

Committee Name:
Joint Committee on Finance – Budget Hearings (JCF_BH)

Appointments

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Clearinghouse Rules

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Committee Hearings

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Executive Sessions

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I'm a parent of a special ed child who has received services due to the good graces of the State of Wisconsin. So, the first thing I want to do is thank you for helping my daughter. If it weren't for the State of Wisconsin, PL 94-142 and aid to special education my daughter and my family would be in great difficulty. I understand Special Ed now is in some difficulty and so I want to return the favor. The best thing I can do in these few moments is talk about the current 2/3 funding versus, for lack of a better phrase, Special Ed the way it was.

As you know PL 94-142 was set up to help those children who if left unaided would fail in regular classrooms. The law provided funding as an incentive to schools to provide service and allowed that funding could be withheld if schools didn't follow the law. It's the old carrot and stick approach. Follow the law and you will be aided. Disregard the law and you will be penalized. Children were aided.

We are abandoning that structure. Now it's general aid that funds special education. General aid is based primarily on pupil count. It is not aid based upon compliance with 94-142. It is aid that will be disbursed irregardless of performance. What 2/3 funding has done is to remove the incentive to perform and diminish the consequences for failure. As handicapped aid gets smaller the reward diminishes and the stick becomes almost non-existent. Soon, there will be no carrot. There will be no stick. There are those who say generic 2/3 one size fits all funding is better. They are missing an important point. The blending of aid makes it's use more obscure and so also more vulnerable to abuse. It is disingenuous and a rhetorical slight of hand to say the two are the same and there is no harm done.

Why is state involvement in compliance important? It's important because there are many families out there who don't have the resources to look out for themselves. I know that to be true. Families do give up. The retreat from special ed funding only makes life more difficult for these people. This perception of retreat has and will bully them into silence.

As a member of the Middleton Pupil Services Parent Advisory Committee I've become aware of another element at play here. I've become convinced that much of the distress we're experiencing comes from the unpredictable appearance of hi-cost disabilities. It's a wild card, often more medical than educational, that comes out of nowhere, scuttling the best of plans. Only if we maintain a special education fund can we account for and get a handle on these costs. It's something we can't smooth over with 2/3 funding. 2/3 funding while worthy is obscuring special ed issues. You don't want general aid to fund special education. You don't really want handicapped aid frozen..

I urge you to stand behind the law. Let's be smart. Let's be accountable for what we do and plan in an honest and compassionate way for our future. Let's restore aid to special education..

Joint Finance Committee Mtg.
Testimony 4/15/99

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Thank you for the opportunity to appear before your committee today. I would like to urge your committee to reconsider the governor's proposed funding cuts to Community Aids. Community Aids funds support the important and cost-effective work of many service programs which assist children, people with disabilities and older adults. As a Madison employee of an agency serving adults with disabilities, I am very concerned about these proposed cuts. If funding is not restored, Dane County will experience a 4% cut in community service funding. 4% does not sound like small potatoes to anyone doing this work. We know that we can't afford even a cut at this level. Such a funding cut fails to permit agencies to stay on top of inflation, and restricts the scope and quality of what they are able to accomplish. **The success of these programs rests in being able to assure the families and the community of the high quality of services people receive.** These programs provide jobs, as well, and in order to continue to be good employers, agencies receiving funding from Community Aids need to be funded at least at the rate of inflation.

But I would like to urge you today, not only to fund these programs at the level of inflation, but indeed to fund increases for Community Aids, and the highly successful CIP and COP programs. This is why.

My brother graduated two years ago from high school in Milwaukee. He has a disability and benefitted from Special Education programs while in school. He received support to help him get a job in the community. Some day he would like to move into his own apartment and get support services there. I believe that Milwaukee and other counties across the state need to have more funding to **expand and improve upon** their services to people with disabilities. In Milwaukee and elsewhere in the state, there are long waiting lists for people who would need support on the job or in their own homes. I know from working and living in Madison that there are some great model programs in the state doing good work to support people with disabilities. I believe we should be proud of these programs and make increased Community Aids funds available to do even more for all of our citizens with disabilities in the state. Thank you.

which are well administered
+ hold workers accountable

in
Madison:
1) Options in Community Living
Family Support + Resource Center
Community Work Services

April 15, 1999

To: Senator Brian Burke & Representative John Gard, Co-Chairs
Members, Joint Committee on Finance

From: Lynn Breedlove, Executive Director, Wisconsin Coalition for Advocacy
Fred Greasby, Chair, State Independent Living Council
Jayn Wittenmyer, ARC-WI
Fran Bicknell, Autism Society of WI

Subject: Issues affecting Wisconsin citizens with disabilities in the 1999-2001 biennial budget bill

Our organizations represent all the major disability populations in Wisconsin: people with developmental disabilities, people with physical disabilities, and people with serious mental illness. We are also speaking on behalf of the Survival Coalition of statewide disability organizations.

We will focus on two major areas:

- The overall discouraging picture of this budget as it relates to community services for people with disabilities
- The current position of disability groups in response to the Governor's proposal for Family Care

A. The overall discouraging picture of this budget as it relates to community services for people with disabilities

The general consensus among disability groups in Wisconsin is that this budget, taken in its entirety, is a major setback to the efforts of the last several years to strengthen the community service system which supports people with disabilities to live in their own homes and their own communities. For the first time in recent history, there are no community services for people with disabilities which are proposed for an increase in either rates or in the number of people to be served. This includes the Community Options Program, both the Community Integration Programs 1A and 1B, the Brain Injury Waiver Program (which provides an alternative to hospitalization for individuals with a traumatic brain injury), the Family Support Program, and the Medicaid Personal Care Program. There is no provision for dealing with current waiting lists for any of these programs, nor the projected increase in demographic growth which will add new demands on these programs in the next biennium.

On top of this bad news, Community Aids, which is a crucial funding source for many disability and mental health services, has actually experienced a major cut. We have already

received specific reports from Milwaukee, Racine, Kenosha, Dane, and Waukesha Counties regarding the cuts in community services which will take place in their counties as a result of the loss of Community Aids. As you may know, there will be a disproportionately large effect of this cut in Milwaukee County, as a result of the state's unusual method of calculating how the cuts would be applied in Milwaukee.

As advocates for people with disabilities, it is difficult for us to know where to start in attempting to make this budget more disability-friendly. Frankly, we would appreciate the help of the Joint Finance Committee on any of these fronts. We believe a restoration of the lost Community Aids dollars is absolutely crucial. But we also are confounded by the possibility that this biennial budget would be the first one in the history of the Community Options Program in which there is no growth in that program. Ignoring the Community Integration Programs will have the predictable result of closing the door on any persons with disabilities in state, county, or private institutions who could live appropriately in the community at a lower cost to the taxpayer.

We have attached a chart which summarizes the overall devastating picture for people with disabilities if this budget is not changed.

B. The current position of disability groups in response to the Governor's proposal for Family Care

1. We support the Governor's proposal to continue "pilot" projects in Redesign and to increase the number of pilots. However we believe that the pilots should really be pilots (and not the first stage of phase-in of a statewide model), which means that we would ask the Legislature to change proposed statutory language so that such language is limited in its impact to implement pilots and not set the stage for full statewide implementation.
2. We also believe, in the spirit of "piloting" different models, that the Legislature should specifically indicate that all pilot counties would have the opportunity of selecting the Alternative Model which has been developed by disability groups, counties, and aging groups (see attached summary description), in addition to having the choice of the DHFS model.
3. We believe that the performance of all pilots should be evaluated by an independent third party to ensure an objective analysis.
4. We also believe that all long term care populations should be included in the planning for Long Term Care Redesign, i.e., we are opposed to Secretary Leean's position that people with developmental disabilities should be excluded from the reform of the long term care system.

