TOMMY G. THOMPSON

Governor
State of Wisconsin

October 16, 1998

Chris Decker, Executive Director
Pharmacy Society of Wisconsin
701 Heartland Trail
Madison, WI 53717

Dear Mr. Decker:

I understand your concern regarding the 1999-2001 biennial budget request from the Department of Health and Family Services to reduce the Medicaid reimbursement rate to pharmacies.

Rest assured I remain committed to protecting the interests of pharmacies throughout the state of Wisconsin and will not approve this request to reduce the Medicaid pharmacist reimbursement in the 1999-2001 biennial budget.

As you know, the State Budget Office is currently reviewing all agency requests for possible inclusion in my 1999-2001 biennial budget I will be submitting to the Legislature. After their review is completed, my staff and I will analyze each budget item and its corresponding recommendations.

I appreciate knowing your thoughts on the request from the Department of Health and Family Services. I have spoken with Secretary Leean regarding his Medicaid drug reimbursement request and he informed me the Department included this in their proposal as a means of meeting the State Budget Office budgetary instructions.

Your contributions to improving and maintaining the health and well being of all Wisconsin residents are truly appreciated.

Sincerely,

Tommy G. Thompson

TOMMY G. THOMPSON
Governor

Room 115 East, State Capitol, P.O. Box 7863, Madison, Wisconsin 53707 • (608) 266-1212 • FAX (608) 267-8983

ST. CROIX COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH CENTER

1445 N. Fourth Street
New Richmond, Wisconsin 54017 - 1063

Alcohol / Drug Abuse
246-8209

Child Protection
246-8285

Economic Support
246-8257

Family & Children's Services
246-8285

Home Health
246-8279

Long-Term Clinical Services / CSP
246-8400

Long-Term Support Early Intervention
246-8250

Mental Health
246-8287

Nursing Home
246-6991

Public Health
Family Planning
WIC
246-8263

St. Croix Industries
246-8299

FAX
246-8225
246-8220

Information
Other Departments
715/246-6991
TDD
246-8325

April 14, 1999

To: Joint Finance Committee Meeting

From: Melinda Hanson, RD, MPH
St. Croix County DHHS-Public Health

Re: WIC Program and Consolidated Contract

We are celebrating 25 years of WIC this year, and I would like to thank you for your support of the WIC Program. As you know, WIC is a supplemental food program that provides health screening and nutrition education to pregnant, postpartum, and breastfeeding women, infants, and children up to age five.

What have we learned in 25 years? WIC is cost effective! WIC reduces the number of pregnant women who deliver low birthweight babies and thus helps reduce health care costs in Wisconsin. It costs $22,000 per pound to raise a low (less than 5.5 pounds) birthweight baby to normal weight (7 pounds). It costs $40 per pound to provide WIC prenatal care benefits!

WIC's combination of nutrition education, nutritious foods, breastfeeding support, and health care oversight provides a gateway to good health. WIC enables parents to properly feed their children during critical early years of growth and development, assuring normal growth, reducing levels of anemia, increasing immunization rates, improving access to health care, and improving diets.

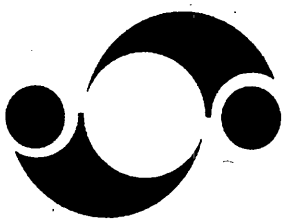
Studies have shown that four and five-year olds whose mother participated in WIC during pregnancy have achieved better vocabulary test scores than children whose eligible mothers did not receive WIC benefits. Also, children who participated in WIC after their first birthday have achieved better digit memory test scores then children who did not participate in WIC.

The St. Croix County WIC Project currently serves 700 participants, and annually spends over $385,000 in local grocery stores. Continued support for these 700, and additional funding to outreach the estimated 350 residents who are eligible for WIC and not receiving the cost-effective benefits would be greatly appreciated.

Finally, in regards to the Consolidated Contract, please encourage the inclusion of WIC in the proposed Consolidated Contract for Public Health from the State Division of Public Health. This process would help the continued integration of WIC with other Public Health Programs, which bests utilizes the already limited resources. Maintaining the quality of the WIC Program has always been the responsibility of the WIC Director, and would continue as such under the Consolidated Contract.

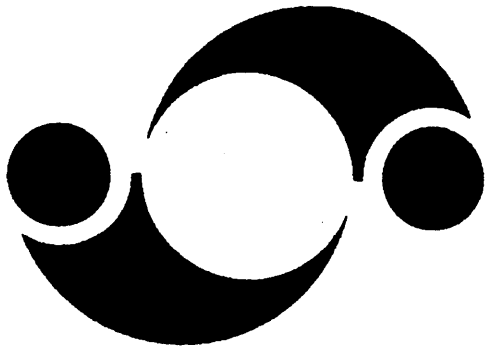
Thank you for the opportunity to give input on these important topics.

1999 - 2001
LEGISLATIVE INITIATIVES



Wisconsin Council for the Deaf and Hard of Hearing

Alex Slappey
Chairperson



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

TABLE OF CONTENTS

MESSAGE FROM THE CHAIRPERSON ..... Alex Slappey

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

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

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

Alex H. Slappey

Alex Slappey
Chairperson

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

POLICY RECOMMENDATIONS

STATUTE TO ESTABLISH BASIC CREDENTIAL REQUIREMENTS FOR SIGN LANGUAGE INTERPRETERS

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

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

COUNCIL RECOMMENDATION

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

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

FISCAL RECOMMENDATIONS

SERVICE FUND FOR THE DEAF, DEAFBLIND AND HARD OF HEARING

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

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

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

COUNCIL RECOMMENDATION

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

COMMUNITY SERVICE ASSOCIATES

Community Service Associates (CSAs) provide:

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

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

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

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

COUNCIL RECOMMENDATIONS

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

FISCAL RECOMMENDATIONS

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

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

POLICY RECOMMENDATIONS SUMMARY

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

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

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

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

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

Eve Dicker Eiseman
(414) 790-1040 Voice
Mequon

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

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

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

Helen Rizzi
(715) 834-2797 TTY
Eau Claire

Deborah Stamm
(414) 544-9559 Voice
Pewaukee

NOTES

TESTIMONY BEFORE THE JOINT COMMITTEE ON FINANCE
MONDAY, MARCH 22
RON ANTONNEAU, CHAIRPERSON
AGING RESOURCE CENTER OF BROWN COUNTY

The Aging Resource Center of Brown County is responsible for representing the needs and concerns of older persons in Brown County. In reviewing the Governor's budget and the policy and values that are implied in this budget, we have real concerns about the lack of support for the existing programs that serve our county's most frail and vulnerable. While we as a people expound the merits and commitment to providing seniors and other persons with disabilities the opportunity to remain in community, the budget does not reflect these words.

