who are physically or mentally challenged need repetition and consistency in their daily routine.

Now that Jana is sixteen, Jana is still the mind of a three year old, does not speak more that a few words, cannot take care of herself and wears diapers. I am wondering what is available for her and how we will manage after she graduates from school. There is not really a place for her to go in Rock County, either to work or stay that is satisfactory for the long term.

There should be more places for people in Rock County and more funding for persons like Jana. Programs for both high functioning and those who are more severely physically challenged. Each physically challenged person is unique and separate, I understand that each one has need for different things. Persons like Jana do not go away they just have different needs and expense as time goes on. Some may die or move away but there are **always others** that need it just as badly.

There seems not to be a place in Rock County that can give Jana a job when she is of age, at the moment, and time is rapidly approaching when she will not be in school. Time seems to fly.

That is another thing. Waiting list are long and you **can not** get on them until a certain age. Why did I even have to get her on a waiting list. Things should be more automatic and **scheduled earlier**. I do not wait until a problem comes, I try to find out answers **BEFORE** they are needed. **Years before**. I was asking questions about her teenage years when she was five and have been trying to get some answers for transition since she was ten. **Why can't you as the finance committee budget your funds more realistically**. Look ahead by five or ten years instead of just a few. Putting money where it can help those citizens who are trying to function in the state and have a meaningful life although they are limited in their ability to have, what most call, a "normal" life.

Sincerely,

Nancy Murray Field

Nancy Murray Field
510 Golden lane
Milton, Wi 53563

608-868-6486

Copp /Kipp

- Can families hire the respite provider they want, what should they do if they want a background check.
  Family Pays & IPS through them get a disc. Rate.

- NO parents able to bill MA for personal care ~~[illegible]~~ for respite - or an agency to bill but service would be like respite care
  Had be MA provider. - Don't have one. because of audits.

- NO When respite is given for teen age clients, could it be used for pre vocational training and paid for with DVR money
  ~~Division~~ Department of Vocational Rehabilitation Does Not pay for Respite.

teens can have pre-voc training while parents are working

Copp - State
Kip - fed

- How does he feel about private funding for respite programs. State dollars aren't enough. Would he and the DD Board support a funding effort.

It would be private

- go for it How do you See Organization going & funding there own Money for Respite by Direct Sources
([illegible])

State Saids Childred are out at 22
The day of.

State gets money for JR. Kindergarden full days.

16 1/2 million

400-500 amth. Normal Child

1995 5th from top.

3000.-

~~Over match money to buy~~ local

from State
B.C Waiver - medica funds could be regulations are lower.
money goes through a broker. not to you.

Day Service Program.

P.O. Box 6043
Monona, WI 53716

April 6, 2001

APR 09 [illegible]

Senator Chuck Chvala
Room 211 South State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Chvala:

My daughter is in a nursing home. At age 27, she does ***not*** belong there! She suffered a head injury in February of last year and was in a rehab hospital from April of 2000 until the end of March, 2001.

My daughter did very well in rehab. She needs to continue the intensive therapies that rehabilitation programs offer. However, I was informed that Medical Assistance would not cover rehab placement for more than one year. For that reason, my daughter was discharged from her rehab center and—for lack of another option—she was placed in a nursing home. In the nursing home, she will never receive the extensive physical, occupational and speech therapies that she needs.

I am writing to you today on behalf of ALL disabled citizens of Wisconsin. The laws in this state regarding brain injury waiver funding are in need of revision. Currently, Wisconsin law requires that a brain-injured individual may qualify for brain injury waiver funds that would allow that individual to live in the community only if they apply for such funding as a resident of one of two nursing facilities: Clearview in Juneau and St. Mary's Nursing Home in Milwaukee.

St. Mary's is an eight-bed facility. Clearview is much larger; however when one considers that these two facilities alone must serve brain injured citizens for the ***entire state,*** it goes without saying that large numbers of disabled citizens of Wisconsin have critical needs that are not being met.

Residents of either qualifying facility who apply for funding are released into their community only as funds become available. As the current estimated wait for brain waiver funds in Wisconsin is about one year, both of the state's qualifying nursing facilities remain filled to capacity, with lengthy waiting lists for disabled persons who must become residents of the facility solely for the purpose of applying for funds.

