

Where Quality of Life Never Grows Old



*Wisconsin Association of
Aging Unit Directors*

TO: MEMBERS OF JOINT COMMITTEE ON FINANCE

FROM: SUNNY ARCHAMBAULT, PRESIDENT
WISCONSIN ASSOCIATION OF AGING UNIT DIRECTORS

RE: FAMILY CARE

DATE: MARCH 26, 1999

On behalf of the Wisconsin Association of Aging Unit Directors, I am submitting to you a copy of our expanded position paper on Family Care. The Association believes that Family Care is necessary if older persons are to have an *entitlement to community care*--a principle that we have been advocating for for nearly 20 years.

While we have issues with this legislation, because of its importance for older persons we support the passage of Family Care now. The information obtained through the pilot counties will provide us with the data and experience we need to seek any necessary improvements and changes to this legislation. *After 18 years of COP, 82% of all dollars spent on long term care for seniors is still going for institutional care.* We cannot simply expand COP. We need real long term care reform. We ask for your support of Family Care in this state budget.

WISCONSIN ASSOCIATION OF AGING UNIT DIRECTORS
EXPANDED POSITION PAPER ON FAMILY CARE
MARCH 1999

- 1. Family Care makes community based care an *entitlement***--the issue on which WAAUD has consistently said it wouldn't compromise. An entitlement is not offered in COP, in 51 legislation, in the Oregon system or the Alternative Proposal. An entitlement is a legally enforceable right to the service. Currently the only entitlement the elderly have is nursing home care. If you need community care the state only has an obligation to the extent of the dollars legislated for it. Oregon, which has been referred to as a model program, has never had the number of nursing home beds that Wisconsin has. It has administered its long term system so as to use every opportunity to support community based care. Wisconsin has not had the same legislative commitment to community based care. It would be naive to think we could get it without a reformed system.
- 2. Without reform the current system will collapse in 2010.** The Family Care Plan has been three years in the making with input from every imaginable stakeholder group. If passed now it will just barely be in place by the time the first baby boomers will hit the long term care system in 10 years.
- 3. Family Care pools dollars drawn from nursing home and community based care into one pot to be controlled at the local level.** Funding for the Alternative proposal, which is an expansion of COP, would depend on the willingness of the legislature to increase funding as waiting lists grow. Wisconsin is now spending \$900 million on nursing home care, primarily for the elderly.
- 4. An opportunity for an entitlement to community based care should not be held hostage to the issue of CMO competition and separation.** The state should be encouraged to continue working with HCFA to extend or eliminate the period in which counties could operate a CMO without competition and to eliminate barriers created by the separation of CMO's from Resource Centers. However, we can't put local organizational issues before what is good for older people. These concerns should not override our support of the legislation.
- 5. Family Care does not destroy what we've built in COP.** In the midst of all our concerns about who gets to run the program and for how long, we've forgotten that the proposal is built on the principles of more options, greater opportunity for self-direction, choice of service settings and providers, dollars following the individual--all the things we've been striving for in COP.
- 6. Unlike other target groups, some elderly will always need nursing homes.** Family Care promotes appropriate utilization of nursing home services by giving local control in contracting for quality care and offering opportunities for greater collaboration with local nursing homes.

7. **Resource Centers have been cited by consumers throughout the state as a critical component of a long term care system.** If Family Care legislation is not passed it is unlikely that the legislature will come up with the additional dollars to fund this service.

8. **Eligibility is broadened and asset limitations are expanded to encourage participation of more older persons with long term care needs.**

9. **Family Care removes some disincentives to work for persons with disabilities** who wish to remain in the workforce but need access to Medicaid and community based care.

10. **Given our support of the legislation we would like to recommend the following amendments to improve the plan for older consumers:**

a. **Restore the requirement for local long term care councils** as described in the plan to assure local accountability and control of this new system, replacing the COP long term care committees.

b. **Change the name of the plan.** "Family Care" is not something that seniors relate to as a program for them.

c. **"Aging Resource Centers" should incorporate the values expressed in the Older Americans Act and the Wisconsin Elders Act.**

d.. **We need more money *now* for the Community Options Program, elderly nutrition programs, and increases in the Medical Assistance Personal Care rate to support people trying to remain in their homes.** Elderly and disabled consumers in sixty-three counties cannot wait for the results of nine demonstrations

We have come to understand the position of persons who work with the developmentally disabled, but *those of us who are advocates for the elderly believe that the Family Care legislation is good for older people in this state.* It is the elderly and physically disabled that have the most to lose if this legislation is not passed. If it does not meet the needs of the developmentally disabled, then it may be time to separate the funding ties that bind the programs of our respective constituents.

A Message to Our Governor and Legislators from Wisconsin citizens with disabilities, their friends and family members

We are asking you to restore a minimum of \$2.4 million (in GPR funds over the biennium) to the DVR budget for local employment services for people with disabilities. Since 1995, the state has reduced the GPR funding to DVR over \$6 million. We believe that \$2.4 million is a reasonable request to move Wisconsin back in the right direction.

People with disabilities have the highest unemployment rate while Wisconsin has employers who can't find qualified workers. We need to invest in employment services that will serve the needs of both groups.

The plan to reduce GPR money and use 3rd party match money has not worked. 3rd party match services can't provide the same services that a DVR counselor can find in the local community. The state and county agencies that provide the match money use it to serve their clients and students, so it resulted in new referrals to DVR.

Wisconsin has been a leader in developing efficient and effective services by placing the various service dollars in one pot to serve the individual needs of people. Long term care reform is an example of moving away from categorical aid to a system that offers one stop planning and funding for individualized services.

Why is Wisconsin moving employment services for people with disabilities in the opposite direction?

In 1994, DVR was a program where case service dollars were in local office budgets to be spent on local services for individuals. In 1999, over 20% of the budget is tied up in specific county and college programs. In 2000, it will be close to 30%. If your disability and where you live matches what the program offers – you are in luck. [In 1997, 3rd party programs served 1,354 people – the local DVR budgets served 23,035 people.]

Please put Wisconsin DVR back on track by adding \$2.4 million to the DVR case services budget for local offices. We need to serve people with disabilities as individuals, not by where they live or what their disability label is.

HUMAN SERVICES DEPARTMENT

Brown County

MARK A. QUAM
Human Services Director

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FOR THE WISCONSIN LEGISLATURE'S JOINT FINANCE COMMITTEE

Written comments submitted as testimony from Mark Quam, Brown County Human Services Director, Friday, March 26, 1999, pertaining to Long Term Care Redesign, and also Caregiver Background Checks.

March 23, 1999

Dear Members of the Joint Finance Committee:

Thank you for the opportunity to submit information to you on two topics; Long Term Care Redesign, or Family Care; and also a previous law that the Budget Bill revisits, Caregiver Background Checks.

I am Mark Quam, the Brown County Human Services Director. My comments to you are with the knowledge and approval of County Executive Nancy Nusbaum, and the Human Services oversight committee.

A number of very serious concerns still exist with the Long Term Care Redesign proposal. This Budget, if left unchanged, will enact by statute only one method of revamping our long term care system. The Budget will then begin to institutionalize a flawed plan from the Department of Health and Family Services. We would strongly encourage the Budget Bill be modified to allow an alternative model during the pilot process.

Some of the flaws in the Department of Health and Family Services model are as follows:

1. Despite a stated intent to simplify the system created by State and Federal laws, it creates a more bureaucratic and confusing system by creating two separate entities that the public will pass through – a “resource center” and “care management organization.” This process as envisioned will be more confusing than the existing system, and will thus be a step backwards.

2. The Long Term Care model is essentially an insurance industry model of a "resource center" authorizing how much it wishes to pay for a patient's care; and then the "care management organization" implementing services. This model is rigid and tends to emphasize this type of approach is exactly the opposite of what the elderly want and historically Wisconsin has stood for.
3. Department of Health and Family Services has promised new "entitlements" for the elderly to help them live safely outside of nursing homes. This is a wonderful goal. But as Senator Cowles recently noted in his Press Gazette comments about hidden program costs, this program has huge hidden costs. It isn't realistic to discuss new entitlements without cold evaluation of what those costs are truly going to be. It isn't fair to the elderly to make a promise in these pilots that may not be affordable; or would have to be paid for by denying services to the disabled.

The alternative pilot model is a good approach, worthy of your consideration.

If our goal in Wisconsin is truly going to be reducing our dependence on the nursing home, we already have proven and popular well established programs in the Community Options (COP) and Community Integration (CIP) Programs. These programs have been well researched as to their cost effectiveness; have an established and proven infrastructure; and are already regulated by the State.

What they lack is a requirement that no Wisconsinite should enter a nursing home until COP or CIP have been tried. This would be a simple process, since all counties operate these programs. What would change in a few pilot counties is that prior to a nursing home admission, COP or CIP would be required to do an assessment. They would then have the service dollars needed to provide a service and avoid a nursing home placement. The service dollars could come from the Budget dollars designated for the pilots.

The advantages of this approach are numerous; from its popularity and acceptance by the groups it's already serving; to its cost effectiveness as proven by Department of Health and Family Services studies; to its comparative simplicity to enact. The Department of Health and Family Services Redesign requires as yet un-obtained federal waivers; establishment of a new quasi-governmental entity to administer redesign while creating a myriad of problems in union contracts; and creation of an entirely new system with unclear practices yet to be designed.

We encourage using an alternative to the Department of Health and Family Services model to bring long term care into the year 2000.

I would like to briefly comment on the Caregiver Background Check law.

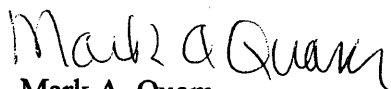
This law was well intended as it sought to mandate more thorough background checks on people who provide care in hospitals, nursing homes and other similar centers.

Included in the process were county child abuse/neglect records, which has turned out to be an error. Counties investigate and substantiate whether danger to a child rises to the legal level determined by the Legislature. The focus is on child or victim protection. The Caregiver law takes this one step further and says whoever created the risk should be subject to the caregiver law. The problems we have begun to find in conducting this service include:

1. Child abuse/neglect findings are of a lesser legal standard than that for criminal behavior. People are tagged with a "child abuser" label under the caregiver law that affects their ability to work, but our Chapter 48 legal standards aren't nearly as stringent as criminal law.
2. It is common that children abuse other children, often times sexually. We're not sure it was the law's intent to put the "abuser" label on children, later seeking jobs in adulthood.

