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March 27, 1995

Good afternoon Senator Leean, Representative Brancel and members of Joint Finance,

My name is Jo Ellen Kilkenny and this is my son Luke. We are here to request that you reinstate the Medical Assistance Personal Care Program back into the biennial budget as is, without any changes for people with physical disabilities.

I understand that this committee has committed to reinstate the MA Personal Care Program (PCP) back into the budget but you are unsure as to what it will look like. I'm here to request that you not forget about the needs of children like my son Luke.

I am also hear to request that the state earmark funds for the Family Support Program (FSP) which supports families that have children with severe disabilities. Without earmarking funds, families will loose this very needed funding.

I understand your concern and the concern of every taxpayer in this state to only fund programs that benefit each and every one of us. I believe with all my heart that both MA's Personal Care Program and the Family Support Program do benefit each of us.

The Personal Care Program benefits me personally because it allows me to have well trained and competent people to assist my son, in our home, with his personal cares such as bathing, toileting, eating, therapy exercises, etc., while I attend school, help my other two children with their homework, shop and cook, wash clothes and dishes, etc. What's the big deal you may ask? We all have the same chores don't we? I'm hear to tell you that is not true. You see, my son was born with a chromosomal abnormality called partial trisomy 11-22. Translated to a clinical picture Luke is severely/ profoundly mentally and physically retarded. Luke does not talk but communicates instead with head nods, eye and hand pointing and simple picture choices. At the age of 8 and 1/2, Luke is beginning to use a walker for short distances, otherwise he belly crawls or is pushed in his stroller. Luke has mastered eating half a peanut butter and jelly sandwich cut up in small bite size pieces and a glass of milk. We are very proud of his accomplishments but the time involved for Luke to continue to practice his skills of independence are incredibly time consuming. Dinner frequently takes an hour, walking down our 20 foot hallway to Luke's room or the bathroom can take 5 minutes. So you see, 2 hours of my day can be taken up with one meal and just traveling the distance to do some cares my son needs. This doesn't include dressing, brushing teeth, bathing, changing diapers, toileting, and on and on and on. So you see now, I hope, why my daily duties are very different from a family who does not have a member with a severe physical disability.

The Family Support Program has helped our family by purchasing equipment, providing some child care and assisting with remodeling expenses. For example, in order for my son to be safe eating, he needs a high chair type chair. Our insurance and Medical Assistance would not cover such an item because it is not medically necessary. This does not negate his need, and this is where Family Support is critical. Because of my son's physical disabilities, our bathroom was not accessible to him. Again Family Support helped with the bathroom remodeling. Without Family Support helping my family with some of the costs of raising Luke, we would find it very difficult to afford keeping Luke at home. There are many ways in which both programs help Luke but these programs also help my other two children, my husband and me.

The MA PCP gives us a chance to share our never ending responsibility of our son for a couple hours a day. The FSP makes life a little easier by allowing us to purchase items that families such as yours don't even know you don't need. For example, a $250 back carrier that

allows our family to take hikes together when we go camping. My husband and I take turns carrying 42 pound Luke on our backs so we can all enjoy a beautiful walk together. When you have a child with severe disabilities, there are all of a sudden alot of things a family can't do together as a family. It is important to everyone in our family to maintain as much cohesion as possible.

I am embarrassed to stand before you and beg for money, but I know there are few of us who have the time, energy and strength required to come before you.

I know I speak for hundreds of families when I tell you that raising a child with severe disabilities is a challenge you can't even begin to imagine unless it's something you have lived.

Now, to answer the question, how does the Family Support Program and MA covering personal care for people with disabilities benefit you? Well, very simply it is cost effective. It is alot cheaper for Dane county and the state of Wisconsin to support my family and families like mine than to cover the entire cost for an out of home placement.

Another reason to reinstate the MA PCP and earmarking FSP funds is because I believe it is governments responsibility to assist those who are less fortunate. Adults and children with disabilities are less fortunate because they need to depend on others for basic living. Please don't turn your back on us. And for your own sake, don't ever forget that you are one birth away from your child or grandchild being born with severe disabilities, and you or a member of your family are one car, skiing, or biking accident away from being a person in need of programs like MA's Personal Care Program and the Family Support Program. Please think what kind of assistance you would need, where you would you want to live, and then give the people of Wisconsin no more, nor anything less than you would expect and give yourselves in the same situation.

I'm not going to lie to you and say that without MA's personal care program or the Family Support Program my son would end up in an institution tomorrow, but I'll tell you this, when and if that day comes, I know it will be the most difficult decision of my life. I am a registered nurse who has worked in institutions and I know first hand that they are a slow death for people like my son Luke.

Where is the equity for people in need of assistance? If a person finds themselves in a nursing home or Central Wisconsin Center the bill is paid by MA without question. If however, assistance is received in our homes at a fraction of the cost of an institution, it is somehow deemed expensive,excessive and unnecessary.

Keeping MA's Personal Care Program and the Family Support Program is not only the ethical choice but it is also the most fiscally sound choice. For this, ALL Wisconsin taxpayers will be happy.

Thank you very much for your time and attention.

Jo Ellen Kilkenny
512 Melody Lane
Verona, WI 53593
608-845-8577

3/24/95

To Whom it may concern,

I am writing this letter in order for my voice to be heard. It is time that the government stop controlling our lives, and time that we the people start controlling our government.

Every one is screaming for welfare reform. Not just tax payers, but recipients as well. The system does not work. However, the plans that are being made to change the system will not end the problems, but it will create new ones. It will create more hungry, homeless, angry people. It will widen the gap between the working class and the underclass of American people.

You as legislators, do not know what it is like to live the lives of the people that you condem as lazy freeloaders. You don't know what it is like to have to wake up every morning and wonder how you are going to feed your children.