The impetus for developing an alternative model grew out of the concern shared not only by disability groups but also by counties that the state appeared to be moving in the direction of privatizing the long term care system in Wisconsin, which historically has been the responsibility

of county government. We do not believe that there is a strong consensus of the citizens of Wisconsin to exclude local government from long term care, and in fact we believe there are many people who like the idea that local elected officials are (and will continue to be) accountable for overseeing the quality of a locally run long term care system. The Department cannot ensure that counties would be able to run the system in the context of the DHFS model; in fact they have specifically indicated their strong interest in opening up the competition for this role to the private sector. The alternative model would clearly continue the role of counties as the coordinating body for the provision of long term care in every county.

THE DISCOURAGING BIG PICTURE FOR PEOPLE WITH DISABILITIES IN THE GOVERNOR'S BUDGET

- Community Aids Program → Governor's budget reflects an \$18 million overall cut in Community Aids
- Community Options Program → Governor proposes no new COP slots for demographic growth or waiting lists in the 1999-2001 biennium
- Community Integration Program 1A → Governor proposes no increase in rates -- lowest projected # community placements from the State DD Centers in history of CIP1A
- Community Integration Program 1B → Governor proposes no rate increase and no new slots in either year (unless ICF/MR's close existing beds)
- Brain Injury Waiver Program → DHFS recently reduced the per diem rate. No new slots and no rate increase proposed for Yr. 1 or Yr. 2
- Family Support Program → Governor proposes no rate increase and no services for families on waiting lists
- Medicaid Personal Care → After a combined total increase of 45 cents/hour during the last 9 years, and some personal care agencies going under during that time, Governor proposes 1% rate increase
- Mental Health/AODA Managed Care Initiative → After 3 years of planning, DHFS & Blue Ribbon Commission on Mental Health propose 8 demonstration sites for the new model of mental health services; Governor cuts it to 2 sites.

March 12, 1999

LONG TERM CARE REDESIGN: AN ALTERNATIVE MODEL TO TRY IN THE PILOT PHASE

The Wisconsin Department of Health & Family Services has begun the process of piloting one model of LTC Redesign: a risk-based managed care approach which will require special federal approval and will offer the private sector an opportunity to compete against county governments for the right to run the LTC System at the local level. Statewide disability and aging organizations have joined with the Wisconsin Counties Association to develop an Alternative Model, which we believe should also be piloted in multiple counties. Then there should be an independent evaluation of all the pilots, before the legislature makes a binding decision on which model to implement statewide.

The Alternative Model is simple – it's based on the premise that we can achieve the LTC reforms we all want by building on the current system, which would be preferable to blowing up the current system and starting over. The Alternative Model aims to achieve the same goals the Department has identified: simplify the system, pool the funding streams, include all the populations that need long term care, end waiting lists and the institutional bias of the current system, and provide consumers more choice.

The big difference between the two approaches is in how to achieve these goals. The Alternative Model would continue the 100 year tradition of county-based human services in Wisconsin, enabling consumers and families to continue their existing relations with county workers and with local elected officials who oversee the system. This model would also expand and consolidate the Community Options Program with other effective existing community programs, rather than eliminate good programs simply because they are underfunded.

Key Features of the Alternative Model:

- Existing Medicaid waivers programs (e.g., COP and CIP) would be consolidated and expanded to serve people on waiting lists, with rates increased to cover actual costs. Statutory responsibility of counties (as in Chapter 51 for people with developmental disabilities) would be broadened to include elderly people and people with physical disabilities.
- As in Oregon's LTC Reform, a) Wisconsin would need no additional federal waivers beyond the standard Home and Community Based Waiver we already have, and b) Wisconsin would assure the same eligibility and entitlement for community-based long term care as for nursing home care.
- The Alternative Model will cost no more than the Department's model, and counties would continue to invest local tax dollars in the system. The core funding is the same federal-state matching funds for both models, eligibility is the same, and neither model proposes a more expensive package of individualized services than the other.
- The Alternative Model includes many of the features of the DHFS model: pre-admission screening for institutions; Resource Centers; a consumer-directed support option; outcome-based quality assurance; continuity of service; independent advocacy; and an opportunity for people currently in institutions to move out and receive community services.



The Arc-Wisconsin, Inc.
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**Promoting Quality of Life for People with
Developmental and Related Disabilities**

**Celebrating
50
Years of Service**

April 15, 1999

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

From: Jayn Wittenmyer, Chairperson
Arc-Wisconsin Legislative Committee

RE: 1999-2001 Wisconsin Budget

The Arc-Wisconsin, a state-wide, non-profit organization representing persons with mental retardation and other developmental disabilities, and their families welcomes this opportunity to present our views on the proposed 1999-2001 state budget.

We were greatly dismayed to find that the only new money in the budget was for the nine pilot counties to test out family Care. They need money for waiting lists, that is sure but what about the other 63 Wisconsin counties? They also have thousands of people on waiting lists who have also been looking forward to the 1999-2001 budget as a help to them.

With developmental disabilities being removed from Family Care, we strongly support FUNDS be allocated to help support services in all 72 counties. How can a state suggest that while piloting a new program in some counties, all current services be put on automatic pilot until after the pilots have been tested. I can assure you that disabilities DO continue in folks and do not go away while the state tests out how to best serve them.

People with disabilities and their families have been honest and up front in working with state agencies, counties, local providers and themselves in what is needed and how best to provide a quality of life to make disabilities a natural experience of life. Its time the legislature set up and tell people with disabilities and their families that their efforts have been appreciated and the state intends to **DO THE RIGHT THING.**

Thank you for providing opportunities all citizens to be a part of the budget process.

cc: Gerald A. Born
Executive Director

Leigh Roberts, President
Perry Mueller, Secretary

Christine Cornell, Vice-President
Kathleen Radionoff-Hoppe, Treasurer

Dorothy Will, Past President
Gery Born, Executive Director



ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND

PPORPOSAL SUMMARY

State services for older blind adults are inappropriately funded by the state of Wisconsin. As a result many people who are older and blind or visually impaired will not maintain their independence but become dependent upon their families for basic needs and the state for funding of costly long-term living arrangements. More funding should be allocated to services that increase independence and the likelihood of the client remaining in their own home rather than costly nursing homes or assisted living placements.

The fifteen FTE rehabilitation teachers are funded 50% GPR and 50% Federal Vocational Rehabilitation dollars. The VR dollars are in jeopardy for long term funding. ***The total transpiration money for the rehabilitation teachers this SFY was NOTE:?? AND THE TOTAL MONEY FOR EQUIPMENT FOR THEIR CLIENTS WAS note:??.*** These rehab teachers serve approximately 1000 people each year with these limited funds. 1000 people that sustained independence and saved the state costly long-term funding obligations. The state has not appreciably added to this service program in over fifteen years and the population continues to grow.

Beginning on July 1, 1998 the rehabilitation teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation, DVR. (This program used to be in DVR but was relocated to the Division of Supportive Living in July 1996). With this change, funding losses are accumulating.

LEGISLATIVE ACTION

The Wisconsin State Legislature needs to restore this lost revenue and adequately fund the transportation and client-equipment budgets. An additional \$100,000 needs to be allocated to this programs in each year of the next biennium to adequately fund services to older blind or visually impaired adults.



**BADGER
ASSOCIATION
OF THE
BLIND, INC.**

Kathy Brockman
Membership Coordinator

President

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RATIONALE

Governor Tommy Thompson stated in his 1999 State of the State Address the need to make the lives of senior citizens more secure through long-term care in their own homes. Older people who are blind should have the opportunity to maintain their independence and remain in their own homes - if not for the dignity of a human being, for the economic benefit to the state. These people have been managing their personal affairs, taking care of their homes, cooking and involved in the leisure of their choice for many years. When their vision becomes dramatically reduced, tragically most of them will stop doing things for themselves. Often times they or their families seek a nursing home or other assisted living placement. This does not have to happen. Older persons who are blind or severely visually impaired can live independently.

