In Home Parenting Testimonial From Jan and Mary

Dear Mary

I bet you never thought you would hear from me. I was cleaning out some boxes from our move and what a wonderful suprise, finding my address book you and Jan gave me.

I have so many things in my life to be thankful for and the two of you are a big part of it. You taught me so much. The success my kids are reaching today are because of the ways to raise them came from you. ... has become an exceptional athlete, center on offense and defensive-end on defense, he's even been bringing homework home, and doing it. This past summer he was working at times 3 jobs. We are very proud parents.

... has come so far in being a great Dad. He is so proud of all 3 of the kids. He has

taught how to hunt with a black powder rifle. I shot a 6 point buck last season, the only one out of the three of us to ~~hunt~~ get one. What a joy it was to see the two of them in their bonding experience in the woods. WOW! He says that these 3 are the kids he has always dreamed of having. He wears their sports pins on his jacket and tells everyone they are his kids. He's trying to teach how to hunt with a compound we bought him a small kids size one for Christmas last year. It's really neat to see the two of them. With it's just a really deep sense of pride for him to watch her blossom into the pretty young lady she has become. It's pretty funny has a 13-year-old crush on a Senior boy in school. She met him at our church. I was willing to let her double

date to a movie but (she doesn't know that) told her under-No-uncertain terms was she going any where with a boy that old. I know him and his family, she would be perfectly safe
is very involved in school activities. She plays volleyball, runs track, learning tennis, tries to play basketball (too short), tries out for all the plays, sings choir at school and church, is in church youth group, and anything else she can get into. Yes, we are happy. She gets excellent grades. Her goal is to go to the University of Northern Iowa to become a school teacher. UNI is in Cedar Falls which is about 30 minutes from home. She knows what she wants and is going for it. I think she is 13 going on 21. Oh, Lord am I, ever in trouble I just realized she is 14. Man has time flew. by. If she knew I'd be in big trouble. Sometimes I sit and

look at my babies ha ha ha and I cry. Chris just holds me and reassures me that everything will be alright. They grow way too fast. It seems like yesterday that I borrowed that dress from Jan for to wear for my step-sisters wedding. Now I have to take her out and buy her a brides-maid dress for my step-daughters wedding in the spring. Wow time flys.

is just as the youngest should be. Freckles on his face and every where, skinny, one dimple, and full of trouble. The trouble I think was passed on by his brother. I keep reminding myself of the talks we use to have.

is about the same age was when we met. They really do grow out of those stages. is involved in flag football, basketball when

the season rolls around and just
hanging out with his buddies,
playing football & soccer mostly.
... _ hasn't changed
much. She stays very busy:
babysitting for a 3 yr old and
a 1 yr old, and expecting to have
an infant after its mommy goes
back to work. I have even
gotten back involved in our
church. Sunday school teacher
for Kindergarten, Secretary
of the Evangelism Committee, helper
at B.L.A.S.T. (Bethel Lutheran After
School Time), Booster Club member
for the high school, and all around
handy woman. _ and I
finally bought a house of our
own, a handy person special.
We had to put a new roof
on right away. Well, we took
of the old shingles on half and
covered it with sheathing and
tar paper, well we had a
storm we even had plastic on
top, well the hail tore the

plastic right off and we had more rain inside than we did outside. It was a real blessing that we had signed an insurance contract before the storm. We're talking Wed to Fri. The insurance company is paying for the materials to repair 2 bedrooms, hall way and dining room. These are all things we were going to do in time. It's just really hard to get this all done while is working 12 hour days. Needless to say we are putting new windows in as we go. Good thing he works at a window factory. He really works very hard for us.

My mom and I have finally reached a place of admiration. We have put the past right where it belongs and it will stay there. She is so far away and I am lost because I'm not there to take care of her, but

I don't feel guilty. She's not very well. She had a colonoscopy a few months ago, came back neg. thank the Lord, She fell on Easter Sunday, broke her shoulder in 2 places, her elbow, and knee cap. Come to find out she's had 3 ~~many~~ small strokes. The shoulder can't be mended so she has a lot of pain. Last month she had heart angeoplasty (spelled wrong) and now she's having liver problems. My step-father went away a couple weekends ago and she fell again, well it took 3 hours before she made her way to her bed. I wish my step-sisters cared. Oh well. I do what I can from here. Iowa ~~s~~ is not that far from Wisconsin.

Well I've bored you enough. Thank you again for all your support caring and advise. Please share this with Jan if you still do the same work or see each other. Write if you'd like God Bless,

The Parents as Teachers program is innovative and informational and covers a vast range of topics. It amazes me that there is a program so user friendly, and free of charge in this day and age. Not only have my children benefited from PAT, I have too. Thanks!

Cecily M Wall

October 20, 1998

Parents as Teachers Organization
c/o Family Resource Center
430 E. Division Street
Fond du Lac, WI 54935

To Whom It May Concern:

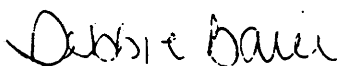
Tonight my husband, my 6 year-old son and I had the wonderful opportunity to attend one of the Parents as Teachers workshops. The workshop tonight focused on discussions and demonstrations of Fire Safety and Stranger Awareness. The fire department and police department did an excellent job of explaining to a group of young children the dangers involved with fires and strangers. They even brought in the police dog so that every child could see and pet this wonderful animal!

I have attended several other workshops that have been sponsored by the Parents as Teachers organization and have enjoyed each and every one of them. My child has benefited from these as well. I hope to see and attend many more in the future. Our children are such precious gifts. I believe that whatever we, as parents, can do to help "teach" our children will greatly increase each child's chances for a bright and happy future.

I truly support the Parents as Teachers organization and hope to see it continue to offer more and more services to parents in the future.

Thank you.

Sincerely,



Debbie Baier
80 Pioneer Court
Fond du Lac, WI 54935

IN-HOME PARENTING TESTIMONIAL

I have been an In-Home visitor for 11 years. On my good days, I see families and individuals taking baby steps toward better parenting and communication techniques that will benefit people for generations. Unfortunately, on bad days I wonder if we are helping people take those baby steps and worry all our planning and work is not enough.

One night after a particularly frustrating day, I stopped at a local grocery store to buy sandwich fixings. Across from me at the deli counter was a young lady who looked vaguely familiar. As she was waiting on me, she suddenly broke into a grin and said she remembered my partner and I visiting her home when she was a seventh grader. I suddenly remembered her as she was seven years before--always quite pouty, testing our patience, scowling through communication sessions, and definitely not acting particularly happy that she needed to attend our weekly sessions with her mother and younger sister. I remembered that her mother was always available for us, always listened passively, always acted sort of interested, but she seemed to make no minor or major changes dealing with a teenager. We felt she was paying lip service to our program, but liked the Sunday morning worshiper, rarely used the message the rest of the week.

While I was remembering, Linda began talking. The noncommunicative adolescent had turned into a talkative 20-year-old single mom that wanted to be heard, and I was so glad that I took the time to listen. Although Linda told me her life was not easy being the sole parent of a two-year-old, she was quick to tell me she was doing many, many things much different than her mother. And, she insisted many ideas she was using were a direct result of those weekly visits in her home many years before. Although she said her own mother had indeed not tried to incorporate many new ideas into her parenting, Linda was now a true advocate of positive, firm parenting. She said she loves to praise her two-year-old and tries to find many good things he does. She tries very hard not to raise her voice and does not plan to use any form of physical discipline. She has just recently begun using a time-out, and although she finds herself slipping into old, negative patterns at times, she is always aware that there are more consistent ways to parent that work better. She knows it is all right to get help and that things can improve. I left her with our phone number, telling her we would love to meet her little boy and be very glad to share information about any parenting questions she has.

As I left the store, I knew that baby steps can grow into giant leaps. I do not believe our visits caused great changes in that family, but I am convinced a seed was planted that is slowly sprouting, and, I truly believe that one little boy is being told very often that he is a good person. Home visiting does make a difference--one step at a time.

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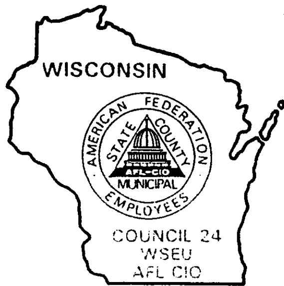

AFSCME Council 24
AFL-CIO
WISCONSIN STATE EMPLOYEES UNION

The Union That Cares

8033 Excelsior Drive, Suite C, Madison, WI 53717

Phone (608) 836-0024
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Martin Beil
Executive Director

Gary Lonzo
President

Testimony from Bill Fendel, Vice-President
AFSCME-Council 24
Wisconsin State Employee's Union
To Joint Committee on Finance
Thursday, April 8, 1999
Racine, Wisconsin

Hello, my name is Bill Fendel and I am the Vice-President of AFSCME Council 24, the Wisconsin State Employee's Union. I appear before you today to share my concerns and observations with the Family Care proposal and the services that are provided to our citizens with developmental disabilities.

