My name is Jeanne Wilson

I am a special education teacher at Wilmot Union High School. The student population is now about 1100 at the high school. In 1990 it was about 500. We expect 50 students with special needs to enter our school next year as ninth graders. Our superintendant has ~~not stated~~ decided the district can hire only one more ~~staff~~ teacher although we won't be losing 50 seniors. The school board decided to deny an open enrollment request of a special needs student because of the high cost of meeting the IEP.

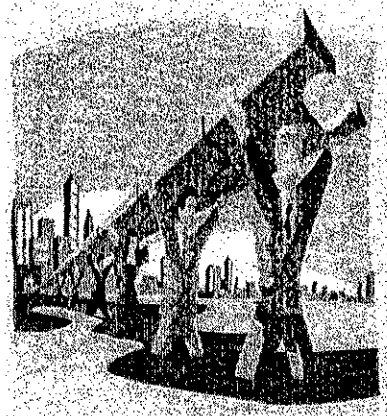
I would like to share with you my pleasure working with the Wilmot staff. Every child is part of the school community. Regular education and special education staff work together to teach all of the children. We still need to provide alternatives for students.

Wilmot Union High School may not be able to offer summer school because we spent ~~$~~ more for heating than was expected. Our classrooms are at 93% usage which means we have no where to put more students or teachers.

I ~~dog~~ hope the committee ~~is~~ recognizes that schools and Teachers face rising costs that don't know what a spending cap means. It is also my hope that the committee will change the budget so it will be fair to all the citizens of Wisconsin.

Our Mission

The Bridges Community Center, Inc. serves Kenosha County Residents with Mental Illness. We exist to fight the hopelessness and the isolation that too often accompanies psychiatric illnesses by encouraging personal independence and responsibility. Our strength rests in our belief in an unrelenting commitment to provide an opportunity for each member to maximize personal potential through a work ordered day based on the Fountain House clubhouse model. We are a unique organization fostering an environment that encourages participation of members who design, implement, evaluate and benefit from their endeavors.



BRIDGES

COMMUNITY CENTER, INC.

For Persons challenged with Mental Illness

P.O. Box 157
723-58th Street Suite 201
Kenosha, WI 53141

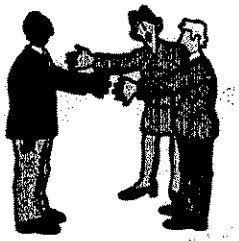
Phone: 262-657-5252
Fax: 262-657-5259
Email: bridges@acronet.net

BRIDGES

Community Center, Inc.

Building **R**espect through
Informed **D**ialogue by
Gathering **E**veryone **S**uccessfully

For Persons challenged with Mental Illness



Tel: 262-657-5252

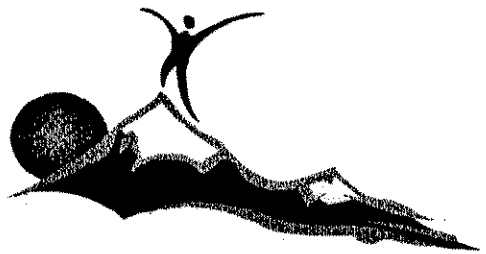
Bridges Community Center's Rules are simple...

You must be diagnosed with a major mental illness (Anti-social personality disorder is excluded).

You must have a commitment to living a more fulfilling life.

Treat other members like you would want to be treated.

No alcohol, weapons, or illegal drugs.



Imagine life as more than a spectator sport!

Why be a Member of Bridges Community Center?

The Bridges Community Center is "a place of our own". It is a supportive environment to gather together with others with mental illness.

Our "work ordered day" focuses on Members' talents, strengths, abilities, and interests. All activities are designed and planned by our Members. Attendance is voluntary, therefore, participation is at any level you feel comfortable with.

Friends of Bridges

To be a friend of the Bridges Community Center is to be a part of a great group of people who take special interest in BCC and its Members.

Our friends:

Provide information and education to the community about mental illness.

Serve on the Board of Directors.

Help raise funds for BCC use and operations.

One of our best friends is the National Alliance for the Mentally Ill (NAMI) of Kenosha County. If you are a family member or friend of someone who is mentally ill, and need support, **Please contact NAMI at 262-652-3606.**

I would like more information

Please check all of the items that are of interest to you and mail this to BCC P.O. Box 157, Kenosha, WI 53141. Or phone 657-5252.

I would like more information on

- ☐ Becoming a member
- ☐ Referring someone
- ☐ Bridges C.C.

I would like more information on

- ☐ Mental illness
- ☐ NAMI of Kenosha County
- ☐ NAMI Support group

I would like more information on

- ☐ Joining the Board of Directors
- ☐ Donating my time or services
- ☐ Donating financially

Comments:

Name

Address

Phone

BRIDGES
Community Center, Inc.

P.O. Box 157
723-58th Street Suite 201
Kenosha, WI 53141

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Dear Friends of Bridges Community Center, *October, 2000*

Bridges Community Center is a group of persons who suffer from serious and persistent mental illness. We are their friends, family members, and Kenosha County residents. Our goal is to provide an opportunity to those suffering from mental illness to overcome barriers they face. Last year we sent our first letter ever seeking to make ourselves known. Through the generosity of many we were grateful to receive approximately $7,000. To sustain our work we need continued support for this year as well.

Barriers

Persons with mental illness face many barriers. Many subsist on a meager fixed income and have difficulty finding medical care. They need assistance in finding and maintaining employment and face the increasing problem of affordable, safe housing. Many, unfortunately, have little or no family support. Governmental budgetary constraints continue to limit the ability of those with mental illness to obtain services through the traditional county human service system.

What is Bridges?

The Center is safe, nurturing, member generated and workday ordered. The Center provides for those who are socially and vocationally challenged by mental illness. We provide an environment that is conducive to achieving or regaining the skills and confidence needed to lead socially and vocationally satisfying lives.

The Continuing Challenge

We continue to work diligently toward the goal of making the Center an integral part of the mental health system in Kenosha County. In response to the Governor's Blue Ribbon Commission on Mental Health, Kenosha County has been named as one of four Managed Care demonstration sites in Wisconsin. Due to our continued growth we are in a position to work with Kenosha County to insure complete consumer involvement in the design.

The Past Year

Because of people like you we have experienced much success. We have realized a 43% increase in membership. We moved to an improved location that increased the morale of all. In addition, the Director's hours were expanded from part to full-time. We have become actively involved in the community and in assisting other non-profit organizations. Participation in conferences and workshops provided a forum for members to network with other clubhouses and to learn about issues specific to their well being and recovery.

What Does This All Mean?

In the past year the accomplishments listed above would not have happened without your support. We are incorporated as a 501(c)(3) non-profit organization; therefore, your contribution is tax deductible.

Sincerely,

Steve Relich
Steve Relich
President, Board of Directors

Lisa Clark
Lisa Clark
Executive Director

Kristen Ulland
25730 White Tail Court
Waterford, WI. 53185
262-534-9468

April 10, 2001

Dear Ladies and Gentlemen,

My name is Kris Ulland and I am a parent of a seven year old boy with Down Syndrome. I am deeply concerned with the Governor's proposed budget for special education funding. Although the Governor's budget includes increases, the states commitment to special education would decline to 33%. In the past seven years, I have witnessed services to my son and other children with disabilities become 'watered down'. The job of the schools is to educate our children but the resources to do it are becoming increasingly limited.

My son, Jacob, is a success story . He was featured on the front page of the February 25th issue of the Racine Journal Times. I will submit the article and let it speak for itself. I firmly believe that with continued support he will eventually become a contributing member of society. To continually 'widdle away' at his resources, you are taking away from his ability to reach his fullest potential.

I support increasing special education categorical aids to reimburse 50% of local special education costs.

Thank you for your attention.

Sincerely,

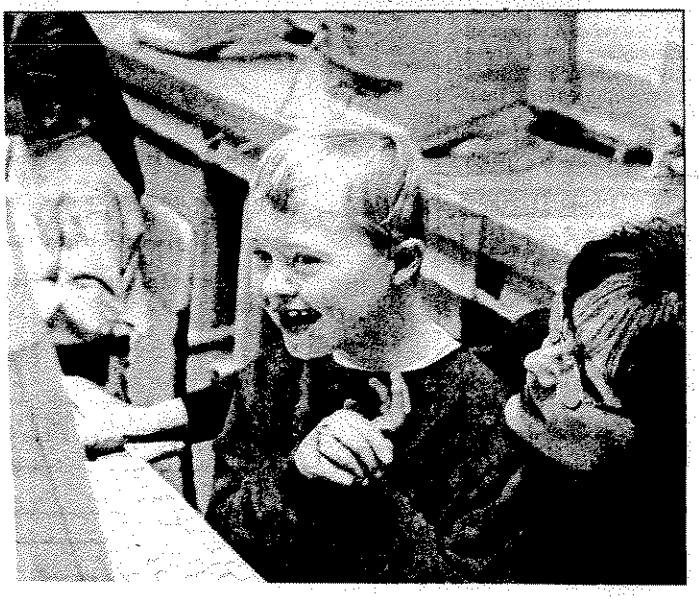
Kristen Ulland

Kristen Ulland

Moving into the Mainstream

Top: Teacher's aide Cathie Monday helps Jacob Ulland, 7, as he listens to his teacher, Jennifer Makovsky, at Evergreen Elementary School in Waterford.
Right: Jacob practices signing with the rest of his class.
Bottom: Jacob laughs as he works on the computer with special education teacher Tricia Dembroski.

Photos by GREGORY SHAVER *Journal Time*



Inclusion works for Evergreen student with Down syndrome

BY DON KLEIN
Burlington Bureau

RACINE COUNTY — When Kris Ulland learned that her 4-hour-old son, Jacob, had Down syndrome, she had one terrifying thought: "Kids are going to make fun of him."

Her instinct was to pull him away, to wall him off and keep him from ever getting hurt.

Just seven years later, things couldn't be more different.

"I feel like I'm walking to school with a celebrity," Kris Ulland said. Everybody's shouting out, 'Hi, Jacob, Hi, Jacob.' "

Just the other day, the blond Evergreen Elementary School student happily chimed into a school music pro-

"He steals your heart," said Tric Dembroski, Jacob's special educatic teacher. And your arm, as he lea new friends around his classroom his Town of Norway home, showing his room, and those of his younger si lings, Ben and Casey.