I fear that my daughter will become depressed or despondent at the prospect of a lengthy stay in her nursing home. She resides in a home for the elderly, and I must tell you that it really is not a pleasant place. It certainly is not appropriate placement for a person so young. Also, the staff there is not trained to care for someone with my daughter's special needs.

My daughter must be given an opportunity to live in an apartment or group home with an attendant and/or nursing care and therapies available to her so that she can recover from her injuries. This is what brain injury waiver funds would provide for her, yet Wisconsin has only 250 slots available ***statewide*** for such funds. Only 250 citizens can be recipients of funding at a time! Those 250 slots were filled long ago, and if no new slots are allocated, the waiting list of applicants will continue to grow.

To provide quality of life for all citizens of Wisconsin, we must take care of the disabled. I respectfully request that you propose major changes to the current laws regarding application for special funds for disabled persons. The law should allow disabled individuals to apply for funds from ***any*** nursing facility in the state. In addition, more funds must be allocated for the brain injury waiver program—250 slots for brain waiver funds for the entire population of Wisconsin will never be adequate. Also inadequate are the monies allocated to COP and CIP programs in this state—I believe the wait for those funds is currently three years.

My daughter is a very talented artist; she could be a highly productive member of society if only she had access to funding that would provide her with proper care and therapies while she continues to recover from her injury. A life of dignity is the only chance my daughter has for recovery; she will never make it if she is forced to stay in that nursing home! Recovery requires emotional stimulation as well as medicine and nursing care. Paramount to a person's overall health is the knowledge that they matter, that they have a place in society. In the nursing home, my daughter will quickly lose ground emotionally and physically. I really believe she will not come out alive unless I find a way to remove her from that home immediately.

Please look out for the needs of disabled citizens of this state. They deserve some consideration and a life with dignity. All funding that this state offers to disabled persons is currently by way of waiting lists, and some of those lists are several years long! Disabled people can't wait; their needs are immediate.

Thank you.

Sincerely,

Barbara Sebranek
Legal Guardian for Jennifer L. Sebranek

cc: ✓ Access to Independence
Wisconsin Coalition for Advocacy

ASW... ASW... ASW... ASW... ASW... ASW...

Senator Brian Burke and Representative John Gard, Co-Chairs and Members of the Joint Committee on Finance:

Members of the Autism Society of Wisconsin know that the State of Wisconsin has not kept its promises for community services for adults and children with disabilities. Many counties have provided significant "overmatch" in an attempt to meet the needs of people in their counties who are on waiting lists. These counties can no longer add to the burden on the property tax. The time has come for Wisconsin to keep its promises.

Thousands of individuals are on waiting lists for vocational and residential services. Adults with autism are waiting for services that can be provided if the CIP IB funding increases by $6 million in the first year of the biennium and $32 million in the second year of the biennium. This will bring Wisconsin about $60 million in federal funds.

Wisconsin has moved away from dependence on institutional care but has not provided the funding for the services needed by citizens in the communities of the state. Many elderly parents continue to care for their adult sons and daughters with autism. They need to know that community services will be available in the near future.

Parents of children need to know that the state will provide the funding promised in the past for Family Support services, respite care and the interventions that can help to minimize the effects of disabilities.

The existing service system is in crisis. Many agencies cannot hire the staff that is needed to provide residential and vocational services. Staff turnover and vacancy rates are high because wages and benefits are not competitive with other positions. It is difficult to provide high quality services for our most vulnerable citizens. Thirty million dollars is needed in year 1 of the biennium and $60 million in year 2 just to make these direct care positions competitive in our communities. These workers are just as valuable and deserving as are employees in nursing homes whose needs are being recognized.

We urge you to amend the Governor's budget to meet the crises in the communities of Wisconsin and to meet the needs of citizens with disabilities.

Thank you.　　　　Frances Bicknell, Governmental Affairs Chair.

Autism Society of Wisconsin
103 W. College Ave. Suite 601 Appleton WI 54911-5744

Wisconsin Special Education Stakeholders

2001/2003 Biennial Budget Recommendations

April 2nd, 2001

The Wisconsin Special Education Stakeholders are representatives from fourteen key Wisconsin school, parent and statewide disability-related organizations that are committed to improving the quality of special education services in Wisconsin.