Our union has been supportive of the concept of Family Care and has participated in the steering committee established by the Department of Health & Family Services. While we agree on many principles in Family Care , one important issue that was not discussed in the steering committee process and is still unresolved is the role of the three State Centers for the Developmentally Disabled in the long term care system.

We believe this is an important question <u>to be asked</u> and <u>must be answered</u> before the state moves to fully implement a new long term care system.

Our three centers care for this state's most profoundly disabled population. Consider the characteristics of our client:

- 77.3% are profoundly retarded
- 10.8% are blind (defined as having little or no useful vision)
- 7.3% are deaf (defined as having little or no useful hearing)
- 63.3& have epilepsy
- 36.8% have cerebral palsy
- 50.5% have a behavior disorder (defined as having challenging behaviour requiring special attention of staff)
- 35.2% have a psychiatric disorder (defined as a disorder requiring the attention of psychiatric specialists)
- 90.8% have multiple conditions (defined as having two or more of the indicated conditions in addition to mental retardation)
- 54.4% need others' assistance/supervision in walking
- 64.9% needs others' assistance/supervision with dressing

- 85.8% needs others' assistance/supervision in eating
- 79.0% needs others' assistance/supervision with toileting
- 82.7% cannot communicate desires verbally.

This is clearly a population that must have their care needs carefully assessed and whose care must be provided for by well trained and experienced caregivers. We believe that the specialized care provided to citizens with these types of characteristics must be preserved in a new long term care system.

We would also ask that the legislature instruct the department to examine other ways that the centers can provide the valuable resources they have to individuals and providers in the community. Our facilities are staffed seven days per week, twenty four hours per day and can provide respite care, outpatient rehabilitation and numerous other services that may not be available in the community. We can be an important and reliable source of care and support to our citizens with disabling conditions who choose to live in the community.

One of the principles that Family Care has been built upon is the principle of consumer choice. We hope that this principle will extend to our residents in the State Centers. We know many individuals whose family or guardians have wanted them to remain in one of the Centers and who have been placed out in the community against their wishes. For many of our residents the Center is home and we are their family. We ask you to honor that important bond.

We strongly recommend that the Department test more than one model as they pilot the Family Care concept. Only testing their model assumes their model is the only one that will work. Likewise, we urge you to delete the statutory changes which would allow full implementation of Family Care. This too assumes that their model will be the one that works best. We believe the legislature should evaluate the information collected from the pilots before these significant statutory changes are made. Finally, we ask you to instruct the Department to begin discussions on how our State Centers can continue to provide high quality care to our citizens that need it the most.

Thank you.

JOINT FINANCE: Senator Brian Burke, Rep. John Gard, Co-Chairs

Committee Members: Senators Burke, Decker, Jauch, Moore, Shibilski, Plache, Cowles, Panzer; Representatives Gard, Porter, Albers, Kaufert, Duff, Huber, Ward, and Riley

Greetings to the members of the Joint Finance Committee,

My name is Janis Ribbens. Last week I attended a meeting asking the community's input about the new Family Care proposals. I was asked to come to this meeting and tell some of my and my husband's personal experiences with the health care system.

Before starting I want you to stop me at any time to ask questions that help clarify what I am saying. This is my first government-type informative meeting and I might use some definitions or words that make sense from my end of the health care system, but not from your end.

I just browsed the DHFS web site in order to refresh my memory and give me insight in to what you might need to hear today. I want to cover two areas that effect me and my husband daily.

First, I want to express my support for the Family Care reforms and ask you to give Family Care the financial support it needs. My husband and I are both quadriplegics and have received Home Health Care Services for 15 years. We manage our cares in such a way that we only need, together, 46 hours of Certified Nursing Assistant care, 4 hours of Personal Care Worker care and 6-9 hours of Supportive Home Care services per week. That is 56-59 hours of people in our home, helping us, per week. I don't know what that works out to dollar-wise, but I know that that has to be less than what 2 quadriplegics would cost to receive care at a Nursing home. I know helping people like my husband and I stay in our home and community saves money.

Also, the Family Care reforms sound like they will help in another area of our life. My husband and I were both disabled as teenagers and therefore are both receiving SSI and Medical Assistance. Neither of us earns an outside income. We presently deal with the multitude of funding sources, the weird restrictions on what can be done by each type of caregiver, and the continuous problem of recruiting qualified people to do a job that needs more than just a warm body to show up. What I have read about the idea of Family Care sounds as if someone who had dealt with what we deal with actually came up with an idea that makes sense. Presently, we receive 3 separate types of care provided by three separate categories of care givers, paid for three separate ways. First, Certified Nursing Assistants who work for a Home Care Provider. (They are paid for through Medical Assistance from the state.) We also receive Supportive Home Care. (These workers I hire directly and they are paid by COP and/or COP waiver directly from our county.) My husband receives several hours of Personal Care Worker time each week. (These workers are paid by the Home Care Provider with money from COP and/or COP waiver from our county)

The Family Care reforms sound like they are going to work on this strange way of dividing the tax revenues again and again and sending the money through more and more people before it gets to perform the job it was intended for--helping elderly and disabled people stay in their homes and communities.

Second, I think that the government reimbursement to Home Care Providers needs to be looked at carefully, and separately, from the Family Care reform. Even if Family Care doesn't become fully functional for several years, the pay for Certified Nursing Assistants and Personal Care Workers needs to be increased. We (my husband and I) went through another round of the low staffing fun just this late winter and early spring. Our Home Care Provider had (and has had at different times) a very difficult time finding people willing to work the variety of hours, the variety of cares, and the variety of locations for the pay they could offer. Somehow more of the money that is being spent with the intent of helping the elderly and the disabled must go to those people providing these personal services.

I know that in Wisconsin in particular, and in the United States in general, employers are having a difficult time with recruiting employees due to the low unemployment rate. But as the State of Wisconsin is seriously considering getting people care in their homes so that they don't need the more expensive (and much less appealing) nursing home alternative, they need to consider, seriously consider, raising the pay of these Certified Nursing Assistants and Personal Care Workers. These workers, particularly the ones who work in Home Care, must be more than efficient. They must be knowledgeable about a wide range of health concerns. They must be dedicated and reliable--they are on their own in the client's home. They must be reasonably friendly--they spend time in people's homes. They must be very flexible--their clients get well, get sick or sicker--therefore their hours or the homes they go to aren't the same from week to week. They must be open to different ways of doing tasks--each individual client has individual needs. The people who choose to do this type of work need proper recompense. I don't want to believe the example of what certain jobs are paying that I was told at last weeks meeting about Long Term Care. Is it really possible that people get paid more to take care of animals at a zoo than they do when they take care of human beings?

And lastly, yes that's more than two issues, but this is important, and directly related to the importance of a pay raise for Home Health Aides and Personal Care Workers. Are you aware that the Home Care Providers can drop any client who has a hospital stay of over three days? This is outrageous. This needs to change. A client in the Stevens Point area needed to go to the hospital for more than three days. When he called his Home Care Provider (which happens to be my Home Care Provider) to tell them he would be coming home from the hospital, they told him they weren't providing his cares any longer--they were too short-staffed. When I called my social worker to ask about this, she said it's legal. She also suggested I don't get sick enough to need hospitalization. How can this be legal? Isn't it discrimination towards people who need occasional hospitalization? How is a person supposed to get better while they must deal with the stress of not knowing if they will be able to go back to their homes after a hospital stay?

Thank you for your time and consideration. I will leave a copy of this that includes my email address and such in case you have other questions that I might be able to answer.

Janis Reis Ribbens
1441 Ashwood Dr.
Plover, WI 54467
715-344-4807
Email: jrribben@coredcs.com

Joint Finance Committee Hearing

April 13, 1999

Amy Forst

On behalf of Marathon County Commission on Aging I wish to extend a welcome to the members of Joint Finance and express our appreciation to you for bringing this hearing to Central Wisconsin. My name is Amy Forst, I am the Senior Community Services Program Manager for Marathon County Commission on Aging. I am here on behalf of the Commission and Deb Menacher, our director, who had another commitment.