While we are encouraged by the Governor's pilot projects to begin the implementation and evaluation of Family Care, this budget and policy commitment will assist long term care recipients in only nine counties. In Brown County, we now have 371 persons on the COP waiting list. These persons need assistance now. Please provide the leadership necessary to increase the support for the existing services that provide the help people need to remain in the community setting of their choice. COP, increases for Personal Care workers, nutrition, transportation, AFCSP--these programs are essential for many of our most vulnerable citizens. People needing these services can not wait for the next state budget--they need help now.

Thank you for your attention. We now need your leadership.

MARY BRANT
208 Gregne Ave
Green Bay WI 54301

Monthly : Financial List of Basic Needs For Both Girls:

Shampoo $2.00
Deodorant $1.00
Kotex $2.00
Toothpaste $1.50
Soap .75
Laundry Soap $3.00
Toilet Paper $1.50
Kleenex -band aids,first aid stuff $2.00
Cleaner- Windex, floor, Ajax, ect. $4.00
School Supplies $5.00 (replacement , glue, tablets,ring paper,pencils,backpacks, folders, colors, colored pencils,
Calculators $15.00 x 2 = $30.00 (one time, beginning of school year)
Replacables - toothbrushes, combs,brushes, hair bows $3.00
Co-Pay Services - $3.00
one daughter receives free hot lunch at school
Total : $58.75- $30.00 (for calculators) $28.75

*** With the new W2 program and No Child Support and being Legally disabled. Each girl would receive $100.00 per month = $200.00

**** Basic Replacement Clothes: Every Six Months

12 pair replacement socks (per 6 months) $20.00
6 underwear (per 6 months) $9.00
2 pair school shoes @ $12.00 each $24.00
1 pair of dress shoes $12.00
2 replacement sweats $20.00
4 T -shirts - $5.00 each $20.00
1 dress for concerts/special occasions $15.00 (from thrift store)
4 pair jeans (off brand) $60.00

= $180.00

1 jacket (light weight) $20.00
1 winter coat (spread over two years) $30.00 from used clothing store $60.00 total
outer wear - not at goodwill or thrift store- Hats , mittens , gloves, boots, scarfs$20.00-
= $70.00

Basic replacement clothes - $180.00
Outerwear + $ 70.00

$ 250.00 per child

With this new program I figure $100.00 per child divided by 30 days in a month =$3.33 per day per child

Addendum to Monthly Financial List of Basic Needs

The basic list of needs does not include any of the following items which I feel my girls need but usually do not get:

In any given six month period
pantyhose (one pair per month@ $1 pair) $12

hair cuts or perms (they never get) $15

school field trips ($3 to $10 per trip) $25 (not talking about the weekend or Washington DC trip)

one summer activity per girl (baseball or soccer) $20 each registration

baseball glove, soccer ball or whatever needs replacing $10

presents to each other and parent for birthdays $10 per girl, $5 per present $20

gift when invited to friends birthday parties (@$5 gift) minimum $20

swimming suit (hard to find at thrift stores) $15 each girl

snack to entertain friend at sleep over, pizza and soda (2 for each girl at $10 each $40

rental of musical instrument (we never have been able to afford $20

girls allowance (they work for it) $5 week == $40 month
they don't always get it , only when we have the money

vacations (occur only when gift from others)

extra shoes for child with foot orthodics which break the last in cheap shoes (2 extra pair per six months at Payless) $20

co pay on foot orthodics $2 per visit

over the counter emergency cough syrup, tylenol, cough drops etc $5-$10

church, collection Sunday and occasional events $10

emergency clothing (grandma's funeral, family wedding etc) $40 these items purchased at thrift store

Total approximately $347 extra per six months for the two girls

Brown County: All Funds Analysis
March 26, 1999

Brown County W-2 Surplus Revenues:

	Available	Requested
7% unrestricted profit:	$480,532	$480,532
10% unrestricted profit:	$384,593	$0
45% community reinvestment:	$1,730668	$0
Total:	$2,595,613	$480,532
Difference:		($2,115,261)

Brown County only requested 18% of eligible funds.

Community Aids:

Counties are requesting a 3% increase in each year of the biennium. The Governor's budget requests community aids reductions of 2.5% and 1.8% respectively primarily to reflect a reduction in the federal SSBG and eligible TANF funds.

Brown County:

Actual	3% increase	
1999	2000	2001
$10,053,076	$10,354,668	$10,665,308
	($301,592)	($310,640)

Fun Facts:

Brown County could have increased their Community Aids appropriation by 25% if they would have requested the full W-2 reimbursement.

Instead, the $480,532 they did request would represent a 5% increase in community aids. (Note: BC actually rolled the money into their General Fund.)

The following is a snapshot of the AHEC issues and the budget request:

AHEC currently receives $800,000 in state funds. This allocation is supplemented by $763,434 in federal core AHEC funding this year, providing the Wisconsin AHEC with a base operating budget of a little over $1.56 million for FY 99. The AHEC System reaches the end of its eligibility for federal core funding in September 1999. We are asking for a $700,000 increase in the state allocation for each year of the 1999-2001 biennium.

The AHEC program aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in underserved communities. AHECs establish programs in underserved areas, educate medical and other health professions students in community-based ambulatory settings, and provide primary care residency training. AHECs also recruit rural and under-represented minority populations into health careers. In addition, they provide continuing education and career ladder opportunities for health care providers in underserved areas and provide technical assistance for health promotion and disease prevention programs in local communities.