Kris Ulland and her husban Russ, give much of the credit f Jacob's success to efforts to inclu Jacob in regular classes as much possible. Rather than keeping him i special room all day, with other ch dren with disabilities, the Ullan learned through research about t benefits of inclusion, also known mainstreaming.

With the advice and support their friends and family, the Ullan

Page 15A

JACOB

From Page 1A

pushed for inclusion into regular classes beginning in kindergarten.

During the day, he's one of 17 students in Jennifer Makovsky's class. Alongside him are Dembroski and aide Cathie Monday, who Jacob sometimes just calls "Monday."

Jacob has his own desk at school, with his name on it and the alphabet.

Jacob is pulled out of class briefly each day for special attention in reading and math, or if he becomes distracted or distracting, which happens sometimes. He does, however, partake in all subjects in his regular classes, though in smaller doses.

For example, when students have a seven-word spelling test, Jacob and his assistant will work on two in a corner of the class. Sometimes, Monday will write the word out on a magic marker board, and help Jacob copy with his pencil and big-lined paper.

If they finish early, Jacob and Monday might take a little walk through the hallways while the others work.

Jacob can read a good number of small words, although he doesn't know as many words on sight as other students, Dembroski said, which is common.

He has nearly memorized "The Cheer Book," which includes little sentences about his classmates (like "Zach likes pepperoni pizza" or "Alex likes nature").

It's his favorite book, Monday said.

Jacob's socialization has made the most progress, all agree. "Jacob came up to me and gave me a big hug and said happy birthday," Makovsky said.

"He really longs to be one of the kids," Makovsky said, and for the most part he is. All you have to say is, 'Hey, look at Natalie, what she's doing,' " Makovsky said, and Jacob gets right to work.

Kris Ulland has received a generally warm reception to her ideas about inclusion. The Racine County School Office, with the guidance of the Racine County Children With Disabilities Board, provides the additional staff that Jacob needs.

The office, which handles cases for residents west of Interstate 94, looks at each student's case individually, said director Jan Voeks.

Somewhere on the continuum between total inclusion and total separation is where most children rightly fall, Voeks said. The teachers, aides and administrators who make up Jacob's individual panel felt this level of inclusion was right for him.

Especially after Ulland made it clear that's what she thought best.

Evergreen Principal Jeff Worgull has been similarly supportive, Ulland said. Whenever she has a new idea, like getting music therapy for her son, Worgull's been all ears, she said.

When Jacob was much younger, Ulland and her husband knew nothing of Down. They knew people with the condition often looked different, that they had an extra chromosome.

They discovered that as many as 50 to 60 percent of Down children require heart surgery. Jacob underwent three operations to repair an underdeveloped right ventricle.

As they learned more, they found area residents in similar situations. Like Michael and Jeanne Fiorita of Rochester.

"I met Kris when Jacob was just a little baby, at the grocery store," Jeanne Fiorita recalled. Fiorita pushed for as full an inclusion as possible for her son, Michael, who also has Down syndrome.

She had been encouraged by school officials to accept her son's placement in special classes for the cognitively disabled. "I said 'no,' " she said. "The only way Mikey is going to learn is from his peers. How is he going to speak correctly if he isn't around anyone who speaks correctly?"

Now 10, and in third grade, Mikey is making good progress Evergreen.

"He has the potential there, it just finding the right key," sh said.

The two families, and other get together to compare note How their children are doin what new ways there are to he them.

For example, the Ullands four a Florida-based program that us dolphins to reach and instru children with Down syndrom The others are intrigued by that.

"Everybody feeds off ever body else," Fiorita said.

And that has made a huge di ference. "I used to go to the bu stop and just be sick to my ston ach worrying," Ulland said. "Bu now I've just relaxed."

Ulland hadn't expected this fo a child. But she took comfort in a Ann Landers column that printe an essay called, "Welcome t Holland."

In the piece, by a woma named Emily Pearl Kingsley, sh describes what it is like to raise child with a disability. She likene it to a family planning a trip t Italy.

"You buy a bunch of guide books and make your wonderfu plans. The Coliseum, th Michelangelo 'David,' the gondola in Venice."

Yet the plane lands elsewhere in Holland.

"It's just a different place. It' slower-paced than Italy, les flashy than Italy." It also include beautiful windmills, tulips an even Rembrandts.

And even though everyone yo know may brag about their time i Italy, those in Holland have some thing special, too.

So it is with Jacob. "He' changed my life," Ulland said.

from:
Jane E. Polzin
5800 Third Av. #416
Kenosha, WI 53140-4237

To the Members of the Joint Finance Committee

I regret that I am unable to attend this meeting regarding CSP and its services. I feel it is important that what I have to say is heard, and have asked Dean Barbian to present this letter.

CSP has been an asset to my life for the past 10-or-so years. It helps me cope with my illness. Often friends and family do not know what to do or are limited with things going on in their own lives.

I use CSP 3 or more times a week and the C.A.R.E. Center/Shelter when I need extra support. I know I can always count on my case manager and contact her when a crisis occurs. →

The nurses and my doctor help me when my medications are changed or adjusted.

I am very grateful for all this program does for me. I attend a mental health discussion group once a week which helps me make it, survive through the weekend.

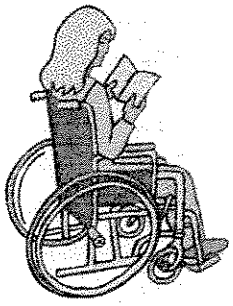
Thank you so much for your time.

Sincerely yours,
Jane E. Polzin

(CSP = Community Support Program of Kenosha, Inc)

TESTIMONY TO JOINT FINANCE COMMITTIE

April 10, 2001



By: Phyllis Rozinski

As a retired RN, Director of Social Services & Discharge Planning Department, a committee member of Southeastern WI Area Agency On Aging, and a very active member of this community. I am appalled that the state budget does nothing to address the waiting list of over 500 people in Kenosha County who need community-based services. Living in a community setting, whether it's the home, an assisted living facility, or a retirement community, does not necessarily mean older adults or adults with disabilities have less needs for long-term care services. I know that many individuals are entering nursing homes prematurely because Medicaid will pay for their care and medications at those facilities, but money is not available to pay **less** dollar amounts for their care in the community setting. I am talking about people living amongst us who are elderly or physically disabled with limitations in their ability to dress, bathe, use the bathroom, walk, transfer, or provide their own nutrition. Most of them have their own homes and wish to stay in them as long as possible. I am on the board of the agency that administers *the Meals on Wheels* and the congregate Nutrition Program for Kenosha County. We appreciate the extra dollars that were put into the Nutrition Program in the last budget. What I need to share with you is the pressure of the Community Option Program waiting list that is creating greater demand on the *Meals on Wheels* program. We have had to request that some dollars be transferred from the Congregate Nutrition Program to the *Meals on Wheels* program to help with the increased referrals. Kenosha County is growing in population and the need of increased services is also escalating. I understand that this budget gives tax cuts to a couple of large corporations and increased funding for correction facilities. Our elderly citizens have invested in this state with their work, their wisdom, and their taxes. Previously, Wisconsin was a state that put people first; where are our priorities now? We need money for community-based care through Community Options Programs and Family Care.

THANK YOU

Joint Finance Committee meeting
Apr 10th at 9:15 - Parkside
N Inner Circle between buildings -
accessible - Union Cinema

Good Morning.

I am Rosa Morris. Adult disabled advocate. A commissioner on the Long Term Care board. Having osteo and rehumatoid arthritis which has distroyed the use of all my joints and left my walking impared, battle cancer, diabetes and lupus health inconveniences.

Cop has been extremely helpful an answer to my prayers. When my caregiver was in the hospital and then a lengthy recovery period Meals on Wheels and Medical Transportation was a medical necessity. In every day living I can not take care of myself. Home health care services for personal Care and housekeeping are extremely important for my independence and dignity.

Being able to stay in my home is a tremendous cost savings verses nursing home care.

The Cop waiting list is unconscionable with over 500 people waiting and some for years. People have died being unable to receive services.

We need Dollars for Family Care to end waiting lists hopefully forever for the Physically Challenged and Elderly! I am apinst cuts! Reinstate Family Care Dollars!

Rosa L Morris
1577 17th Ave
Kenosha WI 53140-1520
262-551-7797

Joint Finance Draft

Good morning. My name is Carol Schaufel. I am presently the local Long-term Care Committee Chairperson, a Division of Vocational Rehabilitation Counselor, the local DVR liaison to the Pathways to Independence Program assisting people to get off of Social Security and on the Kenosha Specialized Transportation Commission. I have recently applied for MAPP myself to assist with my own long-term care needs to be able to maintain employment. I commend you for your foresight in passing the MAPP Program.

We all know that Gov. McCallum is against gambling, and yet I would hate to see him (and you) gamble with the lives of those who need long-term care in Kenosha County by taking the 2002 Family Care CMO pilot dollars from your budget. What if all of you were in an accident or had a stroke, lost your job, lost your savings (cost of hospital), lost your insurance and you needed the service of long-term care? I would hate to tell you that "I'm sorry, but in Kenosha you have 501 people ahead of you. You will need to wait two or maybe three years for services. And maybe we will have to decided which of you we can serve and who we cannot. The crucial care you need to rebuild and prevent further damage are being denied. You cannot live where you choose because the supports are not there. You could pay by yourself with any savings at the cost of $5000 +/month at a nursing home or maybe 24-hour homecare at a cost of $80/day at home."

Kenosha has put in many hours of planning, has looked at opportunities to apply for matching funds and will have wasted a lot of time funds and momentum if the Kenosha dollars are not reinstated. Please reinstate Kenosha planning dollars and CM0 pilot dollars or waste what has already been spent.

When you think of Long-term Care-it's not just a $300 one time tax rebate. Kenosha, and the rest of the state, has a lot to lose. When you look at the request of slots, don't see them as slots. Think of them as people, maybe those who needed service, their family, friends and neighbors or, for sure, as your own life's choice, human entitlement, the stabilizing force, a security choice, a risk for your own life if the service is not there.