We urge you to consider the following budget priorities:

Family Care - We urge you to adequately fund all the pilot projects to serve all eligible persons over the next two years. If it is the desire of the legislature to fund pilots for other models that this be in addition to the funding already proposed for the currently identified pilots.

COP - Since Family Care is being piloted we must continue to eliminate or significantly reduce waiting lists in non-pilot counties. We should do this because Family Care is moving to provide choices and to eliminate waiting lists, and to continue the trend of reduced utilization of nursing homes. You made a good start on this with your increase in the budget adjustment bill to serve over 2,000 more people on waiting lists. It is estimated that the entire COP waiting list could be eliminated, not only for the elderly but also for people with disabilities for $45 million GPR over the biennium. This amount would be matched by over $65 million in federal matching funds under the COP waiver programs. While this is a significant investment, it actually represents only 13% of the tobacco settlement money.

Wages for Personal Care and Certified Nurses Aides - It has been well substantiated that wages and benefits are not adequate in either nursing homes or for personal care workers providing care in a person's home. This problem results in tremendous turnover and, therefore, a very negative impact on the quality of care. As we change the long term care system in Wisconsin we must assure that there are enough qualified workers to provide quality care in nursing homes and homes. It is imperative that a wage pass through to provide increases in wages and benefits for long term care workers be achieved in this budget.

Nutrition - Wisconsin's Elderly Nutrition program has proven to be the most cost effective way of helping older persons remain in their own homes. In the last 10 years the home delivered meal program has increased from 20% of the total program to 46% of the program. The average age of people who receive home-delivered meals is 81. At a cost of only $1,500 per person per year it is probably the most cost-effective program that we have in Wisconsin. Participants pay almost 30% of the cost of home delivered meals through voluntary contributions. We urge increased funding for this vital program.

Transportation - We continue to struggle to meet the transportation needs of frail elders, especially in rural areas. An increase for Elderly and Disabled Transit programs could open the door to more accessible and affordable transportation for older adults. The Coalition of Wisconsin Aging Groups is supporting an increase of $8 million a year. While this seems like a large increase, it is a small increase in real dollars (1% of the total DOT budget for the biennium).

I realize that we are requesting significant funding these programs. However, the 85+ age group is now our fastest growing age group. They are also the persons mostly likely to need supports in order to maintain independence in the community. If we as a State are serious about having community based care as a real option for frail elders, funding for these areas is essential and critical to achieving that dream.

Memorandum

To: Joint Finance Committee Members

From: Donna Warzynski RN, CNA
Director of Chronic Care Services
Saint Michael's Hospital

Date: April 13, 1999

Re: Testimony R/T Budget Bill

As the chairperson of Saint Michael's Hospital's Community Health Delivery Team and our Chronic care Committee, I have had the opportunity to examine the Family Care proposal very closely. We are fortunate in Portage County and very pleased to be a pilot for both the Resource Center and Care Management Organization aspects of the proposal. With this in mind, there are some concerns related to the funding of the Family Care pilots. Funding the pilots for two years is short sighted and inadequate if we are to ensure valid, accurate outcomes data to determine the effectiveness of this program. The pilots will have barely begin to function completely when the funding will be ending. Such a major change to the long term care system in our state deserves to be looked at adequately before a final decision is made regarding which pilots are the most efficient and effective for the consumers of long term care. Funding the pilots for four years would provide adequate time for outcomes data collection and review. Family Care could then be moved out statewide based on complete information, knowledge of the true risk that counties and others involved in the program could anticipate up front.

It is imperative that the Family Care pilots be funded adequately also. We should not be touting a carrot in front of consumers which promises no waiting lists and funding for needed services if, in fact, those moneys will not be available. This program relies very heavily on informal supports to assist persons to remain in the least restrictive environment. A recent study completed by the Alzheimer's Association places a $196 billion / year price tag on the care provided by family and friends for the chronically ill. In Wisconsin the cost is estimated to be $3,791,800. If we take into account the decrease in birth rates, the smaller family size overall, the fact that women are no longer at home to be the "free caregiver", the numbers of informal

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caregivers/supports will not be increasing over time but rather decreasing. This information must be taken into account as the program is funded. Realistic dollar amounts will have to be included to ensure the availability of the needed support systems.

Last, but certainly not least, is the whole issue of an adequate, fairly paid workforce. The opportunities for people to make the same amount of money or , in many cases, more money at less physically and mentally stressful jobs is enticing workers away from the role of caregiver to persons in need of long term care. We should pay those who care for human beings at least as much as we are willing to pay those who care for the animals in our zoos. Without an adequate workforce, the Family Care proposal is set up for failure. I urge you to consider the wage pass through that is proposed at a minimum and to evaluate the possibility of more than what is proposed.

Thank you in advance for your consideration related to these issues.

Joint Finance Committee Hearing

April 13, 1999

Nicole DeBettignies / Family Care

On behalf of the Aging and Disability Resource Center of Marathon County I wish to extend a welcome to the members of Joint Finance and express our appreciation to you for bringing this hearing to Central Wisconsin. ~~I am~~ My name is Nicole DeBettignies, and I am an ~~an~~ Aging and Disability Specialist with the Resource Center. I am here on behalf of the Resource Center and Deb Menacher our director, who had another commitment.

As I believe you already know Marathon County was selected as one of the pilot counties for implementation of the Aging and Disability Resource Center concept and as an alternate county for the demonstration of the Care Management Organization. The Resource Center has been operational for one year on April 15th. During this time we have served over 1900 persons with chronic care inquiries. There is a lot of rhetoric being bantered about regarding Family Care and that we should as some advocates call it "build on what works" meaning build on the current system. Let's talk about the current system and how it has worked for some of those 1900 persons who contacted the Resource Center.

There is Mrs. "A" who needed some help in the home due to her dementia and was becoming a bit suspicious of people but had developed a repertoire with our office. We had worked with her to understand the Community Options program (COP) and made the referral to COP. However, the time between our referral and the first assessment spanned several months. So long, in fact that when she was approached about the assessment she turned it down because she didn't

remember nor trust the nurse who was contacting her. Mrs. "A" was denied COP based on this refusal. This is one example of how the **current community care system is not dependable.** People can not rely on it to receive help when they need it. Most older persons either die or go to a nursing home while waiting for COP services.

Then there is Mr. "B". Mr. "B" had a stroke. Cognitively he was very intact but his motor skills were somewhat impaired and he required assistance with personal cares and activities of daily living. Mr. "B" had been discharged from the hospital and received rehab services from a nursing home. The long range plan was continued residence at the nursing home. Mr. B's daughter became concerned as her father's outlook deteriorated in the nursing home. He was eating his meals with other patients who were shoveling food into their mouths with their hands. His daughter decided that she could provide a more positive care environment for her father in her home. However, she had not given consideration for how she was going to pay for personal care services when they were no longer covered by Medicare. Her frustration with the system was that "the system would pay $5,000 a month to care for my father in a nursing home but will not pay even $500 a month toward the cost of his care in my home" even though she was willing to meet the majority of her father's caregiving needs. The current system **costs too much.** As I believe you know the current system legally entitles eligible people to nursing home care and other medically oriented services, but not to less expensive, less formal and usually preferred care in the home. Wisconsin uses nursing homes at a rate of 45% over the national average. We currently spend $1.5 billion on long term care (about 8% of the total state budget). 95% of the Medicaid fee for service expenditures for the elderly is spent on nursing home care.

Then there is Ella who all she wanted was one more bath a week. She had an above the elbow amputation in additional to other health problems and had great difficulty bathing her self. She was contemplating going to a nursing home because the home health agency which provided her personal cares did not believe another bath per week was necessary. Our current system **is not responsive to individual needs.**

Then there is the paper mill executive who instead of driving himself to the office on this given morning (like he had done for thirty years) drove himself to the emergency where he was found to have had a stroke. His son, a professional in the health field, and his daughter-in-law, a social worker, found themselves in a complicated and unfamiliar world as they needed on short notice (less than 24 hours) to make decisions on where grandpa was to rehab. When he was to be discharge from rehab where he was going to live. What is a CBRF, AFH, and RCAC anyway? And what's the difference between them anyway? Fortunately, this gentleman had the economic resources to pay for his care, but even with this his family found our current system **to be too complicated**. Trying to access timely, accurate information was difficult even for the highly educated professional who was new to the chronic care world.

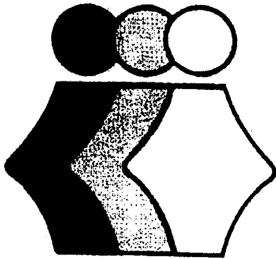
I am here today to ask that you support the Family Care legislation put forth in the Governor's budget. Family Care will **give people better choices.** It decreases the institutional bias that exists in our current system and allows persons to receive service in a setting that appropriate to their care need level. No longer will someone have to make a choice between another bath and moving to a nursing home.

