

1995-96 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

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➤ Miscellaneous ... Misc

➤ 95hrJC-Fi_Misc_pt93

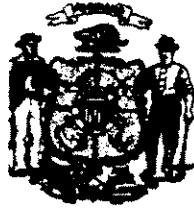
➤ Record of Comm. Proceedings ... RCP

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STATE OF WISCONSIN

SENATE CHAIR
TIM WEEDEN

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JOINT COMMITTEE ON FINANCE

July 11, 1995

TO: Mr. James R. Klauser, Secretary
Department of Administration

FROM: Senator Tim Weeden
Representative Ben Brancel
Co-Chairs, Joint Committee on Finance

We have reviewed the request from the Department of Administration dated June 19, 1995 under s. 16.515 and s. 16.505(2) pertaining to a request from the Board on Aging and Long Term Care.

There were no objections to this request and accordingly it has been approved.

TW:BB:dlr

cc: Roger Grossman
Bob Lang

6/20/95

Cloyd Porter called.

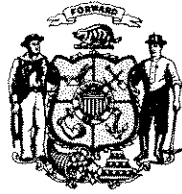
Wants to officially object to BOALTC 16.5 request.

Cloyd made a point of inquiry. If no one else objects, he has not objection.

STATE OF WISCONSIN

Senate Chair
JOE LEEAN

Room 119 South, State Capitol
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608-266-0751



Assembly Chair
BEN BRANCEL

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JOINT COMMITTEE ON FINANCE

June 19, 1995

MEMO TO: Members, Joint Committee on Finance

FROM: Senator Joe Leean, Senate Co-Chair
Representative Ben Brancel, Assembly Co-Chair
Joint Committee on Finance

Attached is a copy of a request from the Department of Administration dated June 19, 1995 pursuant to s.16.515 and s.16.505(2) pertaining to a request from the Board on Aging and Long Term Care.

Please review this item and notify Senator Leean's office not later than Thursday July 5, 1995 if you have any concerns about the request or would like the Committee to meet formally to consider it.

Also, please contact us if you need additional information.

JL:BB:ns


Attachments

CORRESPONDENCE/MEMORANDUM

STATE OF WISCONSIN
Department of Administration

Date: June 19, 1995

To: Honorable Joseph Leraan, Co-Chair
Honorable Ben Brancel, Co-Chair

From: James R. Klauser 
Secretary
Department of Administration

Subject: s. 16.515/16.505(2) Requests

Enclosed are requests which have been approved by this department under the authority granted in s. 16.515 and s. 16.505(2). The explanation for each request is included in the attached materials. Listed below is a summary of each item:

AGENCY	DESCRIPTION	1995-96		1996-97	
		<u>AMOUNT</u>	FTE	<u>AMOUNT</u>	FTE
B.O.A.L.T.C. 20.432(1)(i)	Gifts and Grants		1.0*		1.0*

* Project position.

As provided in s. 16.515, this request will be approved on July 11, 1995 unless we are notified prior to that time that the Joint Committee on Finance wishes to meet in formal session about this request.

Please contact Roger Grossman at 266-1072, or the analyst who approved the request in the Division of Executive Budget and Finance, if you have any additional questions.

Attachments:

CORRESPONDENCE MEMORANDUM

STATE OF WISCONSIN
Department of Administration

Date: June 12, 1995
To: James R. Klauser, Secretary
Department of Administration
From: Gretchen A. Fossum, Budget Analyst *SAZ*
Division of Executive Budget and Policy
Subject: s.16.505 Request by the Board on Aging and Long-Term Care

REQUEST

The Board on Aging and Long-Term Care (BOALTC) requests an increase of 1.0 PRO FTE project position in s.20.432(1)(i), gifts and grants, for the period of July 1, 1995 to June 30, 1997. Funding associated with the position is \$66,600 PRO in FY96 and \$64,500 PRO in FY97.