We would encourage confining this law's implementation to those persons convicted in the criminal system of abuse or neglect, to assure a consistent approach to this issue.

Thank you very much for your time and especially for conducting the hearing in Green Bay.


Mark A. Quam
Human Services Director

msf

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.

POINTS OF AGREEMENT
COALITION OF WISCONSIN COUNTIES AND ADVOCACY GROUPS

- 1) The Coalition isn't interested in killing the reform of the Long-Term Care system and wants to maintain the momentum towards change.
- 2) Although the department's Family Care proposal still needs modification to make it practical, if there are additional pilots, those pilots should include a fair representation of alternative non- managed care based models including models based on the Coalition's model. The minimum number of models should be nine as presented in the department's budget with more if practical.
- 3) The Coalition insists on a county-based system of operations.
- 4) Only legislative language necessary to implement the pilots should be considered at this time. Remain all state wide implementation language from any legislation.
- 5) The Coalition will work to insure that all pilots are equally and adequate funded to insure the highest likelihood of success.
- 6) Reform of the Long-Term Care system must include all disability groups.
- 7) There must be an independent organization used to collect standardized, agreed upon data from all pilot models.

Youth Aids:

Counties are requesting 5% increases in each fiscal year; updating the YA formula with a hold harmless provision; and, re-link daily rate increases with equal aid increases. Gov's proposal includes 2% increases in each FY with an over-all drop in daily rates for the biennium (Note: Daily rates exceed current levels by 16 cents for the last 6 months of the biennium.).

Brown County, in 1997 received \$2m in State aid but actually spent \$3.8m in total Youth Aids expenditures (51.8%).

TESTIMONY TO THE JOINT COMMITTEE ON FINANCE, MARCH 26, 1999,
BROWN COUNTY PUBLIC LIBRARY AUDITORIUM, GREEN BAY, WI

PRESENTER: Karen Robison, Vice-Chair, Governor's Blue Ribbon
Commission on Mental Health, and Chair of the Wisconsin
Council on Mental Health

Chairpersons Burke and Gard, and Joint Committee Members:

I am here today to comment on the Governor's 1999-01 Budget
Bill, and its recommendations affecting the proposed managed
care demonstration projects for mental health and substance
abuse services. The Governor proposes reducing and delaying
the DHFS request for \$1,170,000 (\$865,000 GPR and \$305,000
federal) over the biennium for initial costs and start-up of
MH/AODA managed care demonstration projects.

The Governor proposes to reduce the number of demonstration
projects from eight to two, and to delay implementation from
January 2000 to July.

The Wisconsin Council on Mental Health strongly urges that the
Joint Committee on Finance restore this budget item to the
original request.

Intensive study and work has gone into this budget proposal,
dating from the original Blue Ribbon Commission on Mental
Health, appointed by the Governor in 1996. Forty citizens,
including four legislators (among which was Senator Mary
Panzer), labored for a year to present final recommendations
to the Governor in August of 1997. These recommendations were
received enthusiastically by the Governor, and Secretary Leean
was asked to appoint an Implementation Advisory Committee to
flesh out the recommendations for action. Another year and a
half of work brought us to this point, where requests for
consideration are ready to be issued for demonstration sites.

The demonstration sites are on a parallel track with Family
Care, with the intent of integrating mental health and
substance abuse with Family Care after the testing phase.
This budget item must be retained, and not dismissed as a
"policy initiative."

Multiple demonstration projects are necessary to address new
questions that are also relevant to other states that are
redesigning their public mental health systems. We want to
test and evaluate managed care services for children, adults,
and older persons in both rural and urban settings, as well as

the integration of primary and acute care with mental health and alcohol and other drug abuse services.

It is difficult to understand why the Governor chose to cut this particular project, when the original directive to the Blue Ribbon Commission was to emphasize managed care, client outcomes, and performance contracting. We were charged to recommend ways the federal, state, and county governments could cooperate to gain fiscal efficiencies and greater service capacity, and to recommend a system targeted at prevention, early intervention, treatment, recovery, and positive consumer outcomes. We were urged to recommend ways to reduce stigma in Wisconsin's mental health policies and programs. We did all this.

Now, we need to demonstrate that this will work—in other words, test the theory and evaluate it. If data is available from several demonstration projects, it is possible that our experiment will be attractive to funders. If we carefully test and evaluate, we will avoid disasters faced by other states that have rushed to implement mental health/substance abuse managed care reform in public services.

We, as citizen volunteers, representing advocates, consumers, families, providers, and professionals, have given generously of our time and effort to accomplish a very big goal: redesign of this state's mental health/substance abuse public service delivery system. This is a system that expends more than a billion dollars each year. This modest request of \$1.1 million over the biennium is a cost-effective approach to evaluation of a planned overhaul of an outdated system.

These demonstration projects go a long way toward the eventual goal of integration of mental health and substance abuse services with Family Care. Please help us implement this important project by restoring funds to this important budget initiative.

Thank you for your time and attention.

Sincerely,

Karen Robison, Chair, Wisconsin Council on Mental Health
Vice-Chair, Governor's Blue Ribbon Commission

Family Services

Everyone is Family

March 23, 1999

Joint Finance Committee
Public Hearing

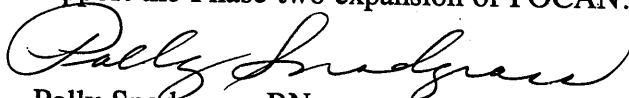
Re: POCAN Legislation

For thirty years, it has been my privilege to work with young children and their families. Many of those children were born into poverty to inexperienced and overwhelmed parents. Although Wisconsin is a state that *cares about* children, that is not the same as *taking care of the children*. Because the health of our communities are inextricably linked to the condition of its families, there is nothing more important that we can do, than to assure that communities have the resources to take care of the children.

It has been my experience that families are very good at telling us what they need in order to succeed if we will only listen. When we look at the state of many of our children, it appears that we have not listened. A three year study by the Carnegie Corporation revealed that millions of infants and toddlers in America are so deprived of medical care, loving supervision and intellectual stimulation that their growth into healthy responsible adults is severely threatened. Wisconsin communities are not an exception. Many young children in our state live in substandard housing, with inexperienced, overwhelmed, and isolated parents who lack the skills and resources to meet their own basic needs, and those of their children.

We have committed enormous time and resources to *fix* troubled children. But the most recent research on child development tells us that by the time we realize they are in trouble, we are long past the window of opportunity to fix them. It is in the first two years, that their future is largely decided. The failure of our system of investing in end of the line interventions is at last forcing us to look at what families really need in order to prevent problems. We are finally listening to families, and in essence, they have created the home visitation model supported by POCAN funds, which is probably why it works so well.

The POCAN dollars awarded to this community are already making a difference for families. It is urgent that the program expands to additional counties and tribes in the 1999-2001 budget. Babies are being born every day, who cannot wait. A commonly heard phrase is: "The children are our future". Perhaps more importantly, we must recognize that we determine their future. I urge you to fully support the Phase two expansion of POCAN.



Polly Snodgrass, RN
Program Director
Healthy Families Brown County

100 Years of Strengthening Children & Families • 1899 - 1999

Family Services of Northeast Wisconsin, Inc.

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Thomas E. Martin
President

Adolescent Day
Treatment

Alcohol & Drug
Abuse Treatment

At-Risk Truancy

Coming Home

Comprehensive
Integrated Service
Network (C.I.S.N.)

Counseling Services

Crisis Center

Elementary Day
Treatment

Employee Assistance/
Managed Care

Families & Schools
Together

Healthy Families

In-Home Counseling
Services

Juvenile Restitution

Kids Can

Learnfare Case
Management

Residential Treatment

Runaway Project

Sexual Assault
Services

Silvercrest Group
Home

Student Assistance

Teen Court

Treatment Foster Care

V.I.P. (Volunteers
In Probation)

Visiting Nurses

Youth Outreach
Connection

TRANSPORTATION FOR RURAL ELDERLY

Today's fast paced society seems to of all but forgotten about us elderly, let alone those of us who live in the rural areas. The Red Cross will go to the city limits, but they have trouble finding volunteer drivers to accommodate this ever growing population. The medical transporters will go as far as our wallet's will support. And our family and friends are imposed upon do the rest.

The millions of dollars saved every month, thanks to volunteer drivers, throughout this state could be mind boggling. Just stop and think how often we need to see the medical doctor (or specialists), the dentist, the foot doctor, the eye doctor, or the hospital for tests. These are considered necessary for us to remain in our homes. We won't even mention that if we fall, the therapy sessions, ^{as} as many as three times a week.

Now consider that we WANT to stay in our own homes, and we do whatever it takes to achieve this. So how do we get our shopping done? We keep asking our children, grandchildren, neighbors, or old family friends (that probably shouldn't be driving). Are we imposing? We think so.

All of our lives we have done for ourselves. We've supported ourselves and our government. We've grown the wheat, oats, barley, hogs and cattle that have fed not just this nation, but other nations, not to mention the milk. We have paid our share of taxes, we have fought in the wars (with no protesting and little compensation). We have served on the town boards, school boards, church boards, county boards, and advisory boards. We've done our share of volunteer work and continue to contribute a large share of the total hours given today.

We aren't asking for hand outs, just fairness. We too need to go to the grocery store, department store, beauty shop, barber shop and a restaurant once in a while, just like you. We want to visit with our neighbors in person, just to let them know we still exist. Our church is still there and we want to go, but we can't drive anymore. Praying along with the one on the television set, just isn't the same, though we've done it for years.

We never saw the city limits sign when the people there wanted food. Why is that line so heavy now?

Our land is being sold in parcels, and the homes out here are bigger and more beautiful then we ever imagined. These people are now considered RURAL. Our kids are getting to the age where they too, will need transportation into town. We have been the quiet majority, but we doubt that our kids will be. They have seen what being quiet gets - ignored.

Gene Peeler
Nettie Palubecki

Barb Zambon - Activity Leader
N.E.W. Curative since 1988.
I've been in the Rural Groups
since 1989.