Family Care is **reliable and fair.** It is designed to cover a flexible benefit covering everything from meal preparation to nursing home care and everything in between. COP, residential options, and nursing home options are available to everyone who enrolls. Family Care lets funding follow each person across service settings, county lines and time. No longer would a daughter willing to provide care for her father be asking why the system will pay ten times as much for care in one service setting and nothing in another.

Family Care **is simpler for the consumer.** The establishment of the Aging and Disability Resource Center provides a place where everybody can learn about resources and get unbiased, professional advice about their options. No longer would a family struggle to find information about chronic care options or make decisions about care provision based advice from providers of particular services without knowing the full range of options that might be available to meet their needs. Furthermore Family Care **is more affordable now and into the future.** The Resource Center's primary function is to provide information and assistance to prevent or delay the need for long term care. This can be accomplished through helping individuals and their families to make their own resources last longer by identifying resources that provide the right amount ~~ad~~ and kind of paid services and supports in the right place, at the right time. Family Care reduces our reliance on services that are more medical, professional and/or more restrictive than people want or need.

Most importantly though, Family Care **allows the 1900+ people who contacted the Resource Center in the last year to have true choice in meeting chronic care needs for themselves or a family member. The stories provided here today are ~~exemplary~~** an example **of the persons who call the**

Resource Center each and everyday. Please support Family Care legislation and make the saying "There's no place like home" a reality for physically disabled adults and frail elders.



PORTAGE COUNTY
HEALTH AND HUMAN SERVICES DEPARTMENT

JUDY A. BABLITCH, DIRECTOR
(715) 345-5350
FAX (715) 345-5966

RUTH GILFRY HUMAN RESOURCES CENTER
817 WHITING AVENUE
STEVENS POINT, WI 54481-5292

MEMO

TO: Members of Joint Finance

FROM: Judy Bablitch, Director

DATE: March 31, 1999

RE: Proposed State Budget, 1999 - 2001

Thank you for the opportunity to comment on the Proposed State Biennual Budget (1999 - 2001). These comments are specifically directed toward the Family Care Legislation contained within the proposed budget.

Portage County was chosen by the Department of Health and Family Services to pilot both major components of Family Care: Resource Center and Care Management Organization. We have been piloting our Resource Center(s) since April of 1998 and have been planning for CMO implementation since October of 1998. We are very pleased to have been chosen for both initiatives. It has been a tremendous challenge for us to operate existing long term care programs while initiating Family Care planning and operation.

There is no question that the capability and capacity of the current Long Term Care System in Wisconsin must be enlarged and enhanced if we are to adequately and safely serve the needs of existing participants; individuals waiting for services; and the projected large number of individuals who will require long term care services in future years.

Long Term Care service waiting lists exist in Portage County for the:

- Community Options Program (60 individuals)
- Family Support Program (30 individuals)

- Community Integration Program (20 individuals)
- Funding of Community Based Residential Facility (CBRF) care (30 individuals), and
- Vocational Rehabilitation Services (20 individuals)

Community Options Program fiscal requests from the 60 people waiting for services totals over $900,000 annually.

There have been minimal state increases for the Community Options Program; no state increases in the Community Integration 1B Program for nearly 10 years; and no increases in the Family Support Program in five years. This has forced Portage County to use Community Aids or County tax levy dollars to supplement these programs while at the same time receiving reductions in state Community Aids.

We understand that fiscal considerations are certainly driving the planning behind Family Care, and are anxious to pilot the proposed program to see if a redesigned system can provide continued and enhanced quality Portage County residents have come to expect; to see if we can offer expanded opportunities for individuals to remain in their own homes rather than entering institutional care; and to see if we can serve the large projected number of individuals who will be seeking Long term care services in future years.

We do, however, have some serious concerns and reservations about the proposed Family Care Legislation. They are:

1) That the Family Care Pilots be viewed and operated as true pilots rather than simply operating as the first phase of state wide Family Care implementation.

2) That the Pilots be allowed to operate over the course of two biannual budget periods so that decisions regarding statewide implementation can be based on more than six to ten months worth of data and experience.

3) That the Pilots be exempted from governance/Family Care Districting changes as proposed in this budget for the duration of the Pilot period, and that the issue of required governance changes continue to be studied.

4) That the Pilots be exempted from requirements for open competition until statewide implementation of Family Care begins, and that all efforts be made by DHFS to extend the time period where competitive bid requirements will be invoked.

5) That the CMO cost model continue to be studied/reviewed to ensure that counties are not put at a fiscal disadvantage as they begin to operate Family Care.

6) That managed care and non-managed care models both continue to be considered by DHFS as the state long term care system undergoes change.

7) That the Department of Health and Family Services work toward including all original targeted populations in the Family Care model, including developmental disabilities.

We are pleased with the level of technical support provided to us as a Pilot from DHFS, and intend to continue to work toward making Family Care successful for residents of Portage County. Thank you for the opportunity to express our opinions about this tremendous change in how services are delivered to seniors and people with disabilities in Wisconsin.

JC/BUDG2001.JUN

Rep Lassa

TESTIMONY BEFORE THE JOINT FINANCE COMMITTEE
STEVENS POINT, APRIL 13, 1999

My name is Harry Pokorny. I am the President of the Portage County Coalition of Aging Groups; a member of the District 7, Coalition of Wisconsin Aging Groups Executive Committee; and an Alternate to the Governing Board of CWAG.

I wish to speak about three items in the 2000-2001 Proposed State Budget. They are Family Care, the Community Options Program, and Specialized Transportation for the Elderly and Disabled.

Family Care, as envisioned, would be great for the elderly and disabled of Wisconsin. It proposes one-stop shopping at a Resource Center, where the persons and their families will be given the information they need to make an informed decision about the type of care they need. This overall view is exciting and exemplary, because it would allow a person to easily find out what is best for themselves. Right now, there are over forty federal and state programs for people in need of long term care., if they need public assistance. There is no, or little, provision for someone who needs partial or no public funds. Anyone who needs long term care, or their caregivers, has to find out about these federal and state programs; what each covers; the extent of that coverage; who to contact; what forms need to be filled out; who can fill out these forms; if an interview is needed and who has to be interviewed; where the request has to be sent; the wait period for a decision; and so on. Unless you have had to go through this process, you cannot begin to imagine how time consuming and exhausting this process can be.

With Family Care, someone needing help has to make only one contact, the Resource Center. From there on, they are guided through the maze. The person needing the care is given the options available to them, makes an informed decision as to the best care available, and it is implemented through the Care Management Organization. Best of all, it doesn't matter if the person's care is to be funded entirely, partially, or not at all with public funds. That is why it is so important to fund the Family Care Pilot Program as proposed. It would pool all of the monies available for long term care, and the money would follow the person. The person would have a **choice** in their own care.

The pilot counties are just establishing their programs, working out the bugs, and establishing Care Management Organizations. They need the expansion and funding as proposed in the budget to make this a viable plan. The elderly and disabled of Wisconsin are counting on your support to help them have a choice in determining ther long term care, thus helping them to live as full a life as possible. Family Care gives them hope. Don't destroy it.

Until Family Care is implemented state-wide, the elderly and disabled are relying on the Community Options Program. Unfortunately, the proposed budget does not

increase the number of people served by this program. There are almost 11,000 elderly and disabled people waiting to be helped by this program.

Nursing homes are essential in the caring of people. However, it should not be the first choice of care as it is now. The 11,000 people on the COP waiting list says that these people do not need the highly skilled care nursing homes provide, but rather, with some help, can remain in the community, at less cost to themselves and to the public.

The present system is biased toward nursing home care. The size of the waiting list means that persons needing long term care who do not want to go into a nursing home, have to wait three, four, or more years to get the help they need. My sister, who has Cerebral Palsy, lives in Milwaukee County. She waited over five years to get into the COP program. She, like others on the waiting list, could have gone into a nursing home at any time, but she wanted to be independent and live in her own apartment. Therefore, she struggled for over five years to cope, while waiting for the little help she needed.

The elderly and disabled who need some help to live alone, have three choices: wait up to five or more years for the help they need; be institutionalized; or die. There is a need for nursing home care, but someone who needs a little help to live alone, should not be forced into that setting.