ANALYSIS

BOALTC has 7.9 FTE ombudsmen and 1.0 FTE ombudsman supervisor whose primary functions are to investigate complaints of residents of long-term facilities. To help address workload issues associated with an increasing number of complaints, BOALTC implemented a volunteer program in September 1994. Fourteen volunteers now work in nursing homes in Milwaukee and Monroe counties. The volunteers are supervised by the chairman of BOALTC and the work is coordinated through the ombudsman supervisor.

BOALTC has been awarded a two year grant from the Helen Bader Foundation to expand the volunteer program. The Board plans to employ a volunteer coordinator who will recruit, train and supervise volunteers. The objective is to have 80 volunteers visiting 40 nursing homes at the end of the grant period. The project is to be evaluated by the Board and a graduate student from the University of Wisconsin-Madison. Proposed uses for the Foundation funding are:

	FY96	FY97
Salary	\$30,900	\$32,400
Fringe	10,900	11,500
Supplies/Publications	8,300	8,300
Volunteer Costs	8,000	8,000
Advisory Council	2,300	2,300
Evaluation	2,000	2,000
One-time	4,200	
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Total	\$66,600	\$64,500

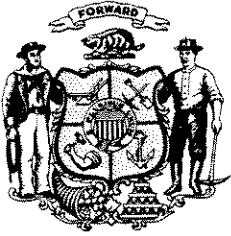
With few exceptions, state agencies must submit grant applications to the Department of Administration (DOA) for review and approval prior to submission to the grantor. BOALTC failed to follow this procedure in applying for funding from the Bader Foundation. Had the procedure been followed, two major policy issues could have been addressed before

requesting the funds. First, the volunteer program envisioned represents a major expansion/modification of an existing program which will occur outside the normal budget process and has the potential of committing the state to increased GPR funding for the Board in the 1997-99 biennium.

Second, the Governor's 1995-97 Executive Budget eliminated the ombudsman supervisor to reflect the agency's 5% and 10% GPR reductions. In oral and written testimony before the Joint Committee on Finance, BOALTC argued that the supervisor position was necessary to devote the "time necessary for development, implementation, training and project evaluation" for the volunteer program. Most of the supervisor's responsibilities referred to in the JCF testimony will now be the responsibilities of the volunteer coordinator.

RECOMMENDATION

Modify the request. Approve the project position as requested by BOALTC. Require BOALTC to submit to a plan to DOA, prior to hiring the volunteer coordinator, which details how the program will be evaluated at the end of Foundation funding, how BOALTC will determine if the program is successful and how BOALTC can support the program with existing resources under the operation and supervision of the ombudsman supervisor.

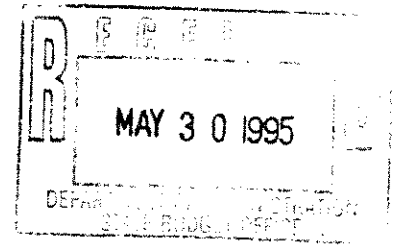


STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE

214 North Hamilton Street
Madison, WI 53703-2118
(608) 266-8944 1-800-242-1060

George F. Potaracke
Executive Director

FAX 608 261-6570



5/30/95

To: Gretchen Fossum, Budget Analyst
Department of Administration

Fr: *GP* George F. Potaracke, Executive Director

Re: s. 16.505 and Expenditure Authority Request

The Board on Aging and Long Term Care requests position authority for one FTE project position and expenditure authority in s. 20.432 (1) (I), gifts and grants, in the amount of \$66,600 for FY 96 and \$64,500 for FY 97.

The Board has been awarded a two-year grant from the Helen Bader Foundation of Milwaukee to expand and further test the viability of a volunteer component to the long-term care ombudsman program. The grant funds a full-time coordinator for the volunteer program, resources to support the volunteers including printed materials, training sessions, and communication costs. Funds are also provided to support the project's Advisory Council and the costs of a formal evaluation.