The Office of the Blind (in the Division of Supportive Living) has fifteen rehabilitation teachers located across the state. It is their job to teach older blind people how to maintain their independence. They teach communications, cooking, cleaning, budgeting and anything else the customer needs to learn to remain in his/her home. In addition to teaching people how to maintain their independence without sight they will provide special equipment that will be helpful (e.g., talking clocks, magnifiers, kitchen utensils). The teaching occurs in the client's home; thus it is an itinerate program.

STATISTICAL EVIDENCE: In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Given that estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020 and that baby boomers will be entering the ranks of the elderly, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase. According to 1995 statistics from the American Foundation for the Blind, almost 1.1 million Wisconsin residents were over the age of 55. Of these, 10 percent were visually impaired and 2 percent were severely impaired (includes blindness). Of those people 65 years of age and older, 13 percent were visually impaired and 2 percent were severely visually impaired. In the 75 and over age group, 19 percent

were visually impaired and 4 percent were severely visually impaired. Of those folks 85 years of age and older, 29 percent were visually impaired and 7 percent were severely visually impaired.



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ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND--April 1999

Older people who are blind or visually impaired should have the opportunity to maintain their independence in their homes and remain active in their communities. Inadequate state funding for the elderly blind or visually impaired causes many of these people to depend on their families and the State for costly long-term living arrangements.

Current Services and Funding

Rehabilitation Teachers employed by the State of Wisconsin, Department of Health and Family Services, Office for the Blind, teach older blind people how to maintain their independence. This includes techniques for communicating, mobility, and work in the home, such as food preparation, budgeting, and record keeping.

Fifteen Rehabilitation Teachers for the blind and visually impaired serve approximately 1,000 people statewide with an annual budget of about \$69,000 for travel and adaptive equipment. This equals \$69.00 per client as opposed to the approximately \$100 per day, or \$3,000 per month that can be spent on assisted living facilities.

As of July 1, 1998, the Rehabilitation Teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation. With this change, client services have decreased.

Population

In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020. In addition, baby boomers will be entering the ranks of the elderly. Thus, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase.

The American Foundation for the Blind 1995 data show that almost 1.1 million Wisconsin residents were over the age of 55, with the following breakdown:

Age	Visually Impaired	Severely Visually Impaired
Over 55	10 percent	2 percent
Over 65	13 percent	2 percent
Over 75	19 percent	4 percent
Over 85	29 percent	7 percent

Legislative Action Requested

The Wisconsin State Legislature should build into the base of the budget for the Office for the Blind \$100,000 to restore lost revenue and adequately fund transportation and adaptive equipment to serve the older blind and visually impaired population in the state.

Charlja/winword/cob/AARP

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

Joint Finance Committee
State Capitol
Madison, Wisconsin

Dear Committee:

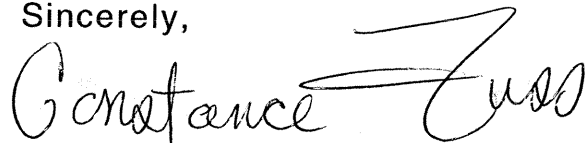
I have worked as a live-in and come-in Personal Care Worker for over eight years in Wisconsin. I enjoy my work and feel I'm good at what I do in helping people who are physically disabled.

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

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

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Constance Fuss". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Constance Fuss

Joint Finance Committee:

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

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

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

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

Date 4-7-99

PCW Signature P. P. P. P.

P. P. P. P.

Joint Finance Committee

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

Please support the \$4.00 rate increase to agencies for MF Board fee

Barbara Saffell
3576 S. 43rd
Milwaukee, WI 53220

I've been working in this
business for the last 10 years. I'm tired
continuing to take care of
kind of work. We are losing
because it isn't worth it. ~~working~~ workers.

m.A.

Date _____
PEW Signature Request Form

Submitted by Valerie Faldutad
Lifespan Respite Care Committee member

Lifespan Respite Care Bill

4/15/99

opposed to cut in community funds because services such as respite would be greatly reduced
Lifespan Bill asks for \$525,000 total

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

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

relating to - areas with funds but no respite service

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

relating to - areas with respite services & no funds

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

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

The Bill will increase ^{to} family / primary caregivers respite options & availability

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

The World of the People



Ujespan Republic

LIFESPAN RESPITE CARE

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ISSUE STATEMENT:

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

Background :

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

SPONSORING ORGANIZATIONS

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

These practices:

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

Position:

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

Action Required:

- 1) The Lifespan Respite Care committee supports the following legislative initiatives:
to provide GPR funding of \$525,000 for the 1999-2000 biennium to increase availability of respite services and to develop a consumer-driven, well-coordinated, and ready-to-respond respite care delivery system in Wisconsin.**
- 2) Contact your Senator and Assembly Representative to indicate your support for Lifespan Respite**
- 3) Urge your Senator and Assembly Representative to co sponsor / support The Lifespan Respite Care Bill**

Fact Sheet #1

Families or primary caregivers caring for someone with significant needs in their home, live with high levels of physical, emotional, and financial stress.

*Studies conducted at both the National, and state level show that without support services such as respite families, primary caregivers and individuals with disabilities are placed at risk. These risks include

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

Caregivers report the following negative impacts of caregiving:

- | | |
|------------|---|
| Exhaustion | Irritability |
| Tension | Little time with spouse or other family members |

The emotional impact of being a caregiver:

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

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

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

- | | |
|---|--|
| • Reduce stress in families | Reduce out-of-home placements |
| • Reduce risk of abuse and neglect | Increase family social activities and interactions |
| • Enhance family coping ability | Prevent burnout |
| • Increase caregivers' physical and mental well-being | Promote healthy families |

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

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

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

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

Joint Finance Committee
April 15, 1999

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

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

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

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

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

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

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

Sincerely,

Gary and Beverly Jackson

And Kersten

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT



DIVISION OF VOCATIONAL REHABILITATION
2917 International Lane
P.O. Box 7852
Madison WI 53707
(608) 243-5600
TTY# (608) 243-5601

FAX COVER MESSAGE

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Date: 4/8

Time: 1045

TO: → Tom Langham

Name

Kathy Brockman

FAX Number

414-256-8744

Location

Badger

Room Number

Phone Number

414258-9200

FROM (Sender):

Name

Jane Charlton

Number of Pages
Including This
Cover Sheet

FAX Number

(608) 243-5680

Location

Division of Vocational Rehabilitation - Central Office
2917 International Ln, 3rd Flr, Madison, WI 53704

3

Phone Number

243-5623

PROBLEMS WITH TRANSMISSION?: If there are any problems or questions regarding this transmission please call the sender of this FAX or the DVR-Central Office receptionist at (608) 243-5600 or (608) 243-5601 TTY.

MESSAGE:

Hi Kathy -
Here is the fact sheet + the
dates + places for the joint
Finance Committee Hearings.

Jane



3/9/99

REGIONAL HEARINGS OF THE
LEGISLATURE'S JOINT FINANCE COMMITTEE

- March 26, 1999 Brown County Public Library
Auditorium
515 Pine Street
Green Bay
10:30 am – 5:00 pm

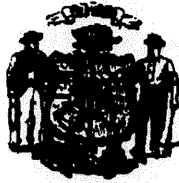
- April 8, 1999 JI Case High School
Auditorium
Racine
10:30 am – 5:00 pm

- April 13, 1999 UW Stevens Point
University Center, Alumni Room
Stevens Point
10:30 am – 5:00 pm

- April 14, 1999 Osceola High School
Gymnasium
Osceola
10:30 am – 5:00 pm

- ★ April 15, 1999 State Capitol
Room 411 South
Madison
10:30 am – 5:00 pm

*Register to Testify After
9:30 AM*



COUNCIL ON BLINDNESS
 2917 International Lane
 P.O. Box 7852
 Madison, WI 53707-7852
 Telephone: (608) 243-5656
 TTY: (608)
 243-5601
 FAX: (608)
 243-5680

ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND--April 1999

Older people who are blind or visually impaired should have the opportunity to maintain their independence in their homes and remain active in their communities. Inadequate state funding for the elderly blind or visually impaired causes many of these people to depend on their families and the State for costly long-term living arrangements.