The whole waiting list of the elderly and disabled could be eliminated for $45 million over the biennium. This amount would be matched by over $65 million in federal funds under the COP waiver programs. This money, while a significant investment, is only 13% of the tobacco settlement money. Florida, Massachusetts and New Jersey have proposed using tobacco money for elderly programs, especially for long-term care. The Coalition of Wisconsin Aging Groups has passed a resolution calling for the tobacco settlement money to be used for smoking prevention programs and for health care. COP is an ideal program for these dollars.

Since 1993, I have been advocating for adequate funding for the transportation needs of the elderly and disabled. It was grossly underfunded in 1993, and it still is in 1999. According to the proposed budget, it is to continue to be grossly underfunded through 2001.

The proposed budget calls for a 3.5% increase in FY2000 and a 2.1% increase in FY2001. That is, in FY2001, there will be $500,000 more than in FY1999. The total amount spent on elderly and disabled transportation will still be less than one-half of one percent of the DOT budget.

In February, 1995, the DOT released the results of a study it did called "Translinks 21". It stated that "*Translinks 21 includes a $195 million increase above the current levels over the entire 25 year period for the County Elderly and Disabled (Section 85.21) Program. This funding will provide 2.6 million additional one-way*

trips per year—double the current level". To meet this goal, the DOT would have had to increase the 85.21 budget an average of $7.8 million per year beginning in FY1996. However, the FY1999 total budget is only $9.2 million and the proposed budget for FY2001 is $9.7 million , or almost $47 million less than what the DOT said was necessary.

In the DOT's "Wisconsin State Highway Plan 2020", the DOT wants to spend an average of one billion dollars a year more for highways and bridges over the next 20 years, but it proposes to increase spending on the transportation needs of 25% of the population an average of only $250,000 per year. However, its own study says that it should be increasing the 85.21 spending by over $8 million per year.

The elderly and the Disabled of Wisconsin ask you to note their plight, the ignoring by the DOT, and at least double the funding to $18 million per year.

As you can see, Family Care, Community Options Program, and Specialized Transportation for the Elderly and Disabled are all interrelated. All three help keep people in their homes and community instead of institutionalizing them. Family Care needs to be expanded as proposed to help give people an informed choice in their long-term care; the COP waiting list has to be eliminated so that the elderly and disabled can lead as full a life as possible; and the elderly and disabled should get their transportation needs met so they can participate fully in their community.

Thank you.

Harry Pokorny
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~~Cindy~~ Cyndi Glodoski River Pines Center

Why am I here? I'm here for the future. The future of the residents and those that care for them. I Started working as a CNA at age 17 while I went to high-School. I heard it all. The most common comment was "I'd never do that especially for what they pay you!" But, you want to know the truth. I didn't do it for the pay I did for the residents. As a young adult I thought I knew it all but, what I have gotten back the most in the last 19yrs of working at River Pines was love, gratitude, ~~the~~ laughter and alot of interesting stories about the ~~lifes~~ lives of the residents. I will admit there are draw backs such as family members and their guilt and expectations & even the hard to handle residents but Thank God there are Special people out there who really care about people & not the money, other wise they would be in a factory somewhere. Its time we give the people who care & have hearts for the future what they deserve. After all, these special care givers give each and all of us more than that. Its called love and compassion And thats what we need in the health Field. Thank you for your time

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TESTIMONY
BEFORE THE JOINT COMMITTEE ON FINANCE
BY THE WISCONSIN CHAPTER OF NASW
APRIL 1999

While social workers across the state work in a number of areas affected by budget changes, I would like to highlight three areas of concern for our Chapter: long term care redesign, or Family Care, child abuse and neglect prevention, and W-2. Along with this testimony, I have attached the NASW-WI position statements prepared by the Legislative and Social Policy Committee for our recent Lobby Day.

Family Care

While NASW-WI supports the development of Family Care through pilot projects, we oppose the proposed management of Family Care. NASW-WI supports the public administration of Family Care through the counties. Also, counties should have more than two years to establish their long term care programs before bids from private agencies are requested to operate the Family Care program. Finally, NASW-WI supports an increase in funds for the Community Options Program (COP) for the counties that are not in the pilot program.

Child Abuse and Neglect Prevention

Despite the recommendations of the 1997 Joint Legislative Council Committee on Prevention, the Governor has not included funds in his budget to extend the Prevention of Child Abuse and Neglect (POCAN) Program for this biennium. In addition to the expansion of POCAN, NASW-WI supports the fulfillment of the 1% for Children initiative as intended in the *Truth in Sentencing* legislation. This funding should be made available to make home visiting and family resource services available to all parents of newborn children. We believe that this funding should be **new money**, be dedicated to **primary prevention**, and provide enough **flexibility** for comprehensive, community-wide involvement in the development and delivery of services.

Wisconsin Works

NASW-WI supports the incorporation of the following improvements in W-2 into the budget bill:

1. NASW-WI supports the recommendations of the SSI Parents Coalition that call for increased support for families headed by a parent or parents on SSI. The added cost to the Caretaker Supplement program is small compared to the security it offers families that are already burdened by the stress of a disabled parent. We also recommend that this increase start July 1, 1999 rather than the October 1, 1999 start date in the current budget proposal.
2. Members of NASW-WI have several concerns regarding the contract process for W-2 agencies. NASW recommends the following: W-2 agencies should be required by contract to inform clients of **all options and services available to them**, and the agencies should be required to follow up on clients once they leave W-2 to ensure that they are truly gaining independence and self-sufficiency, as opposed to simply leaving the "welfare rolls". Explicit guidelines and standards for follow-up should be provided in the contract. In addition, broad-based community participation, including input from participants, advocates, service agencies, and community advisory groups should be a required part of all W-2 contract development. All W-2 agencies should be required by contract to participate on an ongoing basis with such groups. Explicit guidelines and standards for collaboration with community groups and individuals as well as for the utilization of their input should be provided in the contract.
3. NASW-WI supports the Governor's budget initiatives to lower the child care co-payments; however, we recommend that the child care co-payments be waived for W-2 participants living below the poverty line and for minor parents, kinship care relatives, and foster parents.

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Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

MAKING W-2 WORK

NASW-WI believes that W-2 (Wisconsin Works) must be modified if it is to succeed as a program to move people out of poverty and into economic independence. Although W-2 was "designed to reinforce behavior that leads to independence and self-sufficiency," its success has been defined in terms of caseload reduction instead of client independence and self-sufficiency.

Problems with W-2

Simply reducing the welfare rolls is not the stated goal of W-2. We must look beyond this to the genuine welfare, the health and well-being, of all who live in Wisconsin. We must ask ourselves and our elected representatives, what do we have to offer in terms of career jobs, living wages, education, and support to families to make independence and self-sufficiency a reality and not just a catch phrase? For those for whom independence and self-sufficiency are not entirely attainable goals, how can we as a democratic society demonstrate our humanity, our compassion, and our commitment to basic human and economic rights?

Has W-2 provided the means for those leaving welfare to become independent and self-sufficient? The recently released Department of Workforce Development (DWD) survey of those who have left showed that 38% of the former participants were unemployed. This indicates a critical shortfall in a program designed around the slogan of "Only work pays." Such hurdles as underemployment and lack of living-wage jobs, the scarcity of quality, affordable daycare, and insufficient training and education continue to prevent many families from reaching independence and self-sufficiency. Many have turned to private and faith-based charities, community agencies, and extended families simply to survive, placing greater strains on an already overburdened network of support *without achieving the goals of W-2.* Others have simply vanished from the rolls, their fate unknown. DWD has the responsibility for the implementation of W-2 and must be held accountable to its stated goals.

Recommendations

To help accomplish the stated goals of W-2 of helping families to become independent and self-sufficient, NASW-WI recommends the following:

- Evaluate the success of W-2 by a comprehensive measurement of clients' independence and self-sufficiency.
- Require extensive training for W-2 caseworkers so they are prepared to conduct comprehensive, individualized assessments of applicants for barriers to self-sufficiency, including such areas as education, housing, child care, domestic violence, substance abuse, and mental and physical disabilities.
- Allow W-2 participants up to 30 hours per week for education and training (such as high school, GED, post-secondary, life skills, parenting, AODA, and ESL) along with 10 hours per week of work activities. Also, parents still eligible to attend high school must be able do so without an added work requirement.
- Waive the child care co-payment requirements for W-2 participants living below the poverty line, minor parents, kinship care relatives, and foster parents. Follow the DWD recommendations to reduce co-payments in the first month of work; pro-rate co-payments for children in part-time child care; and cap the maximum payments for child care at 10% of income.
- Restore the fair hearing process and allow participants to continue to receive benefits pending a decision.