THE PROJECT

As part of its strategic long-range plan the Board initiated a pilot volunteer program in June, 1994 recognizing that the agency would never have sufficient resources to adequately staff the ombudsman program statewide. An advisory council was convened, drawing membership from consumers, nursing home industry representatives and concerned government agencies. This group has guided the initial stages of development. Sites were selected in Milwaukee (urban) and Monroe County (rural). Volunteers were recruited, trained, and placed at four facilities in Tomah and Sparta and in eight facilities in Milwaukee. These volunteers have been supervised by the Board's Chairperson, a retired volunteer program developer. Volunteers' work is coordinated with the professional regional ombudsmen through the ombudsman program supervisor.

Advocate for the long term care consumer.

S.16.505 and Expenditure Authority Request
30 May 1995
Page 2.

The grant will allow for a significant expansion of this experiment, placing volunteers in those facilities which will benefit from an increased presence of ombudsman program representatives. Dane and Rock counties and another rural site will be targeted for this effort, as well as expanding to more facilities in Milwaukee, and maintaining efforts in Monroe County. The coordinator will be responsible for recruiting and training new volunteers and their daily supervision including ongoing inservice training. The Board will maintain the advisory council for guidance during the project's expansion. The grant also provides funding for a formal evaluation midway through the period and at the end of two years.

EXPENDITURE AUTHORITY REQUEST

The Board request authority to use the funds made available by the Bader Foundation to expand this volunteer project. In addition to supporting the salary and fringe benefit costs of the full-time coordinator, funds will cover the operating expenses of the coordinator, the volunteers, and the Advisory Council. **See page 10 of the grant proposal (attached) for further budget details.**

	FY 96	FY97
Salary	30,900	32,400
Fringe	10,900	11,500
Supplies/Services	24,800	20,600
	<hr/>	<hr/>
Total:	\$66,600	64,500

Thank you for handling this request. Please advise if you need additional information or if you want this request formatted in a different manner. The attached grant proposal should provide you helpful details.

ATTACHMENT

A Proposal

To

The Helen Bader Foundation

For

**Long Term Care Ombudsman
Volunteer Representatives**

January 12, 1995

Board on Aging and Long Term Care

ADVOCACY for the LONG TERM CARE CONSUMER

The "Board"

The Board on Aging and Long Term Care holds a unique place in Wisconsin state government for it is the only agency devoted to advocacy for citizens in need of or receiving long term health care. Established by statute in 1981, seven Board members are appointed by the Governor for staggered, 5 year terms, electing its chairperson from among its peers on an annual basis. The group oversees agency administration of the two programs in its charge, and sets general operational policy for the agency, providing guidance and direction to the Executive Director and his staff. When the Board was created, the two programs it directed were already operational in the state: the Long Term Care Ombudsman Program formed in 1972 to represent residents receiving nursing home care, and the Medigap Helpline created in 1980 to provide counseling services to persons interested in purchasing Medicare supplemental or other long term care insurance. While the Board's programs are targeted for citizens over age 60, agency services are available to persons of any age if he or she has need of them and these needs cannot be addressed by other agencies or organizations in the long term care system.

In pursuit of its mission to advocate for the interests of citizens needing or receiving services provided by the state's long term care system, the Board promotes improvement of conditions in long term care facilities. The group encourages improvement in access to services needed by the elderly and enhanced delivery and quality of services available to each individual. It monitors the development, implementation and operation of long term care programs and policies, focusing on the effects of these services on the well-being of persons who receive them. As the state's long term care consumer advocate, the Board advises and recommends measures to improve long term care to the Governor and the Legislature, and participates in numerous policy activities conducted by Executive branch agencies charged with the operation and regulation of long term care services and programs. The group stimulates general public interest in the issues affecting persons receiving services in the long term care system and provides continual education for policy makers and concerned citizenry alike about the concerns and problems of elderly persons and their families as they confront today's health care systems.