The federal AHEC program provides no more than six years of core funding to each regional center. At the peak of federal funding in 1996-1997, when all four centers were eligible for federal funds, the System had a total combined state and federal budget of $2.76 million. Federal funding for the Northern and Milwaukee AHECs ended in FY 97, and FY 99 mark the final federal funding year for Southwest and Eastern AHECs.

With core annual state funding of $1.5 million, programs that the regional AHECs plan to support in the upcoming biennium include:

1. Development of Rural Training Track residency programs
2. Expanded opportunities for medical and other health professions students to train in rural communities
3. Training in Federally Qualified Health Centers
4. Community-based training in central city clinics
5. Agricultural Health and Safety Center
6. Programs to provide coordinated services for rural elderly
7. Community health systems development
8. Library learning resources for small hospitals, clinics, and public health agencies
9. Technology support for health information resources in local communities
10. Continuing education for health professionals and community health improvement
11. Support for extension of dental services to underserved communities through development of community-based training sties for dental students
12. Physician Assistant, Nurse Practitioner and Certified Nurse Midwife training and recruitment
13. Health careers opportunity programs
14. Cultural competency training opportunities

OUR LEGISLATIVE GOALS FOR SERVICES & PEOPLE:

Strengthen employment opportunities for many citizens with disabilities by:

• ***Restoring $3,733,067 in Wisconsin General Purpose Revenue (GPR) to the biennial budget of the Division of Vocational Rehabilitation to leverage about $13 million in federal funding*** which will expand service options and better address the individual employment needs of each person with disabilities requesting services.

Assist low income parents with disabilities by:

• ***Increasing the Caretaker Supplement Program to $250/month for the first child.*** We support the Governor's request to raise the supplement to $150/month for each additional child.

• ***Expanding the eligibility for W-2 childcare assistance to parents on SSI*** while they are looking for work or participating in education or training leading to employment.

• Maintaining administration and programs sensitive to the need for longer and more specialized training efforts that may be necessary to secure quality employment opportunities for a person with severe disabilities.

Provide desired & least restrictive services in the community by:

• ***Increasing the GPR appropriation for Community Aids by $18,000,000*** to replace lost federal block grant funds and provide for a 3% cost of living increase for each year of the biennium.

• ***Increasing Community Options Program Funds to provide for 1,500 additional regular COP participants and 3,500 COP-Waiver participants.***

Dear Members of the Joint Finance Committee,

I am speaking to you today, **3/26,99,** as an employee of an Independent Living Center, the Chairperson of the Northeast WI Advocacy Coalition, and a person with a disability.

I would like to address two issues that are separate but in all actuality work together.

The 1st issue is W-2 and it's effects on SSI recipients with children and parents with children with disabilities. W-2 has been a wonderful addition to our state. It has done away with welfare system and is assisting people in the areas of work training, work placement, etc... all to achieve the goal of gainful employment for individuals. Giving them a sense of achievement, pride and the joy of giving back to the community. Yes, it is a plan that is working well with a few minor exceptions that cannot be overlooked.

In my work as an IL Specialist at Options for Independent Living in Green Bay, we have received many calls into our office from parents who have a disability and are on SSI and are not working. They have had their AFDC cut and now get a caretaker supplement (C-Supp) of $100 per child. They have lost 1/3 of their income (which was at poverty level before the AFDC was cut) and are not eligible for W-2 services. They have no where to turn to for assistance and have lost 1/3 of their income! The second group of people negatively affected are the parents with children on SSI. The parents are eligible for W-2 services and would like to work but because of the severity of their childs disability they are unable to find day care to look for a job, or go through training for job placement. They also, because of the cuts in AFDC, now receive a C-Supp payment lowering their income 1/3. There is nowhere for these parents to turn. We had heard and read story after story in regards to parents not being able to pay lights bills or heat their homes this past winter or have had decisions on whether to purchase food or medication.

I could go on but I hope by reading the attached information you will understand the reason I am addressing this issue. I understand the Governor has proposed an increase in the C-Supp to $150 per child. It is my hope that you will support an increase of $250 for the 1st child and $150 for each additional child. This will bring these families much closer to what they were receiving on AFDC. Additional funding could come from the TANF funds. It is also my hope that this committee address the issue of allowing the doors of W-2 services to be opened for SSI recipient who want to work (for there are those with disabilities who will never be able to work) and need child care expenses, training, etc., and that you would also investigate ways to provide child care for the children with disabilities whose parents are W-2 recipients.

The Second issue I bring to you is restoring a minimum of $2.4 million (in GPR funds) over the biennium to the DVR Budget for local employment services. It has come to my attention that for every $1 the state puts into this budget it receives $3.79 from the Federal Government. I see this as a win-win situation all around. DVR is a statewide agency assisting person's with disabilities in achieving their work goals. The 3rd Party match money has been great for the colleges and tech schools but it does not provide the same services in the local communities as DVR. With the funding for DVR being cut over the past two three years, I have seen individuals not receive the services necessary for them to achieve their employment goals. If they cannot receive the services, they do not achieve their goals of employment and so the continue on in the system. I am a DVR client from way back. It was DVR that assisted me in achieving my work goals 14 years ago and I am happy to say I have been working for 13 years at the same organization. It is sad to see that because of the lack of funding, services are being cut back and those who want to work are still in the system. Here we have a chance to receive triple our investment in DVR plus there are further incentives for our state. For example cost saving in placement cost: It costs DVR on average $500 in placement for one individual while placement cost for the 3rd party matches are per individual are approximated at $5,000. Another incentive is reimbursement monies. For each individual on SSI or SSDI who has a successful employment placement, the SSA pays back DVR for placement costs.

Again, this is a win-win situation for our state and I would hope for you support in restoring this funding to allow DVR to do the statewide work they have done in the past. What a good way to use our tax dollars and I as a tax payer am in support of this.

In tying these two issues together...if W-2 is allowed to open it's doors to SSI recipients, these individuals can be assisted by DVR to achieve their work goals. Putting people back to work, building an infra-structure that works for all segments of our society will create stronger families, stronger communities and continue WI as a leader across the nation.

Thank you for your time and consideration.

Sandra L. Popp, 1670 Western Avenue, #17 Green Bay 54303
IL Specialist

THOUGHTS ON STATE BUDGET PROPOSAL FOR 1999-2001 PERIOD.