The Wisconsin Special Education Stakeholders recently analyzed the implications of the proposed 2001/2003 biennial budget and proposed policy changes included in the budget related to the provision of special education services in Wisconsin. **We came to unanimous agreement on the following positions:**

✓ **Increase the state categorical aids for special education services to a 50% reimbursement rate.** We strongly believe that the Governor's proposed 2001/2003 biennial budget does not provide sufficient funds to meet current levels of reimbursement for special education services

✓ **Increase state aid to 90% reimbursement rate for the expenditures of high cost students that exceed 3 times the school district's average cost per pupil.** We are concerned that the Governor's proposed 2001/2003 biennial budget does not provide sufficient funds for high cost special education students. We also support a one-time revenue cap exemption for the unreimbursed school district expenses for these children.

✓ **Modify Medical Assistance -School Based Services in the proposed budget so that school districts will receive at least 90% of the federal cost sharing reimbursement.** We are concerned that participating Wisconsin school districts will continue to receive only about 60% of the federal cost sharing reimbursement for Medical Assistance -School Based Services since school districts provide 100% of the state share in this program.

Member Organizations

Wisconsin School Administrators Alliance:
  - Association of Wisconsin School Administrators
  - Wisconsin Association of School Business Officials
  - Wisconsin Association of School District Administrators
  - Wisconsin Council of Administrators of Special Services

Parent Education Project of Wisconsin, Inc.

Quality Education Coalition

Wisconsin Association of School Boards

Wisconsin Coalition for Advocacy

Wisconsin Council of Exceptional Children

Wisconsin Department of Public Instruction - Division Equity & Advocacy

Wisconsin Education Association Council

Wisconsin Federation of Teachers

Wisconsin Family Assistance Center for Education, Training and Support, Inc.

Wisconsin Parent Teacher Association

Co-chair: Nissan Bar-Lev, Wisconsin CASS (920) 849-9384
Co-chair: Jan Serak, Wisconsin FACETS (414) 288-0622

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Wisconsin Parent Teacher Association

✓ **Increased Funding for Alternative Education Programs.** We are concerned with the lack of funding for Alterative Education Programs. These programs are not limited to children with disabilities. We recommend a $5 million increase in the first year, and a $10 million increase in the second year of the biennium. Appropriate funding to ensure adequate availability of quality alternative educational programs in this age of "no tolerance policies" is absolutely necessary.

✓ **Separate consideration of all Chapter 115 revisions from the budget process.** Such proposed revisions as 115.28(9), 115.77(3), 115.78(2)(c), 115.782(2)(e), 115.898(2) will change the way special education services are provided in Wisconsin. If the legislature wishes to consider such changes in Chapter 115, we as stakeholders, believe this would best be accomplished through a separate bill before the Assembly and Senate Education committees. Wisconsin's children with disabilities deserve, at the very least, a discussion that is not diluted by the many other issues in the budget. [The WASB supports the retention of 115.28(9) within the budget process.]

✓ **Increase Funding so that all Counties have an Integrated Service Program.** We are concerned that the "Integrated Service Program" (ISPs), also known as "wraparound programs", which are currently operating very successfully in 28 counties as pilot programs, will not be expanded to additional counties. These programs have helped children stay in school and out of institutions thereby saving the state money and improving the lives of these children and their families. We recommend that these successful pilot programs be implemented in all Wisconsin counties at an additional cost of $3.2 million plus $800,000 for staff and administration.

We are making these recommendations as a diverse coalition concerned with the future of special education services in Wisconsin. We ask that you give these recommendations serious consideration and would appreciate the opportunity to be a part of the ongoing dialogue on these issues.

DISTRICT 1199W/UNITED PROFESSIONALS FOR QUALITY HEALTH CARE, SEIU, AFL-CIO, CLC

RECOMMENDATIONS AND SUPPORT FOR THE 2001-2003 BIENNIUM BUDGET

Before the JOINT COMMITTEE ON FINANCE

April 11, 2001

SEIU District 1199W/United Professionals for Quality Health Care represents 3,500 health care workers throughout the State of Wisconsin. Over 930 of our members are state employees, providing professional health care services to the citizens of Wisconsin.