During the latter half of 1993, the Board completed a self-evaluation and development of a strategic planning process. Through interviews with agency clients, their families, selected state legislators, concerned government agency managers, county government administrators and direct care providers, the Board was able to identify perceived strengths and weaknesses of its programs. These attributes were measured against the Board's mandates in state and federal law. With significant staff participation, the group established an agency plan describing its short and long term goals for all activities in its purview. In general, the self-evaluation and interviews assessing client satisfaction demonstrated an overwhelming need to increase and expand the unique services available through the Board's programs.

Medigap Helpline

The Medigap Helpline is a primary resource for objective information about Medicare supplement, long term care and other insurance products targeted for the older person who is typically a Medicare beneficiary. The major activity conducted by the three professional, full-time Helpline staff is one-to-one counseling, primarily over the telephone, to persons in the market for health insurance or those reviewing the appropriateness of current policies. The Helpline counseled more than 9,000 persons over the 1991-93 biennium. Information and advice is tailored to each elderly caller's personal circumstances and is available free of charge, through the Board's toll-free telephone number.

To supplement individual counseling services, training for groups and educational seminars are also available from program personnel, and the Helpline distributes a variety of printed materials to assist senior citizens in determining what health insurance is right for them.

The Medigap Helpline has long been recognized as a national model for objective health insurance counseling for the older client.

Long Term Care Ombudsman Program

In 1972, the federal Administration on Aging received numerous complaints nation-wide about the care provided to older persons living in nursing homes. It appeared that the formal regulatory process was not achieving the desired results. Problems experienced by nursing home residents went unresolved. After a period of demonstration projects, (Wisconsin was one initial pilot), the Ombudsman Program model was chosen as the most effective in addressing these problems. The model allowed for the resolution of complaints and protection of rights of the individual nursing home resident as well as an avenue to raise these concerns to a policy-making level in each state and in the national arena. The ability of the Ombudsman Program to influence public policy with consideration given to the views and concerns of the consumer has had a strong influence on improving the quality of life for all long term care consumers.

The Program was originally conceived to work exclusively with nursing home residents, sending trained ombudsmen into facilities throughout the country. However, by 1978 alarms were sounded about a new part of the long term care system, the board and care home - in Wisconsin, the community-based residential facility or CBRF. Congress mandated that ombudsmen monitor the care provided in these group homes. And, as the emphasis on community care increased within Wisconsin itself, the state's Legislature mandated Ombudsman Program services be made available to participants in the Community Options Program (COP).

While Ombudsmen are charged with monitoring nursing homes, CBRFs and other providers of long term care to ensure that federal and state regulations are being followed, the Ombudsmen's

role extends far beyond that indicated by the minimum care requirements mandated by the regulations. First, and foremost, is the role of advocate for the resident or COP participant: assisting the nursing home resident to protect his or her personal rights: speaking on behalf of the Alzheimer's resident living in a CBRF; or preparing an appeal for a COP client denied needed services.

Ombudsmen are also mediators and consultants. When communication breaks down between the resident and family, the resident and the service provider or difficulties arise in other relationships affecting the person's care, the ombudsman is called to meet with all parties and develop a plan which is acceptable to everyone involved. Ombudsmen around the state devote increasing effort in this area as both management and direct care staff of nursing facilities and group homes come to rely on the skills of ombudsmen to resolve issues not addressed by regulation.

The primary activity for Ombudsmen, which encompasses their defined roles, is the complaint resolution process. Residents, families, friends, nursing home staff and other concerned persons may call an Ombudsman to voice a complaint or concern regarding care and treatment received by an individual or, in the case of nursing homes and CBRFs, groups of residents. The Ombudsman investigates the complaint by talking with all persons involved and works to resolve the issue in a manner agreeable to all. Irrespective of who makes the complaint, the Ombudsman always represents the interests of the resident or COP participant.