COUNTY OF KENOSHA

Dennis R. Schultz, Director
Department of Human Services

Ron Frederick, Director
Division of Disability Services
3508 Washington Road
Kenosha, WI 53144
Phone: (262) 653-3880
FAX: (262) 653-3875

DATE: April 10, 2001

TO: Joint Finance Committee of the Wisconsin Legislature

FROM: Ronald R. Frederick, Director RF

Ladies & Gentlemen of Joint Finance, I thank you for traveling Wisconsin and listening to your fellow citizens' concerns regarding our new Governor's Budget. To describe it as austere & challenging is an understatement. How you act upon the input gathered at these hearings will send a message. What kind of message will be up to you.

I trust you share my concern about essential supports for persons with developmental disabilities & serious mental illness: Community Aids, CIP 1B (Home & Community Based Waiver) and the Mental Health Block Grant. Community Aids have been basically flat-lined since 1996; the CIP 1B rate ($44.38) has not changed since 1994; and, the Mental Health Block Grant has been frozen since 1995. During this time, expenses increased, and Kenosha's population spiked 16% this past decade.

The impact on service is obvious: you purchase less on behalf of fewer & fewer people or refer to an ever-expanding waiting list.

Given this trend of continuously constricted support, it doesn't take long for the message to emerge. That message is, persons seeking help for some semblance of quality life in the community, are worth less than

- persons in nursing homes slated for a 13% increase
- state employees recommended for a 3% increase
- persons on medicaid
- persons in the State Mental Health Institutes @ Mendota or Winnebago
- persons serviced by the Dept of Corrections---how many new prisons?

No need to continue.....the point is obvious.

Given the above, I would ask that you endorse the Partners in Local Government position paper on Community Aids, and support a 3% annual increase, as well as the recommended name change to Elderly, Developmentally & Mentally Disabled Aids. Not to do so runs the risk of sending the message that persons with developmental disabilities or mental illness are worth less than those in the Budget who will receive increases. You don't really think they are **WORTHLESS,** do you?

TRANS CORPORATION

1834 - 60th Street
Kenosha, WI 53141
(262) 656-1818

Date: April 10, 2001

To: Joint Committee on Finance- Public Hearing

From: Earl Hawley-President of Wisconsin Association of Residential Facilities
Operator Trans Corporation- Residential Care for the Mentally Ill and Elderly Services

Thank you for the opportunity to appear here today. My role today is to challenge you to think outside of the current system. Traditionally, the State of Wisconsin has been a leader in the Human Service arena. It has provided an excellent and comprehensive array of services to the residents of our state. I have no doubt we will continue to do so in the future.

It has been suggested the State of Wisconsin has had a institutional bias with many of our care service dollars going to the service State Institutions such as Mendota Mental health and Winnebago Health Center as well as the many nursing homes through out our state. These are and have been a necessary and valuable resource to our citizens and will continue to play a valuable role in the future. However it is time to begin to think outside of that role and begin to think of the community services our counties now provide and think of expanding that service area.

Community Aids funding has been not seen the increases that other institutional services have seen during the past several budgets. I bring your attention to the recent IGT funding approved recently. There is no question the funds that provide services to our elderly are important. There will continue to be great demands made for elderly nursing home care in the future, but when I see increases of 13% increase going the maintain that need and zero increases in budgets going for Community Aids programs, I begin to question the process we are using to provide services to all of the citizens of our state.

Counties are facing growing waiting lists for person with disabilities such as Developmental Disabilities, Mental Health issues, Physically Impaired, Alcohol and Drugs as well as the Elderly living in their own homes are being placed on waiting lists for services because there is a lack of funding support for Community aids Services in their counties. These are persons who, if we don't begin to provide support for basic services will be in our institutions at a greater expense in the future. Many of these persons are in physical dangers of falls, becoming medically unstable because they do not take their medications as ordered by their physicians because they do not understand them. Counties struggle daily to provide services to the Mentally Ill through CSP Services, out patient services, and residential care services. These budgets are extremely limited because Community Aids funds are not seeing even cost of living increases.

Counties are forced to try to maintain a increasing number of persons seeking services with less dollars. My experience in this field over the years has taught me that these persons will find services to meet their needs even if it means going to hospitals or doing something that will put them in to the system at a greater cost to the counties.

I know your task is a daunting one. Trying to meet the needs of the budget and meeting all of the requests by the many other groups can be over whelming but I would suggest we cannot continue to ignore the funding levels needed to begin to address the waiting lists in our counties. These persons deserve if not parity with the institutional budgets do deserve recognition in the form of increase to begin to address these waiting lists in counties. I suggest a increase in the budget for Community aids at the rate of 6% for each of the budget years. These increase will only begin to address those needs at the local levels. Future consideration for funding for these programs should at the level of parity of the institutional budgets. Only then can we begin to move toward the service levels of need in the counties. The future of services is in the communities and their ability to meet the needs of their residents in a dignified, safe, and caring manner.

My second concern is in the area of the Pilot Program of Kenosha County and the sudden withdrawal of funding for future development of the pilot in Kenosha County. I can only strongly recommend the reinstatement of this funding to allow Kenosha County to continue it's very important task. Kenosha County has shown it's ability to develop an outstanding Pilot Program with the resources provided so far but needs your support to complete the job.

Earl Hawley
Trans Corporation

National Association of Social Workers, Wisconsin Chapter
Lobby Day - March 27, 2001

MENTAL HEALTH and AODA PARITY

Issue

Parity, or equality in coverage, means that mental health and alcohol/drug abuse (MH/AODA) disorders should be covered like any other illness or physical disorder by health insurance companies. However, Wisconsin law does not require companies to provide equal insurance coverage for persons with MH/AODA problems. In addition, nothing prevents health insurers from charging higher deductibles or co-payments for MH/AODA services. Health insurance coverage for persons with MH/AODA disorders is more limited than that of persons with other illnesses. Adults who require treatment that exceeds the allotted amount of coverage are faced with the difficult choice between paying out-of-pocket, receiving publicly funded services, or going without needed treatment. Families with children who require extensive treatment may have to give up custody of their children in order to obtain needed services.

Although concerns have been raised about an increase in health care costs for insurance agencies that offer MH/AODA parity, data shows any increase to be very minimal. According to the Wisconsin Department of Employee Trust Funds, insurance parity for state employees would increase premiums by only one tenth of one percent on average (Coalition for Fairness, 2001). In addition, a Yale study of a large Connecticut corporation found that the reduction of mental health benefits increased the use of medical care and sick leave. When mental health benefits were reduced, health costs rose by 36% and performance decreased by 5%, costing the corporation more money (Rosenheck, et al.). On the other hand, the Rand Corporation found that every dollar spent on drug and alcohol treatment yields $12 in savings due to increased productivity and reduced crime-related spending and other health care costs.

Inadequate insurance coverage for MH/AODA problems affects youth as well. In a recent report on mental health, the Surgeon General noted that one in every five children and adolescents experience some sort of mental health problem over the course of the year and between 75-80% do not receive needed treatment. In addition, only 20% of adolescents with alcohol and drug addiction obtain treatment. By not adequately covering and treating youth with mental health and substance abuse needs, we put our communities at risk for increased incidences of delinquency, crime, and teen pregnancy.

Finally, and most importantly, mental illness and alcohol and drug abuse are treatable conditions. The actual recovery rate for clinical depression, for example, is 80-90%, whereas the overall success rate for cardiovascular diseases is only 45-50%.

Position

NASW-WI supports legislation that requires mental health and alcohol/drug abuse treatment (AODA) parity in insurance coverage, or coverage for mental health and AODA treatment that is comparable to coverage for other illnesses.

Recommendation

Implement Senator Panzer's comprehensive mental health and substance abuse insurance parity legislation, LRB 1399.

WISCONSIN CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS
16 N. CARROLL STREET ■ SUITE #220 ■ MADISON, WI 53703 ■ 608- 257-6334 ■ FAX: 608-257-8233 ■ EMAIL: NASWWI@AOL.COM

National Association of Social Workers, Wisconsin Chapter
Lobby Day – March 27, 2001

IMPROVING W-2

Issues

- **Improving access to education and training**

Wisconsin Works (W-2) or Wisconsin's TANF (Temporary Assistance to Needy Families) program, is based on the assumption that poverty is temporary and results solely from individual failure or lack of motivation to work. It also assumes that the economy can provide jobs for all, and that employment is the primary route out of poverty. With its emphasis on "work first" and caseload reduction, W-2 does not support the kind of education and training that participants may need to be able to obtain jobs that move families out of poverty. Even with low unemployment rates, adults without high school diplomas are over-represented in the numbers of the unemployed. Education beyond high school and a literacy level beyond the eighth grade are necessary to obtain jobs with the earning potential to support a family. To ensure long-term job stability and wages sufficient to move a family out of poverty, W-2 should provide opportunities for post-secondary education and vocational training.

- **Eliminating Two Year Time Limits**

Currently, each W-2 work program category has a two year lifetime participation limit. W-2's two year time limit is harsh, particularly when compared to the federal requirement of a five year time limit for assistance. Time limits that are more strict than federal law requires may leave the most vulnerable families, such as those experiencing family violence, alcohol and drug abuse, and mental illness and other disabilities without the financial and social supports necessary to ensure their safety. In addition, setting strict time limits does not take into account the consequences of an economic downturn or recession on economically vulnerable families. The elimination of the two year time limits would provide a safety net for families who must turn to public assistance to meet their basic needs.

Position

NASW-WI believes that W-2 must be modified if it is to succeed as a program to move people out of poverty and into economic independence. Specifically, W-2 must be improved by allowing for increased educational and training opportunities and eliminating the two year time limit.

Recommendations

To make W-2 a more humane program that accomplishes its goals of independence and self-sufficiency for all families, NASW-WI recommends the following:

- Based on participant-identified needs, increase the number of hours allowed for education and training activities so that participants can master the skills necessary for long-term, stable employment and jobs with family supporting wages.
- As part of the educational activities permitted under W-2, encompass a range of educational programs, including vocational and university coursework that can lead to a college degree.
- Do not apply time spent in an approved course of study toward the time limit for W-2 eligibility.
- Permit participation in educational programs for participants unable to find employment sufficient to maintain their family at 115% of poverty, and do not require a job search during the approved course of study.
- Allow part-time workers in unsubsidized employment to receive a partial benefit while participating in approved education and training programs.
- Eliminate the two year time lifetime participation limit for eligibility for assistance.