You are not addressing the causes of the problems. Ending welfare will not end teen-age pregnancy. It will not educate the un-educated. It will not provide for the countless children that need to be provided for. Children that did not ask to be born into poverty, and have no control over the conditions inwhich they live. And, it will not make the disabled any more able.

The starting point for reform is to take a real look at the cause of the problem. Why are children having children? Why do so many people require welfare assistance? And what will happen to the families with disabilities if there is no longer any assistance to them?

Teen-age girls do not get pregnant just so they can spend the rest of their lives on welfare. They get pregnant partly be-cause of ignorance and partly because there is something wrong in their family lives. Many feel to have a child will fill some kind of void in their lives. They will have something to call their own. Someone who will love them.

Taking away a welfare check will not change that.

Many families are on assistance because they lack the education to find jobs that pay enough to support them. And many women need help because they have been left by the men who have fathered their children.

Taking away a welfare check will not change these things either.

We need to provide these people with education and job train-ing that will enable them to support their families without welfare. We need to provide adequate child care so that these people can afford to go out and work.

We need to make the families of teen-agers resopnsible for the children that they are having. Not just the families of the girls, but those of the boys as well. And it is time that we require that the teen fathers take responsibility also. Girls don't get pregnant alone.

Perhaps if families were held accountable for a pregnancy, as they are for all other acts their juvenile children do, then parents would have a more vested interest in what their teens are doing.

Every person has the right to an education. Not every one that can afford it. Children do not choose to be born into a social class. Why should they suffer for it?

If this country wants to remain competetive with the rest of the world, it should start taking care of its own problem of under-education. We should build brains, not bombs. We should give our children the chance to succeed. Our future is in our children, just as their future is in our hands. Should we not educate the hands inwhich our future is held?

Trina Stockwell
815 Topaz Ln.
Madison, WI. 53714
(former AFDC recipient)

March 27, 1995

TESTIMONY SUBMITTED TO JOINT FINANCE COMMITTEE BY:

Bernadette M. Krajewski

I am a member of the National Federation of the Blind of Wisconsin, NFBW, and have been for many years.

I was also a student at the Wisconsin School for the Visually Handicapped, WSVH from kindergarden through 12th grade. As a student at WSVH I can recall being programed for display a few days before these great officials would come from Madison or wherever. These people were lead from classroom to classroom where they would stand in the doorways, gazing at us, poopooing and talking at us as if we were animals at the zoo. Many of us referred to these visits as "Zoo days." We were always lead to believe that if we didn't put on the right show our lives would be threatened. Our funding would be cut. By then we might just as well be left for deat.

I'm sure that most of you are totally unaware that at WSVH it costs a mere $68,200.00 per year to educate one student. That's ten times the amount per student in a public school. There's no sense to that. It's just not so.

Does anyone really believe it takes two cafeterias to feed 80 students? That's right. At WSVH we have two cafeterias feedin 80 students. You people should be outraged by now and evern more so when I tell you that this isn't the end of it.

At WSVH we have the PEPC building. This is a 25,000 square-foot building which houses 12 of the 80 students and has a separate staff including teachers, custodians, and childcare counselors. one of the cafeterias is in this building. yet, in the other buildings on campus, we have substantial dormatory and classroom space that hasn't been used in years, due to the declining enrollment.

Such a shame that all these years both parents and children have been and still are being used as patsies to cover up this dirt. Isn't it?

Ladies and gentlemen: I am here this afternoon to urge you that having a three-member commission appointed by the governor to form a separate agency for the blind would be improvement over what we have now.

One would have to admit that a three-member commission would be easier to bargain with than some flimflam "Department of Public Instruction, DPI" which has obviously made a mess of Wisconsin's entire educational System, wasting billions of tax dollars doing it?

Thank you.

Written testimony being submitted by: Rosalie Migas MSSW
310 E. Broadway
Monona, WI 53716
Women Reaching Women

To: Joint Finance Committee
Date: March 27, 1995
Location: Room 113 South

I am writing to state my opposition to the governor's budget as it regards the sunsetting of funds to the Milwaukee's Women's Center Power Project and Meta House. I am oppose to the reallocating of these funds for a variety of reasons. Prevention and treatment of alcohol and substance abuse, especially in our urban areas, is vital if we are to make a dent in health care costs, crime and welfare dependency. Secondly, these programs are both nationally recognized as serve as model for what women's treatment should be like to be effective.

According to a Legal Action Center fact sheet a "1994 RAND study found that treatment is seven times more cost-effective than the most effective supply side strategy, domestic law enforcement. A 1994 study of treatment in California found that drug and alcohol treatment saves taxpayers $7 for every $1 spent." A Join Together fact sheet notes that substance abuse treatment reduces health care costs and crime while increasing workplace productivity. An example of just these savings can be found in The Milwaukee Women's Center POWER (Positive Options for Women Entering Recovery) Project, which is a nationally recognized program. Since it's inception in 1990 has served close to 300 women. Due to their efforts they have reunited 79 children with their mothers, who otherwise would be in foster care, and assisted women in becoming productive members of society. The cost of treatment for these women and children is miniscule when compared with the savings to taxpayers. For the cost of $376,940 per year- $10,798,000 in taxes were saved through the POWER Project.