The Older Americans Act mandates that long term care ombudsmen provide training to nursing home staff on resident rights, and assist resident and family councils in their deliberations. Ombudsmen are expected to be available to community groups as an educational and referral resource and to provide information to local agencies in the Aging Network on long term care. Monitoring the state's regulatory agencies at the local level for appropriate application of federal and state long term care laws and regulations and working with these agencies to ensure facility oversight is also the responsibility of Ombudsmen. Ombudsmen serve as expert witnesses before a variety of judicial tribunals and administrative law judges regarding needed long term care services, guardianship and other issues directly affecting the resident. In any and all of these functions, Ombudsmen act to protect the rights of the long term care consumer.

While Ombudsmen monitor nursing homes and CBRFs to ensure compliance with state and federal regulations, they also provide the only continual monitoring of the regulatory agencies' activities at the local level. These monitoring and oversight responsibilities ensure appropriate enforcement of the regulations and pinpoint inadequacies in survey processes, the regulations themselves and response to public concerns at the local level regarding individual facilities or residents. For both nursing home staff and staff of the regulatory agencies stationed at the local level, the Ombudsmen provide consultation on issues affecting individual residents, or practical application of regulations, particularly in the areas of resident rights and quality of life requirements.

The Board's Long Term Care Ombudsman Program provides 8 professional staff throughout the state, and a supervisor. The Program serves some 46,000 residents receiving care in the 481 licensed nursing homes, nearly 21,000 residents of approximately 1,400 CBRFs and more than 13,000 citizens participating in COP. Complaints voiced by residents, family members or other concerned persons regarding long term care services, and requests for information and other services provided by the Ombudsmen are received primarily by telephone at any of the regional Ombudsman offices in Madison, Eau Claire, Rhinelander, Stevens Point, Green Bay and Milwaukee.

State-Wide Advocacy

As a result of issues raised during the course of the complaint resolution process conducted by the regional Ombudsmen, through their participation in local long term care activities, or by oversight of nursing home and CBRF compliance with federal and state regulations, the Program continues to actively advocate for the long term care consumer on a state-wide basis. Among recent and ongoing efforts are:

1. Participation and leadership for the development, negotiation and promulgation of a total revision of the state's administrative code regulating CBRFs to provide increased standards for adequate care.
2. Evaluation of the federal pilot project conducted by the state's nursing home regulatory agency to change the compliance survey process for adequate review of resident rights' requirements and quality of care.
3. Advocacy with the state's Legislature to increase the money available for counties to maintain and increase citizen participation in the Community Options Program.
4. Leadership in a Milwaukee task force to investigate alternatives available for the state's Nurse Aide Registry to provide information relating to criminal activities of a nurse aide.

A Demonstration Project

Volunteer Representatives of the Long Term Care Ombudsman Program

In recent years, the demand for Long Term Care Ombudsman services has substantially increased. As demonstrated by the chart, complaints received in 1993 increased 326% from 1988, closed cases 109% and information and counseling requests, 96%. During this 6-year period, only six Ombudsmen were employed to provide program services

Years	Ombudsman Program Activity from 1988 to 1991			
	Closed Cases	Complaints	Information & Counseling	Presentations
1988	567	1,017	4,571	229
1989	727	1,547	5,436	299
1990	699	1,709	5,328	189
1991	788	2,101	6,753	329
1992	1,004	3,115	8,671	301
1993	1,184	4,330	8,937	368

With legislative approval, the Program employed two additional staff in September, 1994.

As part of its strategic plan, the Board on Aging and Long Term Care sought alternatives to respond to the alarming increase in demand for Ombudsman services. Interviews conducted with clients and other interested persons during the planning process left no doubt that the Program's top priority must be a strategy to increase the advocacy role of ombudsmen. As part of that strategy, the Program must also expand its current capability to meet all its statutory requirements while continuing to respond to and investigate individual resident complaints in a timely fashion. The Board determined that expectations of staffing the Ombudsman Program at levels indicated by the Program's marked growth were indeed unrealistic, given the state's current fiscal and taxation policies. In looking to other states' experiences, the Board concluded that a demonstration volunteer effort was needed to assess the feasibility of establishing a permanent volunteer program in Wisconsin.