Frances Kozemear
Mary Kustopal
H.A. Mc Gillivray
Isabelle Lilla
Rose Andre
Leonard Mrozynski
Rita Lilla
Shuley Jermor

These people are living in
Denmark, New Franken, Poland &
Polanski

Delores Hieronimczak
Lillian Kiefert
Gen Krajewski
Sophie Kaskowski
Frances McClelland
Ceil Spakowicz
Ruth Thiex
Rita Lilla
Alvina Siefert
Florence Anderson
Anita Becker
Arnold Becker
Helen Bruss
Anna Derricks
Helea Ewald
Lucille Garbe
Julia Hansen
Elsie Krutz
Marcella Siudzinski
Pearl Storzer
Arleen Rosum
Carol Derrick
Anna Kugel
Flavia Seanzert
Rita Strebel
Ed Vandenberg
Sarah Vandenberg
Verona Schauer
Laura Heim
Laura Ettiene

Delores Davister
Isabella Brunner
Pearl Brunner
Evelyn Wertel
Josephine Vanden Busch
Catherine Coleman
Irma De Grand
Adeline Mahlik
Emily Selner
Emily Kiminski
Eleanore Jossart
Agatha Rose
Alice Graczyk
Delores ~~Met~~ Meziva
Helen O'Brien
Marcella Schlies
Sylvia Vickman



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Fax 920-432-6677

March 26, 1999

To: Members of the Joint Finance Committee
From: Karen Recka
RE: Support of 1999-2001 budget proposal

As a parent, concerned community member, past child care teacher and current director of a child care resource and referral agency, I would like to ask that the Joint Finance committee support the initiatives and proposed increases for child care related programs in the Proposed 1999-2001 budget.

The initiatives seen in the proposed budget will allow parents of all income levels the opportunity to choose from a broad range of quality child care options. Quality initiatives such as Early Childhood Excellence Centers, child care scholarship and training program (T.E.A.C.H.), increasing child care resource and referral funding, and others will build the quality of Wisconsin's child care system. And building that system builds healthy families and children.

The proposed changes to Wisconsin Shares, the current child care subsidy program, would greatly assist many families within this local area. Community Coordinated Care, Inc. provided referrals to approximately 800 families in 1998. Fifty-three percent of those families were eligible for child care subsidy. Without being eligible for Wisconsin Shares many families do not have options for the type of child care they may want to choose.

I urge you as representatives of this area and other around the state and representatives of our State's children to support the changes to the child care subsidy system and the quality initiatives in the proposed 1999-2001 budget.

Thank you for your time,

Karen Recka
Executive Director

**GOVERNOR TOMMY THOMPSON'S PROPOSED INITIATIVES
WISCONSIN 1999-2001 BIENNIAL BUDGET
CHILD CARE AND EARLY CHILDHOOD EDUCATION**

1. CHILD CARE SUBSIDY PROGRAM INITIATIVES

Child Care Copay Changes Proposed:

- Lower the maximum parent copayment from 16 percent to 12 percent of a family's income.
- Reduce parent copayments for children in part-time care. This initiative would help families who have children only in after-school care and other part-time settings.
- Reduce parent copayments for parents in their first month of unsubsidized employment, after leaving a W-2 employment position.

Child Care Eligibility Changes Proposed:

- Increase initial financial eligibility to 185 percent of the federal poverty, rather than 165 percent of poverty. Under this change, a family of 3 would be eligible with annual income at or below \$25,248, rather than the current level of \$22,524 (federal poverty level figures are revised annually). Once eligible, families would continue to be income eligible up to 200 percent of poverty (\$27,300 for a family of 3).
- Establish eligibility for parents with disabled children ages 13-18. Current statutes limit child care eligibility to children under age 13.
- Eliminate the family asset test as an eligibility requirement for child care subsidies. Current statutes require that parents must have assets below \$2,500 in combined equity value.
- Expand eligibility to income-eligible parents who are pursuing basic education or training, including high school equivalency courses and English as a Second Language courses.
- Reduce the requirement for attachment to the workforce to 3 months (from 9 months) for individuals to be eligible for child care in order to attend approved technical college courses.
- Adjust the income test to reflect net income, rather than gross income, for farm and self-employment income.
- No longer count child support payments as income in determining eligibility.

Changes in Administration Proposed:

- Adjust the rules for county administrative allocations so that counties are guaranteed a base amount for administration, based on the previous year's spending.
- Create an automated provider file containing data on all licensed and certified child care providers statewide.
- Fund child care administrative costs for operation of Milwaukee County child care program for foster parents.

2. INITIATIVES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE AND EARLY CHILDHOOD EDUCATION PROGRAMS

- Provide **\$10 million** to develop state-of-the-art **Early Childhood Excellence Initiative** across the state. The centers would provide a rich, stimulating environment and programming to ensure that young children ages 0-4 reach their full potential, based on recent research on children's early brain development. This initiative includes parent education, training of child care staff, and grants to child care providers.
- Provide **\$3.5 million** over the biennium for a **child care scholarship and training program**, modeled after North Carolina's T.E.A.C.H. Early Childhood program. This "child care careers" initiative is designed to improve the recruitment and retention of child care workers, and to increase their training and education.
- Appropriate an additional **\$8.8 million** over the biennium for **grants other programs** to improve the availability and quality of child care programs statewide. The grants would be administered statewide by 17 Child Care Resource and Referral agencies, using local needs assessments to target funds where they are most needed. This initiative also includes subsidies for providers that serve low-income children, funding for providers that hire W-2 participants as workers, and an earmarked **\$1 million** fund per year for establishment of back-up care for sick children.
- Provide **\$3.2 million** in loan guarantees, non-interest bearing loans, and loan subsidies through the Wisconsin Housing and Economic Development Authority (WHEDA), for child care facilities, development of sick care facilities, and Early Childhood Program of Excellence centers.
- Provide an additional **\$9.9 million** over the biennium to **expand Head Start programs** to full-time and/or to fund Head Start programs for children 0-4.
- Provide **\$20 million** for **Community Youth Grants**. This initiative includes funding for the Safe and Sound program in Milwaukee, and could support other after-school programs for children statewide.
- Increase the base funding to **Child Care Resource and Referral (CCRR)** centers by **\$640,000**, bringing the annual allocation to **\$2 million** statewide. This initiative would help parents find and select child care, help new child care providers get started, and provide support to existing providers.
- Provide an additional **\$1.9 million** for **child care licensing positions**, so that DHFS has sufficient licensing staff to effectively monitor child care facilities, investigate complaints, provide technical assistance, and take enforcement actions as necessary.
- Provide **\$580,000** in additional funds for the **Safe Child Care program**, to increase on-site inspections, technical assistance, and training to county-certified family child care providers..

COMMISSION ON AGING, INC.

Brown County

Aging Resource Center of Brown County
formerly Brown County Commission on Aging.

300 SOUTH ADAMS STREET
GREEN BAY, WISCONSIN 54301

SUNNY ARCHAMBAULT

PHONE: (920) 448-4300 FAX: (920) 448-4306
TDD: (920) 448-4335

DIRECTOR

TESTIMONY BEFORE THE JOINT FINANCE COMMITTEE
FRIDAY, MARCH 26
ON BEHALF OF THE BOARD OF DIRECTORS OF THE
AGING RESOURCE CENTER OF BROWN COUNTY

Thank you for this opportunity to present information on issues that are critical for older persons in our community. For the past six years, the Board of Directors of the Aging Resource Center of Brown County has been learning about, and talking about, and advocating for a long-term care system that makes sense for older persons and their families--in particular, the frail elderly living in our communities. This one topic--a comprehensive community care service system that allows persons to live in the setting they choose--has been on every one of our agendas for the last three years.

We have been encouraged by the Governor's rhetoric regarding his commitment to "Family Care", but are quite disillusioned by the Governor's budget for long term care issues. And the budget is the state governments real declaration of values. While we realize that the issues around long-term care reform are numerous, complex, and controversial, older persons have spoken clearly and consistently on this topic. They have repeatedly stated: We want real choices regarding how and where we receive help; We want access to comprehensive and unbiased information in order to make informed decisions; We need advocates to help us understand the system on which so many of us depend; We want public control and accountability if we will be required to have a managed care system.

The Governor's budget provides dollars for nine pilot counties. Hopefully, the experience gained through these pilots will provide the information needed to implement an

effective long-term care system statewide. However, this budget also provides *little to no* increases in any of the other state funded community services that older persons depend on *now* to remain independent. The promise of a comprehensive reformed system is empty for seniors in the remaining 63 counties of our state. *This budget is not adequate.* There are 371 persons on Brown County's COP waiting list, 94 of these individuals are over age 65. They have neither the time nor the capacity to wait for the next biennial budget to receive the help that is needed today. They need and deserve your support in *this* budget if they are to remain in their own homes or in other living situations of their own choice.

We ask for your support, but more importantly, we ask for your leadership. Please develop a budget that more realistically addresses the needs of the most vulnerable of our aging population. A statewide entitlement to community care that includes the opportunity for public management and accountability is a vision worth pursuing. Please don't let up the pressure on this critical issue. But equally important is the need to also adequately fund existing community programs such as transportation, COP, Nutrition, and increases for Personal Care Workers.

Thank you for your attention, your interest and your commitment to aging issues.

Joint Finance Committee Hearing

Brown County Public Library

Friday March 26, 1999

Green Bay, Wisconsin

Subject: reimbursement shortfall in biennium budget on the special education program in Brown, Calumet, Racine and Walworth counties. Under the new biennium budget, the taxpayers in these four counties are about to lose the following dollar amounts in each year.

County	Approximate loss per year
Brown	\$837,000
Calumet	\$314,000
Racine	\$1,666,000
Walworth	\$1,149,000

The reason for these losses? An oversight in

preparing the last state biennium budget. They simply forgot to include these four counties' special education programs under the state two thirds funding formula as was done with all other special and regular education programs throughout the state.

We seek the support of the Joint Finance Committee in correcting the "oversight". We believe now is the time to rectify the situation.

We are not looking for new money, only for an equitable distribution of the 2/3 funding formula.

Clearly, these four counties have found that the provision of county-wide special education services are far more economical and fiscally sound for their local taxpayers than a proliferation of special education services through the local school districts. The state

budget should not penalize these four counties.

The county special education programs should be funded—no more and certainly no less than the funding received by Wisconsin school districts.

Jerome Van Sistine

A handwritten signature in cursive script that reads "Jerome Van Sistine".