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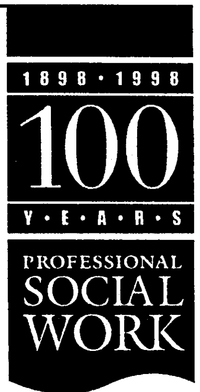

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

PREVENTION OF CHILD ABUSE AND NEGLECT

Today, one can rarely read the newspaper or watch television news without being jolted by stories of beaten, sexually abused, or severely neglected children. In Wisconsin, more than 46,000 cases of child abuse and neglect are reported each year. The people of Wisconsin clearly recognize the need to protect children, and are willing to support prevention programs. In fact, a 1993 survey of Wisconsin voters showed that 88% saw a need for prevention programs, and 80% believed prevention would save taxpayers money in the long run.

It is important to understand that most maltreated children grow up to lead normal adult lives, and they don't grow up to abuse their own children or others. However, studies show abused and neglected children are all at *greater risk* for mental health problems, suicide attempts, alcohol abuse, drug abuse, and poor school performance. Perhaps most disturbing is that physically abused and neglected children are *significantly more likely* than children with no histories of maltreatment to commit violent crimes as juveniles and adults. Pronounced differences between abused and neglected children are their non-abused counterparts can begin to emerge as early as age 8 or 9.

Neglect is by far the most common type of maltreatment reported to child protection authorities, accounting for over half of all national child maltreatment reports and 43% of reports in Wisconsin (1996). While other types of abuse are episodic in nature, neglect generally involves a pervasive and ongoing pattern of behavior. Although there is not a single type of parent who neglects his/her child, researchers have observed some common characteristics: depression, isolation, history of being neglected as a child, drug and/or alcohol use, and stress. National statistics show that neglect disproportionately affects infants and preschoolers, who are at their most vulnerable developmental stage. Recent research on infant brain development suggests that the impact of the environment on a newborn is dramatic: without affection, attention and proper social interactions, the child's brain will not develop properly.

Recommendations

- **Expand Home Visiting Programs**

High-quality home visiting programs which start working with families as soon as the child is born have proven to be effective in preventing child abuse and neglect. The programs are successful because they help parents manage the stresses of raising children before unhealthy patterns develop. NASW-WI recommends the expansion of state supported home visiting programs so that they are available in every county of Wisconsin.

- **Collaboration Between Home Visitors and W-2 Financial Employment Planners**

NASW-WI believes that by working together, home visitors and W-2 Financial Employment Planners can double their impact by providing information and assistance at the local Job Centers or W-2 agencies while reinforcing and extending the message of self-sufficiency in the home environment. By educating parents on parenting skills, family budgeting, interpersonal skills, time management, problem-solving strategies and finding quality child care, the W-2 program and home visitation programs can help individuals maintain employment while encouraging healthy family relationships and child development.

- **Fulfill the Commitment of 1% for Prevention**

Last June, when the Governor signed in to law Act 283, the *Truth in Sentencing* legislation, including the bipartisan-supported "1% for Children" amendment, Wisconsin became the first state in the nation to link crime reduction and child abuse prevention. The amendment calls for the allocation of the equivalent of 1% or greater of the Department of Corrections budget toward the prevention of child abuse and neglect. NASW-WI proposes that the funding for this amendment be **new money** (or money not already allocated to prevention); that it be dedicated to the **primary prevention** of child abuse; and that it provide local jurisdictions with the **flexibility** to design their own programs.

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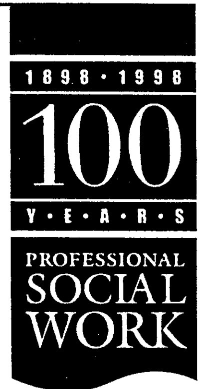

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

HEALTH AND LONG TERM CARE

Health Insurance

Almost half a million people in Wisconsin do not have health insurance, and the number of uninsured is increasing. Over 1.5 million people in the state were either denied health insurance, had certain conditions excluded, or paid higher premiums because they had pre-existing conditions. There have been attempts at both the state and national level to secure universal health care coverage for all residents.

Managed Care

Most people in Wisconsin (84%) have their health care through a managed care plan. Although many are satisfied with their managed care plan, the following problems have occurred: limitations on benefits; prior authorization required to receive specialized treatment; restrictions in receiving care from specified providers; inability to receive emergency care without authorization; emergency care limited to specific facilities; not all prescription drugs are available; special provisions and limitations on mental health services; no coverage out of plan area; and restrictions in the availability of grievance and appeal procedures. The 1997-98 State Legislature adopted some changes in managed care, but left out many important protections.

Long Term Care

About 260,000 residents of Wisconsin over age 15 have a permanent or long term disability, and one-fourth of them live in poverty. About a third of these people need to help with three or more basic activities of daily living, such as bathing, dressing, moving around, toileting, eating, or transferring from bed to chair. Another third need help with one or two of these activities of daily living, while the remaining third need help with activities such as managing medications, meal preparation, household chores and using the telephone.

Most of the long term care is provided by family or friends. In Wisconsin, the formal system includes 400 facilities, such as nursing homes. There are 1,300 community-based residential facilities and over 100 county and thousands of voluntary and proprietary agencies providing these services. Since many living in nursing homes have exhausted their resources paying for their care, about 60% of those in nursing homes are covered by Medicaid. The Community Options Program, which provides services to people who remain in their own home, has a waiting list of about 9,000. More than $2 billion in government funds are required to pay for these services. There has been an effort to reorganize long term care in Wisconsin. This has been complicated by capping the funding, including health care and contracting for the administration of long term care.

Recommendations

- Support a Universal Health Care program for Wisconsin resident.
- Support Badger Care, which would provide more people with health insurance coverage and institute sliding scale fees for health care.
- Support consumer protections in managed care, including an independent appeals procedure.
- Permit enrollment in managed care plans, regardless of current coverage or pre-existing conditions.

Support a comprehensive, coordinated long term care system in Wisconsin under public auspices.

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

PARITY FOR MENTAL HEALTH AND SUBSTANCE ABUSE

The Wisconsin Chapter of NASW believes in the need for a Wisconsin Mental Health and Substance Abuse Parity Law. The Federal Mental Health Parity Act of 1996 (P.L. 104-204) was a first step toward equal insurance coverage for persons with mental illness, but the loopholes in that Law mean that, in Wisconsin, there is no substantive change in health insurance coverage for people with mental illness or substance abuse issues.

Over the past 20 years, research has demonstrated the relationship between mental illness and abnormalities in the brains of affected individuals. No one blames a person suffering from a brain disease. At the same time, treatment for brain diseases has improved tremendously. A NIMH study shows the current success rate for the treatment of clinical depression is 80-90%, whereas the overall success rate for cardiovascular disease is only 45-50%.

More than 70% of people who currently use illicit drugs which put them at risk for developing an addiction, as well as 75% individuals who are alcoholics are employed. Most employer-provided insurance policies today discriminate against people with AODA issues requiring greater patient burden for cost sharing, co-payment, and deductibles, while offering less coverage for number of visits or days of coverage and annual and lifetime dollar expenditure limits for treatment. According to the Bureau of Labor Statistics, in 1995 about 80% of employees working for medium and large employers have health plans that cover a minimum level of medical treatment. However, fewer than 7% of these employer provided health plans covered AODA treatment to the same extent as other medical conditions. If alcohol and drug addiction is not treated when an individual has employer provided insurance, the costs of addiction do not go away. They simply become a negative externality, causing costly problems in other areas of public and private systems, such as the Medicaid, Medicare and Corrections systems. Costs may eventually shift back to the private health system which must deal with alcohol and drug addiction-related accidents and diseases when treatment could be made available before such problems surface.

Parity Will Not Increase Insurance Expenses

The following studies show that insurance costs will not rise with the inclusion of mental health and substance abuse coverage.
A recent study by the Federal substance Abuse and Mental Heath Services Administration (March 1998) concludes:

- State parity laws have a small effect on premiums. cost increases have been lowest in systems with tightly managed care and generous baseline benefits.
- Employers have not attempted to avoid parity laws by becoming self-insured, and they do not tend to pass on the costs of parity to employees.
- Costs have not shifted from the public to the private sector. Most people who receive publicly funded services are not privately insured.

A report from the National Advisory Mental Health Council (May 1998) concludes:

- In systems already using managed care, implementing parity raises health care costs by less than 1& over one year.
- Introducing managed parity in systems not using managed care leads to a 30-50% reduction in total mental health costs over one year.
- Maryland reported a 0.2% decrease in the proportion of total medical premium attributable to the mental health benefit after the implementation of full parity.