WISCONSIN CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS
16 N. CARROLL STREET ■ SUITE #220 ■ MADISON, WI 53703 ■ 608- 257-6334 ■ FAX: 608-257-8233 ■ EMAIL: NASWWI@AOL.COM

The Arc of Kenosha Co., Inc.

April 10, 2001

Dear Senator Wirch;

I enjoyed eating at the Legislative Breakfast with you on Monday. Since you already know many of my concerns, I am writing this to you so you will have them in writing.

First, the Biennial Budget for 2001-2003 is a very lean budget with not many increases:

* None for the Waiting List and all Community care - this is becoming a very desperate situation and will soon cause some law suits which will cost the state more money in the long run unless it can be corrected in this budget.
* None for Family Support - now that we are allowing inclusion in education the family needs more support than ever to be able to keep their handicapped person at home.
* None for Birth to Three - how there can be no increase in this program is beyond me when the first three years of a handicapped child's life is the most important time to help them learn to be a self-determining person.
* None for Community Service workers - no one can expect to have better services in their community unless the Community Service workers are paid enough to be able to want to stay working in this section of the community.

All of the Long Term Care programs: Children's LTC Redesign and Family Care and Mental Heath package are also going to suffer under this budget. These programs are not going to work if the pilots can't be funded to be able to make them work, in other words the funding that been proposed for these programs seems to be drying up leading to the elimination of some counties such as Kenosha from some programs.

As a member of the Disabilities Service Committee in Kenosha for several years now I have heard and seen a lot of reports concerning the above mentioned programs, but now with a new Governor and a new person running DHFS this is the time hopefully to be able to influence the State of Wisconsin to under take some changes concerning funding that has not kept up with the current expenses to help the Developmentally Disabled either stay in their own homes or to be placed in a home where they can enjoy the least restrictive and more self-determined community living. This also is the beginning of a new century where there needs to be more accountability as to where our tax money is going. This is particularly true in Wisconsin with one of the highest tax rates in the United States. It is very hard for retired or senior citizens to be able to stay in Wisconsin with such a high tax rate when they could enjoy a better climate and less taxes somewhere else in the U.S.

Perhaps as a member of the Joint Finance Committee for the State Senate you know more than anyone else what expenses are appropriate for the State's different programs and since you are an advocate for the DD, MI and Elderly you are trying to find a way to allow better conditions and funding for these people. I know it is a hard and difficult task to be willing to help those that are more unfortunate than you, but any help you can give is certainly going to reward you in the long run. This world is made up of so many people not willing to help anyone with a handicap, but what they don't understand is that in a second they could become that person with a handicap. We all must learn to deal with successes and disappointments in our life and learn how to become better people that have compassion for all people no matter what their handicap or disability.

Well, I guess I have said enough for now and hope that somehow some of the 2001-2001 Budget will be able to add some funding for the programs where there is none as well as more for the programs that need more.

Your friend as always,

Marbeth H. Knoff, 16616 - 12th Street, Kenosha, WI 53144-7600
E-mail: knoff@execpc.com

Support for Inclusion of All Recommendations of the Legislative Council Dental Access in the State Budget Bill

Presented By: Monica Hebl, Milwaukee
April 9, 2001
Kenosha, WI

My name is Monica Hebl, a practicing dentist from Milwaukee who has served the Medical Assistance (MA) population since I graduated from Marquette Dental School in 1985. I ask your support for the fiscal and non-fiscal proposals by the Legislative Council Study committee on Dental Access. This group of bipartisan legislators and public members came up with solutions to the access problem. I believe they are a total package and should be passed together.

The state is spending the same on dental care that it spent 20 years ago. During that time we have had a booming economy and dental access has not been a priority. Some are saying that it cannot be a priority now. The group of people that are represented by the MA program do not have a large voice in the political process. I take care of Medicaid patients everyday so I am here today to speak on behalf of the patients that do NOT get the care they need.

The state did provide a slight increase in its previous budget bill, and I'd like to highlight what that increase provided. The state says that the reimbursement rates were increased to 65% of Adult services and 69% of child services. In a paid to billed ratio that dentists use to determine their operating bottom line, the rates as figured by the Department of Health and Family Services (DHFS) only improved from 53.1% to 54.9%. This 1.8% increase actually allowed an 18.4% increase in the number of people seen by a dentist and a 21.3% increase in services being provided. The increases resulted in more care!!!

These increases occurred when 15% fewer dentists participated in the program. This should alarm you and excite you. If you continue to ignore the problems with dental access as some are advocating and place this as a low priority in this budget, dentists will drop out of the program and I believe it will be EXTREMELY difficult to get them back. We have been waiting to see where the state will place this on their list of priorities so that dentists know where to prioritize this program in their practices.

I think the fact that even though fewer dentists actually provided services, the number of people served and the services actually increased should excite you. Most of you have seen the Movie Field of Dreams. The theme was—If you build it they will come. I think you'll discover that, with the dental Medicaid program- **if you fund it - we will provide.**

The fiscal items included in the legislative Council Study Committee's recommendations are:

To increase Medicaid reimbursement rates for dental services to the 75th percentile of the most recent American Dental Association (ADA) fee survey for this region of the country.

To increase the maximum number of students that qualify for tuition assistance at Marquette University School of Dentistry's four year dental program from 100 to 160 Wisconsin residents (from 25 per class to 40); and increase the amount of annual assistance that each student receives from $11,670 to $15,000.

To establish a grant program to provide funds to entities that provide, or seek to provide or expand, dental services to low-income individuals.

To authorize MA reimbursement for topical fluoride varnish for young children; for services provided by dental hygienists; and for two dental cleanings per adult per year.

To provide funding for a licensed dental health professional in each of the five DHFS public health administrative regions, to provide dental health outreach and dental care, primarily to persons eligible for Medical Assistance.

To provide grants for community water fluoridation programs.

I believe the non-fiscal items will fail to alleviate the access problem without the financial investment. Please make dental care a priority for the most needy in our state.

If you have any questions I will try and answer them now.

Funding Request Presented to the Joint Committee on Finance of the Wisconsin Legislature
By: SOS Children's Village of Wisconsin, Milwaukee Chapter
April 10, 2001

$550,000 for the construction of the Village
Comments Provided by: Ms. Billie J. Nash, Development Director

Sir Chairmen, Members of the Joint Committee on Finance, Ladies and Gentlemen, Good Morning:

My name is Billie Nash, Development Director for the not-for-profit organization, SOS Milwaukee Children's Village. I am appearing before your Honorable Body on behalf of my board of directors and would like to thank you for this opportunity to speak to you. Our request is for $550,000 for the construction of the Milwaukee Children's Village.

Our mission is to serve our community by providing stable, nurturing homes for sibling groups in foster care. The Milwaukee Children's Village provides a supportive community where children can develop self-reliance and learn to lead productive and fulfilling lives.

We are confident the Milwaukee Children's Village will be a strong partner with the State Division of Children and Family Services, and the Bureau of Milwaukee Child Welfare and that we can support the Bureau in achieving its goals for serving the children and families in the foster care system. The State has agreed to license the Village homes as group homes

The Village will serve a group of children who are "falling between the cracks" in our foster care system today. In spite of the best efforts of many caring and compassionate people, there will always be children who cannot go home and will not be adopted. Today, these children grow up in foster care and often are moved from one foster care home to another throughout their growing years. These children would have a home in the Milwaukee Children's Village.

Our program will be very child-centered and tailored to the individual need of each child. There are at least six facets of our program that will distinguish us from existing services for children and families in foster care. These are:

Distinctive Services:

- *Focus on keeping sibling groups together.* Today at least 75% of the children in Milwaukee's foster care system have siblings who are also in foster care, and many of them are living apart. The Milwaukee Children's Village will offer homes to sibling groups of any size, but with a special welcome to the larger sibling groups that are particularly difficult to keep together.

- *The opportunity for children to have one home while in the foster care system.* The expectation is that once a child comes to live with a family in an SOS Village, he or she stays until a permanent placement option (re-unification, adoption or guardianship) is found. These children will not shuffle from one foster home to another.

- *The concept of the professional parent.* Village parents have primary responsibility for the children--parenting is their profession. Parents live in the home twenty-four hours per day, seven days per week. The Village asks parents to commit to caring for challenging children and commits to helping them make it work. The Village will provide parents the help they need—their jobs will be difficult—and adequate support services will be essential.

- *Caring for children with special needs.* The training and support received by Village parents allows for the caring of children with special needs, thereby allowing a sibling group that includes a child with special needs to stay together.

- *Continued relationship with the biological parent(s).* When it is in the best interest of the child, the Village will work closely with the biological parents to support re-unification efforts. We also will support the maintenance of relationships with extended family members.

- *The enjoyment of living in a stable, loving community.* It is important to remember that the SOS model goes beyond providing a home. The SOS model is about creating a community, a village. The parents will have support from the staff; they will have support from one another. The children will always be welcome to stay as long as needed and to return to visit as appropriate.

Location: The Village will be built on Milwaukee's near north side. When completed, the Village will consist of ten homes and a Village Center. The Village will be constructed in two phases. Phase I is slated to commence in the summer of 2001, allowing the construction of five houses by year-end. The plan would build two more houses in 2002 and three houses in 2003. The Village Center, the Village's administrative hub, will be constructed in Phase II. The total cost, including the start-up subsidy is approximately $5 million dollars.

An investment in the Milwaukee Children's Village will be an excellent investment for the citizens of Wisconsin. Together with the Bureau of Milwaukee Child Welfare, the Village will create a new model to help children in foster care break the cycle of poverty and mature to be self-sufficient and productive adults.

In closing, I know your committee faces significant challenges in carrying out your responsibility to review all state appropriations and revenues – trying to be cost effective and responsive to tax payer concerns. I hope you are able to see a way to appropriate $550,000 to The Milwaukee Children's Village. The Village will provide a bright and prosperous future for some of Wisconsin's children-in-crisis.