Chairperson Syble Hopp Handicapped School

Board ,Brown County



AFSCME®

WISCONSIN OFFICE • 8033 Excelsior Drive, Suite A • Madison, Wisconsin 53717-1903 • Telephone 608/836-6666

March 26, 1999

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

Dear Representative Gard, Senator Burke and Committee Members:

My name is Mary Goulding and I am the Vice-President of AFSCME Council 40. We represent over 30,000 employees who work for cities, counties, school districts, and private sector health care facilities throughout Wisconsin with the exception of Milwaukee County.

I appear before you today to address two very important issues to AFSCME Council 40. This is by no means our complete list of concerns but are two issues that will have significant impacts on our members.

The first issue is the Governor's proposal for Family Care. AFSCME has been supportive of the Family Care Concept and worked with the Department to explore ways in which we can better serve our citizens in need of Long Term Care. We agree that the current funding streams and categorical protections inhibit efficient service delivery. We also agree that consumers are best served when they have the freedom to make choices—informed choices—about their care options. We agree that in a state as rich with resources as Wisconsin that no citizen should be left to languish on a waiting list.

We believe that the Legislature should allow more than one model to be tested. Testing only the model in the Governor's proposal assumes this to be the only model that may meet the goals that you, and the Governor, have for this system of care. This is a time for innovation yet we must be careful not to "throw the baby out with the bath water". We must build upon what works in our current system and craft new solutions for what doesn't.

We concur with recommendations offered by county representatives and the advocacy groups for the developmentally disabled which offer alternative models that build on the current system. These alternative models would require few, if any statutory, or waiver authority changes. Expansion of the current MA waiver authority to provide new consumers and consumers on the waiting list with funds from CIP and COP waiver funding would be a simple, bureaucracy free measure to provide consumers with Long Term Care services.

We believe that one of the biggest problems in our current system is the lack of information on characteristics of the populations to be served and the costs to serve them. The most critical part of these pilots will be the collection of uniform data from which to make future projections and policy decisions. The current system has been under funded in large part due to the inconsistency of assessment measures and their relationship

in the public service

to staffing for the care needs of citizens in various client groups. Equally as important will be an independent evaluation component to measure the effectiveness of models piloted.

We strongly oppose the statutory changes being made in this budget. We believe it is premature to make these statutory changes before legislators have had the opportunity to view the results of the pilots and have determined which model will best meet the goals of a new Long Term Care system.

The Department has proposed language to create Family Care Districts in order to address the "conflict of interest" questions raised by the Health Care Finance Administration. The language seems to guarantee that all rights afforded to employees working for the county will be preserved if the employees transfer to the Family Care District. We would ask that the legislature ensure that these rights are in fact protected in the language that creates these districts. Our system of merit based employment in county government has served citizens well and must be preserved.

Finally, there is a very critical question that needs to be answered as we discuss Family Care. What is the role of "safety net institutions" in Family Care? We do not see any reference made to these institutions in the pilots and feel strongly that the Department must address how the most severely disabled and medically acute citizens will be served in Family Care.

In short our recommendations for Family Care are: 1) test more than one model 2) develop a uniform and comprehensive database of information and provide funds for independent evaluations of the models piloted 3) remove the statutory language changes from this budget 4) protect all of the rights and privileges currently available to public employees who may work in a Family Care district and 5) Direct the Department to provide more information on how the most severely disabled and medically fragile will be supported in this system and how they will provide support to the safety net institutions that provide this care.

Our second issue is one we hope will be included in this budget and is related to Family Care. AFSCME, along with numerous other unions who represent health care workers and our employers, is requesting that the legislature pass a 7% Nursing Home Wage Pass Thru to address the significant wage and benefit issues in the Nursing Homes. The wage and benefit issues are having a noticeable impact on the ability of nursing homes to deliver consistent, quality care to our vulnerable citizens. Here is a sampling of some of the problems noted in a recent survey done by the two nursing home associations:

*Over 75% of the homes indicated their ability to be fully staffed was worse or significantly worse than two years ago.

*94% of the homes used overtime to fill staffing needs.

*Over one half (54.2) of the facilities were forced to use temporary help to fill staffing needs.

*Of the staff who no longer work for the nursing home, 60% identified wages, benefits or short staffing as their reason for leaving.

*Seventeen facilities had to suspend admissions due to staff shortages.

*Turnover rates for full time certified nursing assistants increased again this year. The turnover rate for 1998 was 57% up from 54% in 1997. When county nursing home turnover rates are excluded the turnover rate exceeds 68%. Turnover seriously impacts quality.

The nursing home budget language will magnify the problems we are experiencing. It will fall far short of meeting the costs nursing homes have already incurred to serve Medicaid residents. County nursing homes care for a disproportionate share of this state's medically fragile and developmentally disabled citizens. Many also have some form of mental illness. Medicaid fails to reimburse homes that provide care to Medicaid recipients at a level that will cover their costs of care. As a consequence homes must find other revenue sources to cover the cost of care for these citizens. In county homes it is most often the county taxpayer that must cover the deficits in Medicaid funding with county tax levy.

The funds we are requesting are significant; \$17 million GPR and \$41.3 million all funds for fiscal year 1999-2000. We believe the cost of not funding our homes in a manner that will ensure adequate staffing and quality care is even greater. Please consider this important request.

I thank you for allowing me to appear before you today.

Mary Goulding
Vice-President AFSCME Council 40, AFL-CIO
Chair, Brown County Labor Council

*Questions regarding testimony should be directed to:
Jennifer Grondin
AFSCME Legislative Council
(608) 836-6666*



March 26, 1999

Joint Finance Committee Hearing - Green Bay

Dear Senators and Representatives

As Executive Director of the Brown County Association for Retarded Citizens I want to thank you for your support of people with disabilities. Many of you have shown your interest in knowing more about this population and their concerns by attending meetings with our organization and by attending the recent legislative breakfast held in Madison. We, in the Brown County area, are fortunate to have strong services. Unfortunately the future of many of these services appears to be threatened by potential system changes and insufficient funding.

Today you will be presented with many concerns. We would like to highlight a few issues affecting children and adults with disabilities and their families. We encourage you to learn more about these needs and to support these issues to the maximum extent possible in the state budget.

Issue: Community Services, Training and Employment Opportunities for Individuals with Disabilities

Budget Implication: Wisconsin General Purpose Revenue (GPR) funds should be restored to the biennial budget of the Division of Vocational Rehabilitation to leverage additional federal funding.

Budget Implication: Increase GPR appropriation for Community Aids to replace the lost block grant funds and to provide for cost of living increases for each year of the biennium.

Budget Implication: Increase Community Options Program Funds to provide for additional participants.

Issue: Family Concerns and Basic Needs

Budget Implications: Increased funding is needed to meet the needs of hundreds of families on the waiting lists for family support funding and respite care services.

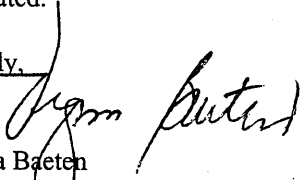
Budget Implication: The Caretaker Supplement Program should be increased to \$250 per month for the first child of low income families with a parent with a disability. Support is needed for the Governor's request to increase the Caretaker Supplement Program to \$150 per month for additional children.

Issue: Funding Formula of Educational Costs

Budget Implication: Support is encouraged for applying the 2/3rd state funding formula to Brown County's Syble Hopp School and other schools throughout the state operated by the County Children with Disabilities Education Board.

Your support of these issues is needed for families and individuals with disabilities to reach their potential and to become contributing citizens of our communities. Your assistance in making this happen is greatly appreciated.

Sincerely,


Virginia Baeten
Executive Director

1675 DOUSMAN STREET
PO BOX 12770
GREEN BAY, WI 54307-2770
(920) 498-2599
FAX (920) 498-2652

March 26, 1999
Joint Committee on Finance



Senators and Representatives:

The Brown County Association For Retarded Citizens would like to take this opportunity to urge you and the Governor to include Syble Hopp School, De Pere, Wisconsin and other County Education Boards for inclusion in the state's 2/3rds funding formula in the upcoming biennial budget. Social, economic and political trends have increased the necessity for schools to be accountable for the funding they receive. Many students who graduate from Syble Hopp transition to programs and services offered by this association. For this reason, we are in a unique position to provide this committee with information about the ability of the school to produce results with its students. We have observed "first hand" that Syble Hopp graduates possess the following attributes:

- Functional academic skills
- Self-care and other Activities of Daily Living skills
- Vocational and employment skills
- Residential and community living skills
- Social skills

As a result of their quality education, Syble Hopp graduates have well-developed self-esteem, have established life-long friendships, and display a sense of responsibility to giving something back to the community. In addition to their academic and vocational training, it is evident that Syble Hopp graduates have had opportunities to develop their interests, skills and talents in areas such as art, music, computers and other technology, and a wide variety of leisure time/recreational activities.

Syble Hopp School strives to assist each student in reaching his or her fullest potential. The school appreciates students as students and families as families, recognizing that they possess a wide range of strengths, preferences, aspirations and needs. The school understands that all students, regardless of their disability have dreams, goals, hope and purpose. One purpose of Syble Hopp School is to give students an opportunity to feel a sense of fulfillment. One of the most fulfilling feelings, for almost everyone, is to contribute to the community through the workforce. The school successfully prepares students for the world of work through their work experience programs.

Syble Hopp School has been accountable for the funding it has received. Students receive a well-rounded education and graduate with the attitudes and skills necessary to be productive citizens. Unfortunately, the funds the school receives are inadequate and not at the same level other schools receive. For this reason and those mentioned earlier, we encourage you and the governor to include Syble Hopp School and other county education boards in the 2/3rds funding formula in the upcoming biennial budget.