A volunteer effort would provide support for professional Ombudsmen while maintaining and increasing the Program's services to nursing home residents, a major priority since 82% of all Program complaints concerned persons in nursing facilities. Continuing problems voiced by residents and their families attested to the increased need to make basic Program services more readily available to these individuals. The Nursing Home Reform Act provided additional responsibilities for the Program, making the skills of a trained volunteer a valuable asset for

observation of potential regulatory infractions. The information and education needed by a resident or family member so that he or she is better able to exercise the individual's rights is also critically important.

The Board adamantly agreed, however, that it was reasonable to continue to seek funding from the Legislature, as it had in the past, to increase the ranks of permanent professional Ombudsmen to 12 persons; permanent staff would continue to provide the professional services, knowledge and skills necessary to respond to increasingly complex adverse care situations incurred by the long term care consumer and maintain a strong "watchdog" presence for provider compliance with the increasing body of federal and state regulation.

The Project to Date

A 7-member advisory committee composed of consumers, nursing home industry representatives and concerned government agencies were appointed by the Board, convening its first meeting in June, 1994. This group, chaired by the Board's chairperson, is responsible for providing review and guidance at each stage of the project's development and implementation. It advises and makes recommendations to the Board regarding volunteer policies and future volunteer efforts.

To determine if volunteer efforts would be fruitful state-wide in both rural and urban facilities, two sites were chosen for the initial stage of the project: Milwaukee and Monroe counties. Six volunteers for the four homes in Monroe county were recruited and received six hours of formal training during August, 1994. In Milwaukee county, eight volunteers participated in the formal training program in September, 1994 and began their weekly visits to eight facilities in October. During November and December, each volunteer group also participated in the first of regularly scheduled in-service training planned for half-day sessions periodically during the year to include case discussion, skill training and updates on policies and regulations.

Currently, every volunteer visits his or her assigned facility at least once a week for a minimum of three hours, reporting observations and problems to the coordinator, also a volunteer, who supervises at that location. The volunteer journals the observations made during each visit, which residents were involved and any discussions the volunteer had with nursing home staff regarding problems observed and addressed by the facility. A volunteer also communicates on a regular basis with the professional Ombudsman assigned to the facility to update the Ombudsman and to refer any problems needing the Ombudsman's attention. Each of these responsibilities is contained in the volunteer's contract with the Board on Aging and Long Term Care. The volunteer also agrees to commit to the project for at least 6 months, to adhere to the Board's policy regarding confidentiality of information, and to provide appropriate notice whenever the volunteer cannot make a weekly visit.

In general, it is the volunteer's goal to empower residents to exercise their individual and group rights afforded under the law. The volunteer is responsible for assisting individual residents to resolve basic difficulties with every-day living in a nursing home and to provide information to residents regarding their rights while living in the facility. Information is given to residents to help them use the process already established in the nursing home for getting changes made or problem situations improved. While the volunteer is in the assigned facility, he or she will collect information about general conditions and any problems observed in the facility. The volunteer works with facility staff to remedy any difficulty incurred by a resident or relating to general conditions within the facility. If these efforts fail, the volunteer refers the problem to the professional Ombudsman. Similarly, the volunteer monitors and follows up on any resolutions and agreements made with the facility to ensure that improvements are maintained. All volunteers perform their activities according to guidelines and protocols developed for the Long Term Care Ombudsman Program.

Project Expansion

Once the Project is fully operational in the five counties planned for volunteer efforts over the two-year period beginning July 1, 1995, it is anticipated that:

- A. Weekly visits will be made to at least 40 facilities;
- B. Numbers of individuals served will reflect the increased access residents have to Program services through volunteers;
- C. Volunteers will regularly participate and provide support for resident and family councils;
- D. Professional Ombudsmen will be able to increase their activities in areas currently receiving scant attention, such as participation in the annual regulatory survey of a problem facility, and increased participation as the resident's representative in complex legal issues. They will also increase efforts to aid the resident, the family members, and care providers to maintain the care and services which best suit the needs of the resident, whether those services are in a nursing home, a CBRF or in the person's home.