Secondly, both the POWER Project and Meta House are nationally recognized and serve as models for what women's treatment should be like to be effective. According to recent research in the AODA field, women have unique needs as it relates to treatment and recovery. According to a March 1993 article in the **Digest of Addiction Theory and Application,** women alcoholics tend to respond better to same sex "self-help" groups than to programs that are of mixed gender and take a more traditional approach.The reason women begin using is also significant. Claudia Bepko in her book, **Feminism and Addiction**, states "the incidence of sexual abuse among women alcoholics has been shown to be very high, often as high as 75% of women in treatment." This theme was recently reiterated in an article in the July 2 edition of **Science News** that noted

"rape and other violent attacks influences importantly the emergence of alcoholism in women." And according to the May 13, 1994 edition of **Morbidity and Mortality Weekly Report,** Wis. topped the list in the proportion of women of childbearing age who drink frequently. A major health issue given what we know about FAS and FAE. And according to Ms.Roth, in the book **Alcohol and Drugs are Women's Issues, Volume I,** "studies increasingly show strong links between early alcohol and drug use and unwanted teen pregnancies, high school drop-out rates and suicide rates among girls." Thus, the needs of women as it relates to the prevention of, and recovery from AODA problems needs to take into account a much broader range of issues when compared to men. In addition, many women in need of treatment have children. Women's programs cannot only keep children with their parents when they are in treatment, but can also address parenting issues with the mothers. Women's treatment programs are also more likely to operate offering their clients the option of a "Step-Program" that better meets the needs of women, such as the Women For Sobriety 13 Step Program developed by Dr. Jean Kirkpatrick or the 16 Step Model by Dr. C. Kasl.

The third reason I am supporting the continued funding of these programs is that they serve minority and poor women as well as pregnant women. These are women who otherwise would have limited or no access to other treatment options. Given all the aforementioned information, it is imperative that these programs continue to receive funds.

March 27, 1995

To the Esteemed Members of the Joint Committee on Finance:

I have worked at UW Hospital for nearly a decade. I am here today to offer my support to the proposal to create a public authority.

A public authority offers great potential for the future, in meeting the hospital's missions and in providing all-important care to those who cannot pay.

Why is such change required? The healthcare environment changes rapidly and the hospital must as well, if it is to continue to successfully meet its vital missions of patient care, education, research and community outreach. Failure to endorse reorganization of the hospital may result in fewer patients, compromising our academic and research missions.

Our hospital has always been committed to serving those who cannot pay. That will continue under the Public Authority, and is now specifically written into the legislation.

Many states have recognized the unique role of teaching hospitals and have created flexible, efficient operating structures. For example, the University of Colorado Hospital recently became a public authority, and Oregon Health Sciences University is likely to become a public authority by mid-April. These states and many others have realized the vital role played by their teaching hospital and have taken proactive steps to ensure their future vitality.

Hospital reorganization is *not* a union-management issue. Instead, it's an effort to position the hospital to effectively face future challenges. Presently, a layered system of decision-making processes for construction, purchasing and human resources result in many inefficiencies. This contradicts a basic management principle: *The authority for decision making should be vested in the institution which is directly responsible for the consequences of those decisions.*

Support of the UW Hospital Public Authority is a sound investment in the future. Let's put ourselves in the position of allowing this great institution to not only meet its vital missions, but to exceed them.

Sue Sanford-Ring
2669 Scott Lane
McFarland, WI 53558

Address to the Members of the Wisconsin Legislature

Joint Committee on the Budget March 27,1995

Good afternoon,Committee Members!

I am grateful for this opportunity to tell you of the financial side of my present condition. I shall not bother you with the clinical and social details.

Five years ago my wife was diagnosed with Alzheimer's Disease.I knew then that with my heart condition I could no longer care for her on my own.I moved us from New York City to Madison in order to avail myself of the help our daughter who has been living here since her college days could give us and also to take advantage of the lower cost of living.My wife needed nursing home care which is better,less expensive and more available in Madison than in New York City.

My wife and I have worked many years in well paid professional positions and,being frugal, had managed to save a substancial nest-egg for our retirement.But the cost of Alzheimer's Disease is devastating.My wife being the combative type of patient had to be moved 3 years ago from a private nursing home to the Dane County Health Care Center in Verona,WI which is twice as costly. I am presently paying for her care as a self-paying patient $ 190 per day.Her medications come to an additional $ 250-300 per month and her doctors bills,after Medicare,are an extra.

I have been very careful with my personal expenses but I too have medical problems needing attention.Now I am nearing the end of my financial resources.By the end of this year I expect to reach the present Spousal Impoverishment level and apply for Medicaid for my wife.She has a small pension,I have none.Our Social Security is not enough to live on.Without the assets to be left for my own support at present Spousal Impoverishment level I am facing poverty.

Here I plead with you for myself and many other spouses in similar positions not to accept the cut in Spousal Impoverishment level proposed by the Governor's budget.

Thank you

Kurt Bergen
26-1,Sherman Terrace
Madison WI 53704-4423

Kurt Bergen

1705 Helena St.
Madison, WI 53704

March 23,1995

Joint Committee on Finance
State Capitol

Dear Members of the Joint Finance Committee:

Please find attached a copy of that section of the Governor's proposed budget pertaining to capital planning and building construction functions at the University. The Governor proposes to transfer University engineers' and architects' positions to DOA because he feels that services offered through these positions are duplicating such services offered by DOA. I am a staff architect with the Design and Remodeling Section of the Planning and Construction Department at the University of Wisconsin - Madison Campus and in my almost eight years with the University I have not experienced any duplication of services offered by DOA. Our section is presently responsible for approximately 350 remodeling projects the majority of which don't involve DOA at all. The remaining projects involve DOA, but our services complement theirs.

Because we are located on campus our services are available to our clients on a continual basis. Our services include doing consultation, preliminary designs and estimating, final design, construction drawings and docuements, co-ordination with contractors,and final inspections.

On one occasion our department successfully applied for state funding for one of our campus clients whose ceilings in cold rooms were collapsing. we made all the necessary site surveys and prepared the drawings and construction documents for the project. DFD reviewed the documents, we worked with the contractors during the entire project and did final inspection with DFD. Approximately six months after project closeout I did a follow-up inspection of some pipe insulation work that was included in the project and found faulty workmanship that would not have detected at final inspection. We contacted the contractor who made the necessary corrections. It was advantageous for our client that our on campus services were available to him in this instance. Our associations with our campus clients are ongoing.

I hope that you seriously consider that value of our service to the University. Thank you.