There are several budget areas I would like to address today. They deal with hiring and retention of health care staff, protecting residents of the Centers for the Developmentally Disabled within the Department of Health and Family Services, health care in the Department of Corrections, and the contracting out of health care services.

HIRING AND RETENTION OF HEALTH CARE STAFF: Our members perform some of the most demanding and dangerous health care jobs in this state. They care for the most vulnerable and some of the most dangerous citizens of this state in the Centers, Mental Health Institutes, and the prisons. They make sure our nursing homes and hospitals are safe for us when we, our families, and our friends need health care. They educate the public regarding serious diseases and provide consultation to public health departments across the state.

The nursing shortage is here. In order to fill these positions and save the costs related to recruiting and training new employees, as well as overtime resulting from vacancies, the state must keep pace with wages and benefits for these jobs. 2-3% wage and benefit increases will not keep the state competitive in today's job market. The private sector is offering thousands of dollars in hiring bonuses to nurses. Meriter just settled a 2-year contract providing 14% wage increases plus benefit improvements over 2 years. I have been notified of the state's intent to use "Hiring above the Minimum" to fill some positions. These issues must be given strong consideration during these budget deliberations.

CENTERS: Our members are well-aware of the on-going plan to move residents out of the Centers and into community-based housing. In theory, this is a worthy goal. In reality, there are many concerns that must be addressed. The residents of these facilities are there because they require specialized medical and psychological care. Without it, they cannot survive. We urge you to look carefully at their needs and make certain that this care is available before they are moved into communities. Setting goals on the basis of numbers versus needs can result in a dangerous and life-threatening situation for some of our most vulnerable citizens. We strongly support the expansion of intensive treatment services at the Centers to provide support to these people, their families, and their communities as needed. At the same time we urge you to look carefully at the proposed reduction of current positions to ensure that current residents continue to receive the care they require and deserve.

CORRECTIONS: Most of you are familiar with the publicity which has surrounded the delivery of health care in the Department of Corrections during the past year. While the inmate population in Wisconsin prisons has exploded during the past decade, health care has remained stagnant. Most existing facilities have seen no increase in health care staff even though inmate populations at these facilities have doubled and tripled. In addition, the severity of inmate health issues such as diabetes, asthma, hepatitis, and HIV has been steadily increasing. Staffing, equipment, training, education, and communication have not kept pace with the health care needs of the inmate population. For all practical purposes health care needs have been ignored.

At the present time, no facility is staffed to provide coverage for such things as vacancies, vacations, sick leave, training, or education. Only the Dodge Infirmary and Boscobel are staffed 24 hours per day. All other facilities require a nurse to be "on-call" 8-16 hours per day when no health care staff are on grounds. The result of this situation is two-fold. First, nurses are expected to make medical assessments via telephone based upon information received from security personnel who are not trained to give appropriate information. Second, any inmate requiring 24 hour care must be housed at the Infirmary where space is limited and staff workloads are already overwhelming. In addition, security officers with no medical background are passing out medications, including narcotics and psychotropic drugs. The result is a very unsafe situation for inmates and staff.

This budget addresses some of these issues. There are increases in general staffing levels for some institutions and provisions for 24 hour staffing at three (3) additional institutions. The Governor's proposals pertaining to recruitment efforts and technology improvements to efficiently maintain records are to be applauded. However, this is not enough. In addition we ask you to:

- provide 24-hour coverage at ALL state prisons;
- provide sufficient health care staff to eliminate the passing out of medications by non-health care personnel (security officers);
- provide sufficient money for equipment, supplies, and training.

CONTRACTING OUT OF HEALTH SERVICES: At the present time, health services are being contracted out at Boscobel, Prairie du Chien, Milwaukee Secure Detention Facility, and Redgranite Correctional Institute. Plans are being made to contract these services at New Lisbon Correctional Institute, Sturtevant Probation and Parole Hold Facility, and Sandridge Secure Treatment Center. According to the legislature's 1999 fiscal report, it is costing Wisconsin taxpayers an additional $455,000 per year to contract out health care services at Boscobel. This example of wasted money needs to stop. Using permanent state employees to staff health care units will not only save money, but also provide greater accountability and better control over the quality of care provided.