Thank you.

Other Contributors: Foundations: ANON, Helen Bader, Betty Brinn, Brookbank, Clark Family, Patrick & Anna Cudahy, Gardner Family, Greater Milwaukee, Herzfeld, Messmer, Jane Bradley Pettit, Pieper Family, RMYF, WICOR. Others: City of Milwaukee, Milwaukee County, SOS Wisconsin, SOS USA.

Endorsing Organizations: Children's Service Society, Children's Hospital of Wisconsin, Cross Lutheran Church, Family Services of Milwaukee, House of Peace, Lutheran Social Services, Northcott Neighborhood House, StartSmart Milwaukee!, YMCA of Milwaukee

SOS Children's Villages of Wisconsin, Milwaukee Chapter 429 West North Avenue Milwaukee, Wisconsin 53212-3146
Phone (414) 263-5433 Fax (414) 263-6588 Email: soscvmilw@aol.com

SOS CHILDREN'S VILLAGES
SOS Children's Villages of Wisconsin Milwaukee Chapter

Billie J. Nash
Development Director

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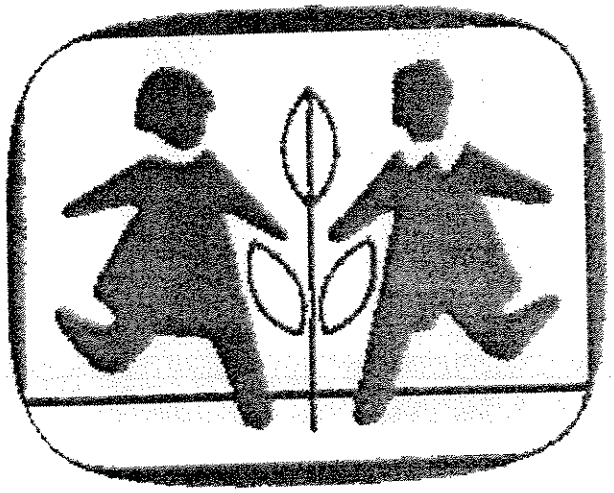
Email: soscvmilw@aol.com

SOS Milwaukee Children's Village

Building Homes, Families and Futures

429 West North Avenue
Milwaukee, Wisconsin 53212-3146
(414) 263-5433



"The SOS logo - a girl and a boy with the Tree of Life - is a hopeful symbol of help for children in a time of need."

Dear Friends,

Children in foster care have a tough life. The life the children had prior to foster care was hard, often filled with neglect or violence. These children know hunger, cold, and loneliness. They know about prisons, guns, and drugs.

While many committed and caring people work in foster care service, foster care by definition is a transitory system – a place to be until things get better. Many children have to live with strangers. They have to change schools, move away from friends and neighbors. Sibling groups are often splitup. Sometimes children have to move from one foster home to another, and another, and another.

As a strong partner with the Milwaukee Bureau of Child Welfare, the SOS Milwaukee Children's Village will address these needs. We will offer homes to sibling groups of any size, so that children separated from parents do not have to lose their brothers and sisters as well. We will build a community in which children can live as long as they need a home - a few months, a year, or a decade. We will strengthen the ability of the children to be productive, independent adults.

We invite you to help us make the Milwaukee Children's Village a reality.

Sincerely,

Jim Klein, President
Board of Directors

"Today, hundreds and possibly thousands of children in the county taken from abusive or unfit parents, end up living in the limbo of the foster care system for years.

A recent study released by the State Department of Health and Social Services found that nearly two-fifths of the children in out-of-home care in Milwaukee County remain there for three years or longer."

Foster Care: Children Caught in the Middle
by Jamaal Abdul-Alim
Milwaukee Journal Sentinel, June 4, 2000

The Milwaukee Children's Village

Our mission is to serve our community by providing a stable, nurturing home for children in foster care. The Milwaukee Children's Village provides a supportive community where children can develop self-reliance and learn to lead productive and fulfilling lives.

Our program will be very child-centered and tailored to the individual needs of each child. There are at least five facets of our program that will distinguish us from existing services for children and families in foster care. These are:

Our focus on keeping sibling groups together.
The Milwaukee Children's Village will offer homes to sibling groups of any size.

The chance for children to have one home while in foster care.
Our expectation is that once a child comes to live with a family in the Milwaukee Children's Village, he or she stays until a permanent placement option, (re-unificiation, adoption or guardianship) is found. In some cases, the Village could become a permanent placement.

The concept of the professional parent.
Village parents have primary responsibility for the children – parenting being their profession. Parents will live in the home 24 hours per day, 7 days per week.

Caring for children with special needs.
The training and support received by Village parents will allow us to care for children with special needs, thereby allowing a sibling group that includes a child with special needs to stay together.

The enjoyment of living in a stable, loving community.
It is important to remember that the SOS model goes beyond providing a home. The SOS model is about creating a community – a village. The parents will have support from the staff; they will have support from one another. The children will always be welcome to stay as long as they need and return to visit as appropriate.

The High Cost of Growing Up in Foster Care

The nationally acclaimed study, "Foster Youth Transitions to Adulthood" (FYTA), conducted by Mark Courtney, Ph.D. and Irving Pilivian, Ph.D. of the University of Wisconsin-Madison School for Social Work, documented the high human and societal cost experienced that can result from growing up in the foster care system.

According to the FYTA study, at twelve-to-eighteen months after exiting care:

- 12% of these youth have been homeless (i.e. living on the street or in a shelter)
- 32% relied on public assistance for at least part of their income
- 27% of males and 10% of females had been incarcerated at least once during this period
- 25% of males and 15% of females reported serious physical victimization

A History of Success

SOS Children's Village is an international humanitarian organization established in Austria more than 50 years ago. Currently, there are about 40,000 children growing up in 377 Villages around the world. SOS Children's Villages, which is the largest charity in Germany and Norway, was on a very short list for the Nobel Peace Prize in 1999. There are two successful Villages in the United States – one in Illinois and one in Florida. The Milwaukee Children's Village will be the first urban village in the SOS system.

A Foster Care System Partner

Our special niche will be offering homes to sibling groups of any size but with a focus on the larger sibling groups, sibling groups that are usually separated today. Separation from siblings while in foster care can cause the same level of anguish as separation from parents – and in some cases even more distress. Research has shown that a young child relies on siblings for a secure base from which to explore the world – a critical process for both cognitive and social development.

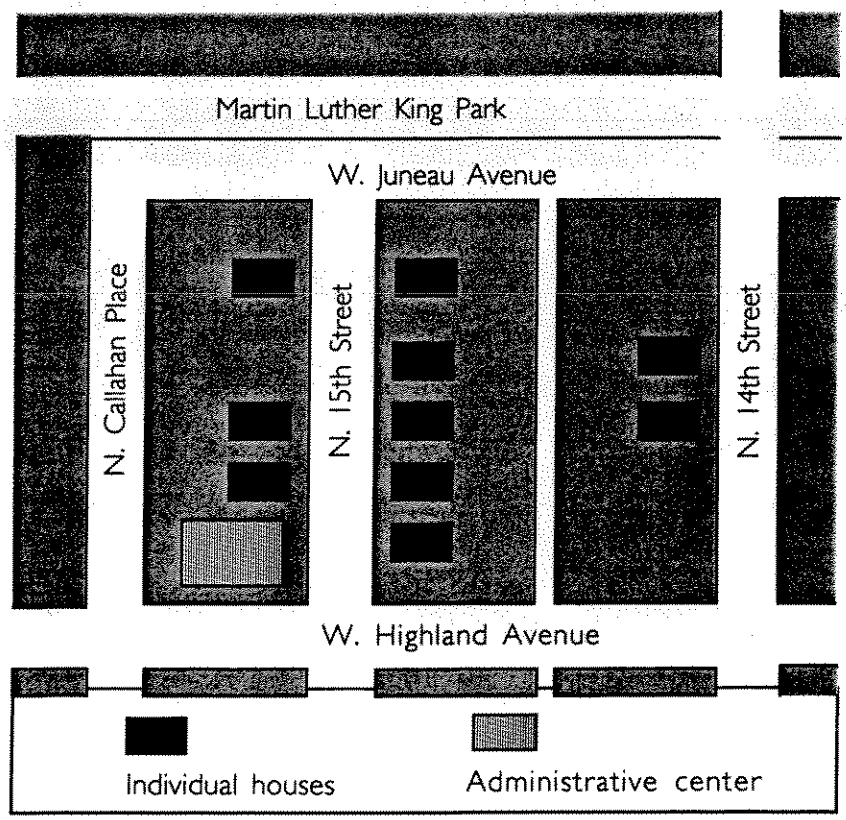
The Milwaukee Children's Village will be licensed under existing foster care programs, entitling it to receive supportive assistance from federal, state, and local government sources.

Our Objective

To build a community that will be home for 60 to 80 children and their Village parents. The community will be in the heart of Milwaukee and will consist of ten houses and an administrative center.

The Village Location

The Milwaukee Children's Village will be located near downtown Milwaukee in a neighborhood bounded by W. Highland Avenue, W. Juneau Avenue, North Callahan Place, and N. 14th Street. The land is close to Martin Luther King Park and served by nearby Milwaukee Public Schools.



The Village Model

The Milwaukee Children's Village will be modeled after the other SOS Villages. A Village Director will oversee the operations of the Village. This includes the hiring and training of parents and other employees; coordinating the delivery of services to children and parents; developing and maintaining relationships with the community, child welfare partners, and funders; and overseeing Village maintenance.

In each home, a Village parent will have day-to-day responsibility for the children. The parents, who will live in the home 24 hours per day, 7 days per week, will earn a compensation package that includes a salary, benefits, and housing and food allowance. We ask our parents to commit to raising challenging children, and the Village commits to helping them make it work. Adequate support services will be essential. We will have the right mix of "parent helpers" and social workers. We are committed to an ongoing state-of-the-art training program.