Current Services and Funding

Rehabilitation Teachers employed by the State of Wisconsin, Department of Health and Family Services, Office for the Blind, teach older blind people how to maintain their independence. This includes techniques for communicating, mobility, and work in the home, such as food preparation, budgeting, and record keeping.

Fifteen Rehabilitation Teachers for the blind and visually impaired serve approximately 1,000 people statewide with an annual budget of about \$69,000 for travel and adaptive equipment. This equals \$69.00 per client as opposed to the approximately \$100 per day, or \$3,000 per month that can be spent on assisted living facilities.

As of July 1, 1998, the Rehabilitation Teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation. With this change, client services have decreased.

Population

In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020. In addition, baby boomers will be entering the ranks of the elderly. Thus, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase.

The American Foundation for the Blind 1995 data show that almost 1.1 million Wisconsin residents were over the age of 55, with the following breakdown:

Age	Visually Impaired	Severely Visually Impaired
Over 55	10 percent	2 percent
Over 65	13 percent	2 percent
Over 75	19 percent	4 percent
Over 85	29 percent	7 percent

Legislative Action Requested

The Wisconsin State Legislature should build into the base of the budget for the Office for the Blind \$100,000 to restore lost revenue and adequately fund transportation and adaptive equipment to serve the older blind and visually impaired population in the state.

Charlja/winword/cob/AARP

ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND

PPORPOSAL SUMMARY

State services for older blind adults are inappropriately funded by the state of Wisconsin. As a result many people who are older and blind or visually impaired will not maintain their independence but become dependent upon their families for basic needs and the state for funding of costly long-term living arrangements. More funding should be allocated to services that increase independence and the likelihood of the client remaining in their own home rather than costly nursing homes or assisted living placements.

The fifteen FTE rehabilitation teachers are funded 50% GPR and 50% Federal Vocational Rehabilitation dollars. The VR dollars are in jeopardy for long term funding. ***The total transpiration money for the rehabilitation teachers this SFY was NOTE:?? AND THE TOTAL MONEY FOR EQUIPMENT FOR THEIR CLIENTS WAS note:??.*** These rehab teachers serve approximately 1000 people each year with these limited funds. 1000 people that sustained independence and saved the state costly long-term funding obligations. The state has not appreciably added to this service program in over fifteen years and the population continues to grow.

Beginning on July 1, 1998 the rehabilitation teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation, DVR. (This program used to be in DVR but was relocated to the Division of Supportive Living in July 1996). With this change, funding losses are accumulating.

LEGISLATIVE ACTION

The Wisconsin State Legislature needs to restore this lost revenue and adequately fund the transportation and client-equipment budgets. An additional \$100,000 needs to be allocated to this programs in each year of the next biennium to adequately fund services to older blind or visually impaired adults.

RATIONALE

Governor Tommy Thompson stated in his 1999 State of the State Address the need to make the lives of senior citizens more secure through long-term care in their own homes. Older people who are blind should have the opportunity to maintain their independence and remain in their own homes - if not for the dignity of a human being, for the economic benefit to the state. These people have been managing their personal affairs, taking care of their homes, cooking and involved in the leisure of their choice for many years. When their vision becomes dramatically reduced, tragically most of them will stop doing things for themselves. Often times they or their families seek a nursing home or other assisted living placement. This does not have to happen. Older persons who are blind or severely visually impaired can live independently.

The Office of the Blind (in the Division of Supportive Living) has fifteen rehabilitation teachers located across the state. It is their job to teach older blind people how to maintain their independence. They teach communications, cooking, cleaning, budgeting and anything else the customer needs to learn to remain in his/her home. In addition to teaching people how to maintain their independence without sight they will provide special equipment that will be helpful (e.g., talking clocks, magnifiers, kitchen utensils). The teaching occurs in the client's home; thus it is an itinerate program.

STATISTICAL EVIDENCE: In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Given that estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020 and that baby boomers will be entering the ranks of the elderly, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase. According to 1995 statistics from the American Foundation for the Blind, almost 1.1 million Wisconsin residents were over the age of 55. Of these, 10 percent were visually impaired and 2 percent were severely impaired (includes blindness). Of those people 65 years of age and older, 13 percent were visually impaired and 2 percent were severely visually impaired. In the 75 and over age group, 19 percent

were visually impaired and 4 percent were severely visually impaired. Of those folks 85 years of age and older, 29 percent were visually impaired and 7 percent were severely visually impaired.

C. Neider
PO Box 260062
Madison, Wisconsin
53726-0062

I AM A YOUNG WOMAN WHO HAS LIVED AND STRUGGLED WITH CHRONIC FATIGUE SYNDROME, FIBROMYALGIA, CANDIDA, MULTIPLE CHEMICAL SENSITIVITIES AND MILD DEPRESSION FOR ALL OF MY ADULT LIFE. MY ILLNESSES CAUSE ME TO TIRE EASILY - THE LEAST PHYSICAL ACTIVITY IS DIFFICULT AND INTENSELY PAINFUL. I GET OVERWHELMED EASILY, I CANNOT MAINTAIN MY BASIC HYGIENE - LIFTING MY TOOTHBRUSH CAN OFTEN BE A FORMIDABLE TASK - OR PERFORM BASIC LIFE ACTIVITIES.

I HAVE DIFFICULTY SLEEPING, HAVE BRAIN FOG AND DIFFICULTY COMMUNICATING AND GETTING MY POINT ACROSS - I EVEN HAD TO ASK SOMEONE TO WRITE THIS LETTER FOR ME. I DON'T LOOK DISABLED AND THEREFORE FIND MYSELF IN THE EXHAUSTING POSITION OF TRYING TO VALIDATE MY LIMITATIONS AND EXPLAINING MY ILLNESSES TO EACH NEW PERSON I COME IN CONTACT WITH.

AS A RESULT OF MY FATIGUE LEVEL AND INABILITY TO ADDRESS MY BASIC NEEDS AND RESPONSIBILITIES I HAVE BEEN EVICTED FROM ALMOST EVERY HOME I HAVE LIVED IN, BEEN FIRED FROM ALL OF THE JOBS I'VE HAD, AND HAVE BEEN UNABLE TO GET AN EDUCATION. I HAVE A VERY LIMITED SOCIAL NETWORK - IT IS DIFFICULT TO KEEP FRIENDS. MY FAMILY HAS BEEN SHATTERED - I AM DIVORCED AND MY SON IS EMBITTERED AND UNABLE TO TAKE THE PRESSURE AND RESPONSIBILITY OF LIVING WITH ME ANY LONGER.

I AM CURRENTLY BEING FACED WITH YET ANOTHER EVICTION AND AM FACED WITH THE PROSPECT OF BEING HOMELESS. I CANNOT AFFORD THE HELP I NEED, I HAVE NO CREDIT - HAVING BEEN FORCED TO LIVE OFF CREDIT CARDS WHEN I COULD NOT MAKE ENDS MEET.

I WORK VERY HARD, BUT AM UNABLE TO DO THIS ALONE. I NEED HELP. I NEED IN-HOME HEALTH CARE, SOMEONE TO HELP WITH HOUSEKEEPING, MEAL PREPARATION, GROCERY SHOPPING, COMPANIONSHIP, OCCUPATIONAL THERAPY AND AN EFFECTIVE ADVOCATE. I NEED HELP GETTING MY BASIC NEEDS MET SO I CAN CONCENTRATE ON GETTING WELL AND ATTAINING THE HEALTHY AND PRODUCTIVE LIFE I WANT AND KNOW IS POSSIBLE. AT THE MOMENT I AM SO OVERWHELMED BY MY FINANCIAL STRAITS, MY DETERIORATING HOME LIFE, AND TRYING TO MEET MY VERY BASIC NEEDS THAT I HAVE NO ENERGY LEFT OVER TO HEAL.