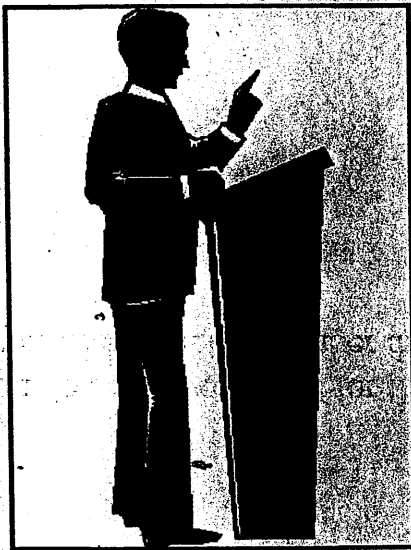
The Board of Directors, Executive Director, Staff and Membership

1673 DOUSMAN STREET
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To all supporters of the new Brown County Arena and expanded Convention Center

**HERE'S YOUR OPPORTUNITY TO ENCOURAGE THE LEGISLATURE
TO APPROVE \$1.5 MILLION IN GAMING COMPACT DOLLARS FOR
THE NEW ARENA / CONVENTION CENTER PROJECT**

The Legislature's Joint Finance Committee will be in Green Bay on Friday, March 26, 1999 to hear testimony on the proposed state budget. It is an opportunity for you to let the lawmakers know that Brown County supports this project and we need the legislature's backing to make it happen.



**JOINT COMMITTEE ON FINANCE
PUBLIC HEARING**

Senator Brian Burke - Co-Chair
Representative John Gard - Co-Chair

**Friday, March 26, 1999 10:30 a.m. to 5:00 p.m.
Brown County Public Library - Auditorium
515 Pine St., Green Bay**

If you would like to speak at the hearing, all you need to do is show up at the Library. You'll be asked to fill out a form with your name and address in order to testify. The committee chairs will call speakers on a first come - first to speak basis.

It is best to keep your remarks short since the members hear many speakers each day. You can provide handouts to the members but, remember, they get stacks of paper each day so keep it short and to the point.

You do not have to stay for the entire hearing. You can arrive and leave whenever you wish -- but remember that speakers are called on a first come, first to speak basis.

March 26, 1999

Joint Finance Committee
Budget Review

Senator Brian Burke, Co-chair
Assemblyman John Gard, Co-chair

Thank you for allowing me to testify at the budget hearing today (oral and or written testimony). Your job is not an easy one. Everyone wants a piece of the pie (budget), and frankly you don't have a very big pie to serve. Unfortunately none of us want to put anymore ingredients (tax dollars) into the pie.

I wish to make a few points, and I would like to do so with the understanding that everyone here today represents more than their career or livelihood. They are here as tax payers, US citizens, spouses, children, parents, neighbors, health care consumers, school supporters, business owners, state employees, transportation users etc.

Schools will ask for more money for teachers and ancillary staff salaries and benefits, new schools.

People will ask for safer highways.

State employees will ask for added staff, wages and extended committees to work on solutions to the multiple problems in society.

Citizen advocates will ask for "family care", Home Care, COP's funding, etc. because people have a right to be at home.

Nursing Facilities, Hospitals, CBRF's, RCAC's will ask for more money.

County Social Service programs will ask for more money.

Today many people will stand up for their "rights", as well as the rights of the fraile, elderly and disabled. - This is the approach I wish to take also. All I ask, is that when you debate all the pleas, requests and demands after the hearings, that you look at the request for a 7% wage pass through for health care workers with the same concept that everyone else argues today. You need not make the health care employees wealthier than the teachers, teachers aides, cafeteria workers, the task equivalent state or county workers. I ask that their salaries that range from \$7.70 hour for laundry, dietary staff, \$8.70 hour for Certified Nursing Assistants, to \$15.95 hour for RN's, at our facility, be equivalent to the others asking for increases. That their health care, vacation, sick time, retirement plans be equivalent.

Health Care Workers are the people that hug; care for and often times love the elderly and disabled. They bath, dress, toilet, feed and keep safe your mothers, fathers, sons, daughters, uncles, aunts and friends. They do it for less wages than many of you would work for. Sometimes the people they care for scream at them, bite them, kick them, spit food at them and generally treat them with a lack of respect. They accept this treatment from people with dementia as well as people who are just mean spirited. Because regulations require them to be pleasant and to respect the rights of the residents.

They are required to complete criminal background disclosures, criminal background checks, extensive reference checking, at our facilities we also require pre-employment and random drug screens. Our employees are constantly supervised. They are subject to investigation, everytime someone doesn't like their tone of voice, how fast they answer their call light, how warm their food is, how good it tastes. We want the people we care for and often times love to be safe. So we comply with more regulatory codes than nuclear power plants to keep the people you love and someday possibly yourselves safe and in full control of your rights for a quality of life.

For family care we ask that people caring for the people at home be subject to the same accountability as our health care workers. That the people held accountable be held at the same level as Nursing Facilities, CBRF's, Hospitals, Home Care agencies etc. That you accept the same all-inclusive rate for services as we do. That rate is \$80.85 - \$95.14 per day in our Nursing Home, and \$1250 per month in our RCAC. It includes everything from food, nursing, utilities, wages, and medical supplies. That they accept equality in accountability as well as quality of life and equal reimbursement for all services.

As a Health Care Executive I am responsible to my non-profit organization to be financially and fiduciary responsible to get the most out of our dollars both from the Tax paying and private pay entities. The Joint Finance committee must be equally accountable to all of us today. All I ask is that all things be equal in areas. Get the best deal for your money. Good quality health care can be affordable in multi settings. If costs can be controlled at home as securely as at CBRF's, RCAC's, and Nursing Homes the costs are explainable to tax payers. But be responsive, as individuals we can not have champagne taste on a beer budget. I can only have what I can afford. The same is true for the employees at our nursing home. The same should be true for those requiring tax payer dollars for care.

I do not understand the 1-% increase for nursing homes in 2000. I am sure that all the other pieces of the budget pie will also only experience a one- percent cost of living increase, all things being fair.

The employees I work hard to recruit and maintain are not asking for more than all of us expect for ourselves. They just want a nice house, in a safe neighborhood, with good schools, a car; not a Lincoln Continental, or Chevy Caprice, a 4 or 5 year old Ford Escort that works is OK. Buses don't run 24 hours a day, 7 days a week, but they work 24 hours a day, seven days a week. Most can not afford a house or rent, car, food and

utilities on their wages. They just want what you and I have, what advocacy groups demand for the elderly, and disabled.

We are doing our part. Our Nursing Home lost over \$100,000 in 1998. Medicaid patients were 55% of our clients. Our staff wages are competitive with other nursing facilities, we have vacation and sick accruals, a 403 B retirement plan, Health Care Insurance with a 500 deductible and employee premiums ranging from \$70 –\$180 a month. We pay bonus dollars for added shifts, we have a low lift program to decrease the stress of patient care on our employee's backs. I have multiple openings and no applicants. I fill up some shifts with temporary staff. I have the best staff. I am proud of them. They work hard, they work hours many of you don't want to work. The night shift, the weekends, holidays. They care for your loved ones, some day they may care for you. All I want is for their wages and benefits to be on an appropriate scale for the tasks they perform. I want them to have equivalent rights to the users of services paid for with taxpayer dollars.

PLEASE SUPPORT THE WAGE AND BENEFIT PASS THROUGH FOR NURSING HOME EMPLOYEES. I ASK FOR THESE CAREGIVERS, I AM EXEMPT FROM THE PASS THROUGH.

AND PLEASE CONTINUE TO MONITOR FACILITY USE OF HEALTHCARE DOLLARS TO PREVENT MISUSE, OR ABUSE. LET'S GET THE BEST DEAL FOR OUR DOLLAR. MEDICAIDE CUTS WILL HARM THE SUPERIOR CARE THAT RESIDENTS GET IN OUR WISCONSIN NURSING HOMES.

Good luck with the future budgets and planning.

Sincerely,

Trudey Peterson

I am Executive Director, Odd Fellow Rebekah Home Association, Inc.

I am a Mother

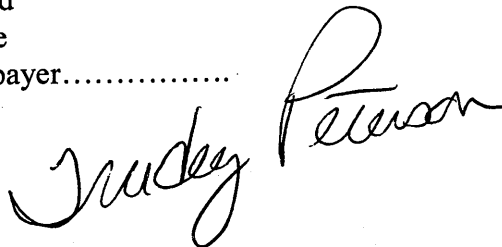
a Daughter

a Neighbor

a Friend

a Nurse

a Tax payer.....

A handwritten signature in cursive script that reads "Trudey Peterson". The signature is written in black ink and is positioned below the typed name and list of roles.

Bay Area Private Industry Council

Training/Employment through Job Centers in Northeastern Wisconsin

*3019 Holmgren Way, Suite 201
Green Bay, Wisconsin 54304
(920) 339-4200
FAX (920) 339-4201*

March 19, 1999

Members of the Wisconsin Legislature Joint Finance Committee:

The members of the Bay Area Private Industry Council (BAPIC) wish to address the Joint Finance Committee in the matter of several items in the Governor's proposed budget which direct TANF (Temporary Assistance to Needy Families) funds through the Private Industry Council/Workforce Development Board system.

There is a proposal from the DWD Division of Connecting Education and Work for funding the "TANF Eligible 'Self-Paced' Youth Apprenticeship Program" that would provide additional funding for Youth Apprenticeship Programs for young people from families at or below 185% of the Federal Poverty Level who might also need remedial training in order to meet the demands of the Youth Apprenticeship curriculum.

BAPIC strongly supports additional funding for Youth Apprenticeship Programs, not just for low income youth, but for all interested students. BAPIC members want to state clearly their concern that this program be implemented in such a way that supports existing Youth Apprenticeship Programs and not be used to set up duplicative or parallel service delivery systems for Youth Apprenticeships with additional administrative costs. In our area of the state, we are in the last year of a five-year School-to-Work Grant operated through CESA #7 that has produced strong School-to-Work programs in several regions, most notably in the Shawano Area through the Wolf River Partnership and in Brown County through the Partners in Education office at the Green Bay Area Chamber of Commerce. New funding using TANF dollars or from other sources needs to build on these existing programs.

BAPIC maintains a small administrative staff for programs under the Job Training Partnership Act (JTPA), and does not provide direct program services, but contracts with existing agencies and programs for JTPA services, often through a competitive process. Were TANF dollars to be directed through BAPIC under the "TANF Eligible 'Self-Paced' Youth Apprenticeship Program," BAPIC would direct these funds to existing Youth Apprenticeship programs and to agencies capable of expanding such programs into areas that do not currently have them, with minimal administrative expense. It is important to note that there are real differences in the 11 Workforce Development Areas across Wisconsin in the availability of Youth Apprenticeship Programs, and in the partnership arrangements among the agencies that administer and operate these kinds of programs. BAPIC is prepared to play an important administrative role and work cooperatively with existing Youth Apprenticeship Programs should the Legislature direct TANF funds to us for this purpose.