Why is there such an increase in spending?

With all the savings in W2, there should be a large reduction in spending. An increase of 6.7% in spending and an increase of 6.9% in taxes (revenue) just don't fit the picture of what should be happening. An increase of 2% in people is also unexpected when there should be reductions in welfare support. I understood the initial increase in spending when this program started and I now expect to see the results in my tax bill.

The tax cut is too small!

As one of the highest taxed states in the Union, we should be getting more of a reduction. All this talk about such a small amount is just a bunch of rhetoric and doesn't do much to help any taxpayer. For someone making $18,000 a year the tax cut is $6.90 a month. For someone making $60,000 a year the tax cut is $9.33 a month. Lets get a tax cut worth something.

What about the tobacco cash?

Starting new programs that require ongoing funding with these funds is foolhardy. The funds were intended to reimburse the state for funds already spent and for future expenses. Using the money for programs like Badger care with only cost us more money in the future.

So where can we cut money from this budget?

Take a look at W2. If it did indeed reduce the workload and the dollars being spent, has the budget reflected this appropriately. Lets stop buying property. The DNR plan for helping communities is just pushing up prices and takes any negotiation opportunity away from them. The experience Green Bay had with Baird Creek Parkway is one that cost us as taxpayers many more dollars than if Green Bay was able to negotiate a price and then get help from the DNR. Don't fund the Stewardship Resource Fund until these changes are made. Without the resource fund we may be able to reduce DNR staffing. Stop funding the capital portion of the school budget. The current 2/3 cost of education to most people means operating costs. The use of state funds to cover the capital costs of schools is promoting unnecessary building as local districts see the state money as free, where I see it as my tax dollar.

Frank S. Bennett Jr., 2400 Ingold CT., Green Bay, WI 54313 920-499-7866 fbennett@netnet.net

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

MAKING W-2 WORK

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

Problems with W-2

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

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

Recommendations

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

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

Talking Points

Justification for State Funding for Job Centers

Job centers need additional funds to support the increased self/lite service capacity for both job seekers and employers developed in the last few years. Centers have developed additional service capacity with one-time One Stop grants, PFE grants and W-2 Start Up funds at the encouragement of the state. Centers need stable, ongoing state funds to support the continuing delivery of job seeker services and employer relations activities.

The job center system is a critical part of the national and state strategy to meet labor and skills shortages. The job center system in Wisconsin has demonstrated its effectiveness and is nationally acclaimed as the model for all other states to follow. Employers are becoming increasingly dependent on job centers to help meet their work force needs. If job center services deteriorate, employers will suffer the consequences by being unable to meet their workforce needs. The growth of the state economy will slow and reduce tax revenues to the state.

The job center system is statewide in Wisconsin with centers in 67 of the 72 counties and multiple centers in some counties. Strong local support exists for having a job center location in each county and having a county-based center system allows for more input by elected officials and better connections with county-delivered services. Small rural job centers are not viable, however, without additional ongoing funds to sustain the self/lite service capacity. Small centers need funds to support staff and materials for their "resource areas" to provide quality service and meet job center standards. Without state funding, many small centers are at high risk of shutting down their resource areas and ceasing to operate as job centers.

Targeted program funding cannot support all job center activity. Of the major "partner" funding sources, Wagner-Peyser, JTPA, DVR and WTCS funds have declined or at best will remain stable. W-2 program funds will be reduced for most counties in next round of contracts, particularly in small rural counties with low caseloads. While targeted program resources can support part of the job center operations, these programs need to use their resources primarily to provide intensive services to their target populations.

Targeted programs face cost allocation and administrative cost limits on how much of their targeted funds can be used for job center services available to the general public. Many local agencies/offices are already concerned about reduce numbers of participants served and potential audit disallowances relating to their current level of job centers. The targeted programs have reached their limit on the extent of financial support they can provide for general job center operations.

MOE = Maintenance of Effort

Proposal for State Funding for Job Centers

Provide ongoing GPR funds to job centers using the GPR funds that are part of the TANF maintenance of effort (MOE) funding base in the Department of Workforce Development (DWD). No new state funds are needed, just redirect existing MOE funds in the DWD budget to support job centers. These funds are available in the 1999-2001 biennium due to reduced funding need for the W-2 program resulting from lower W-2 caseloads.

Recommend ~~$2.75~~ 3.0 million MOE in SFY 2000 and ~~$5.5~~ 6.0 million MOE for SFY 2001 for $5.5 million annual funding level starting in Calendar Year 2000. The total for the biennium would be ~~$8.25~~ $9.0 million of MOE funds. Provide minimum of $50,000 to each of the 78 existing job centers ($3.9 million) and distribute the remainder (~~$1.6~~ $2.1 million) based on size of the labor market served. All centers would get at least $50,000 and larger centers would get more funds based on the labor market in their area. The $50,000 is designed to give each center a minimum amount for basic job center operations. Additional MOE funds could be provided as funds become available.

Funds could be used for general job center operations, including staffing, with emphasis on self/lite services and employer relations. The funds would be distributed to Workforce Development Area (WDA) Boards with the funds passing through to the individual job centers. The Boards would be responsible for working with the job centers to do individual plans for submission to DWD. The planning process could be done using existing local collaborative planning teams (LCPTs) within WDAs. This approach is consistent with the delivery of employment and training services through job centers as envisioned under the 1998 Workforce Investment Act (WIA). To ensure accountability, the state funds could be linked to achievement of state job center standards and job center certification requirements under WIA.

Justification to count job center funds as TANF MOE:

> Job center resource areas and employer relations activities provide the basic infrastructure needed to operate "Work First" programs like W-2, FSET, Children First and Welfare to Work (WtW) that all serve the TANF eligible population of low income families. Without job center resource areas and employer relations teams, Work First programs will be less successful, leading to higher TANF and Food Stamp benefit costs.
>
> The W-2 program is designed to divert persons from public assistance and the use of job center resource areas is key component of W-2. W-2 agencies are required to deliver services through the job center system.
>
> Many of the customers who use on-site job center services are low income families and counterpart noncustodial parents. Thus, the TANF-eligible population is already a primary population for on-site services in job centers. Higher income persons are more likely to use job center services via electronic linkages.
>
> DWD has already established the principle of using TANF/MOE funds to support job center activities through the W-2 start up funds and funds for the Milwaukee job center network.