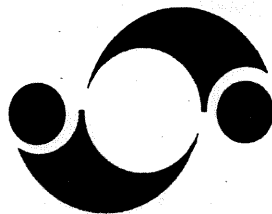
I HAVE REACHED OUT FOR HELP AND HAVE GOTTEN NOWHERE. I HAVE ATTACHED A LIST OF MANY OF THE SERVICES I HAVE CONTACTED, I HAVE NOT RECEIVED ^{the} ^{I need} HELP FROM ANY OF THEM. AND I AM OUT OF OPTIONS. I HAVE NO IDEA OF WHERE TO TURN NOW AND AM BESEECHING YOU TO HELP ME. THE STATE OFFERS HELP THAT HAS NOT PROVEN TO BE HELPFUL AND WHEN I ASK FOR ASSISTANCE WHICH I FEEL WOULD BE HELPFUL I AM TOLD THAT SINCE I REFUSED THE ASSISTANCE OFFERED TO ME THERE IS NOTHING THEY CAN DO. WHY IS THE STATE WILLING TO PAY \$235 / HR TO SEND ME TO A PSYCHIATRIST WHO HAS NOT PROVEN TO BE HELPFUL, BUT WON'T PUT THAT AMOUNT TOWARD THE TANGIBLE HELP I NEED?

PLEASE HELP ME

P.O. Box
260062
Madison, Wisconsin 53726-0062

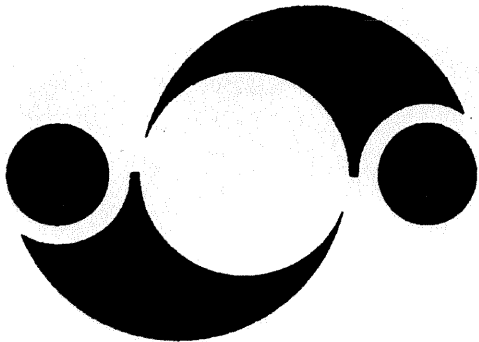
Sincerely C. Nicks

1999 - 2001
LEGISLATIVE INITIATIVES



Wisconsin Council for the Deaf and Hard of Hearing

Alex Slappey
Chairperson



WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING
2917 International Lane, 3rd Floor
P.O. Box 7852
Madison WI 53707-7852
(608) 243-5626 TTY/Voice

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MESSAGE FROM THE CHAIRPERSON Alex Slappey

The Wisconsin Council for the Deaf and Hard of Hearing is comprised of nine members, appointed by the Governor. As part of its purpose, the Council serves to provide advice and consultation to the Office for the Deaf and Hard of Hearing, the Division of Supportive Living, governmental bodies, private groups and individuals. The activities of the Council are driven by the desire to support people who are deaf, deafblind or hard of hearing in their efforts to achieve an equal place in their mainstream communities.

The *1999-2001 Legislative Initiatives* of the Council support the prudent allocation of public funds to enhance the contributions made by individuals and families in their support of people who are deaf, deafblind or hard of hearing. In addition, the Council's initiatives support the provision of comparable accommodation services that are critical to accessing essential basic services that are accessed by the general public.

If questions arise, please contact a Council member listed in the back of this document.



Alex Slappey
Chairperson

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

**POLICY
RECOMMENDATIONS**

**STATUTE TO ESTABLISH BASIC CREDENTIAL REQUIREMENTS FOR
SIGN LANGUAGE INTERPRETERS**

Many people arranging interpreting services are unaware of the skill levels required to provide safe and effective communication. Approximately 500,000 Wisconsin citizens are deaf, deafblind and hard of hearing, resulting in a high demand for interpreting services. The consequences of utilizing unqualified interpreters can be physically dangerous, if not fatal, in medical situations. In legal situations, people can, and have been, denied basic civil rights.

A statute is needed to establish guidelines for the basic skill and quality levels required of Sign Language Interpreters to interpret in a variety of settings. Proposed statutory language includes guidelines for the skill levels required to interpret in legal, mental health and emergency medical settings. Guidelines are also included for skill levels required to interpret in all other settings. Educational interpreters will be exempted from the statutory requirements. In addition, there are administrative sanctions for Sign Language Interpreters providing interpreting services in settings for which they are not qualified, including a fine structure and an appeal process.

COUNCIL RECOMMENDATION

- Support implementation of statutory guidelines to specify basic credential requirements for Sign Language Interpreters

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

FISCAL RECOMMENDATIONS

SERVICE FUND FOR THE DEAF, DEAFBLIND AND HARD OF HEARING

The Service Fund for people who are deaf, deafblind or hard of hearing provides funding for sign language interpreters, realtime captioning and other comparable accommodations. Providing people with the means of presenting and receiving accurate information prevents exposure to life-threatening situations or situations where civil rights are denied.

- Funds support activities not covered by ADA, including support groups for battered women, substance abuse prevention, and cancer victims
- Funds support agencies in the process of obtaining funds for legal, mental health, and emergency medical activities
- In 1996, GPR funding to the Wisconsin Office for the Deaf and Hard of Hearing for the Service Fund was reduced from \$113,000 to \$50,000
- Funds are available to over 500,000 deaf, deafblind and hard of hearing Wisconsin citizens
- Demand for funds exceeds the \$50,000 allocation.

In SFY 98, \$50,000 purchased nearly 1,563 hours of interpreting services, providing services to an estimated 250 people. Service requests exceeding the \$50,000 allocation amounted to an estimated 752 hours or nearly 120 participants.

COUNCIL RECOMMENDATION

- Increase GPR funding to \$138,000 over the biennium from the current base of \$50,000

COMMUNITY SERVICE ASSOCIATES

Community Service Associates (CSAs) provide:

- comparable accommodations in the form of interpreting services for deaf or hard of hearing Regional Coordinators of Deaf and Hard of Hearing Services
- information, assistance, education, and prevention services for deaf, hard of hearing and deafblind citizens

Funding for CSAs is supported by GPR and a combination of state/federal funds from the Division of Vocational Rehabilitation. In SFY 98, DVR funding support was reduced from \$72,620 to \$16,500. Efforts to compensate for the funding reduction included:

- reducing total CSA hours by over 900 hours per year
- providing interpreting services outside of normal job duties

Each of these actions reduced direct services provided to Regional Coordinators of Deaf and Hard of Hearing Services and to the deaf, deafblind and hard of hearing communities.

COUNCIL RECOMMENDATIONS

- Fully fund the services of the Community Service Associates
- Increase the base \$110,500 GPR funding by \$83,779 in SFY 00 and \$89,607 on SFY 01

5

FISCAL RECOMMENDATIONS

Services to the Deaf and Hard of Hearing Fund: Increase GPR funding to \$138,000 over the biennium from the current base of \$50,000.

Community Service Associates: Increase the base \$110,000 GPR funding by \$83,779 in SFY 00 and \$89,607 in SFY 01.

POLICY RECOMMENDATIONS SUMMARY

Statute to Establish Basic Credential Requirements for Sign Language Interpreters: Support the implementation of statutory guidelines to identify basic skill and quality levels required of Sign Language Interpreters in an effort to ensure that people who are deaf, deafblind, or hard of hearing have access to safe and effective communication.

6

**GOVERNOR-APPOINTED MEMBERS OF THE WISCONSIN COUNCIL
FOR THE DEAF AND HARD OF HEARING**

Chairperson: Alex Slappey
(414) 728-7120 TTY/Voice
Delavan

Vice-Chairperson: Sarah Benton
(414) 728-7120 TTY/Voice
New Berlin

Members: John Boyer
(608) 257-5917 Voice
Madison

Linda Jennison
(414) 248-1234 V/TTY
Lake Geneva

Eve Dicker Eiseman
(414) 790-1040 Voice
Mequon

Helen Rizzi
(715) 834-2797 TTY
Eau Claire

Margaret Ferris
(414) 722-0436 Voice/TTY
Neenah

Deborah Stamm
(414) 544-9559 Voice
Pewaukee

Mike Ginter
(608) 833-3201 TTY
Mt. Horeb

NOTES

My name is Christa Decker.