Secondly, there is the "Workforce Attachment and Advancement Fund" in the Governor's proposed budget which would direct TANF funds to both the W-2 agencies and the Private Industry Councils for incumbent worker training. The precipitous decline in the number of citizens receiving welfare benefits under AFDC and now under W-2, has clearly gone hand-in-hand with the entry of many unskilled or low skilled individuals into Wisconsin's workforce. Our unemployment rate reflects this reality: Wisconsin's citizens are working. But more needs to be done. Not only are many of our unskilled workers employed in jobs that have limited opportunity for advancement in benefits and responsibilities, but Wisconsin employers are facing shortages of skilled workers and need trained workers to remain competitive in the global economy. A recent study by the Educational Testing Service, conducted by former Department of Labor assistant Secretary Anthony Carnevale, clearly demonstrates the benefits of incumbent worker training.

BAPIC supports this initiative. We regularly discuss skilled labor shortages, especially in the manufacturing sector, and the need for machinists, fabricators, and welders, among others. The PIC/WDB system is experienced in incumbent worker training through JTPA programs for dislocated workers. In our area, recent projects at Paragon Electric in Manitowoc, Kimberly Clark in Marinette, Badger Paper in Peshtigo, and at Kendall products in Green Bay are good examples of the kind of reemployment and retraining services our system can provide to dislocated workers. We would welcome the opportunity to partner with the W-2 agencies under the "Workforce Attachment and Advancement Fund" to strengthen Wisconsin's workforce by providing services to promote job retention and training to low-income working families.

As indicated above, BAPIC would provide such services through contracts with existing program provider agencies, many of whom we have strong partnerships that have served workers well in the past. We believe that our knowledge and experience will serve to make these programs successful for both the workers and Wisconsin's employers.

Attached are descriptions of the two programs described above, and a recent newspaper article on our dislocated worker services at the Kendall Company in Green Bay.

Sincerely,

James M. Golembeski, Executive Director
Bay Area Private Industry Council

**DEPARTMENT OF WORKFORCE DEVELOPMENT
1999-2001 BIENNIAL BUDGET
Issue Paper**

Issue: Workforce Attachment and Advancement Fund

To provide funding for projects and activities designed to improve the likelihood that persons who have moved to unsubsidized work from the W-2 process or are currently employed but still low-income to remain attached to and advance in the workplace or return quickly to the workforce in the event they become unemployed.

Eligible Population

Low-income families who are no longer provided W-2 services or never received these services but remain within the 200% of poverty eligibility level for TANF-funded services.

Fund Source

TANF funds will support all components of this program

Program Summary

Participating agencies should focus on programs/services that promote job retention, prevent recidivism, strengthen attachment to the workforce, increase participants basic skills and literacy levels or broaden availability of supportive services.

Post employment services will, where possible, encourage and support employer participation, particularly in the design and delivery of training programs that support existing employment and projected employment opportunities.

Services should focus on short-term training to provide basic skills development, employment-specific skills development, stabilization of the client's position in the workplace, development of an understanding on the part of the client how the workplace works and how to fit in and advance, or if the client is recently unemployed, getting him/her back to work as quickly as possible.

Workforce Attachment and Advancement Funds may be used for continuation of projects initiated with W-2 reinvestment Funds.

Eligible Applicants

Grants will be provided to local agencies through two tracks:

Track 1 – Available to W-2 agencies.

Track 2 – Available to PICS or their successors

Program Design

Track 1. A block grant would be available to W-2 agencies to extend and expand their contact and services to former W-2 clients who have been employed for six months and have family income less than 200% of FPL.

W-2 agencies may subcontract with state agencies, PICS or their successors, technical colleges, community based organizations or local units of government to provide "workforce attachment and advancement" services to their clients.

Track 2. A block grant would be available to PICS or their successors, for distribution to job centers, local government agencies, technical colleges and community based organizations. These funds would be awarded to provide workforce attachment and advancement services to persons who are not clients of a W-2 agency, but whose family income level makes them eligible for TANF funded services other than W-2. Funds may also be set aside to award to entities to provide statewide or multi-regional workforce attachment and advancement services to specific populations such as refugees, migrants and persons with disabilities.

Fiscal Effect

Provide funding of \$10 million (\$5 million for each track) in SFY 00 and \$20 million (\$10 million for each track) in SFY 2001

**TANF Eligible
"Self-Paced" Youth Apprenticeship Program**

DRAFT

Purpose

To give eligible students an opportunity to achieve both work based and academic competencies in industry areas which offer high potential for employment upon graduation from high school and/or postsecondary institutions.

Eligible Population:

Children ages 14-18 whose family income is at, or below, 185% of poverty.

Funding:

TANF dollars will provide support for all components of the "Self-Paced" Youth Apprenticeship Program, including funding to enable eligible youth to complete the second year of the YA program.

Program Summary:

This is a new program and not available to students anywhere else in the state. It will give eligible students 14-18 years of age the opportunity to meet the first year requirements of a regular youth apprenticeship program in a self paced structure, at the same time that they continue working towards a high school diploma or its equivalent. Many of these students may have already participated in a more general work based, career exploration program and will need to have acquired the necessary background and skills to be able to succeed in a self paced youth apprenticeship program. Students will be allowed to take more than one year to complete the first year of youth apprenticeship competencies. Upon completion of the first year of the youth apprenticeship program, it is expected that they will have earned their high school diploma (or its equivalent) and will receive a state-issued skills certificate documenting the competencies achieved.

Eligible Applicants:

This program will be designed to be operated in a local PIC/WDB environment. The program will require close coordination and collaboration with local schools, Technical Colleges, Job Centers, business/industry and labor organizations. The program will target not more than 5 local communities for the initial phase of operation.

Program Design:

Eligible youth ages 14-18 will have the option of participating in this program in any current youth apprenticeship industry area or local areas will have the option to develop a program unique to their own labor market.

Employers will interview and hire "self-paced" youth apprentices for 10-20 hours per week, pay minimum or higher wages, provide worker's compensation, train youth to industry established skill standards utilizing mentors, allow release time for the employee mentor(s) to attend train-the-trainer classes, evaluate youth apprentices' job performance, and adhere to all applicable

federal and state child labor regulations. Students will complete the related instruction requirements of the first year through classes customized to meet these students' needs. Youth will then have the opportunity to complete the second year of the program through special services offered by Technical Colleges

Program coordinators (one per 50 youth) hired or contracted for will structure and coordinate the program. The program coordinators will be responsible for a range of activities including recruiting youth and employers, coordinating the delivery of related instruction, setting up work sites, ensuring that work site mentors receive training, identifying/coordinating supportive services for students as needed (academic remediation, tutoring, transportation, etc.) and other tasks related to the youth's successful completion of the program. DWD will evaluate the effectiveness of this program to determine whether the program should be expanded to other parts of the state.

The Division of Connecting Education and Work in the Department of Workforce Development will provide oversight and guidance to this program.

Cost Options:

The first year of this program (1999-2000) will be considered a pilot and enroll 200 (TANF eligible) students. Based on the results of this pilot, enrollments in the second year may increase to 400 or 600 students for each year thereafter. Assuming one coordinator per 50 students at \$60,000 per position, plus roughly \$3,500 per youth apprentice for the cost of outreach, related instruction, supportive services. These dollars include administrative/outreach/coordination costs and other related instruction and support services.

# of Students in Program	200	400	600	800
Staffing Costs @ 50 x \$60,000	\$ 240,000	\$ 480,000	\$ 720,000	\$ 960,000
Related Instruction @ \$3,500	\$ 700,000	\$ 1,400,000	\$ 2,100,000	\$ 2,800,000
Sub Total	\$ 940,000	\$ 1,880,000	\$ 2,820,000	\$ 3,760,000
15% Overhead	\$ 141,000	\$ 282,000	\$ 423,000	\$ 564,000
Total Program Cost	\$ 1,081,000	\$ 2,162,000	\$ 3,243,000	\$ 4,324,000

FY 00 actual \$2.7 x 10⁶
FY 01 actual \$5.4 x 10⁶

Kendall workers starting over

NWTC takes training classes to employees who are being laid off

By THOMAS COVIENT
PRESS-GAZETTE

Jerome Bushmaker and his co-workers will lose their jobs in the next few months, but today they are putting in extra hours preparing for the uncertainty ahead.

While others head home after 12-hour shifts running machines that make obstetrical pads and related products, Bushmaker and some of his Kendall Healthcare colleagues spend the next 1 1/2 hours in a converted training room.

There, toward the back of the sprawling South Broadway plant, they sit down to learn a new machine — a laptop computer.

It's all part of an effort to help prepare the workers for life after Kendall, which will close its Green Bay plant by late February and move manufacturing to South Carolina. The 170 Kendall workers are like hundreds of other paper industry workers in Northeastern Wisconsin left behind to retool as their companies merge, consolidate and move to more efficient plants.

The workers face big changes ahead as they adjust from what had been a sure thing — their steady factory job — to a technology, no-sure-thing 1990s economy.

"Some of these people have been here for 30 years and all of a sudden they are looking for a job and the ads read 'Computer skills, word processing required,'" said Lynn Moreau, a Northeast Wisconsin Technical College basic education teacher

who's been teaching the Kendall workers. "Many of them have not sat down at a computer."

Bushmaker is preparing to re-enter the job market after 32 years at Kendall. On this day he's in class with nine other Kendall workers, learning to use the Microsoft Word software program.

"Most places you go they're looking for basic computer skills," he said. "Everyone wants to get into something new and different. We never had computers when we were in school."

A state grant from the Wisconsin Technology Board enabled NWTC to buy a portable classroom — 11 laptop computers, a printer, projector and software.

That classroom is now set up three days a week at Kendall, where managers have converted the former training room into a training center for the soon-to-be former work force.

The center includes computers that are connected via the Internet to Jobnet, a national job listing service. In addition, newspaper classified sections are stored there, as well as information materials about NWTC programs and computers built with software that helps train workers in skills to earn their GED.

The laptops are also used to help teach English as a Second Language classes at KI in Bellevue and the first Presbyterian Church on Ashland Avenue.