We are not blind to the budget restraints being placed upon you. However, these are serious issues that must be addressed. Therefore, our members urge you to provide sufficient funding for these concerns during your budget deliberations.

Thank you for the opportunity to speak to you today.

Questions or comments about these recommendations should be directed to LeNore J. Wilson, Senior Staff Representative at District 1199W/United Professionals for Quality Health Care, 2001 West Beltline Highway, Suite 201, Madison, Wisconsin, 53713 (608) 277-1199

Planned Parenthood®
of Wisconsin, Inc.

Testimony relevant to SB 55/AB 144
Before Joint Finance, April 11, 2001, Lisa Boyce, Vice President of Public Affairs, Planned Parenthood of Wisconsin.

Through Planned Parenthood of Wisconsin's 31 clinics across the state, we serve 65,000 patients by providing breast and cervical cancer screening, STI testing and treatment, pregnancy counseling, contraception services and abstinence based, age appropriate sexuality education. Almost half of our patient base is at or below the poverty level.

Our mission at PPW is to provide women and men with the education and direct clinic services to enable them to make responsible choices, have a healthy future and when they are ready, to have healthy wanted children. We have served the reproductive health care needs for the men and women of Wisconsin for over 66 years and as such are experienced in assessing and addressing the reproductive health care needs of our population.

I am here today to articulate our support of the proposed funding to support health care services for the needy included in Governor McCallum's budget proposal as well as to suggest two other proactive, cost savings measures that could be added to improve health care services for the people of Wisconsin.

The current budget proposal continues to allocate a stable level of funding to support family planning programs. Family planning programs are important in protecting the health care status of women and men in Wisconsin. Wisconsin's family planning program has been in place since 1979 and provides breast and cervical cancer screening, testing and treatment of sexually transmitted infections, contraception services as well as pregnancy testing and counseling for low-income women who make between $8,000 – $20,000 per year.

Statewide approximately 150,000 women seek the services of Wisconsin's publicly supported family planning clinics. [MAP DISPLAY] Approximately half of Planned Parenthood of Wisconsin's 65,000 patients each year are at or below the poverty level. ($8,000 single; $11,000 two; $14,590 three) Consequently, most of these patients have no health insurance or access to affordable health care, so continued public assistance to allow these families to access vital health services and information is essential.

We applaud the inclusion of this important funding provision in the budget because it allows low income women and men to access these basic health services in a cost-effective manner. Without public support of family planning, other health care providers would be overwhelmed with patients in need of services who have limited or no ability to pay.

For every dollar spent on family planning services, the taxpayer is saved $3.00 in short-term health care services that would go toward medical costs associated with unintended pregnancy and birth. A recently conducted survey by the Alan Guttmacher Institute (The

Alan Guttmacher Institute (AGI) is a non-profit organization focused on reproductive health research, policy analysis and public education.) also found that in Wisconsin, 35,200 unintended pregnancies and 17,600 abortions are averted through publicly supported family planning clinics.

Despite the health and fiscal benefits of these programs, Assembly Speaker Scott Jensen and Assembly Majority Leader Steve Foti have announced their intention to eliminate state funding for family planning programs.

In a taxpayer funded mailing, Speaker Jensen and Assistant Majority Leader Steve Foti discussed their intent to eliminate state funding for family planning organizations. This attack on family planning by leadership is unprecedented and is based on false pretenses.

No state or federal family planning funds are used for abortion services. State law s. 253.07 (1) (b), stats. explicitly **prohibits the use of family planing funds** for the "performance, promotion encouragement or counseling in favor of, or referral either directly or through an intermediary for voluntary termination of pregnancy." Likewise, no public employee or public facilities can be used in abortion related services.

We urge you to support Wisconsin's current family planning system and vote to maintain state funding for family planning agencies in the state budget to prevent unintended pregnancies, abortion, sterility and further health complications as a result of undiagnosed disease.