Sincerely,

Donald G. Schlagenhaft

To whom it may concern:

DVR and HBE have helped my husband and myself to feel like we are still part of society, still able to have goals, and still have dreams. In general a future. I hate to think of what it would be like if they were not there for us when we needed them.

We both needed to feel like our lives were worth something, that we were able to contribute some part of ourselves for other people too. Without DVR and HBE we had nowhere to turn, nothing to look forward to. We lost more than half our income because of our disavilities. After being told that retraining or further education would be a waste of time and effort, we were thrilled to try anything new, and so far it has been much better than we ever expected, thanks to the HBE instructors and their kind patience.

Our household went from $50,000.00 a year to less than half of that. My husband, a Veteran of the U. S. Army, had worked for more than 40 years of his life. The last job he had for 27 years. All of a sudden to nothing, that's a hard adjustment. I also did work full time besides being a mother of two sons. After 13 and a half years of doing a man's job I found myself retired because of my disability.

We have gone through so many changes in the last 7 years, no way to plan for this, no warning, it just happened. After the initial shock wore off we checked around and found DVR. Now through HBE we are learning trades we can operate from our own home, at our own pace, our own abilities. To people like us this program is our life's hope and a big help for our dreams.

Our hope now is that this program will not be cut anymore, and that it can be restored to help more people in the future. To you it may only be a program but to us it's a whole lot more. We the people of Wisconsin want and need this.

Thank You,

David & Jill Weeden
Beloit, Wisconsin

Testimony of Colleen H. Pyle
before the Joint Finance Committee
Wisconsin State Legislature
March 27, 1995
Madison, Wisconsin

Senator Leean, Representative Brancel, members of the Joint Finance Committee, fellow citizens. My name is Colleen Pyle and I am the Executive Director of Visiting Nurse Service, Inc. in Madison, WI. I appreciate the opportunity to present testimony to you today on the proposed changes in financing for the Personal Care Worker (PCW) program. I am aware that last Friday's Wisconsin State Journal reported and I quote that "Governor Tommy Thompson's plan to turn the state's "personal care services" into a block grant from counties is dead." I am also aware that a number of alternate financing proposals are being considered.

Visiting Nurse Service, Inc. is a licensed and certified non-profit home health agency, founded in 1908. While much of the care provided by VNS is highly skilled we currently serve 65 PCW patients, 55 of whom have their care paid for by Medical Assistance. The average client is female, in her late 60's, receives an average of 20.12 hours of services a month at a cost of $222.38. Approximately half also receive skilled care on a regular basis. While I do not negate the needs of disabled citizens who live in their homes, we serve a number of disabled clients, I am concerned that the needs of the elderly not be forgotten.

A study completed by the Wisconsin Coalition of VNA's revealed that 67% of the nearly 400 PCW clients served would require almost immediate nursing home care at a minimum cost of $9 million, a year, if the program was discontinued. I understand Several of the financing proposals being considered would shift responsibilities for individuals with deficits in fewer (1-3) Activities of Daily Living (ADL's) to the counties. Those with deficits in a moderate number of (3-6) ADL's might be shifted to waiver programs, and those with deficits in 7 or more ADL's

would be served by home health agencies.

We understand and agree that changes are necessary. Our primary concern is that current and future individuals in need of Personal Care Services be eligible to receive them. There are, however, several factors which we believe are important as you look at cost control and financing options.

(1) There will be a double layer of administration when clients receive skilled care from one agency and PCW services through another.

(2) It will be more difficult to transfer PCW only clients to skilled care and back again when exacerbations in condition occur. Currently a home health agency picks up on changes in condition and is able to make the transition back and forth. This saves Medicaid dollars as Medicare picks up skilled care and home health aide services when skilled care is needed.

(3) Home Health agencies provide 24 hour availability. If our staff are ill we send someone else. This often does not occur when a client hires someone privately (through PCW or Waiver programs) or PCW only agencies. In fact VNS has been asked to "pick up the slack" when privately hired caregivers don't show.

(4) There are long waiting lists for Waiver and COP programs. If current PCW clients are not given priority or the PCW program is not structured so the federal match is retained, people will go without services. The WI VNA Coalition survey revealed 7,000 people are on the COP waiting list in the 26 counties Coalition members serve. A recent study published in the American Journal of Public Health found that decline in the ability of older adults to carry out activities if daily living ranging from toileting and dressing to shopping and light housework leads to increased hospitalization and then to other institutionalization.

(5) Staff for PCW services will be lost. Most areas of the state have difficulty recruiting PCW's or attendants. Dane County Department of Human Services has a Medicaid provider number and subcontracts with two local human service organizations for provision of PCW and Supportive Home Care Services. Dane County reimburse for staff at $5.25 an hour for certain supportive home care services. Other workers are paid according to wage scale of the sub-contracted organization. Our starting wage for PCW's is $6.50 an hour with our average hourly wage cost for PCW exceeding $8.00 an hour. Our benefit structure includes health insurance (which is 85% employer paid for single or family coverage, employer paid disability, life and pension, vacation, sick, personal and funeral leave, and paid continuing education). Even with that wage and benefit structure we have difficulty recruiting. It is highly unlikely our staff would choose to work for an organization where the pay and benefit structure is not comparable. There are too many other employment opportunities available.

Current reimbursement levels are inadequate for home health and PCW only agencies. VNS subsidized PCW services just under $100,000 in 1994 through fund raising and our United Way allocation. Many agencies were not as fortunate and faced significant deficits as a result of low reimbursement.

Questions often arise about the disparity in costs between the PCW only and home health agencies. There are two primary factors that cause this. Home health agencies have a much greater regulation burden, including training for staff, and many home health agencies pay their staff more and provide a higher level of benefits.

Home health agencies fill the gap in service delivery. Members of the Wisconsin HomeCare Organization and Wisconsin VNA Coalition are committed to meeting the health and supportive care needs of our fellow citizens. Thank you for this opportunity to testify.