Tough transition
Whenever a company closes a plant, the local Private



Learning on the job are workers from Kendall Healthcare, where there is a waiting list of employees wanting to take computer classes before the plant closes early next year. Instructor Lynn Moreau teaches the computer class to Kendall workers, from left: Lee Collar, Dale Lewis, Jerome Bushmaker and Carol DeKeyser.

Industry Council and state Job Center send out a team to assist workers with the transition.

"Any one of us would be very frightened in that situation," said Jim Golembeski, executive director of the Bay Area Private Industry Council. "Yet at Kendall, people were very responsive, open to suggestions and in some cases eager to move on to whatever's next."

"They're hard workers, and that's a commodity that's really needed, and it just has to be matched with appropriate skills," he said.

"Unfortunately, in this day and age, the skills that are in demand change so quickly."

The way manufacturing has changed makes looking for new work, even switching to a different factory job, like starting over.

In the laptop class at Kendall, Carol DeKeyser of Green Bay, a machine operator, is moving her computer's mouse and using the Word program's spellcheck function with relative ease. She's had typing experience before but doesn't own a computer.

"I've been kind of interested in computers and would like to learn. I'm really enjoying it," she said. "I want to go out and take another class."

DeKeyser has been with the company since the late 1960s and is preparing for big changes ahead when she finishes at the plant in late February.

Skills a must for workers
A separate grant from the Private Industry Council is helping retrain 22 Kendall workers at NWTC to receive certification as programable logic controllers.

Essentially, that means they'll be able to operate computers and devices that are used in factory settings. Those jobs are in great demand, says Betty Gregory-Pasch of the industry council.

Given the area's record low unemployment rate — 2.6 percent in September — jobs will be available for former Kendall workers, but retraining isn't optional.

"The jobs are there. The problem is matching available jobs with the skills of the workers," she said.

Please see **Retrain, E-2**

Retrain/ Company Provides support

■ From E-1

able workers with the necessary skills. That's what this kind of program is designed to do," Golembeski said. "The problem is you get somebody who's been employed at a place for 20 to 30 years, and then they step into the employment market and they've been limited by what's been available at their current job."

At Kendall, managers considered it important to set up the career center and agreed with NWTCC educators that more workers would participate if the computer classes were held in the factory rather than at the college.

For workers who want it, Kendall also has helped workers with resumes and cover letters for new jobs, human resources manager Sherry Sedoff said.

"We've been trying to be as helpful as possible to make sure this transition is as smooth as possible," she said. "And NWTCC has been a big part of that."

Even people who've already worked their last day at Kendall are returning to use the computers in the career center.

"They're glad to have an opportunity to keep coming back and work with the computers and get up to speed in basic education skills. They're working toward GEDs," she said. "Some companies require reading and math tests as part of the application process."

Looking ahead

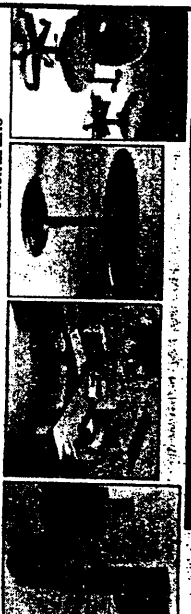
Back in laptop class, Bushmaker says he'll be working at Kendall until the end of February. As he uses the Compaq notebook computer's thesaurus and gets familiar with the Word program's animation feature, Bushmaker says he's not sure what line of work he'll find next.

It's not the easiest time in life to be looking for a new job, he says.

"I only had three years to go before I retired, but that's the way life is," he said. "Not much you can do—just go on."

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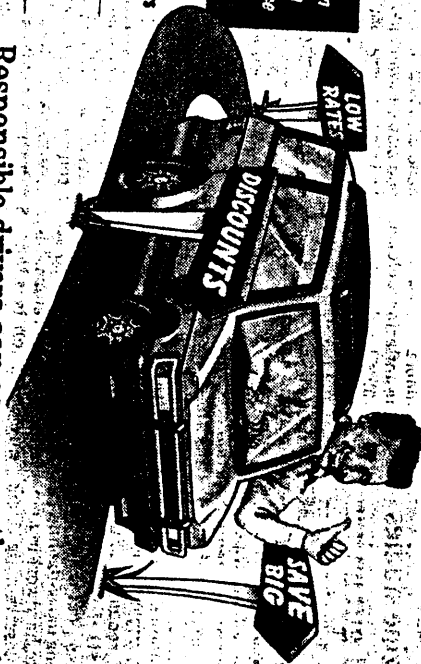
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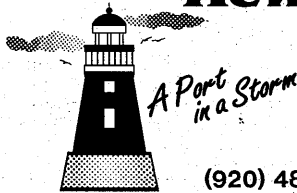
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Kewaunee County Community Programs



522 Fourth Street
Algoma, WI 54201
(920) 487-5231 • FAX (920) 487-5233

305 Steele Street
Algoma, WI 54201
(920) 487-7252 • FAX (920) 487-3985



March 25, 1999

Dear Joint Finance Committee Member:

Thank you for the chance to speak to you today in regards to the Personal Care issue. I have been involved with our agency Personal Care Worker Program for 7 years, as both Supervisor and more recently, Quality Assurance. I feel an increase of \$4.00 / hour for MA Personal Care reimbursement is necessary to increase Personal Care Worker wages and benefits. Recruitment and retention of Personal Care Workers is absolutely essential to maintaining our clients' ability to remain in their homes. Often times, minimal assistance is all that is needed to keep someone at home who would otherwise end up in a nursing home. Good, reliable people with the skills necessary to provide adequate care are hard to attract to Personal Care Programs because of the low wages and no benefits. In order to make this field of work more enticing to these individuals, we need to provide them with benefits and a survivable wage. In that respect, we can be more competitive with other job markets and not only fill the positions needed, but also be more selective in our screening. The current worker shortage crisis inevitably may result in a decision of either providing substandard care or encountering a safety factor in not providing that care at all. We need to make sure we can not only fill the need, but maintain the quality as well. After all, the care we give today, may be the care we get tomorrow.

Laura Parkos

Quality Assurance Supervisor
Personal Care Worker Program
Kewaunee County Human Services
305 Steele Street
Algoma, WI 54201
920-487-7252

Joint Finance Testimony, April 13, 1999
Stevens Point, WI

Thank you for listening to WI citizens today. I am here representing Wisconsin's children. My name is Sue Weimerskirch and I am the Director of Prevention Services for Children's Service Society of WI., a State Wide Child Welfare Organization who's mission is to provide safe, nurturing homes for all WI children.

One of my roles, is that I am Director of the Start Right Program in Marathon County. In the year 2000, Start Right will offer home visitation services to all parents of newborns and will have established a network of 7 family resource centers throughout Marathon County to provide parents the education and support they need to raise healthy, happy children.

Start Right will have a year 2000 budget of about \$1'900,000, [REDACTED]. Funding is from a mix of local, state and federal dollars, including our newest funder, POCAN. I want other places throughout the state, to build comprehensive child abuse and neglect prevention programs like Start Right so that WI children can live without the consequences of child abuse and neglect.

I am here to advocate for the expansion of home visitation programs and Family Resource Center programs as proven strategies to prevent the high financial and human costs of child abuse and neglect. Seventy to eighty percent of children in juvenile correctional facilities have been abused or neglected. Children are our most valuable resource and we need to start acting like it! We know what works. Home visitation has proved to be the single most effective tool we have to prevent child abuse and neglect. I believe that we need to do the following:

We need to fund, with new money, the Truth In Sentencing promise of 1% or greater of the total Corrections budget going to child abuse and neglect programs. These new funds should be dedicated to preventing the first time occurrence of abuse or neglect.

Money should be allocated through local community teams, such as family preservation and support teams, to develop home visitation and family resource center programs that meet local needs. Community ownership breeds success and community investment of local financial resources to build programs.

Increasing the funding for POCAN is another way to expand home visitation programs. It makes sense to use TANF dollars to expand POCAN because those dollars, like POCAN dollars, are targeted to low income populations. In communities where child abuse and neglect programs exist, POCAN can provide the additional money through federal targeted case management dollars, that is needed to bring those programs to scale.

I know that it is difficult for each of you to listen all day long to the many needs that are brought before you. I urge you to listen to the voices for the children, as they cannot speak for themselves. Invest in child abuse and neglect programs. It will save the state many dollars in the future and children will not have to experience the pain that parental abuse brings them.

POCAN

General Information

The Wisconsin Child Abuse and Neglect Prevention Program (POCAN) under the authority of Wisconsin Act 293, creates funding for the provision of child abuse and neglect prevention services including home visitation to high risk, medical assistance eligible, first time parents; and provides a flexible fund to provide wrap around services to home visitation families and to families who have either been the subject of a child abuse or neglect report or who have asked for assistance to prevent abuse, who are willing to cooperate with an informal plan of services, and for whom there will be no court involvement.

POCAN is Wisconsin's policy initiative to provide funding for home visitation services on a broad scale, by utilizing the targeted case management benefit available to Medical Assistance eligible families.

A total of \$995,700 of state GPR is available for one year beginning January 1, 1999 - December 31, 1999, through the Division of Public Health. Projects are expected to bill for targeted case management to supplement their operations. Currently, nine counties and one tribe have received funding including: Brown, Door, Fond du Lac, Manitowoc, Marathon, Portage, Vernon, Waukesha, Waupaca and the Lac Courte Oreilles Tribe. There is support throughout the state to add 23 additional sites through the 1999-2001 state budget at a cost of \$2.1 million.

Children's Service Society's of Wisconsin's (CSSW) Position

CSSW's mission is to provide a safe, nurturing homes for Wisconsin children. Funding for home visitation services for at risk parents is an important component in preventing child abuse and neglect. CSSW advocates for increased funding to implement home visitation services throughout the state and supports POCAN as one strategy to make this happen.