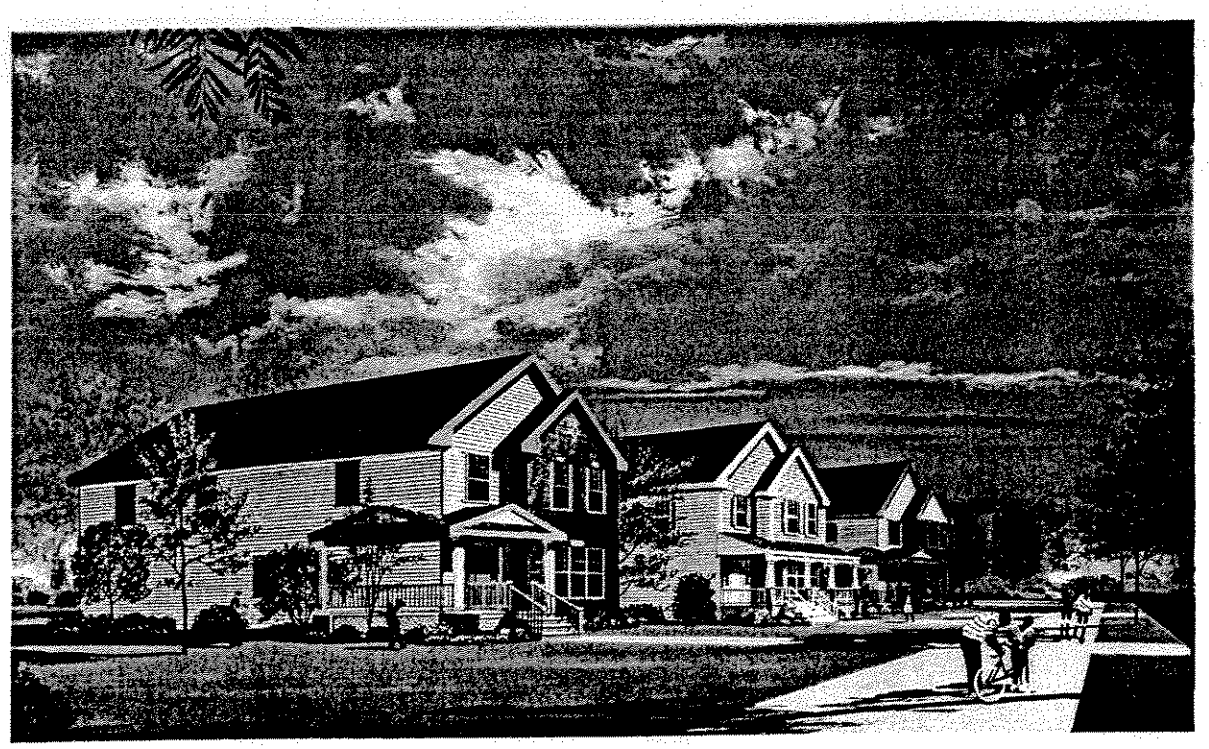
Parents will be selected through a careful screening process and show evidence of high moral character. Qualifications will include personal parenting experience, or at minimum, one year serving as a foster parent, institutional parent, or working in another childcare setting.

Construction Plans

The Village will be constructed in two phases. Phase I is slated to commence in the spring of 2001 allowing the construction of five houses by yearend. The plan is to build two more houses in 2002 and three houses in 2003. The Village Center, the Village's administrative hub, will be constructed in Phase II.

The houses will be designed to enhance the value of the neighborhood while providing comfortable homes for the Village children. The Village is strongly committed to excellent maintenance of the property, so that it will be an asset to the neighborhood.

The estimated capital cost of the Village is $3,820,000. SOS Children's Village expects to obtain a mortgage of approximately 40% of the capital budget – or $1,500,000 – over the two phases of the project.



PHASE I

- Five houses built, furnished, staffed, and filled with children by 1/2002

Capital Cost	$1,452,500
Operating Subsidy in Phase I	400,000
Total Funds Needed	$1,852,500
Source of Funds:	
Private Contributions	$1,072,500
Mortgage Loan	$ 750,000

PHASE II

- Two more houses built, furnished, staffed, and filled with children by 12/2002
- Three more houses built, furnished, staffed and filled with children by 12/2003
- Village Center complete by 12/2003

Capital Cost	$2,367,500
Operating Subsidy in Phase II	800,000
Total Funds Needed	$3,167,500
Sources of Funds:	
Private Contributions	$2,417,500
Mortgage Loan	$750,000

TOTAL FUNDS NEEDED **$5,020,000**

Operating Budget Projection

Revenue and Expense Budget for Years 2001-2005 (in constant dollars)

	2001	2002	2003	2004	2005
Number of houses open		5	7	10	10
Number of children/12 mos		24	32	48	48
Income					
State	-	777,600	1,036,800	1,555,200	1,555,200
Private Grants	400,000	400,000	400,000	250,000	250,000
Total Income	**400,000**	**1,177,600**	**1,436,800**	**1,805,200**	**1,805,200**
Expenses					
Salaries					
Village Director	60,000	60,000	60,000	60,000	60,000
Administrative Assistant	25,000	25,000	25,000	25,000	25,000
Development Director	40,000	40,000	40,000	40,000	40,000
Financial Manager	10,000	25,000	25,000	25,000	25,000
Parents		130,000	182,000	260,000	260,000
Parents-in-Training	20,000	50,000	50,000	10,000	
Associate Parents		90,000	126,000	180,000	180,000
Social Workers	10,000	60,000	75,000	120,000	120,000
Facilities Manager	8,000	25,000	25,000	25,000	25,000
Total Salaries	173,000	505,000	608,000	745,000	735,000
Employee Benefits	48,440	141,400	170,240	208,600	205,800
Staff Development	50,000	50,000	50,000	50,000	50,000
Staff Recruiting	3,500	7,000	7,000	-	-
Total Personnel	274,940	703,400	835,240	1,003,600	990,800
Interest Expense (8%)	60,000	120,000	120,000	120,000	120,000
City Taxes		10,000	14,000	20,000	20,000
Rented Office Space		20,000	20,000		
Office Expenses	30,000	35,000	50,000	80,000	80,000
Professional Services	7,000	10,000	12,000	15,000	15,000
Capital Campaign	30,000	30,000	30,000	20,000	10,000
Fund Development Expenses		50,000	50,000	50,000	50,000
Home Operations		120,000	168,000	240,000	240,000
Summer Camp, Vacations		25,000	32,000	50,000	50,000
Auto/leasing Maintenance		26,400	44,000	70,400	70,400
Village Maintenance		20,000	30,000	50,000	50,000
Village Insurance		7,000	10,000	20,000	20,000
Village Center Operations				30,000	30,000
Capital Replacement				30,000	50,000
Total Other Expenses	127,000	473,400	580,000	795,400	805,400
Total Expenses	**401,940**	**1,176,800**	**1,415,240**	**1,799,000**	**1,795,200**
Operating Loss/Gain	**(1,940)**	**800**	**21,560**	**6,200**	**9,000**

Drifting Home to Home

The biggest danger of extended stays in foster care is "drift," when foster children are moved from foster parent to foster parent, says Gerald E. Rouse, president of the National Council of Juvenile and Family Court Judges.

"Indeed," says Pamela Day, Director of Child Welfare Services and Standards for the Child Welfare League of America., "clinical research shows that having to be separated from caretakers is hard on children, with potential for emotional trauma and school difficulties."

"It's something that we want to avoid," she says.

But that is not always possible, given the limited supply of foster care parents available to care for the 6,848 children in foster care in Milwaukee County. That's 772 more children than at the close of last year.

Foster Care: Children Caught in the Middle
by Jamaal Abdul-Alim
Milwaukee Journal Sentinel, June 4, 2000

If you were seven brothers whose mother could not take care of you; if you didn't know the whereabouts of your father; if there were no family members to take you in; if two of you were separated from the others; if the oldest of you were 12 and the youngest 3, what is the best thing that could happen to you? For seven brothers in Coconut Creek, Florida, the best thing that could happen to them did happen, when Keven Cumberbatch came into their lives and became their dad...

On a weekend visit home to his native Florida, Kevin learned that SOS Children's Villages Inc., was recruiting a parent assistant for a home in its Coconut Creek village, about an hour's drive from Miami. A month later he was hired by SOS Children's Village.

Today, Keven Cumberbatch's days are filled with housework, cooking, and other chores. But he sets aside time each day to talk to and listen to his sons. And there are always the children's activities – basketball, soccer, and fishing. "Five of my sons are playing basketball this summer."

Bonding with his sons took place on three levels. "It occurred very easily for the three little ones (now 5, 6, and 7) because they wanted a father. My middle sons (10 and 11) were not in the home at the time, but in a facility for at-risk youth. One of the first things I did after coming into the home was to make regular visits to them to let them know we wanted them to join the rest of the family."

For the two oldest sons, 13 and 14, he said it took longer to become a friend and a father. "I showed them that I was safe, that I was consistent, and when it came time to stand my ground, I did."

"My sons don't even ask me anymore if I'm going to leave. My oldest says, 'You're not going anywhere without us.' I don't see it any other way either. As long as I have life in my body, I see myself as their dad."