WAAODA
Wisconsin Association on Alcohol and Other Drug Abuse, Inc.
310 E. Broadway, Monona, Wisconsin 53716 • (608) 223-3355 • FAX 223-3365

TO: JOINT FINANCE COMMITTEE
FROM: WI ASSOCIATION ON ALCOHOL AND OTHER DRUG ABUSE, INC. (WAAODA)
RE: BUDGET ALLOCATIONS
DATE: MARCH 29, 1995

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WAAODA is a state-wide association that was started in 1966 to provide education, collaboration and advocacy in the field of alcohol and other drug abuse. It represents literally hundreds of individuals and agencies throughout the State of Wisconsin. For a detailed history of the Association and it's activities, please see attached fact sheet.

Kathryn Wolf, WAAODA Vice President, is here to testify today on behalf of the Association and it's membership. WAAODA is concerned about the elimination of the following programs:

(1). $500,000 in the Tribal Government Program
(Alcohol/drug treatment and prevention program)
(2). $248,000 in the New Beginnings Program
(Women and Youth program)
(3). $110,000 in the Career/Youth Development Program
(Youth prevention program)
(4). $1,2,000,000 in the Neighborhood Drug Violence Program
(Youth/family alcohol/drug intervention program)
(5). $800,000 in the Multidisciplinary Cocaine Families Program
(Womens' alcohol/drug treatment program)
(6). $305,000 in the META House Program
(Womens' alcohol/drug treatment program)

The aforementioned are demonstration programs that have successfully established advanced, innovative alcohol/drug programs for specialized minority groups. These programs focus on women, youth and Native Americans. Independent, outcome based research has verified the effectiveness of these programs.

Five of the six programs exist in Milwaukee County. Milwaukee County will be unable to continue the funding of all 5 programs through it's unallocated Community AIDS dollars.

It is our understanding that these already proven programs will be cut from the budget in favor of establishing $858,200 for new minority program initiatives. The Association asks for continued funding for these programs that have demonstrated effectiveness versus allocating funds for new, start-up projects that will take significant time to establish themselves.

Milwaukee County faces serious challenges and can ill afford the loss or delay in effective alcohol/drug prevention, treatment and intervention services. Overall, services for youth, women and Native Americans are viewed as high priority funding areas by the Association. WAAODA asks for continued funding of the six demonstration programs.

Thank you for your consideration.

History of WAAODA
1966-1994

On February 8, 1966 the Articles of Incorporation were signed for the Wisconsin Association on Alcoholism. The association's purpose was simply stated as "the Association shall exam and exchange techniques and knowledge related to alcoholism and promote community programs of education and treatment on alcoholism and further make this knowledge effectual in solving the problems of alcoholism and promote the tenet that alcoholics can be helped." The Board of Directors was comprised of seven members with a total association membership of 21.

The early days of the association were rich with advocacy efforts. In 1967 the Wisconsin Supreme Court ruled "alcoholism is a disease". With seeing alcoholism as a disease and a need for treatment, the country as a whole moved towards establishing a national program for alcoholism. President Johnson in 1968 signed the Alcohol Rehabilitation Act. In Wisconsin, this Act was the forerunner that created the Bureau on Alcoholism. The Bureau was created in 1969.

In 1970, President Nixon signed the Hughes Act. This Act created treatment dollars as well as established rights for recovering alcoholics.

In 1968, WAAODA was very aware that there was not only dependency on alcohol but there was also dependency on other drugs. WAAODA strongly believed that advocacy and treatment needed to be available for both alcoholics and other drug addicts. In 1968, the Association changed its name to the Wisconsin Association on Alcohol and Other Drug Abuse. In 1970, the Bureau of Alcoholism changed its name to the Bureau on Alcohol and Other Drug Abuse.
As the early 70's were expansion years in the area of alcohol and other drug abuse, so were they expansion years for WAAODA. As a control substance board was founded in Wisconsin, the Drug Abuse Advisory Council and State Council were also created to allow for greater citizen input. In 1973, a central office for the Wisconsin Association on Alcohol and Other Drug Abuse was established. Mr. Tom Heine was brought on as WAAODA's first Executive Director.

In 1974, WAAODA continued to be a strong advocate for the decriminalization of public intoxication. Through its strong support of its membership and its education efforts, in 1974 Governor Lucy signed the Uniform Alcoholism Intoxication Act. This act found individuals who were found to be publicly intoxicated to be individuals in need of help rather than individuals in need of jailing.

In 1974, WAAODA continued to be a strong advocate for the need for treatment of alcoholics and drug addicts. In 1974 Wisconsin passed a mandated health insurance coverage law for alcohol and other drug abuse and mental health treatment. This established that all group based policies in our state would provide coverage for the treatment of alcoholism, other drug addiction and mental health illnesses.

As early as 1975, WAAODA knew that it had to join activities on an national basis. WAAODA joined the National Council on Alcoholism to allow WAAODA to have contacts and networks throughout the country, regarding advocating for the alcoholic and drug addict.

In 1977, information was available regarding the Fetal Alcohol Syndrome. WAAODA was a leader, chairing a Fetal Alcohol Syndrome symposium so that, information regarding the syndrome could be shared and dispersed throughout the state of Wisconsin. This was one of many efforts regarding prevention that WAAODA had associated itself with.

As part of the ongoing need of alcohol and other drug abuse education WAAODA was a strong advocate in establishing a Wisconsin Substance Abuse Clearing House. In 1975, the Clearing House was opened.

Throughout the early and mid-70's WAAODA was involved with coordinating various grants dealing with alcohol and other drug abuse. One of the very significant grants it received was the Women Reaching Women project. By 1979, there were 7 Women Reaching Women chapters throughout Wisconsin. These chapters served as support vehicles to allow women to access treatment as well as support regarding treatment issues.

In 1980, WAAODA became very aware of the need to network with alcohol and other drug abuse counselors in our state. WAAODA signed an agreement with the Counselors Alliance so that both WAAODA and the Counselors Alliance group could work together.