201 S Park
MADISON, WI

I learned that
the governor wants
to cut money for
COMMUNITY AIDS
programs.

I don't know WHY.

I ~~am~~ am a member of People First.
I have cerebral palsy.

I get help from Options to:

- open my mail
- take me to the doctor
- help me write down what the doctor has to say

Options helps me hire people to be my attendants. They

- feed me
- take me to the bathroom
- help me get dressed.

PLEASE DON'T CUT THE
FUNDING FOR COMMUNITY
AIDS!

April 15, 1999

Testimony to the Joint Finance Committee
Regarding the Governor's Proposed Biennial Budget

Good afternoon, Senators and Representatives. Thank you for allowing me the time to express thoughts and concerns about the Governor's proposed biennial budget.

My name is Shelley Rashke, and I am a Regional Director for REM-Wisconsin, Inc. My organization provides assisted living and day services for people with developmental disabilities. I am here today as the Co-Chair and representative of the Dane County Purchase of Service Providers Advisory Committee. Membership consists of representatives from coalitions and consortia in a cross-section of human service fields. We provide services for our most vulnerable citizens, including frail elderly, people with developmental, physical, and mental health disabilities, individuals with substance abuse issues, and families and children in need.

I am here to let you know the impact the governor's proposed budget will have on real people in Dane County. Human Services will face a total reduction of 2.6 million dollars, due to cuts in federal and state revenue combined with modest cost of living increases. How does this effect people?

12 people with developmental disabilities would lose their home and services in the community. 4000 meals for frail elderly people will not be served. 23 people with serious and persistent mental illness will lose their homes or assistance. 10 at risk families will not receive services, and their children will be abused or neglected. 15 people with physical disabilities will lose their homes. 54 people with disabilities will lose transportation (possibly resulting in losing their jobs). 67 families will lose services that enable them to take care of their children with disabilities at home. 410 people will not receive alcohol and drug treatment and early intervention services. 158 people with disabilities and at-risk youth will lose job training, education, and day services which help them to become contributing citizens. 87 elderly people will not receive needed assistance to remain in their homes or to help with progressing dementia. These are only some of the realities people in Dane County will face if the governor's proposed budget stands as it is. These probabilities only reflect what would happen to people in Dane County. You must multiply this tragedy across every County in the State to get a true picture. This doesn't even consider the hundreds of people who are currently waiting for necessary services. We don't have choices. There won't be decisions about which needy group is "most needy". We can't pit one disability group against another, to see who's got a stronger advocacy contingent. As an Advisory Committee representing all needy populations, we come with common concerns. All these reductions would happen, and more. Do you know anyone who is elderly, has a disability, struggles with addictions, or has children with problems? Please, put a face to these numbers.

You may think, so what, a couple people don't get some services. Well, what will happen to these real people? Will they become homeless? Will children be taken away from their families? Will frail elderly and other vulnerable people be exploited?

We are talking about basics of food, shelter, health and safety. We have an obligation to our most vulnerable brothers and sisters. The alternative to assisted living in the community is

institutional care. This is certainly less human and dignified. But, it is also much more expensive. The money it takes to help someone live in the community is significantly less than any type of institutional setting. These funds also come from taxpayers. We are all taxpayers. I for one, as well as many people with whom I have spoken, would gladly forego \$30 and change in a tax cut to preserve these essential human services. We can not lay the cost for necessary services on the backs of property tax payers.

In summary, I urge you as our elected voice, to adequately support local human service departments to carry out State mandated services. We need you to ensure adequate revenues from Community Aids, Medical Assistance Waiver Programs (CIP), Income Maintenance Administrative Allocation, Intergovernmental Transfer Program Revenues, and Medical Assistance Rates. Dane County Executive, Kathleen Falk, has outlined a number of ways the State can meet vital human service needs, through funding and policy changes. Our State has a strong economy. Our State needs to have an equally strong conscience.

Thank you for your attention and consideration.

Shelley K. Rashke, Co-Chair
Dane County Purchase of Service Providers Advisory Committee
Mailing Address: Shelley K. Rashke, Regional Director

REM-Wisconsin, Inc.
1317 Applegate Road
Madison, WI 53713
(608) 276-0102

With Representation from Dane County:

Developmental Disabilities Coalition
Children-Youth and Family Consortium
Elderly Services Network
Children's Mental Health Consortium
Adult Mental Health Consortium
Alcohol and Other Drug Abuse Consortium
Homeless Services Network

*April 15, 1999
Joint Finance Committee Budget Hearing
Janet Kane, School Board Member
Middleton/Cross Plains Area School District*

I'm here today to ask you to adequately fund services for students with disabilities. The Middleton/Cross Plains Area School District has excellent schools, with per pupil expenditures near the state average. With each passing year under the current funding system, it becomes increasingly difficult to provide high quality programs. The combination of underfunded mandates and the revenue caps is requiring us to shift dollars, and opportunities, away from average children. So far we've been able to preserve most of our programs. Without some changes, though, we will have to make noticeable cuts next year.

Since the revenue caps began in 1992-93, the district's special education population has increased from 370 to 685, an increase of 85%. Over these 6 years, costs of special education services (excluding salaries for psychologists and social workers) have risen from \$1,626,346 to \$2,993,574, an increase of 84%. Under the revenue caps, each district may increase expenditures by about \$210 per student per year. For the 685 students with special needs, the total allowable increase from 1998 to 1999 was \$143,850. In fact, special education costs increased by \$575,860. This left a shortfall of \$432,010, or approximately 9 teaching positions. We could eliminate one position at each of our 9 schools, but we don't want to make across-the-board cuts. As an average spending district, we've planned expenditures carefully to keep class sizes as low as possible. Cutting positions would increase class size. We're considering eliminating band and orchestra lessons in our elementary schools.

This doesn't have to happen. If the state funded special education at the statutory level of 63%, adequate resources would be available. Since 1994-95, the amount of categorical aid for special education has not changed. The reimbursement rate has declined steadily from almost 50% in 92-93 to today's 35%. The difference has to be funded through shared costs. Including special educational services under the revenue caps forces a

tradeoff. When special education costs rise, other costs must be cut to stay under the caps.

Lately there's been lots of talk about competition and choice as spurs to education reform. Private schools are exclusive. They choose their students. Private schools admit whomever they want. If a student doesn't fit in, he or she may leave voluntarily or may be asked to leave. Many private schools decline to serve children with special needs. They explain that they don't have the resources to serve these children well. Public schools are inclusive. Their doors are open to all children. They have programs and services for all children.

Policymakers may be concerned that special education costs will rise uncontrollably if they are outside of the revenue cap. The costs of services for some children is staggering. No doubt future costs will be even higher, given the recent U.S. Supreme Court decision on funding nursing care during school hours. Costs are rising because of the needs of today's children and the expectations of today's families. Services for children with special needs are mandated under federal law. Revenue caps don't and can't limit these costs. In most school districts, 10 to 15% of the students are classified as having special needs. Families with students in the other 85 to 90% are either trying to get their children classified or getting increasingly upset by the program cuts.

I'm here today to ask you to fund handicapped categorical aid at the statutory level of 63%. If you're worried about the disequalizing effect of categorical aids, maybe you could eliminate the first tier of the equalization formula in exchange for 63% funding. I'm making this request not for the 10-15% of students who have special needs, but for all the children in Wisconsin's public schools. Maintain our tradition of excellence.

Thank you.