To continue implementation of the Volunteer Demonstration Project, the Board plans to recruit and employ a full-time Volunteer Coordinator. The Coordinator will undertake responsibility for recruitment and training of persons necessary to continue current efforts and assume daily supervision of volunteers. This includes recruitment and training of additional cadres to expand the project to more facilities in Milwaukee, to facilities in Dane and Rock counties and to another county yet to be chosen. As part of these expansion efforts, the Coordinator will also recruit and train Area Coordinators to assist in the daily supervision of volunteer activities in

each county so that volunteers may rely on expedient support and assistance at the local level. Area Coordinators will participate on a volunteer basis similar to volunteers themselves.

The Volunteer Coordinator, in addition to daily supervision and coordination, will develop the necessary informational materials for volunteers to disseminate during their facility visits, continue development of volunteer training materials and aids, and provide the necessary reports to the Advisory Committee, the Board and the federal Administration on Aging. The Coordinator, at the request of the Advisory Committee or the Board, will provide any further analysis of similar volunteer programs conducted by other organizations or state ombudsman programs to provide insight for Wisconsin's Volunteer Program.

Project Evaluation

Project Evaluation will be conducted by the Board and a graduate student from the University of Wisconsin-Madison as a thesis project in health care policy and regulation. Following development of the evaluation tool, the evaluator will make on-site observations of volunteer activities during volunteer visits. Volunteers, professional ombudsmen, nursing home residents and their families, nursing home staff and local surveyors will be contacted for assessment of the strengths and weaknesses of the Volunteer Program. The Project Evaluation Report must be completed in advance of the Board planning its proposed budget for the 1997-99 biennium.

Project Milestone Schedule

Task	Completion
A. Employ Volunteer Coordinator	Begins works the first day of July's first payroll period, 1995
B. Expand Milwaukee Effort to 20 Facilities	
1. Recruit and train volunteers	September 30, 1995
2. Place in assigned facilities	November 31, 1995 (Phased-in)
3. Review of initial assignments	January 30, 1996
C. Establish Volunteers in Rock County	April 15, 1996 (all tasks)
D. Establish Volunteers in Dane County	April 15, 1996 (all tasks)
E. Establish Volunteers in County X	June 1, 1996(all tasks)
F. Report to Board on Completion of Expansion	July 1996 Board meeting

- G. Project Evaluation September 30, 1996
- H. Inclusion in Board's 1997-99
Biennial Budget for submission to the
Governor and Legislature October, 1996

Grant Proposal Budget

This proposal would provide for a full-time volunteer coordinator and resources to support the volunteers, including printed materials, training sessions, and telephone costs. Funds are also requested to support the project's Advisory Council and the projected costs of a formal evaluation.

	<u>First Year</u>	<u>Second Year</u>
Salary (1 FTE) \$14.86/hr	30,900	32,400 (5%+)
Fringe Costs (35.15% of Sal.)	10,900	11,500
Supplies (Space,Phone,Travel, Postage,Materials,etc.)	5,300	5,300
One-time Costs (Equipment, Office Furniture)	4,200	
Volunteer Costs (Training costs, materials, recognition costs)	8,000	8,000
Publications (Brochures, Consumer handouts, newsletter,etc.)	3,000	3,000
Advisory Council (Out-of-pocket expenses, materials)	2,300	2,300
Evaluation	2,000	2,000
	-----	-----
Total:	66,600	64,500

Sustaining the Project

The Board of Directors have already determined that if the project proves successful following the identified period of demonstration, they will approach the Governor and Legislature for state support (General Purpose Revenue) of continuing costs. This will occur during the development of the Board's 1997-99 Biennial Budget Proposal. Assuming approval for state funding beginning July 1, 1997, the Volunteer Representatives will no longer be a project but a program of BOALTC, fully integrated into the Board's operations.