The 80's also brought reorganization for WAAODA. WAAODA through various meeting and coordination activities became the umbrella organization for statewide alcohol and other drug abuse constituent councils. Constituent councils, who were members of WAAODA, consisted of the Counselors Alliance, the Wisconsin Council of Councils, which dealt with prevention activities, the Wisconsin Alcohol and Drug Treatment Providers Association and the Counties Association subgroup dealing with alcohol and other drug abuse. WAAODA also continued to hold board seats on the Wisconsin Alcohol and Drug Abuse Counselor Certification Board. WAAODA was very aware of the need for a single state voice in advocacy and education regarding the issues of alcohol and other drug abuse.

In 1986, the Federal "War on Drugs" was implemented. Cocaine became a major cause of concern for our country. Previous to this war on drugs, WAAODA co-sponsored a symposium warning of the effects of drug cocaine. This conference was attending by Surgeon General Koop. WAAODA was a strong advocate for the need for treatment of cocaine addicts and educating the general public in the danger of cocaine. WAAODA was a key member regarding the Governors Cocaine Task Force dealing with implementations of recommendations on how to deal with cocaine in our state.

As the war on drugs was waging, the need to continue to work with the Governor's office was emphasized. Various dollars were coming into the state regarding the war on drugs. In 1988, Governor Thompson in conjunction with WAAODA held the first Governor's conference on alcohol and other drug abuse.

In the late 1980's WAAODA continued to recognize the needs of special populations. WAAODA initiated its Minority Advocacy Project. WAAODA also participated in the Governor's Youth Task Force regarding the treatment needs of youth. In 1988 WAAODA saw Act 339 passed in Wisconsin which included development of model programs for women and youth in our state. In 1989, WAAODA established its first Women's Plank developed by the Special Populations Committee of the WAAODA Public Policy Group.

In the early 90's on a national level the needs of the recovering alcoholic once again needed to be protected. In 1990 the Americans With Disabilities Act was passed. WAAODA advocated for the Americans With Disabilities Act, and wished to have recovering drug addicts included.

In 1990, WAAODA continued to advocate for the needs of women and youth. WAAODA was very pleased when Act 122 passed which continued the funding of special programs for women and youth.

By 1991, WAAODA was deeply concerned regarding access to treatment and quality care issues for persons affected by alcohol and other drug abuse. WAAODA became a strong advocate for legislation that would prohibit health and life insurance from discriminating against recovering alcoholics.

In June of 1992, WAAODA became a member of the State Council Sub-Committee on developing an alcohol and drug abuse state plan. This plan would serve as a working document for alcohol and drug abuse planning and funding over the next 5 year period. WAAODA was also a key player regarding the change in the mandated benefits provision in the State of Wisconsin allowing a transitional benefit to exist for alcohol and other drug abuse and mental health treatment.

In 1993, WAAODA remained a strong advocate regarding health care reform and the inclusion of alcohol and other drug abuse treatment as part of any health care initiative in Wisconsin or on a national level.

In 1994, WAAODA continued to be a strong advocate of maintaining the drinking age at 21 in Wisconsin. WAAODA was also a co-sponsor of Right From The Start legislation. This legislation enabled counties to identify and provide support for newborns and their families.

JE/pab

Provisions of the Proposed Family Nutrition Block Grant

The family nutrition block grant merges into one block grant the WIC program, the portions of the child and adult care food programs, the summer food program, and the special milk program that are not operated by schools, and the small nutrition program for homeless preschoolers. It is one of two block grants passed by the House Economic and Educational Opportunities Committee on February 23, 1995. The second block grant covers nutrition programs operated in schools, including the school lunch and breakfast programs.

The family nutrition block grant ends the entitlement status of the child and adult care food, summer food, and special milk programs. Under the bill:

- Pregnant, breastfeeding, and post-partum women; infants; and children under age five who are at nutritional risk and whose family's income is less than 185 percent of the poverty line are eligible to receive "WIC-like" services.

- WIC-like services include nutritional risk assessment, nutrition assistance, nutrition education, and referral to health care.

- States must develop minimal standards to ensure the nutritional quality of the food provided. States could elect to implement model standards to be developed the National Academy of Sciences' Institute of Medicine in consultation with medical and nutrition experts but would not have to do so. There would be no federal standards.

- Individuals not in the United States legally are not eligible for WIC-like services or any child nutrition programs. Legal immigrants who entered the United States with sponsors would remain eligible only if their income, together with their sponsors' income, was low enough for them to qualify.

- Funding for the block grant is on a non-entitlement basis. The bill includes authorization ceilings of $4.6 billion for fiscal year 1996; $4.8 billion for 1998; $4.9 billion for 1998; $5.1 billion for 1999 and $5.3 billion for 2000.

- States are required to spend at least 80 percent of the funds on WIC-like services. The remainder can be used to provide food service programs in child care institutions and family day care homes for children whose family's income is below 185 percent of the poverty line; summer food service programs outside schools for children whose family income is below 185 percent of the poverty line; and meals for homeless, pre-school age children in facilities serving the homeless.

- Not more than five percent of the funds can be spent on administration. Funds spent on nutrition assessment, counseling, and education are not considered administrative expenses.

(continued)

(Block Grant provisions cont.)

- States can transfer up to 20 percent of the funds to other programs and block grants including the child care block grant; the social services block grant; the block grant that would replace the AFDC program; the block grant that replaces foster care and an array of other family-oriented services currently funded by Part B of Title IV of the Social Security Act, and the school-based nutrition block grant.

- For fiscal year 1996, each state's share of the funds appropriated for the family nutrition block grant will equal the proportionate share a state received in fiscal year 1995 of all funds distributed nationally for the programs consolidated into the block grant. For example, if a state received 10 percent of all funds provided for WIC, the portions of the child and adult care food program, summer food program, and special milk program not run by schools, and the homeless preschoolers program, the state would receive 10 percent of the funds appropriated for fiscal year 1996 for the family nutrition block grant.