There are two additional areas where we could further improve the health care needs of our community members that would also provide cost savings to the state including: support of Human Growth and Development curricula and improved support of Sexually transmitted infection testing and treatment. Improved assistance in both program areas could potentially be funded through federal assistance and would work to reduce the rate of unintended pregnancy and improve the detection and transmission of sexually transmitted infections amongst the constituents of Wisconsin.

In those schools that decide to teach Human Growth and Development, there is typically little or no assistance for teacher training and material development available. As a result some of the information taught to our children is not factually based and is misleading. Some of our educators, for example, are teaching our kids that they can get AIDS from dirty toilet seats and mosquito bites.

By implementing a plan proposed by Governor Thompson's Brighter Futures Report, we could go a long way toward better informing our kids to make responsible choices, reduce teen pregnancy and transmission of STI's if we committed to provide teachers with needed training and curricula assistance that wouldn't cost Wisconsin tax payers.

Thanks to funding through the Temporary Assistance for Needy Families, Wisconsin has a ready resource to help us improve our teen pregnancy rates through education - we just need to make that commitment.

Finally, additional resources to go toward the prevention, testing and treatment of sexually transmitted infections would also serve the health needs of our community in a cost effective manner. Undetected sexually transmitted infection can lead to poor health, cancer, infertility, death and transmission amongst the public.

For African American women aged 25-44, HIV is the second leading cause of death and the third leading cause of death for latinas. African American women are also three times more likely to die from cervical cancer caused by Human Papilloma virus, the most common STI in the U.S.

The commitment of TANF funds or other available funds would go a long way toward addressing increasing STI rates and would help to improve the health outlook for these women and their children.

A recent citation from the Children and Youth Funding Report reveals that Wisconsin is one of five states that are currently using their TANF funds for tax cuts and to shore up budget shortfalls instead of going toward programs to fight poverty.

If these funds were appropriately directed to assist the poor, the healthier outcomes would result in taxpayer savings in Medicaid costs.

In closing, we urge you to listen to the 80% of the Wisconsin voters and our Governor and work to protect public funding of family planning for low income families - we also ask that you consider the cost savings and importance of these public health care proposals.

Thank you for your time and consideration of my testimony.

WDA
Wisconsin Dental
Association, Inc.

April 11, 2001

Sen. Brian Burke, Co-Chair	Rep. John Gard, Co-Chair
Joint Finance Committee	Joint Finance Committee
P.O. Box	P.O. Box
Madison, WI	Madison, WI

Dear Sen. Burke and Rep. Gard:

As past-presidents of the Wisconsin Dental Association (WDA), we wish to voice our collective support for inclusion of the Legislative Council Special Study Committee recommendations on Dental Access into the state budget bill for 2001-03. If properly implemented and properly funded by the government, the fiscal and non-fiscal recommendations offer a very comprehensive approach to the current problems.

As past presidents of the WDA, we have all had to address the inefficiencies of the state's dental Medicaid program and we've all tried to help the legislature find solutions to its program for low-income individuals. After years of struggling, it is reassuring to see that such a comprehensive package could be developed in a public-private policy forum such as the Joint Legislative Council's Special Study Committee on Dental Access.

The bottom line to our support for these proposals is that the future of dentistry in Wisconsin is becoming clear: we're going to have fewer dentists and an increasing demand for dental care. If we don't do something from a policy standpoint, the current dental access problems that are experienced by the Medicaid/BadgerCare population will certainly become more widespread. The legislature has asked for our help on this issue for decades and now we've provided some solid recommendations – please don't let this issue drop because it may never be so thoroughly addressed again.

We issue our support for the fiscal and non-fiscal bills as a whole as recommended by the Legislative Council Study Committee. If you have any concerns or questions about our support for these proposals, please feel free to call any one of us. Thank you.

Sincerely ,

WISCONSIN DENTAL ASSOCIATION, INC.

Timothy J. McNamara, DDS
Greenfield

Loren C Swanson

Loren Swanson, DDS
Oshkosh

J. Sadowski DDS

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Claude I. Sime, DDS
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CC: Members of the Joint Finance Committee
Legislative Members of the Dental Access Study Committee
Members of the Assembly Health Committee
Members of the Senate Health Committee