A 1997 Rand Corporation Study concluded that removing limits on inpatient days and outpatient visits will increase costs by less that $7 per enrollee per year.

Finally, since all employees pay the same premium for their health insurance coverage, it is discriminatory to restrict the treatment for mental health and drug and alcohol addiction when treatments for other chronic illnesses are not restricted. People with brain diseases should have the same health insurance coverage as people with other physical health illnesses.

Recommendation

NASW -WI believes that the Wisconsin Legislature should pass a new law and regulations that require mental health and substance abuse insurance coverage.

WISCONSIN CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS
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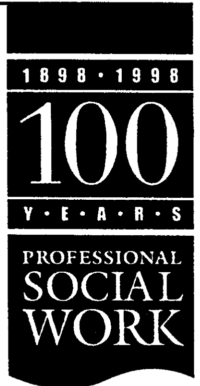

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

CIVIL RIGHTS FOR LBGT CITIZENS

It is the position of the National Association of Social Workers that same-gender sexual orientation should be afforded the same respect and rights as other-gendered orientation. Discrimination and prejudice directed against any group are damaging to the social, emotional, and economic well being of the affected group and the society as a whole. Denial of legal rights reinforces and legitimizes homophobic and other acting-out behavior of those predisposed toward prejudice, discrimination, and violence. (Social Work Speaks, 1997: NASW Press, 201-202).

NASW WI believes it is essential that the basic rights and responsibilities afforded to heterosexual citizens are conferred upon lesbian, gay, bisexual and transgendered (LGBT) persons in order to obtain true equality. The following is a description of some of the issues facing LGBT persons in Wisconsin.

Domestic Partnership

While LGBT persons pay the same taxes as their heterosexual counterparts, they are denied the same civil rights and responsibilities that marriage confers. It costs gay and lesbian couples thousands of dollars to replicate just some of civil protections that heterosexual couples receive for the cost of a marriage license. Some basic benefits and responsibilities denied to gay and lesbian couples include:

- Health insurance under their partner's policy
- Health insurance for their child if they are the non-biological or adoptive parent
- The ability to adopt their partner's children
- Responsibility for child support or alimony in cases of a dissolved relationship
- Taxation and inheritance rights

Children of Gay and Lesbian Parents

At a time when Wisconsin is receiving national attention for enacting policies aimed at bettering the lives of children, it is important that one group does not go unnoticed: the children of LGBT parents. The familial make-up of our society is undoubtedly changing, and many children are being raised in households where the primary caregivers are not married to each other. This leaves the children in legally precarious situations, threatened with losing all caregivers or support if something should happen to their legal parent or the adult's relationship. Some essential familial securities that should be included in Wisconsin law are the following:

- Adoption of a child into a loving home by two unmarried adults.
- Adoption of a child by a parent-like figure who is not married to the legal parent.
- Visitation or guardianship of a child by a parental figure in the event of death of the child's legal parents.
- Responsibility for child payments and visitation by parental figures in instances of separation.

Recommendations

- In the interest of fairness, justice and economics, it is important that Wisconsin lawmakers support domestic partnership legislation.

To ensure that all children have equal protections under the law, Wisconsin lawmakers should support and pass legislation that is designed to give the protections listed above to children who have few rights under current law.

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The Wisconsin Society for Clinical Social Work

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

LICENSURE FOR CLINICAL SOCIAL WORKERS

In 1992, Wisconsin Act 160 was passed by the Wisconsin Legislature and signed by Governor Thompson. Wisconsin Act 160 provided certification and title protection for social workers, marriage and family therapists and professional counselors. Under this act, an individual is prohibited from using the title social worker, marriage and family therapist or professional counselor unless they are certified.

Limitations on Certification

1. While certification provides protection against individuals using the title social worker or clinical social worker, it does not prohibit individuals from practicing social work or clinical social work under a different title.

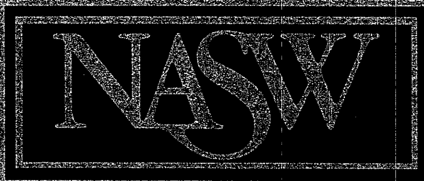
2. Some managed care companies require subscribers to see a licensed professional for mental health services which would eliminate clinical social workers in Wisconsin who are not currently licensed. The lack of licensure therefore can prevent consumers from being able to choose a clinical social worker for their mental health needs. In addition, due to the lack of psychologists and psychiatrists in certain regions of the state, the lack of licensure can lead to very limited or no access to mental health services for some consumers.

3. Licensure is needed to fully protect the confidentiality of the consumer. In its June 1996 Jaffee v. Redmond decision, the United States Supreme Court ruled that a licensed clinical social worker's notes were confidential. It is not at all clear that the notes of a certified clinical social worker's notes could be considered confidential.

4. Certification and title protection have questionable legal standing. In Abramson v. Gonzales, 949 F.2d 1567 (11th Cir. 1992), the Florida 11th District Court of Appeals ruled that certification (title protection) was unconstitutional based on the First Amendment's guarantee of freedom of speech.

Recommendation

The Wisconsin Society for Clinical Social Work recommends the passage of a bill that would institute licensure and a practice act for Wisconsin's clinical social workers.



Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

SOCIAL WORKER TRAINING CERTIFICATE

In the 1995 state budget, a provision was included that allows individuals with degrees in Sociology, Psychology, Criminal Justice or other human services fields approved by the Social Workers Section, to obtain a two-year non-renewable Social Worker Training Certificate. This certificate allows these individuals to work in a social work titled position during this two year period. The social worker training certificate holders may take the state and national and obtain certification as a social worker if they meet the following requirements:

1. The completion of four courses in the areas of social welfare policy and services, two courses in social work practice methods, and human behavior in the social environment.
2. Complete a human services internship involving direct practice with clients supervised by a certified social worker with a Bachelor's or Master's degree in social work.
   Or: Complete one year of social work employment involving direct practice with clients supervised by a certified social worker with a Bachelor's or Master's degree in social work.

Problems with the Social Work Training Certificate

The Wisconsin Chapter of the National Association of Social Workers and the Wisconsin Council on Social Work Education would like to see the Social Work Training Certificate eliminated for the following reasons:

- The Social Worker Training Certificate puts consumers at risk by allowing individuals without social work training or education to provide sensitive social work services to vulnerable clients.
- With the Social Worker Training Certificate, an individual who has not been able to pass a social work methods course or field assignment and is dropped from a social work program can obtain a Sociology degree and work as a social worker.
- Undergraduate social work programs are professional programs that receive accreditation through the Council on Social Work Education. Students in undergraduate social work programs must meet stringent requirements in both the classroom and the field in order to graduate. The Social Worker Training Certificate undermines bacealaureate social work education and consumer protection by allowing individuals an easy way to obtain social work certification and practice social work.
- In Wisconsin, fifteen undergraduate BSW programs graduate approximately 450 students per year which should provide an adequate supply of trained social workers for most sections of the state. In certain rural sections of the state there may be difficulty recruiting many types of professionals, not just social workers. This situation would not justify lowering standards and putting consumers at risk.

Recommendation

NASW-WI recommends the passage of legislation that eliminates the social worker training certificate.

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PIERCE COUNTY WISCONSIN

OFFICE ON AGING
PIERCE COUNTY OFFICE BUILDING, BOX 670
ELLSWORTH, WISCONSIN 54011
715-273-6780

Date: April 13, 1999

To: Joint Finance Committee

From: Kathy Hass, Supervisor
Pierce County Office on Aging

Re: State Budget Testimony

Dear committee members,

I am submitting written testimony in regard to the Family Care proposal in Governor Thompson's budget. After input and discussion from many important groups including the Coalition of Wisconsin Aging Groups, the Wisconsin Counties Association, the County Aging Unit Directors Association and AARP, it is clear that there is no interest in killing the reform of the Long-Term Care system . In fact we all want to work toward acceptable changes that will benefit all disability groups. With this in mind I would like to submit the following points for consideration:

1. More time is needed to pilot Family Care to ensure that we have the best possible model which is adequately funded. I agree with the Governor's proposal to continue the pilots in 13 counties and 1 tribe for the next two years.

2. The state must spend more time with counties to develop a reform that will be a county based system of operation, and one where the federal Health Care Finance Administration (HCFA) and the State can agree on how counties must operate the new system.

3. Reform must include all disability groups.

4. The State and counties must address the problem of inadequate home-care programs throughout the state. We have a serious problem with reimbursements to health-care agencies that do not meet the cost of services. In addition it has become very hard to recruit and keep trained and dependable home-care workers when the pay is so poor. Home care will be the main service that allows a person to be cared for at home and without this service Family Care will not work well.