  In 1997, some 95 percent of a state's allocation will be determined by its proportionate share of funding in the prior fiscal year. The other 5 percent be allocated among states based on each state's proportionate share of the total number of individuals served with block grant funds in the prior fiscal year. For fiscal years 1998 and 1999, the percentage of block grant funds that would be distributed on the basis of each state's share of the number of individuals served with block grant funds in the previous year would be ten percent. In fiscal year 2000, it would rise to 15 percent.

THE WIC NEWSLETTER
OF THE CENTER ON BUDGET AND POLICY PRIORITIES

March 15, 1995

CENTER ON BUDGET
AND POLICY PRIORITIES

777 N. Capitol St. NE, Suite 705
Washington, D.C. 20002

WIC WORKS!

WHO IS SERVED?

- Pregnant, nursing, or postpartum mothers and children under five
- Eligibility is based on age, maternal status, income, residence and nutritional risk.
- Family Planning Health Services' WIC program currently serves over 3600 women, infants and children **each month** in Marathon, Lincoln and Langlade Counties.

WHAT ARE THE RESULTS?

- WIC contributed to a reduction of 20-33% in late fetal death rate and a significant reduction in premature births.
- Children born to WIC participants appear to have better cognitive performance as measured by vocabulary test scores.
- Children who participate after their first birthday have higher digit memory test scores.

WHAT IS THE PROGRAM?

- Since 1974, WIC has been providing food high in protein, iron, Vitamins A and C, calcium, and other nutrients that are important during periods of growth such as pregnancy and early childhood to women and children in Wisconsin.

BENEFITS TO THE TAXPAYER

- **WIC saves $3.13** in Medicaid costs in the first 60 days of a baby's life for every $1.00 spent during the mother's pregnancy.

WHY MAINTAIN GPR FUNDS?

We cannot afford to deny these savings. Money spent now on this children's health program will save many more dollars in the long run and in the short run.

If all federal funding for nutrition programs is put into block grants, real dollars for the WIC program will decline. The results will be an increase in medicaid spending and a decrease in some unique Wisconsin services to people in need. For example, our funds for more intensive effort with high-risk participants would be lost; our funds for translator services to the Southeast Asian immigrant participants could be lost; the special funding for farmer's market purchases would probably be used for match dollars for food and formula; and many more exciting and cost-saving measures like breast-feeding initiatives and outreach to rural areas would be curtailed.

WIC, because it provides nutrition education and specific foods to meet specific needs has enjoyed congressional and presidential bipartisan support for 20 years. The program benefits our agricultural economy, it saves on medicaid expenditures, and cutting back the educational components will simply move a few dollars away from preventive health care and move more dollars toward higher-cost sick care.

Joint of Finance Committee. 3-27-95

To: Whom is Concern

My name is Debra Ann Boushley. I am 33 yrs old. I am disabled. I became disabled in June 1986. I had a job previous to this before that problem. I get Social Security Income and Medical Assistance Card to Pay Doctors, Medicine, Lab work, Dentist, Helpline from Meriter Hospital.

The Helpline is from Meriter Hospital. When I have trouble with my health or whatever happens at home. I push a button and sends a signal to the hospital. I need the Helpline to stay at home by myself. I don't want to go to nursing homes. Also I get Social Security Dis. Insurance with Medicare care. If you cut the SSI and MA will effected to me and my other friends that need it.

Debra Boushley

P.S. Please don't Cut.

I am here today to give testimony on how the proposed Medical Assistance Personal Care budget cuts are going to affect me, and thousands like me. I recently graduated with my masters degree in Rehabilitation Psychology. I intend to get a job when I recover from a recent surgery. That way I can get off most, if not all, of the public assistance programs which I now require. I'm classified as a C-5 quadriplegic. I require a lot of assistance, especially now while recovering from surgery. I have to build up my sitting tolerance again before I can get a job. ***This cut threatens my future as a practicing Rehabilitation Counselor, and my very existence as a contributing member of society!*** Everything I've worked so hard to achieve in the last ten years is in danger of being flushed down the toilet! I'm proof that this system works. The reason I decided to stay in Wisconsin after graduation was because of our innovative and creative policies toward putting people back to work! I figured if I could get a job anywhere it would be here. You've got the social support programs in place to help disabled people get back to work. Now all you have to do is to give those programs the funding to finish getting people back into the community working as productive citizens.

I've lived in ten nursing homes, and I remember every one of them. I remember how dehumanizing it was for me. I remember the apathetic look on all of the sad faces of the people who didn't want, and didn't need, to be there. After awhile, I grew desensitized and apathetic just like everyone else. I had to, to survive. It almost broke my spirit. The only thing I cared about was getting out of my living hell. I no longer fought for what I knew everyone there deserved, respect and dignity. There was no such thing as controlling your own life. You shared a room with a person you didn't even know. There was no such thing as privacy, and no place for modesty either. But I got back into school; that's what saved me. The dorms were more tolerable because you had rights there that you didn't have in nursing homes. That's when I realized what I had lost spending all that time in those nursing homes. I had lost my self respect and any feelings of self worth that I'd ever had. When I had to take control of my life again, in the dorm, I realized how institutionalized I had become. What I wanted to do with my life had been disregarded for so long that I had to relearn my social skills. ***I was stunned at how it felt to be treated like a human being again. It felt great!***

Well, I'm back in control of my own life again. I do care about my, and everyone's, right to dignity and respect.. That's why I must fight to stop you from putting me and thousands of others back into that situation. Why are we being punished? Is it a crime to be disabled? When was our trial, and why this inhumane sentence? I ask all of you who don't believe me to go to a couple of nursing homes. Spend just one hour of your time talking to the people who could live in the community at a lesser cost. Ask them what they feel about how they're being treated, and where they would rather live. I already know the answer and so do you. Growing old is inevitable, and becoming disabled is unpredictable. Wouldn't you want to live in the community, with assistance, rather than in a nursing home?