DEVELOPMENTAL DISABILITIES COALITION

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

Theresa Fishler Avenues to Community Chair	Barb Caswell Goodwill Vice Chair	Olwen Pomarnke-Blake REM-Wisconsin Vice Chair	Janet Estervig W.O.R.C. Treasurer	Bill Huisheere RFDF Secretary
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Hello, my name is Olwen Pomarnke-Blake. I am Vice Chair of the Dane County Developmental Disabilities Coalition and Regional Director for REM-Wisconsin. I am speaking today on behalf of the Developmental Disabilities Coalition. I am here representing over 2000 adults and children with disabilities receiving services in Dane County. The Coalition is comprised of community service providers who contract with Dane County to provide essential supports to adults and children with developmental disabilities who live in Dane County.

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

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

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

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

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

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

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

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

April 13, 1999

To Whom It Concerns:

My name is Ingrid Forgy. I am the Director of McFarland Outreach and Special Services Department. My staff has been assigned the responsibility to work with the older and disabled adults in McFarland and six townships in SE Dane County.

As service providers, we have become increasingly frustrated and discouraged by the lack of funding for the frail and isolated adults who so desperately need financial support in order for them to continue to live in their present housing. The number of people over the age of 60 and the complexity of their needs are growing at an accelerating rate.

Hospitals are releasing these individuals to their homes before they are truly prepared to care for themselves. Nursing homes are not admitting people unless they show a strong "nursing" need. Assisted living opportunities are limited due to the facilities being filled to capacity; many of the "most desirable" homes have waiting lists.

The Dane County Human Services Department reports that there are presently 1,696 persons on the COP (Community Options Program) waiting list. They expect to service only 77 new clients in 1999. That means that 1,619 current people have great medical and financial needs but may not receive any assistance for up to three years. I find that to be outrageous!

I ask you to make this vulnerable population a great priority. Your beloved family member or dear friend may be the next one affected by the present lack of funding, if they haven't been already. This issue will affect all of us who are fast approaching the 60's age group.

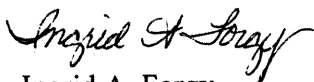
It is my request that you increase funding to decrease the COP waiting list dramatically and for new clients to be reassured that within a few months they will receive the financial support that they so desperately need for them to continue to live a dignified life at home.

It is because of this that I support the "Family Care" pilot programs. I especially feel that people should have equal access to care, whether they reside in their own home or in a nursing home. Therefore, I believe both home or community care should be entitlement programs. Funding a person to remain in his/her own home is far less expensive than to finance them in a nursing home.

I would also like to see additional dollars designated to focal points (Senior programs), specifically the Outreach workers. The workers are the front line people who assist the older adults in finding the financial assistance and resources in order for them to remain as independent and safe as they can be in their own homes. Therefore, we need adequate funding to hire enough staff with enough hours to effectively get the job done.

Thank you in advance for listening to our department's concerns.

Sincerely,

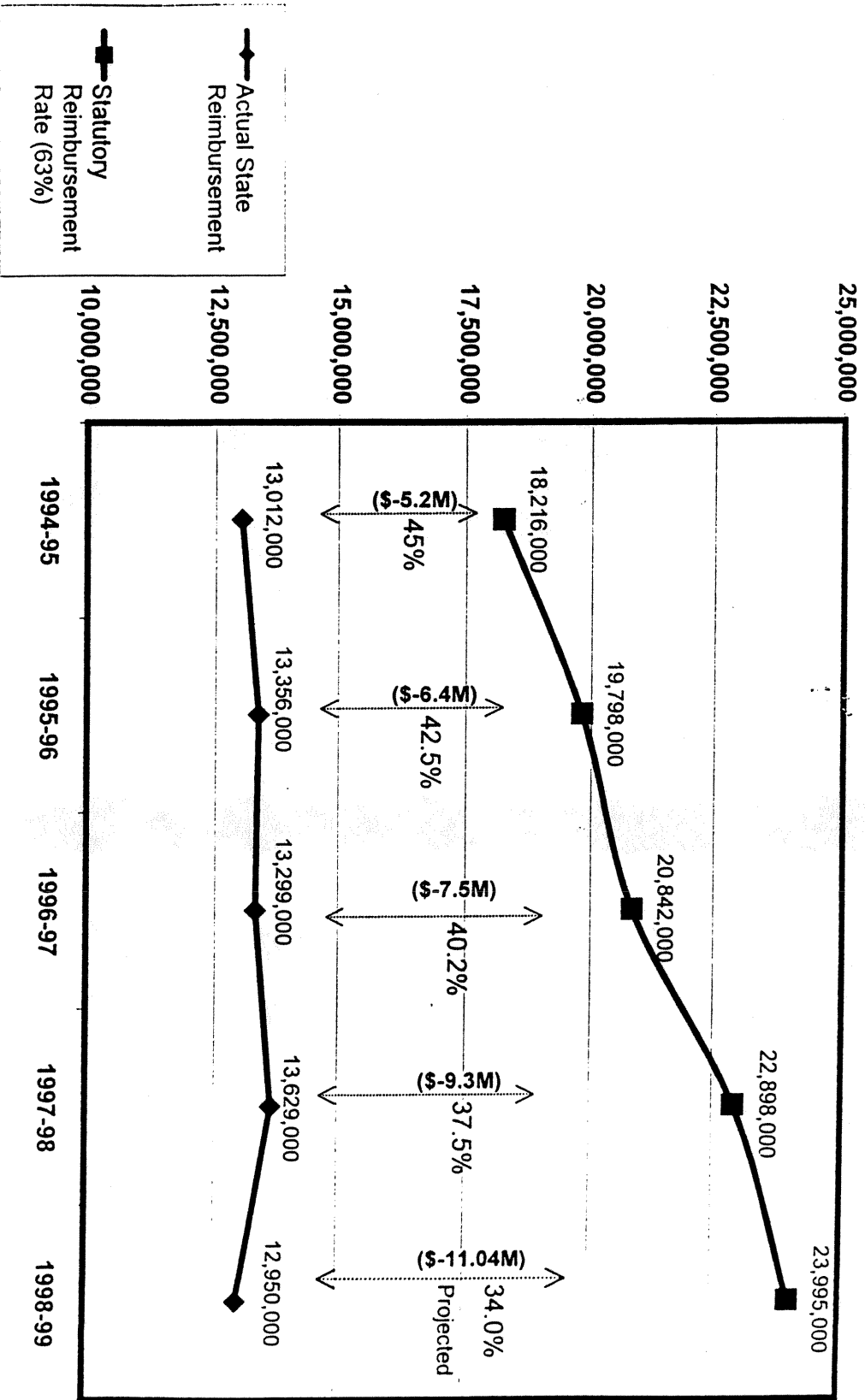


Ingrid A. Forgy
PO Box 110
McFarland, WI 53558
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SPECIAL EDUCATION FUNDING 1999-01 Biennial Budget

- *Every* child deserves the best education possible.
- Regular education should NOT be pitted against special education; the state has a moral obligation to be a partner with local districts for special education expenses.
- State law requires the state to reimburse local school districts for 63% of special education costs – the Legislative Fiscal Bureau estimates that the rate for the 1998-99 school year will be less than 35%. The governor's budget *eliminates* the state's 63% statutory reimbursement rate.
- If the state returned to the reimbursement rate when revenue limits started (1993-94 -- 45%), the Madison school district would have an additional \$4.5M in spending authority. If the state actually kept its statutory commitment of 63% reimbursement, the Madison school district would have over \$11M in increased spending authority – enough to reduce class size in grades K-3, complete backlogged maintenance work, and maintain the district's computer system (\$2M annual cost).
- Handicapped aids (the state's categorical fund that finances special education) has been frozen at \$275.5M since 1994-95 -- the governor's budget continues this freeze through 2000-01.
- With revenue limits in place school districts must use resources from the regular education portion of the budget to fund state and federally mandated special education programs/services.
- Special education costs for Madison have increased **\$10.1M** since the inception of revenue limits – state aid has increased only **\$1.1M**.
- Bilingual education costs have increased **\$1.8M** since the start of revenue limits – state aid for this mandated program has increased a mere **\$66,000**.