Where to Get MOE Funds in The Governor's 1999-2001 Budget

The Governor's budget bill includes a number of new TANF-funded initiatives, typically programs that will be operated by agencies other than the existing W-2 agencies. Most of the new initiatives will require substantial work to get the new programs up and going. This work cannot begin until the budget bill has been signed into law, which typically does not happen until August of the budget year. Program requirements will have to be developed and contracts executed before the agencies receiving funds can begin incurring expenses against the new funds. As such, it is unlikely that the full amount of the new funds will be used in the SFY 00. The new programs would reach the annualized spending level in the second year of the biennium, SFY 01.

Assuming a January 2000 start date for the program will free up TANF funds in the Governor's budget to use for job centers without requiring a reduction in the annualized funding level for the new initiatives. Providing partial funding in SFY 00 is consistent with the way several other new TANF initiatives, such as the Workforce Attachment and Advancement program, the Community Youth grants, and the Self Paced Youth Apprenticeship program are funded in the Governor's budget.

Examples of new initiatives for which a delayed January 2000 start date could be assumed include Early Childhood Excellence ($10 million in SFY 00), TANF for Brownfields ($5 million in SFY 00), Family Literacy ($2.15 million in SFY 00) and Community AODA Treatment ($1 million in SFY 00). Assuming a delayed start date and only 6 months of funding in SFY 00 would free up roughly ~~$8.5~~ million of TANF funds in the 1999-2001 budget bill for other uses, including job centers. This would cover the proposed ~~$8.25~~ for job center funding.
$9,0 9,0 mill

The funding for job centers should come from the MOE portion of the overall TANF budget rather than the federal TANF funds. While the MOE funds have to be used on the same low income population as the federal funds, the MOE funds are not subject to the strict federal cost allocation and participant reporting requirements that the federal TANF funds are. Thus, MOE funds can be used in a more flexible manner for general job center operations. It is not necessary to specifically appropriate MOE funds for job centers, but merely to indicate that the job center funds would come from the MOE portion of the overall TANF budget. For example, the new funds for county administration of the BadgerCare program are designated as coming from the MOE portion of the TANF budget and funding for the existing Children First program is also designated are being from the MOE portion of the TANF budget. The specific detail on which programs are funded from federal TANF funds versus MOE funds is described in the state TANF plan.

25 March 1999

TO: **Members of the Joint Finance Committee**
Wisconsin State Legislature

FROM: **Patricia Finder-Stone, MS, RN**
-Wisconsin Nurses Association
-American Cancer Society,Wisconsin

RE: **Support for the TRUST Campaign's efforts to use tobacco settlement dollars to fund tobacco prevention efforts**

Members of the Joint Finance Committee :

My name is Patricia Finder-Stone. I am a registered nurse. I am here today representing the American Cancer Society, as well as the Wisconsin Nurses Association, and the Northeastern WI District Nurses Association. And I am also an individual who lost both parents and only sis to what I call "smoking suicide."

I appreciate the opportunity to speak with you today. I am concerned about the llimited dollar amount allocated to tobacco prevention efforts in the Governor's budget. I am speaking in support of the TRUST Campaign, Tobacco Reduction Using the SettlemenT.

You are facing a monumental policy decision as you consider how to allocate the dollars to be paid to Wisconsin from the tobacco settlement. Of course it may be tempting and politically popular to talk of tax cuts, highway improvements, and the like, but please don't forget the money is coming from the tobacco industry for financial damages. Wisconsin taxpayers, for years,have been paying billions of dollars to treat tobacco-related diseases of Medicaid recipients. In fact, tobacco addiction costs the people in Wisconsin $1.3 billion **each and every year** in increased health care, health insurance, and medical costs. It would seem to be terribly hypocritical, therefore, to divert settlement funds **from** purposes which would reduce tobacco use to general purpose funds. The intent of the settlement is to right tobacco's wrongs, **from** the past and **for** the future!! And a recent survey has reflected that 89% of Wisconsin taxpayers want settlement dollars used for prevention **over any other purpose**.

I am embarrassed for our state that Governor Thompson has proposed **only** $4 million over the next biennium, less than 1.5% of the $338 million settlement on efforts related to tobacco. That's the **lowest of any** of the states receiving tobacco funds. Yet Wisconsin youth hold the dubious distinction of having a smoking rate **higher** than the national average.

Your ethical responsibility is to take this once-in-a-lifetime opportunity to focus on consistently funded, comprehensive, science-based prevention efforts to bring down

smoking rates.

You've heard the figures. Nothing kills like tobacco. Each day in WI, 22 people die from tobacco-related illnesses, that's 7300 every year, seventeen percent of all deaths in Wisconsin!! Each year we fork out $1.4 billion for tobacco-related diseases. Wisconsin children become smokers more often than do other children throughout the nation, and right now over 117,000 kids under the age of 18 will die prematurely due to their smoking addiction. Sixty youngsters start smoking every day and health experts predict that 20% of them...that is one third of those who start...will die from illnesses related to smoking!!!

The TRUST proposal uses only half of the total settlement funds...with $25 m. recommended for counter advertising and public education, $22 m. for cessation services, $8 m. for tobacco-related research, and $25 for community based programs

We urge that the integrity of the administrative structure be protected by an independent oversight body, with members appointed by the Governor and the Legislature. It would make funding recommendations based on best practices and research findings from across the nation, and would coordinate programs with partnerships of the many groups in the state that are addressing the implications of tobacco use.

Reducing tobacco use is the only way to reduce the burden on our taxpayers and to save many many lives!!!

Thank you for your attention.

Patricia Finder-Stone

Patricia Finder-Stone, MS, RN
985 N. Broadway
De Pere, WI 54115
(920) 336-4187

STATE BUDGET BILL
IDA's
Section 1334 page 702
Section 1292

My name is Mary Sann and I am a former Displaced Homemaker, member of Displaced Homemaker/Single Parent Advisory Committee, Legislative Chairperson for the Wausau Catholic Deanary which consist of 22 churchs, on the Peace and Justice committee for our church and Community Chairperson for womens church council.