You seem to have been misinformed, or misled, as to what the Medical Assistance Personal Care program is all about. It is not welfare! It is one of the most cost-effective ways of helping disabled people perform their acts of daily living,(bathing, dressing, eating, etc.) For many of us it is the only thing keeping us out of a kind of forced mindlessness limbo. I've heard a lot of talk about the importance of family, and human rights. It is because of those inalienable rights, and due to the fact that nursing homes are nothing more than legalized segregation, that I believe forcing people to live in nursing homes is unconstitutional. It is impossible to lead a productive life in a nursing home, there is very little liberty, and it sure as hell is no place to find happiness.

I would hope that you would stop this bill because it is the just, and humane thing to do. But, if there is no compassion within you, perhaps you'll understand the economics of this situation. Six to seven thousand people will be put into nursing homes at a much higher cost! I have four people working for me. Lets assume an average of three people working for each of the disabled individuals affected by this cut. That means if their disabled bosses go into a nursing home, you put eighteen to twenty-one thousand people into the ranks of the unemployed, being paid for doing nothing, when they'd rather be working. ***Wisconsin will also lose fifty-eight million dollars in federal matching funds. How can losing fifty-eight million dollars be beneficial to Wisconsin's economy?*** I've always noticed how dignified all of you look at these public hearings. I hope that your compassion, and belief in human rights, is equal to your sense of dignity. I believe that if it is, you will understand just how devastating, and wrong, this budget cut will be.

Respectfully,

Joseph R. Kutil
{608} 255-5122

The SSI and SSI-E cuts will prevent many people who are now working from continuing to work. Many disabled people working in the community now, are only able to work because of these programs. They allow disabled individuals to keep their medical assistance insurance, and in some cases, a small portion of their SSI income. This enables them to work, and pay taxs, for their benefits. It saves Wisconsin money, and brings in tax dollars. Without these programs they could not afford to work because they couldn't pay their hospital bills. These cuts are certainly not in the spirit the ADA's intention of enabling disabled people full accessibility to jobs and society! These programs helped enable me to achieve my masters degree. If left in place they will also enable me to get a job. I want to get off these programs and become a tax paying citizen. We're supposed to moving away from institutionalization and toward community based living for disabled people. This is a step in the wrong direction for Wisconsin. Many disabled people can, and want, to work! Please, just give us the chance to. Isn't that what work fare is all about, working for benefits. All we're asking is to be given the opportunity to work for our benefits! There must be a way to work it out.

You would think that the Governor is trying to institutionalize more disabled people instead of moving them into less expensive community living programs. Why else would he take a giant step backward and allow nursing homes to keep the cash overflow. This practice leads to continuously over-inflated nursing home budgets by rewarding them for overestimating their costs. The law now states that any overflow must go into the community options program {COP}. This program enables people to exercise their right to live independently in the community. This proposal will do just the opposite! How can changing this law possibly save money. The law was enacted for a good reason, repealing it will do nothing except perpetuate the system which keeps disabled people in nursing homes. The nursing home care system is inhumane, and is the most expensive health care alternative available.

Respectfully,

Joseph R. Kutil
Rehabilitation counselor M.S.
1001 Williamson St. Apt.1
Madison WI 53703-4514

SAVE YOUR HOSPITAL

LOCAL 171 2412

Local 171, 306 N. Brooks St., Madison WI 53715, (608) 251-0111 ▪ Local 2412, 1602 S. Park St. #108, Madison WI 53715, (608) 257-2803
American Federation of State, County and Municipal Employees

We are the first to admit that UW Hospital and Clinics and the Center for Health Sciences have problems, but turning the hospital into a "public authority" won't solve them. Many of the assumptions and conclusions behind the restructuring proposal are inaccurate or unsupported by facts.

We oppose the proposed 'public authority' because . . .

it would be bad public policy

- An ineffective, appointed board would replace civil-service protections and oversight by elected representatives.
- "Unprofitable" services would be dropped without regard for the public good.
- The hospital would unnecessarily duplicate other hospitals' programs and facilities, driving up health-care costs.
- The hospital already has new flexibility to expand its patient base - the ostensible rationale for restructuring. (The UW Board of Regents has approved the hospital's joint ventures with private health-care concerns.)
- UW hospital and its affiliated business ventures would be free to gobble up community hospitals and clinics.
- Hospital administrators have already failed to keep those responsible for oversight informed. Last year, the attorney general found that the hospital illegally diverted $4.4 million to a private corporation.
- There are inadequate safeguards to prevent corruption.
- The hospital would be free to borrow up to $90 million without state approval. But taxpayers would be required to bail it out after a default.

it would fail to solve the real problems

- Hospital administration itself is responsible for many of the problems blamed on state government and civil-service-system regulations.
- The hospital has failed to seriously explore present avenues to resolve problems in patient referrals, purchasing, facilities development, hiring and recruitment.
- The hospital has failed to cooperate with existing state agencies, the UW System and employee unions.
- Alternatives to restructuring have not been seriously considered.

it would endanger our wages, benefits and job security

- The public authority would not be legally bound to recognize employee unions, bargain fairly, or respect employee union rights.
- A personnel system of the hospital's choosing would replace our civil-service protections and benefits, including transfers, fair grievance and complaint procedures, objective and merit-based hiring and promotions, and just-cause for discipline.
- The public authority could take away our right to participate in the state retirement and health-insurance systems.

We are asking you to....

- Oppose the current public authority proposal in the budget.
- Oppose any restructuring of the hospital that doesn't include (at the beginning) input of rank-and-file employees.
- Oppose any restructuring of the hospital that is not well-planned or fails to justify the proposed changes.
- Support removing the current proposal from the budget so it can receive careful consideration.