Excerpts from *Seven Children and "Dad"*
by Janice E. Smith
as published in ***'about... time,'*** July 1996

Benefits to the Community

- A strong partner for Wisconsin's foster care system
- A stable family environment for children intended to prepare them for independent and productive adult lives
- Stabilization of a Milwaukee urban neighborhood
- An improvement in the quality of life for children
- A youth-serving partner for Milwaukee organizations and government agencies
- A deterrent to juvenile criminal activity
- An emphasis on developing opportunities for Milwaukee at-risk youth

Endorsements and Supporters

ANON Foundation ($260,000)
Helen Bader Foundation ($25,000)
Elizabeth A. Brinn Foundation ($65,000)
Brookbank Foundation ($10,000)
City of Milwaukee ($25,000)
Clark Family Foundation ($25,000)
Patrick & Anna M. Cudahy Fund ($10,000)
Herzfeld Foundation ($50,000)
Gardner Foundation ($2,000)
Greater Milwaukee Foundation ($25,000)
Milwaukee County ($310,000)
Messmer Foundation ($1,000)
Jane Bradley Pettit Foundation ($75,000)
Pieper Family Foundation ($20,000)
Ruddie Memorial Youth Foundation ($25,000)
SOS Wisconsin ($29,000)
SOS USA ($175,000)
WICOR ($1,000)

State of Wisconsin

Senator Brian Burke
Senator Mary E. Panzer
Senator Alberta Darling
Senator Gary R. George
Representative G. Spencer Coggs
Representative Johnnie Morris-Tatum
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Children's Hospital of Wisconsin
Sherman Claypool, McDonald's
Cross Lutheran Church
Family Service of Milwaukee
Howard Fuller
Reuben Harpole, Bader Foundation
House of Peace
Seva Katz, Clinical Psychologist
Lutheran Social Services
The Medical Society of Milwaukee County, Inc.
The Milwaukee Child Welfare Partnership Council
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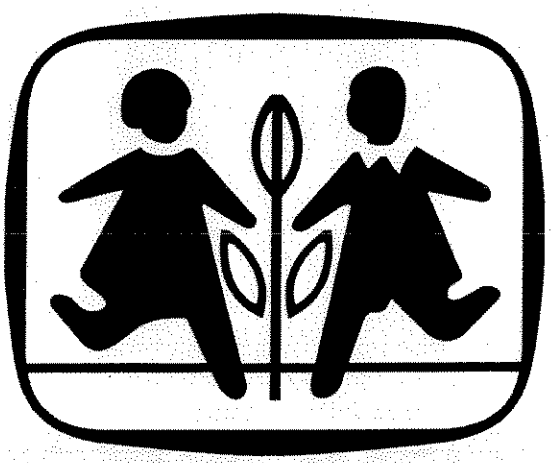

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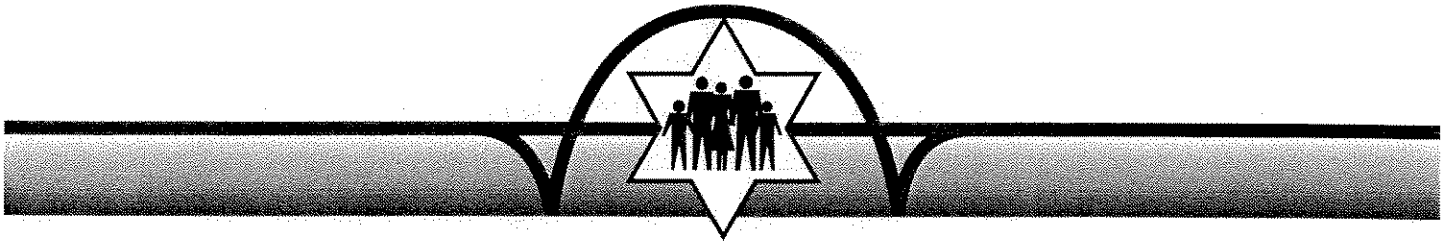
March 21, 2001



Milwaukee Jewish Council for Community Relations

Testimony Before the Joint Committee on Finance
Tuesday April 10, 2001

Thank you for the opportunity to testify today at this important hearing. My name is Barbara Beckert and I am Assistant Director of the Milwaukee Jewish Council for Community Relations, which represents 27 local Jewish organizations, agencies and synagogues. I am also speaking on behalf of Jewish Family Services which provides comprehensive social services for Milwaukee area individuals and families.

I am here today to share the concerns of community members, clients, and service providers regarding funding for long-term care services in the state budget, including the Family Care program and the COP Waiting List. I know many of you have been strong supporters of these important programs in the past. We thank you for your past support for long term care services and on behalf of our older adults, we urge you to act now to restore the original funding requested for the Family Care program and to approve additional funding for the COP Waiting List.

We strongly support the Family Care program, which is currently being piloted in five counties, including Milwaukee County. Family Care offers one flexible benefit for all long-term care services for older adults. It also includes home care, in addition to nursing homes, community based residential facilities, assisted living, some therapies, transportation, and many other services. This new system provides older people with more choices about how and where to get affordable long-term care. People will not have to enter nursing homes because of lack of funds for alternative placements.

The proposed State Budget for Family Care drastically cuts funding requested by the Department of Health and Family Services (DHFS) from $33.5 million to $10.8 million. Major reductions include elimination of expansion into Kenosha County; elimination of the Statewide Long Term Care Council and external advocacy, both of which provide essential oversight and consumer representation; and funding for critical information technology. The proposed funding cuts will also jeopardize Family Care services in the existing five pilot counties. The proposed cuts put the future of this important program in jeopardy and I urge you to restore the full $33.5 million requested by DHFS.

Currently, there are over 11,000 people on a waiting list for COP services; however, the proposed budget provides no funding for the waiting list. Across Wisconsin, seniors and persons with disabilities and their families are struggling because they receive inadequate or no services to assist them to live in the community. Those who exhaust their own financial resources have no choice but to leave their home and move to a nursing home, even though it may be less costly for them to receive care at home. Citizens needing long-term care services should have the right to choose between institutional care, and home and community supports.

Jewish Family Services (JFS) is a service provider in the Family Care program, functioning as a CMU, a Case Management Organization, in partnership with ANEW, a home health care agency. They provide case management services to 60 older adults in the Family Care program and anticipate that this will increase to approximately 400 as service is provided to those on the waiting list.

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To show the human cost to those on the waiting list, I will share with you the stories of Anna and Irene (not their real names), two older adults served by Jewish Family Services who were on the COP waiting list.

Anna, a frail woman in her 70's, had Alzheimer's Disease and high blood pressure. She lived alone in her own home and had no family in the state. With help from JFS, it was determined that she was eligible for the Community Options Program and she was placed on the waiting list for services. As the Alzheimer's Disease progressed, she was no longer able to take care of her house, manage her multiple medications, or prepare her own meals. With assistance from JFS, she moved out of her home into subsidized housing and began to have lunch at a senior meal program. She was still unable to manage her medications and housekeeping and her condition continued to deteriorate. The services she needed to remain in her apartment (medication management, housekeeping, and assistance with kosher meal preparation) would have cost approximately $1,000 a month. Because no COP funding was available to help pay for these services, Anna had to leave her apartment and move to a long term care facility at a cost of $4,500 a month, far more than the cost for services she needed to remain in the community.

By contrast, here is a success story about a client who received the help she needed from the Community Options Program to continue living in the community. Irene developed severe macular degeneration when she was in her late 70's and lost most of her sight. Because of her vision problems, she was unable to prepare meals, manage her medication, get to medical appointments, or safely walk to the neighborhood store or to religious services. She was eligible for the Community Options Program and was placed on the waiting list for services. Irene was very independent minded; she continued to try to cook for herself and often neglected to turn off the gas burner because she could not see. On several occasions, because of her vision problems, she became lost in her own neighborhood trying to walk to the store. Irene began to go downhill and had a bad fall which resulted in her admission to a nursing home for rehab. She was extremely depressed and unhappy because of her strong independent spirit and desire to live on her own. Fortunately, Irene did receive COP funding and was able to move from the nursing home to her own apartment with assisted living services where she could receive meals, help with housekeeping and medication, as well as transportation to medical appointments, etc. In this new environment, Irene flourished. She regained weight, her health improved, she was able to safely attend religious services, and participate in group activities. Costs for the assisted living facility were $2,400 a month compared with $5,000 a month for the nursing home.

Funding for Family Care and for the Community Option Program makes good economic sense. On the average, community based care costs far less than nursing home care. In addition, these programs provide seniors with a choice about where they receive care, and most prefer to stay in their homes or apartments as long as possible. Because of the high cost of long term care services and the graying of our population, the need for these programs is continuing to grow. We can't afford not to offer community based long term care as an alternative to nursing home based care.

In closing, please act now to restore the original funding request for the Family Care program and to approve additional funding for the COP Waiting List. Family Care is a bipartisan program that had great promise and was launched after years of deliberation and compromise. If the proposed cutbacks are made, it will be a promise broken.

From: John Meurer, MD, MM, Project Director, Milwaukee Allies Against Asthma Coalition
414-456-4116; jmeurer@mcw.edu
To: Wisconsin Legislature Joint Committee on Finance
Date: 4/10/01
Re: **Medicaid Targeted Case Management for Children with Asthma**

Summary of the Need

A State investment in Medicaid targeted case management will improve preventive family self-care for vulnerable children with asthma, the most common pediatric chronic disease. A primary objective of case management is to reduce total medical costs.[1]

The Asthma Epidemic in Wisconsin

- 160,000 adults and 120,000 children in Wisconsin have asthma, costing $210 million annually.[2]
- Asthma is the #1 cause of school absence for children.
- Asthma is the #1 reason for pediatric hospitalization, especially for children age 1-4 years.
- In 1999, 900 children enrolled in Wisconsin Medicaid were admitted for asthma, costing $3 million in hospital charges alone. Two-thirds of these children resided in Milwaukee County.[3]
- The asthma hospitalization rate in Milwaukee County is 2 times greater than the next highest counties, Sheboygan and Racine.[4]
- Most asthma admissions and emergency visits can be avoided with appropriate ambulatory care and self-management.[5-6]

Case Management is an Effective Solution

1. Research has shown that pediatric asthma case management can achieve the following goals:[7-10]
   - Reduce hospital admissions and emergency visits
   - Enhance the quality of life of children with asthma
2. Medicaid case management promotes access to needed services and coordination of care.[11-14]
   - Certified providers use standardized methods to completely **assess the needs** of eligible children with asthma and their families.
   - They develop a medical, social, and educational **care plan** of goals and actions.
   - **Referral and linkage** ensures follow-up with a medical home and other needed services.
   - **Ongoing monitoring and follow-up** with the family and providers allows adjustment of the care plan and service arrangements.
3. A local public health agency, tribe, or, in Milwaukee County, the Department of Health and Family Services, may provide case management services to a high-risk segment or all of the target population.
   - The certified agency may subcontract with clinical groups and community-based organizations.
   - No agencies in Wisconsin provide Medicaid case management for children with asthma.

State of Wisconsin Budget Request

- Please budget state funds for Medicaid targeted case management for children with asthma as a sum certain amount in the DHFS Division of Public Health to provide grants to local public health agencies and tribes. This method is used to budget for the state match of federal Medicaid funds for the prevention of child abuse and neglect.
- The Wisconsin Medicaid reimbursement rate for targeted case management is less than $24 per hour.