I would like to ask for your support of a new program that is in the State Budget Bill called **"Individual Development Accounts".** (This new program is located at Section 1334 of page 702 of the state budget bill.

I will briefly explain how IDA "Individual Development Accounts" works, who it will help, and why this program should be supported.

How it works. A low-income person opens up a savings account that is designated for use in asset building activity such as buying a home, starting a business or for post-secondary educational expenses. The state funds plus the funds raised by community action agencies would be used to match deposits made by the client in a 2:1 basis. The community action agency will also provide budget counseling and financial training to program participants. What makes this program so unique is the fact it is the first in the nation to be a state wide program.

Who it will help. It is good for low-income people because it helps give hope emotionally and financially of dreams to become reality.

Assets make a difference in social and economic development.

Some of the key benefits of the IDAs program are:

* Create long term thinking and planning.

* Accumulation of assets is the key to development of poor households.

* Improved self-esteem and greater confidence in the power of saving and investing.

* Increased knowledge and experience in managing family economics which in turn will be able to be passed on to the children.

A personal perspective of being divorced in 1985 and having to go on AFDC I used the system to get an Associate Degree in Marketing. It helped me off the welfare roll, but still considered low income do to personal circumstances.

With a program like this I would be able to go back to school receive more education and be able to start my own business which would enable me to be a more valuable person to the community and society.

I ask you, The Joint Fiance Committe, on behalf of the poor to support not only the creation of this IDA Program at the recommended $1.3 Million but also to consider increasing the funding level to $3.8 Million for the biennium. When the Budget Bill was written, it was assumed that Wisconsin could obtain $4 Million from new federal funding for IDAs. However, Wisconsin can obtain only $500,000 from federal funding for the biennium period. Therefore, we need $3.5 Million from the State Budget. CAPs will raise the other $1.5 Million for the program.

Thank you for your support of this bill on behalf of the poor and all caring people of the poor.

RACINE/KENOSHA
COMMUNITY ACTION AGENCY, INC.

72 Seventh Street, Racine, WI 53403
Phone: (414) 637-8377

2000 63rd Street, Kenosha, WI 53140
Phone: (414) 657-0840

April 8th, 1999

Attention: State of Wisconsin Joint Finance Committee
Concerning: Wisconsin State Budget...Public Hearings
Place: Racine, Wi ...J. I. Case High School...Thursday April 8, 1999

There are too many low-income Wisconsin residents, period! While the past attempts in our society of addressing impoverished people have been valiant, we as a country have not seen the kinds of successes that we hoped for. That long pursuit of helping poor folks can begin to be realized with the passage of this budget, along with a possible amendment.

The Individual Development Program that I speak of will help create the successful beginning that this program needs for success. **More importantly**, the low-income Wisconsin residents that our agencies serve, will enjoy the same opportunities that you and I have had; a decent paying job, an affordable home, and an economic opportunity to send their children to college.

The kind of economic freedom that the IDA Program in this current proposed budget, brings to the low-income residents of our state, is the same economic freedom that some of us take for granted. Admit it, many of us in this room take the economic opportunities I just mentioned as a simple matter of fact. Some of us have never experienced, nor can even imagine the feeling of very little, or no economic opportunity in our family structure. Please do not allow your own past experiences to formulate your opinion about the proposed IDA Program. Caregivers and social service staff who are members of CAA's all over the state of Wisconsin, can attest to the lack of economic freedom that exists for our poorest residents.

THANK YOU VERY MUCH FOR LISTENING

NAME: Paul Kristoffersen, Planner/Personnel Director

Paul Kristoffersen

COMMUNITY ACTION
PEOPLE HELPING PEOPLE

1999-2001 BUDGET BILL

(Please Print Plainly)

DATE: 4-8-99

WILLIAM H. CHARAF
(NAME)

2000 - 4½ Mile Rd
(Street Address or Route Number)

Racine WI 53402 . (414) 681-1221
(City and Zip Code) Ph.

Fax 681-1840 . email: {charlake @at wi.net
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☐

Speaking for information only; Neither for nor against: ☑

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

To { Sen. K. Plache

1 of 2

I am a retired international businessman. I wanted to speak for low income & zero income residents of Racine's Center city who have NOT had success with W-2.

- This is to request that you consider & add funding for free bus passes for the above mentioned residents in Racine.
- I was told by a reliable source that buses in the city are running half full.
- Why, you may ask? It would
  - Help with Job search
  - help them to get medical treatment (especially dental and vision) at clinics which provide free treatment
  - Help them travel to state Div. of Vocational Rehab. located nr. Case High School
  - Help them take advantage of the new County services bldg. at 1717 Taylor Av., etc.
- Reduce their isolation -
- Help us fulfill our moral responsibility.
- Be in the spirit of what Jesus of Nazareth asked us to do

I was told that the state has reduced the Racine Cty. Human Services Dept.'s budget by $400,000.-

I am requesting that you restore the $400,000 cut and ADD approx. $300,000.- to cover the estimated cost of 12 (twelve) free monthly passes for the estimated 1,000 low income and zero income residents in Racine Cty.

(Note: a single monthly bus pass costs ≈ $30.- ; I projected a "volume" price of $25.- each).

April 8, 1999

TO: Members of the WI Legislature Joint Finance Committee – Sen. Kim Plache

FROM: Jean Verber, Coordinator of Milwaukee Women and Poverty Public Education Initiative (WPPEI)

RE: Urgent Budget Adjustments

This past year the Milwaukee WPPEI staff personally interviewed several *hundred* W-2 women struggling to become 'self sufficient' with a job and off of public assistance. On behalf of the women whose stories we heard, we **urge** you to consider the following urgent budget adjustments-----using TANF monies which the Governor has diverted to other areas such as the Brownfields project-----and return these funds to needed services for which they were intended and for which tax payers expect they are being used. (Enclosed please note the study that supports WI tax payers willingness to have these funds used for real needs of the poor rather than a few dollars returned in tax returns.)