5. More state money should be allocated to COP in the next two years to address

long waiting list for services in most counties. Elderly on waiting lists cannot wait two years while we are piloting services in just 13 counties and 1 tribe.

6. There have been some alternative plans to Family Care that should be studied in the next two years. I am not convinced that such a drastic reform as Family Care is necessary. It may be possible to make changes with the present system that will allow more flexibility in funding community services with all sources of funding.

Chairmen Burke and Gard, and members of the Joint Finance Committee, I am Carol Mattson, Director of the Polk County Aging Department. Thank you for the opportunity to talk with you about Family Care. We feel strongly about the importance of reforming the long term care system in Wisconsin, and want to keep the momentum toward change going. The current system favors institutional care and does not provide nearly enough money to help care for people in their own homes. Institutional care will always be needed, but too many older people are falling through the cracks and ending up in an institution, when some less costly services in their home could have delayed or prevented entering a nursing home. We favor the simplification of programs so they are less confusing to the consumer. The local long term care councils need to remain part of the plan, so consumers and their families have a voice in the operation of the system that serves them.

There are however, some parts of Family Care that concern us. We believe we need to build on what works...specifically the Community Options Program, and other county operated systems that provide care for older people in the community. We don't need to kill the old system to begin the new. We are concerned about the use of a managed care organization in long term care. We have seen too many problems with managed care for older people already. We would like to see some pilots started that are based on a non-managed care model. A comparison of the cost effectiveness and quality of the care management pilots with the non managed care pilots should give you some good information. Family Care needs to be a public system run by counties and accountable to taxpayers. We do not favor the creation of Family Care districts. They would only add an unmanageable layer of bureaucracy

We are also concerned about the issue of Personal Care Workers. People are being paid more to "flip burgers than to turn Grandma". We need enough well trained workers who earn good salaries to reduce the lack of workers and the high turnover rate.

We are also advocating additional state dollars for the home delivered meal program. In Polk County, over half of the meals provided by the Nutrition Program are home delivered. The federal funding for the Polk County Home Delivered meal program is $$17,245. We served over 30,000 home delivered meals in our county last year, so we utilize other funding sources to cover part of the cost. Increased state dollars for the elderly nutrition program is long overdue.

Thank you for the opportunity to speak on these issues

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Dear Committee members,

I am writing in regard to the proposed certification biannual fee for adult day centers of $100.00 per site and $20.00 per client. As an adult day service provider, we have always embraced the certification process as a means of quality assurance and waiver program monitoring. In addition we feel the certification process legitimizes the role of adult day centers in the continuum of long term care. We understand the field is growing and the demand for licensing staff is great, however, I have some concern of the affordability of the biannual cost of certification. For example, we are currently seeking certification for an adult day program in the Green Bay area thus making it our fourth site.

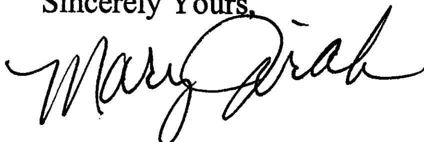
If I understand the proposed biannual fee structure, it would cost the following:

Four specific adult day sites @$100.00......... ......$400.00
site1 capacity @70 x $20.00.............................$1,400.00
site2 capacity @25 x $20.00...............................$500.00
site3 capacity @12 x $20.00...............................$240.00
site4 capacity @ 30x $20.00...............................$600.00
$3,140.00 biannual $1,570.00

Nearly all adult day centers have budget situations where they either break even or are losing money. Unlike CBRF's who are profit making ventures, many adult day centers continue to exist due to the support of sponsoring agencies and/ or public dollars. We have found that families desire an affordable alternative to the costly fees of CBRF's, adult family homes and/or nursing home placements. A more reasonable consideration would be a flat rate fee of $100.00 per adult day center site, regardless of the size or capacity.

Thank you for you time on this matter. Should you have any questions please feel free to call me at (920) 468-9129 ext. 169.

Sincerely Yours,



Mary Jirak
Adult Day Program Director .

AGAPE OF APPLETON, INC.

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TO: Joint Finance Committee:
Senator Brian Burke, Representative John Gard, Co-Chairs

Committee Members:
Senators Burke, Decker, Jauch, Moore, Shibilski, Plache, Cowles, Panzer;
Representatives Gard, Porter, Albers, Kaufert, Duff, Huber, Ward, and Riley

FROM: Lee Bishop, Executive Director

DATE: March 26, 1999

SUBJECT: 1999-2000 Biennial Budget

I would like to take this opportunity to address the committee members regarding the 1999-2000 Health and Family Services Budget proposals.

I represent a private non-profit agency which provides supported community living services to individuals with developmental disabilities in the Fox Valley. We currently contract with various county governments to provide the supports which allow nearly 200 individuals to participate as productive, contributing members of their communities.

I will be so bold as to claim to represent the interests and concerns of the vast majority of these individuals, their parents/guardians, and our staff.

We are very concerned about the massive decrease in community aids in the Biennial Budget. These pass along cuts from the Federal Social Services block grant reductions will not only add to current waiting lists, it will result in hundreds of individuals who are currently receiving services being dropped from current programs. Without supportive services many individuals will deteriorate physically, mentally, and emotionally and require much more costly care in the future. The old adage of a stitch in time saves nine would appear to apply in these circumstances.

I would like to address the Governor's Family Care Proposal. I have serious reservations regarding the current plan and its implementation schedule.

I would concur that a revision of the jumble of overlapping, confusing, and unnecessarily restrictive funding mechanisms is in order. Often the least restrictive, most cost effective alternatives are not available to citizens because the "slots" are filled. One funding resource may be depleted while other resources go unused because an individual does not meet that funding sources eligibility criteria. I support the concept of a single stream funding mechanism.

I have serious reservations and many questions regarding the Family Care pilot projects proposed in this budget.

1) Why are we "piloting" more counties than were suggested under the initial implementation plan in the first year? I am concerned that this may be a "back door" approach to the program's full implementation.

2) There is no mechanism for independent review of the pilot projects' effectiveness. We also need a long enough period of time after the pilots are completed to perform this review. How do we go back if those pilots to not work? Are we leaving few options other than Family Care after the pilot?

3) There are no pilot projects of any alternative plans (survival coalition plan). We should pilot all alternatives simultaneously to evaluate all options.

4) Why does the Department of Health and Family Services insist on the legislation implementing all of the statutory language for Family Care if only pilots are planned? Full implementation of Family Care would be a Department decision in the future without legislative approval. If the Department wants only to do pilots, then why are they not satisfied with legislature approval with a sunset clause?

5) Why does the Department of Health and Family Services believe that a for-profit case management organization is going to be more cost effective in operating programs than county governments? By definition, a for-profit is obligated to do all it can to make a profit for its shareholders. These profits are not available for programs/individuals. There must be a decrease in services available for the same dollar amount comparing a for-profit with a non-profit or governmental agency. At the very least insist that CMO's be non-profits. If for-profits do not make a profit they will get out of the business and who then will operate the CMO's?

6) How will current county government overmatch dollars be replaced in the Family Care Human Services budgets? If Family Care takes the county governments out of the system it must be ready to replace these resources or significant degrading or elimination of programs will occur. Does the Department believe county governments will turn over millions of tax payer dollars to for-profit CMO's without any input or oversight?

7) Family Care is being promoted as a mechanism to give individuals the ability to make choices as to service providers. I question what the reality of this will look like if the funding is decreased; programs curtailed or eliminated; resources allocated to profits vs. programs or small providers getting out of the business because they cannot compete with larger corporations which can afford to temporarily absorb losses to secure the market share. The concept of choice must be backed by the reality of choice.

8) I believe county government has, overall, done an excellent job of providing services to its disabled constituents despite the beurocratic nightmarish system they are forced to work under. Now the Governor and the Department propose to add a whole new layer of bureaucracy to a system inundated with conflicting regulation and oversight. Free the hands of the local governmental organizations to be cost effective and they will be.

Finally, I have one general observation. I find it incongruent and inconsistent that the Governor of this great State would use a forum in Washington DC to advocate for local control of federal funded programs yet follow a different tact in his home State. He has stated on numerous occasions that those individuals closest to the people should be allowed to decide how to allocate resources. Now the Governor and Secretary Leean seem to believe the local county governments cannot make allocation decisions. They appear to believe that local control stops at Madison, not the local county seat and that the smallest responsible unit of government is the State government.

Thank you for your consideration and the opportunity to express my concerns.

LJB/tb