- POCAN is a step in the right direction. With POCAN dollars, child abuse and neglect home visiting services can be provided to a vulnerable population. However, providing home visitation services to "at risk" populations is only a part of what we must develop in Wisconsin. To prevent child abuse and neglect, we must develop comprehensive, local family support programs that are available to all parents without regard to their socio-economic status or their eligibility for a federal program.
- In communities where comprehensive community based, community driven services to prevent child abuse and neglect exist, POCAN funding will infuse additional dollars into these programs allowing home visitation programs to expand.
- POCAN was developed by a joint Legislative Council Study Committee and has bipartisan support, and may be the best shot we have to increase funding for prevention of child abuse and neglect.
- Medicaid funding provides a substantial pot of funds for the partial reimbursement of home visitation services.
- POCAN presents an opportunity to take the home visiting model statewide. Home visitation of parents of newborns has nationally recognized credibility as a researched backed child abuse and neglect prevention strategy.
- POCAN provides funding for technical assistance and training to home visitation programs funded by POCAN at no cost. These training sessions will be available to all home visitation programs throughout the state at low cost. It is important that home visitation staff is well trained in a strength based philosophy and that programs are provided the information they need to maintain quality standards.

Portage County Right From the Start Coalition

P.O. Box 457
Stevens Point, WI 54481

Phone 715 344-5759

April 12, 1999

Wisconsin Joint Committee on Finance
316-S Capitol
P.O. Box 7882
Madison, WI 53708-7882

Dear Joint Finance Committee,

This letter is in lieu of personal testimony at the Stevens Point Finance Public Hearing. The Portage County Right From the Start Coalition would like to go on record supporting the 1% for Child Abuse and Neglect Prevention amendment included in the "Truth in Sentencing Act" passed last year.

If Wisconsin ever expects to decrease its cost for Child Abuse and Neglect, Foster Care, Juvenile Detention and County and State Prisons it needs to go back to the beginning and beef up its primary prevention programs. Wisconsin cannot expect these expenses to go away or even decrease without a statewide plan for primary prevention.

With the passage of the "Truth in Sentencing Act" last year, Wisconsin became the first state to directly tie the relationship between Child Abuse and Neglect and crime. This was a powerful statement and celebrated all around the state. The amendment in the "Truth in Sentencing Act" stated that an equivalent of 1% of the Department of Correction's budget will be allocated to the Department of Health and Family Services for the purpose of Child Abuse and Neglect prevention.

Nowhere in the budget proposal did I see anything that came close to fulfilling this promise. For the state of Wisconsin to begin to see a decrease in its expenditures related to crime it must look at creating a greater commitment to primary prevention - getting to the problems before they start. This means early support for all families.

For every dollar Wisconsin spends on corrections, lets find one penny that can be spent on primary prevention.

Sincerely,



Amy Bakken RN
Member of Portage County Right From the Start Coalition

OFFICE OF CHAIRPERSON
BAYFIELD COUNTY BOARD

Bayfield County Courthouse
117 East Fifth Street, P.O. Box 878
Washburn, Wisconsin 54891

NEIL R. PAULSON

OFFICE: (715) 373-6100
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Joint Committee on Finance
Public Hearing at Osceola, April 14, 1999

April 8, 1999

Senator Brian Burke, Co-Chair ✓
Representative John Gard, Co-Chair
Senator Robert Jauch, Member

Dear Senator Burke, Representative Gard and Senator Jauch:

Thank you for the opportunity to appear before the Joint Committee on Finance. The work that you do affects the lives of every citizen living in Wisconsin. Giving the people a chance to come before you at a variety of locations in the State gives all of us a better chance to schedule time to make our views known to you in person.

Enclosed is a package of materials from Bayfield county that summarize some of the key budget issues we are asking you to address. County needs have been seriously neglected in the Governor's proposed budget. Without adjustments in the budget and in some of the legislation we operate under that mandates us to do things without adequate financial support from the State we and other counties will be even more tightly squeezed between salary caps and required services.

In addition to our county material we support the concerns expressed by the Wisconsin Counties Association not mentioned in our package.

Thank you for listening to us!!! If you have any questions about our material please hasten to call Neil Paulson (715) 739-6745 or Tom Gordon (715) 373-6100.

Sincerely,



Neil Paulson
Board Chairman

BAYFIELD COUNTY
Department of Human Services

117 East Fifth Street
P.O. Box 100
Washburn, Wisconsin 54891-0100

(715) 373-6130 Fax
(715) 373-0790 ES Fax

(715) 373-6144 V/TDD
baycodhs@ncis.net E-mail

TO: Neil
FROM: Cheryl *CH*
DATE: April 12, 1999
RE: INFORMATION REQUESTED FOR JOINT FINANCE TESTIMONY

YOUTH AIDS

Youth Aids is the primary state funding to pay for mostly mandated services to delinquent (criminal) and status offender (runaway, truant, out-of-control) youth and their families. Statewide **Youth Aids funds approximately 45% of the costs** (which are primarily court ordered). In **Bayfield County**, the average (5 years) **county levy cost is 55.6%**, over a quarter of a million dollars.

Recommendations: It is critical that the legislature increase the Youth Aids appropriation in each year of the biennium budget by a minimum of 5% per year. If a new formula (how the money is divided between counties) is used, additional funds must be allocated to hold counties harmless so that no county loses ground considering that the state funds less than half of the cost. (See attached.)

COMMUNITY AIDS

Community Aids is the primary state funding to pay for mostly mandated services to abused/neglected children and their families, people with mental illness, people with developmental disabilities, and the elderly. Statewide **counties**, including Bayfield, now **spend more than 44% over the state's** General Purpose Revenue contribution to this vulnerable population.

Recommendations: Increase the Community Aids appropriation in each year of the biennium budget by a minimum of 5% per year. (WCA recommends 3% but our small county experience and county commitment of funds requires more.) Delete the statutory requirement for performance measures until the county levy funding burden is significantly decreased for counties. Delete the Department's authority to transfer already inadequate Community Aids into Family Care (Long Term Care Redesign). Delete the requirement to reduce Community Aids when former Community Aids funded recipients later participate in the Medical Assistance plan. (See attached.)

LONG TERM CARE REDESIGN

The Wisconsin Counties Association, the Wisconsin Counties Human Services Association, and numerous aging and disability organizations have developed **an alternative model** to the Department's redesign plan (see attached one page summary). The goals are the same but the

Page 2
April 12, 1999

method is different. The alternative should be piloted and then all pilots evaluated before the legislature acts.

STATE CONTRACTS WITH TRIBES FOR OUT-OF-HOME PLACEMENTS

This is an opportunity to provide the Bayfield County Resolution to the legislators (attached).

pb
Attachments (4)

YOUTH AIDS

WCA, town, & municipalities

Recommendations:

Short-Term

- Increase the Youth Aids appropriation over the 98-99 base by 5% in each year of the biennium;
- "re-link" in the statutes juvenile corrections rate increases with the requirement that the state increase the Youth Aids appropriation to cover the rate increases; and
- update the current formula and hold harmless counties who lose funding under the update.

Long-Term

- Require DOC to convene a committee of legislators, county representatives and DOC staff to develop a recommendation for a new Youth Aids funding formula and require that the new formula be used to distribute Youth Aids funding in CY 2001 and
- require as part of that group's work to include the creation of an "education credit" for counties that would be created by a transfer of funds from Department of Public Instruction to DOC that would be sufficient to cover instructional costs for the juvenile corrections populations. That credit would be provided to counties based on their annual JCI census.

Should include CC720

By 1997, it paid for only 45% of the costs. Counties were contributing \$100 million, primarily from property taxes, to fund 55% of the state-mandated program.

In the same year, the state Youth Aids appropriation to counties was \$82.3 million.

Youth Aids provides counties with funding to partially pay for mandated services under Chapter 938 to juvenile offenders and their families. Services are almost exclusively court-ordered and are intended to rehabilitate the juvenile offender, address the concerns of victims and protect the community.

Between 1988 and 1997, local costs for the program grew rapidly due to a 55% increase in juvenile offenses statewide, stagnating Youth Aids increases and increased costs of services fed by institutional rate increases, increased populations, increased out-of-home placements and inflationary costs for services.

Governor's budget proposal:

Base funding for Youth Aids for 1998-99 is \$82.2 million. The governor's budget would increase the appropriation by 2% in each year of the biennium, with a total GPR increase of \$6 million. JCI rates increase from \$159.46 to \$159.62 over the biennium. No formula changes are proposed.

Background:

The Youth Aids audit, released this year by the Legislative Audit Bureau, showed that in 1982 the Youth Aids appropriation funded 92% of all county costs for serving juvenile offenders.

Partners in Local Government

WCA, towns & municipalities

COMMUNITY AIDS

Recommendations:

- Increase the Community Aids appropriation by at least 3% in each year of the biennium;
- Delete the statutory requirement for performance measures under Community Aids and the reference to withholding \$9 million over the biennium;
- Delete the DHFS authority to transfer Community Aids into Family Care, instead require DHFS to negotiate with individual pilots to determine the amount to be transferred in contract; and
- Delete the statutory requirement to reduce a county's Community Aids if a former recipient of services funded by the allocation is a participant in the MA purchase plan, which would be created in the governor's budget bill.

add fund reduction cuts

Background:

Community Aids provides counties with funding to partially pay for mandated services to abused and neglected children and their families, adults with serious and persistent mental illness, older adults, adults and children with developmental disabilities, and older adults.

The primary funding under Community Aids is the Basic County Allocation which is made up of four different sources of federal revenue (Social Service Block Grant, Temporary Assistance to Needy Families, Title IV-E reimbursement for foster care and Medical Assistance targeted case management funding) and state general purpose revenue (GPR). Counties are required to provide 9.89% local match for Community Aids.

Community Aids funding has either been frozen or decreased over the past two budget biennia. This and local funding pressures, including increasing client populations and increased costs for services, have pressured counties to "overmatch" Community Aids substantially, with a total of \$252.6 million of county tax dollars going to match and overmatch Community Aids by 1997. That amount is greater than the \$175 million in GPR in Community Aids for the same year.

Governor's budget proposal:

Base funding for Community Aids for 1998-99 is \$305.4 million. Funding under the governor's budget would be \$294.2 million and \$289 million, respectively in each year of the budget biennium, representing a 2.5% and a 1.8% reduction.

The budget also would transfer \$14.3 million over the biennium into Family Care. Further, it proposes withholding \$9 million over the biennium, distributing that amount to counties based on performance requirements.

Finally, it proposes reducing each county's appropriation by an amount to be determined by DHFS when a county is providing services funded by Community Aids to a consumer with a disability who will receive services under the proposed MA purchase plan.

■