Low income families need:

1. Emergency Rent Assistance - due to sanctions, error, misinformation, loss of jobs, insufficient income, many families face eviction from their homes. Shelters, court costs, other services are costly. Temporary emergency rent assistance could keep families in their own homes until they can be stabilized. For this reason WPPEI sees funds better expended on emergency rent than on the suggested doubling of shelter allocations. Keep the children secure in their own homes and work with mothers.

2. AODA Funding - WPPEI interviews in the W-2 population reveals substance abuse does not even qualify mothers for work or W-2. They need intervention by caring competent professionals. This requires funding and meeting needs according to each person's needs. WPPEI supports the Consortium's position for $10 million for AODA treatment of uninsured persons.

3. Funds for short term/job related Education and Training - expanded time is needed beyond getting a GED so W-2 persons can be prepared for real jobs. Temp jobs are not/cannot continue to be the solution to reduce caseloads. Funds should be ear-marked for existing short term training for real available jobs, e.g. Esperanza Unida, MATC. These programs have a cost and W-2 participants do not have the resources to access needed training to secure permanent, decent paying jobs. We are assured there is plenty of TANF money to make this possible.

4. Expanded Transportation Access - transportation is among the top barriers women identify

to job acquisition and retention. Bus hopping to child care sites, schools, to work and return is costly and time consuming. We recommend that bus passes be expanded, that there be opportunity for women to get their driver's licenses, and loans to get reliable cars.

5. Guarantee of job subsidies for part time work when full time or reduced hours exist. This was practice, many thought, but many families subsist on 20, 25, 30 hour wages because hours are reduced or only part time work is available. Many of the above recommendations can also help to remedy this, eg. training for full time jobs, better transportation access to better jobs.

After the past year's experience and the State's own Leaver's Study where 38% of those interviewed did not have a job, it is clear that W-2 is in GREAT need of attention. Even though the numbers are down, the conditions of homelessness, joblessness or inadequate income, large use of food pantries ALL OVER THE STATE direct us as citizens and policy makers to respond to the human misery that persists. We here in Milwaukee can document these conditions by the many diverse groups who have done studies. The reports all indicate that INTERVENTION in areas named above are among the most in need of response.

We ask that you be courageous and give high priority to funding these programs.

We thank you for your careful consideration of these urgent budget recommmendations.

$10 Million Needed in State Budget for AODA Treatment for Uninsured Individuals

We are a consortium of community, business, social service and religious organizations. We call upon the State of Wisconsin to include at least $10 million in the annual budget for AODA (Alcohol and Other Drug Abuse) treatment for uninsured people. Ten million dollars is needed in Milwaukee County alone to restore funding to the 1993 level.

The tragedy of drug and alcohol addiction is taking a devastating toll on individuals, families, communities, and our society as a whole. Untreated addiction can only end in crime, death and further overcrowding in our prisons. This human catastrophe does not need to be as severe as it is: waiting lists for treatment centers continue to grow. Hundreds of people are ready and willing to enter treatment programs, but are turned away for lack of funding.

The magnitude of the addiction crisis is staggering. Governor Thompson has estimated that 66% of the remaining W-2 participants suffer from drug or alcohol addiction. Even more have dropped out of W-2. Conservative estimates are that 85% of Wisconsin's prison inmates are in need of AODA treatment. It would be far more cost-effective for Wisconsin to offer treatment before people have committed serious crimes and have been sent to jail.

Serious treatment options are needed to deal with serious addiction problems. Many underfunded programs have failed because they have not offered enough time. Short-term programs and outpatient services tend to become a "revolving door". Long-term treatment does work. We need to make a serious investment in people if we expect positive results. This is not inexpensive, but the alternative is far more costly. We cannot afford more prisons, and we cannot afford to have a large sector of the population rendered incapable of making a contribution. And, we cannot afford more crime and more broken families in our community.

Therefore, we urge Governor Thompson and the state legislature to include AODA funding for uninsured people in Wisconsin's budget. At least $10 million of that funding is needed in Milwaukee County. This initiative should include a serious study of the effectiveness of various treatment options. In the end, this money will save Wisconsin's taxpayers many more millions, as we add people to the ranks of the self-sufficient rather than to the rolls of W-2 or of our prisons.

Regarding Welfare:

The poll finds that the overwhelming majority of Wisconsin residents interviewed favor welfare reform. Like their peers in other states, they believe there are many important goals for welfare reform. However, they attach the highest level of importance to goals that eliminate welfare fraud and abuse, goals that make certain the delivery of help to poor children, and goals that increase the likelihood of a successful, long-term transition off of welfare.

Overall, poll participants say they have noticed changes in welfare policy:

- More than three-quarters of Wisconsin residents interviewed believe the state of Wisconsin has already made changes in policy related to welfare reform.
- Persons who believe Wisconsin's welfare case loads have decreased compared to two years ago outnumber those who believe case loads have increased by a factor of more than 12-to-1.
- The governor is perceived by more Wisconsin residents than any other person or group to be the most influential party in shaping welfare policy.
- A quarter of Wisconsin poll participants say that they or someone they know has been affected by welfare reform changes.

✳ Wisconsin poll participants attach great importance to a number of forms of assistance for persons making the transition out of welfare, including:

- Health insurance for workers and families who cannot afford health insurance or whose employers do not provide health insurance.
- Help in paying for child care.
- Continuing support to persons who are completing their basic education, including the attainment of a GED.
- Help paying for housing.
- Help paying for work-related transportation.

Wisconsin residents interviewed have generally strong feelings about other matters related to the support of the poor:

- More than eight-in-ten Wisconsin residents interviewed advocate equal access to public assistance for all legal immigrants.
- Two-thirds believe that single mothers should work even if they have children or other dependents to care for.
- Wisconsin residents who advocate providing additional assistance for employable persons who are unable to support themselves outnumber those who oppose such assistance, but by a relatively small margin.
- However, the overwhelming majority would be willing to pay a little more in taxes to be sure that children, the elderly, and the disabled who are unable to support themselves are properly cared for.
- Two-thirds of Wisconsin residents interviewed believe there are enough jobs in their communities that enable the support of families for everyone seeking work.
- Wisconsin residents overwhelmingly support public assistance that will make it possible for persons making the transition from welfare to achieve permanent financial independence, whether this assistance takes the form of child care assistance, education, housing assistance or health insurance coverage.