State Handicap Aid for Madison Metropolitan School District



SPECIAL EDUCATION ENROLLMENT TRENDS

Disability Area	1995-96 Actual	1996-97 Actual	1997-98 Actual	1998-99 Actual
Autism	6	63	89	119
Cognitive Disability	466	419	407	379
Emotional Disturbance	509	444	478	511
Hearing Impairment	43	43	46	46
Learning Disability	1,240	1,233	1,308	1,473
Orthopedic Impairment	75	77	100	86
Other Health Impairment	17	192	233	249
Significant Developmental Delay	0	0	38	69
Speech/Language Impairment	912	850	785	710
Traumatic Brain Injury	0	2	5	5
Visual Impairment	17	23	22	29
Total Special Education Students	3,285	3,346	3,501	3,676
Total MMSD Enrollment	25,046	25,158	25,327	25,113
Percentage of Special Education Students	13.1	13.3	13.8	14.64

Allocation Increases Based on 1998-99 Year Special Education Enrollment and Student Needs:

- The Board of Education has approved 15.25 additional teachers and 19.6 additional SEAs compared to last year to address enrollment growth and student needs.

ANNUAL EDUCATION COSTS FOR AUTISTIC CHILDREN (ELEMENTARY)

	A	B	C
Cognitive Disabled Program	\$5,534	\$6,227	\$5,534
Speech and Language Services	2,590	1,554	1,554
Autism Specialist	6,000	6,000	6,000
Specialized Phy-Ed	2,500	1,000	-0-
Occupational Therapy	2,450	1,470	1,960
Physical Therapy	1,145	1,717	1,717
Special Ed. Asst.	19,500	10,000	12,220
Tuition	9,197	9,197	9,197
Transportation	-0-	-0-	-0-
Medicaid Reimbursement	(- 516.76)	(-475.53)	(-611.75)
TOTAL	\$48,399.24	\$36,689.47	\$37,570.25

Madison Metropolitan School District – Medicaid Reimbursement Information

1998-99 – First Semester

Billed	\$394,303.21
Reimbursement	\$139,571.00
Difference	\$254,732.21

MMSD has 7,135 low-income students (28% of total enrollment) – 3,244 receive Medical Assistance.

Of the low-income students, 3,939 are MA *eligible*, of which 1,352 receive special education services.

March 1999

Wisconsin Special Education Categorical Aid, 1973-74 to 1996-97

Aid Year	Statutory Level	Actual Level	Total Categorical Aids Appropriation	Net Aidable EEN Costs
1973-74	70%	70%	29,490,216	42,128,500
1974-75	70%	70%	37,311,493	53,302,132
1975-76	70%	70%	48,023,550	68,605,071
1976-77	70%	70%	61,478,000	
1977-78	70%	70%	71,305,300	
1978-79	70%	70%	83,644,000	
1979-80	70%	70%	96,056,700	
1980-81	70%	67.90%	107,679,800	
1981-82	68%	66.33%	116,500,000	181,000,000
1982-83	68%	63.35%	122,800,000	199,400,000
1983-84	63%	63%	132,600,000	216,653,142
1984-85	63%	63%	144,828,500	236,416,226
1985-86	63%	61.21%	152,181,000	254,515,426
1986-87	63%	57.28%	160,257,200	286,214,733
1987-88	N/A	60.75%	187,853,200	316,215,911
1988-89	63%	57.73%	198,064,400	350,774,446
1989-90	63%	60.02%	225,363,200	384,007,893
1990-91	63%	59.25%	246,757,200	425,652,941
1991-92	63%	54.07%	253,957,200	479,550,078
1992-93	63%	49.73%	257,730,400	528,811,961
1993-94	63%	45.49%	261,330,400	585,879,920
1994-95	63%	44.93%	275,548,700	625,111,874
1995-96	63%	42.47%	275,548,700	661,268,995
1996-97	63%	39.47%	275,548,700	698,164,312
1997-98	63%	37.5%	"	
98-99 (est.)	63%	34.9%	"	



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Council on Developmental Disabilities

Date: April 15, 1999

To: Rep. John Gard, Co-Chairperson
Sen. Brian Burke, Co-Chairperson
Joint Committee on Finance

From: Irma Gosselin, *Irma Gosselin* Member
Wisconsin Council on Developmental Disabilities

Re: Selected Portions of the 1999-2001 State Biennial Budget

Thank you for the opportunity to speak today. I am Irma Gosselin, from Mukwonago, and I am representing the Wisconsin Council on Developmental Disabilities. I am addressing two issues today: special education for students with disabilities, and housing services for people with disabilities.

Special Education: The Council is very concerned about the proposed freeze in funding for Categorical Aids for the reimbursement of special education costs. Current state law obligates the state to reimburse 63% of the costs school districts incur to adequately and appropriately educate children who need special education. The state has not funded Categorical Aids at the 63% rate, however, since the 1984-85 school year. Other states reimburse an average of 50% of the costs of special education services.

People with disabilities need to be educated to the maximum extent in order to obtain and hold a job and live independently. School districts must provide special education services for the benefit of the children and society as a whole. At the same time, it is unfair to place the financial burden for these services upon school districts with less and less state support. Because of the revenue caps, local school districts are forced to make tough choices about where to reduce funding to support the educational needs of children with special education needs.

The Council strongly supports additional funding to raise the state reimbursement rate to 63% of the costs of special education services. The Council also supports retaining the statutory requirement that the state reimburse 63% of the costs for special education.

Housing Pilots: The Department of Health and Family Services had recommended to the Department of Administration the inclusion in the biennial budget of 6 housing resource pilots located around the state. The cost for the pilots over the biennium would total \$504,000 FED. While the pilots were underway, grant funds from the Department of Housing and Urban Development would be secured to fund the projects in the next 2001-2003 biennium.

Each pilot would provide housing consultation and assistance to low-income households with a member with a disability. The type of assistance provided would include advice on home

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Sen. Brian Burke, Co-Chairperson
Joint Committee on Finance
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ownership and financing, and technical assistance on making homes accessible and barrier-free. Each pilot would cover a multi-county area.

The Council strongly supports establishing the housing pilots. Obtaining and owning housing in the community is a continual problem for people with developmental disabilities. Individuals need more information about resources, and assistance in matching these resources to their own circumstances and preferences. The cost of \$504,000 FED over the biennium is a minimal amount to help individuals live in the community.

Thank you for your consideration of this testimony.

April 15, 1999

Mr. Chairman and Members of the Joint Finance Committee

My name is Bruce Borden and I represent EBTIDE and myself in support of providing the requested funding through the budget adjustment bill for the LONG TERM CARE REDESIGN TEAM'S demonstration projects known as "Family Care" and "Pathways to Independence."

- SSA says there are 6,000,000 persons in America with severe disabilities who want to work
- AAPD projects the gross earning to be in excess of \$195,000,000,000 when we achieve our employment goals
- The projected tax revenue on that income for state and federal government exceeds \$80,000,000,000
- American Taxpayers richly deserve the contribution disabled citizens will be able to make when the barriers to employment are removed
- We wish to commend the Department of Health and Family Services on the level of involvement and inclusion of persons with disabilities in the redesign effort. To my knowledge the degree of interaction has been unprecedented in American History and the results are spectacular
- "Pathways to Independence" is the most visionary barrier removal demonstration project in the nation

The eyes of America once again are turning toward Wisconsin for providing innovative leadership. I ask that you embrace our vision and join us in removing barriers to employment for persons with disabilities.

"Pathways to Independence" is providing the safety nets that will allow me to begin my journey of upward mobility, regain my status as a tax paying citizen, and return my fair share to the economic base.

I will, through my efforts, take what has been only a dream and make my American Dream a reality.

Respectfully submitted,

Bruce G. Borden