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12. Wisconsin Medicaid Update. Case Management Services for Medicaid HMO Enrollees. Update 97-06. HFS 107.32.

13. Wisconsin Medicaid HMO Contract for 2000-2001. Targeted case management sections. Pages 56, 164-5.

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Background of John Meurer, MD, MM

- General pediatrician at the **Downtown Health Center** which serves 5,000 children enrolled in Medicaid.
- Health services researcher in the **Center for the Advancement of Urban Children** at the Medical College of Wisconsin and Children's Hospital of Wisconsin where they translate research into improving clinical practice and community health.
- Project Director of the **Milwaukee Allies Against Asthma Coalition** funded by The Robert Wood Johnson Foundation. The project aims to control pediatric asthma through new coalition activities including care coordination, provider quality improvement, family and community education, environmental risk reduction, asthma surveillance and program evaluation.

Partner Organizations in the Milwaukee Allies Against Asthma Coalition

Parents of children with asthma
American Lung Association
Aurora Health Care
Bilingual Communications and Consulting
Black Health Coalition of Wisconsin
Center for the Advancement of Urban Children
Children's Health Alliance of Wisconsin
Children's Health Education Center
Children's Hospital of Wisconsin
Children's Medical Group
City of Milwaukee Department of Neighborhood Services
City of Milwaukee Health Department
Covenant Health Care
Downtown Health Center
Fight Asthma Milwaukee
Gentiva Home Health Services
Gray's Child Development Center
Hillside Family Organization
Home Care Medical
Humana Health Care Plan
Interfaith Conference of Greater Milwaukee
Innovative Resource Group
Marquette University Parish Nurse Program
Managed Health Services
Medical College of Wisconsin
Medical Society of Milwaukee County
Merck Pharmaceuticals
Milwaukee County Human Services Department
Milwaukee Public Schools
Multicultural Community Services
Next Door Foundation
Non-Profit Center of Milwaukee
Planning Council of Health and Human Services
Sinai Samaritan Medical Center
Sixteenth Street Community Health Center
St. Michael's Hospital
UnitedHealthcare of Wisconsin
University of Wisconsin-Milwaukee
VE Carter's Child Development Center
Wisconsin Department of Health and Family Services Division of Health Care Financing
Wisconsin Department of Health and Family Services Division of Public Health

Remove HMO in the State of Wisconsin.

Delores Hernandez
Head Start

- Parent are not given freedom of choice, but mandated to see this dentist or to be financially responsible and pay for much needed services out of pocket.
- 90 % of our parents are enrolled because they meet the 100 % of the income poverty guidelines to qualify for Head Start. This means that a parent making $5.75 with one child, with a gross income of $230.00 per week, will be eligible for our program. Now after taxes the person may be bring home between $200.00- 180.00 weekly. Can you pay a dental bill from this income when the average dental exam/office visit is on average $60-80.00?

CANADIAN vs U.S. DRUG PRICES

The percentage figure opposite each prescription product below, shows the difference between the net cost of the product when sold to community pharmacists in Canada and the net cost of the same product, manufacturered by the same pharmaceutical manufacturer, when sold to community pharmacists in the United States. The Canadian prices were converted to values in U.S. dollars before the percentage difference was calculated. In each and every case the Canadaian cost is less than the U.S. cost.

ATIVAN 1 mg tabs	81.2% LESS	MINIPRESS 2 mg caps.	26.6% LESS
CECLOR 250 mg caps.	41.5% LESS	NAPROSYN 375 mg tabs.	42.1% LESS
CLINORIL 200 mg tabs	35.4% LESS	ORTHO-NOVUM 777 tabs.	51.4% LESS
CORGARD 40 mg tabs.	42.0% LESS	PEPCID 20 mg tabs.	27.1% LESS
COUMADIN 5 mg tabs.	48.0% LESS	PERCOCET 5 tabs.	35.8% LESS
DEMULEN tabs.	40.4% LESS	PREMARIN 1.25 mg tabs.	38.5% LESS
DILANTIN 100 mg caps.	55.5% LESS	RETIN A CREAM 0.025%	54.7% LESS
DURICEF 500 mg caps.	51.1% LESS	SELDANE 60 mg tabs.	40.1% LESS
DYAZIDE caps.	53.2% LESS	SLOW-K tabs.	35.6% LESS
E-MYCIN 250 mg tabs.	46.2% LESS	SYNTHROID 0.1 mg tabs.	68.8% LESS
ENTEX LA tabs.	40.0% LESS	TAGAMET 300 mg tabs.	44.6% LESS
FELDENE 20 mg caps.	33.2% LESS	TAVIST 1 tabs.	53.1% LESS
FLEXERIL 10 mg tabs.	38.1% LESS	TENORMIN 50 mg tabs.	28.6% LESS
HALCION 0.25 mg tabs.	63.9% LESS	TRIPHASIL	39.2% LESS
INDERAL 20 mg tabs.	39.4% LESS	VALIUM 5 mg tabs.	73.0% LESS
KEFLEX 250 mg caps.	68.7% LESS	VENTOLIN INHALER	36.1% LESS
LASIX 40 mg tabs.	38.2% LESS	XANAX 0.25 mg tabs.	60.0% LESS
LOPRESSOR 50 mg tabs.	48.4% LESS	ZANTAC 150 mg tabs.	30.0% LESS

PRICES WERE IN EFFECT IN BOTH COUNTRIES ON MAY 15,1990

This list shows the disparity in the prices of 36 of the top 100 name-brand prescription drugs which were dispensed to patients in the United States in 1989; only those of the top 100 of which the price disparity is greater than 25% are listed. A careful study of the data shows that American consumers at every stage of life are adversely affected by the discriminatory pricing of pharmecutical manufacturers. For example: the three oral contraceptives on the list (Demulen, Ortho-Novum and Triphasil) are sold to Canadian pharmacists on the average of 43.6% less than the same medications are sold to U.S. pharmacists. The average price disparity of the three arthritis medications on the list (Clinoril, Feldene and Naprosyn) is 36.9%; and the disparity of the six blood pressure medications (Corgard, Dyazide, Inderal, Lopressor, Minipress and Tenormin) is 39.7%.

Published by: Pharmacy Freedom Fund, 1500 Cienegas, Fort Worth, TX 76112

KENOSHA COUNTY COMMISSION ON AGING

To: Honorable Members of the Joint Finance Committee
From: Kenosha County Commission on Aging
Date: April 10, 2001
Subject: **Family Care**

The Kenosha County Commission on Aging has followed the development of Family Care for five years. We supported Kenosha County's application to become a Family Care pilot because it is a good program for consumers and the only hope of eliminating waiting lists for community care.

We were told that the governor took Family Care funding for Kenosha County out of the budget because there is not enough money. That is hard to accept when there are tax breaks for corporations, increases for prisons and the state recently gave out tax rebates so that people could spend more money on Christmas presents. It is a matter of priorities.

We have over 500 hurting people in Kenosha County. They are waiting for some help to remain in their homes. They are someone's mother, another person's grandpa, maybe your dad or sister. Some are 85. Others are in their 40s and 50s. If you don't expand Family Care for humanitarian reasons, expand it because the program is a more cost-effective way to deliver long term care.

The State Department of Health and Family Services estimates that daily public funding for persons in nursing homes averaged $87.18 in 1999, while Community Options Program Waiver participants averaged $59.09. That is a $10,000 difference per year per person.

Wisconsin used to be admired for its caring and cost effective long term care programs. Now its waiting lists are an embarrassment. If you don't change this budget, we respectfully invite you to come and meet with some of the people on our waiting list. We'd like you to explain them that their needs are not a priority.

Please make us proud of our state again. Set Wisconsin's priorities straight. Thank you.

2001/2003 State Budget

My name is Jason Pape. I am president of the Specialized Medical Vehicle Association of Wisconsin (SMVAW). Specialized Medical Vehicles (SMV's) allow Wisconsin's special needs citizens the mobility they need and deserve. SMV's serve the community's that each of you represent.

The SMV industry is falling apart at an alarming rate. The individuals who operate SMV companies will soon be faced with a question of weather or not to remain in this business. They enjoy what they do and the people that they are able to help obtain medical care. There are many reasons for this demise.

First, the reimbursement rate paid to SMV providers is shameful. The reimbursement has not been increased to even meet cost of living increases. In some cases, SMV providers have seen their insurance premiums triple from one year to the next, even with a clean record. Fuel costs have soared from around $1.00 per gallon to almost $2.00 per gallon within one year.

Second, HMO's and the new Family Care program are mandated by the state to provide SMV services to Medical Assistance clients. What this does is add another layer of government to the program, which increases costs. SMV transportation must not be in HMO's or Family Care. The clients do not understand that they must receive authorization each time they receive services, and some services are not to medical facilities. Social workers do not have the time to arrange all transportation for their clients. This becomes increasingly clear in the field where hospitals continue to call SMV providers for services and telling the provider that they must transport their client. If the social worker is available, authorization may be approved. However, if the social worker is not available, approval cannot be obtained and the SMV provider risks not collecting anything.

Because of their participation in the Family Care program, providers are losing even more money than before because of the extra record keeping requirements and billing changes necessary just to get paid. The Family Care program may also audit providers in a different way where providers do not have any method of providing proof of actually transporting clients because physicians do not bill through Family Care. This creates mismatching services where providers may have the small amount they were paid taken away.

The social workers expect, and in some cases demand, that their clients be transported after hours for the same small amount of reimbursement. In some cases, the client does not even have to be on Medical Assistance to obtain services. Also, as clients are able to go back and forth between regular Medical Assistance and the Family Care program, SMV providers must obtain the forms necessary by regular Medical Assistance just in case the client decided to change from Family Care to regular Medical Assistance at any given time. This increases costs unnecessarily.

You have the opportunity right now to remove SMV transportation from the Family Care and HMO programs. Failure to do so will result in more providers leaving the program upon the entrance of Family Care into their county. Thank you.

Respectfully Submitted

Jason Pape
President, SMVAW
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