Wisconsin poll participants perceive there to be different roles for different levels of government when it comes to caring for the poor:

- Almost two-thirds believe that states or localities are best suited to set standards for the care of the poor. Only about 1-in-10 believe the federal government is best suited to set standards for the care of the poor.
- Equal proportions of Wisconsin residents believe that either the state or the federal governments should be ultimately responsible for paying for the care of the poor. Only about 1-in-10 believe that localities should bear this financial responsibility.
- The overwhelming majority of Wisconsin residents believe that there would be more than enough money to take care of the nation's poor if only the federal government managed its resources more wisely.

Good Morning Members of the Legislative Budget Committee:

My name is Helen Woller, and I am the owner / director of Kountry Kids Child Care in Delavan, WI. I come before you today wearing many hats. I am a single parent, a former AFDC recipient, small business owner, child advocate and board member of the Wisconsin Early Childhood Association.

I am urging you to support the Governor's proposed initiatives for the 1999-2001 budget. These proposed initiatives are necessary for providing safe, healthy, quality childcare for Wisconsin families, and increasing benefits for the childcare workforce.

As a small business owner one of the toughest obstacles I face is that of staff recruiting and retention. With the average child care teacher in Walworth county making $6.00 / hr., it's very hard to find qualified help, and if you do find them, it's hard to retain them.

Last year our center was a recipient of a quality improvement grant, and this enabled us to cut our staff turnover down by two-thirds, from 1997 to 1998, due to increased wages, the addition of health insurance and providing education opportunities for the staff. We need more programs like the quality improvement grants.

The 2nd greatest obstacle a small business owner faces is trying to keep the doors open. Most childcare centers operate on a "shoestring budget" and when more than 30 % of my income comes from W-2 clients, it's very hard to sleep at night worrying that with one change up in Madison, I could be out of business.

To help overcome these challenges, I am asking that in addition to the governor's budget initiatives, that you consider the proposals presented by the Wisconsin Women's Network Legislative Agenda for 1999. Especially restoring the training requirements for all certified providers, and increase the minimum requirement for training in child development to 20 hrs.

I know that you all have a lot of important decisions to make and have to be fiscally responsible, however, before you make any decisions involving childcare, I am asking that you take a moment to stop and think of the impact this will have upon our children and child care businesses. Without changes, many children will not be able to experience quality childcare and many child care centers will not be able to stay open.

Sincerely,

Helen M Woller
Kountry Kids Child Care
5496 Hwy. 50
Delavan, WI 53115

Testimony to the Joint Finance Committee
IN SUPPORT OF A WAGE PASS-THROUGH
March 26, 1999 - Green Bay

Ladies and Gentlemen:

My name is Mary Ann Kehoe. I am the Executive Director at Good Shepherd Services in Seymour. Our organization runs a skilled nursing facility, a community support agency, a rehabilitation agency and a child day care center. We also house the community senior center which is the senior nutrition site for our area. We are the second largest employer in the community and the only long term care organization in our service area of sixty thousand people.

I would like to respectfully address the committee on the Wage Pass- through.

The proposal in the Governor's budget to re-base the Medicaid formula is of major concern to the staff at Good Shepherd. Employee wages and fringe benefits are the largest part of our annual expenses. The state budget, in its current form, will significantly cut our reimbursement through the Medicaid program. In our skilled care facility, currently 65% of the residents have exhausted their resources and rely on Medical Assistance. Good Shepherd's Medical Assistance population is below the state average of 68%. Nevertheless, we lost approximately $28 per day or over $500,000 in the last biennium from the Medicaid program.

Good Shepherd has always admitted residents on the basis of our ability to render quality care. Currently we are ranked among the top 15% of skilled care facilities in the nation because of the care we deliver.

We have never set quotas for the number of Medicaid residents we will accept nor have ever rejected anyone for service because of their inability to pay.

While we are sensitive to the pressures that affect the legislature when it comes to budgets, nevertheless, our organization has seen continued cuts in government funding over many years. We know your job is not an easy one and we than you for doing it. We have never come before you before to simply "whine" for more money.

We fully recognize the problem of rising health care costs both at the state and national levels. We also recognize that many groups rightfully feel they need more dollars.

At Good Shepherd, we have taken cost containment seriously, but we refuse to compromise quality resident care in the process. Through a unique provider alliance of eleven not-for-profit, organizations called Wellspring (see attached), we have implemented revolutionary organizational restructuring and collaborative, cost saving efforts. We have empowered our line staff employees to implement nationally defined best practices.

We have given our employees the tools and the equipment to make daily critical decisions that positively impact the residents they serve. We have flattened the organizational structure, enhanced the work environment, and given our line staff decision making authority. Wellspring members have cut costs while investing in staff education and retention efforts. The results have been extremely favorable both in the improvement of resident outcomes and in staff recruitment and retention.

During the past year, despite all of our efforts at staff empowerment, education and retention, we have seen the supply of individuals willing to care for our frail elderly and disabled steadily dwindle. The state's strong economy has created havoc with the pool of people available to employ. As you know, this isn't a problem just affecting our industry.

Because of heavy reliance on government funding, however, we are unable to adequately compete in the marketplace. The crisis is growing and addition funding cuts will mean a **significant erosion in quality care for our frail and elderly.**

Our employees are competent, educated and caring. Their work is extremely difficult and yet they have lower wages that fast food workers. If long term care is to survive, regardless of the setting in which it is rendered, we have to have human beings to care for other human beings. **We must have a Wage Pass-through in the budget for our employees.**

I know that many of you may have run for office on the basis of cutting property taxes. I applaud your efforts, but enough is enough.

I am a taxpayer. I am a voter. I say to you today, **I AM WILLING TO PAY MORE PROPERTY TAXES IF IT MEANS THAT OUR ELDERLY RECEIVE THE CARE THEY DESERVE.**

I AM WILLING TO PAY MORE INCOME TAXES IF IT MEANS THAT OUR EMPLOYEES CAN MAKE A DECENT WAGE.

You might feel that these statements are self-serving since I work in long term care, but the next time you mail surveys to your constituents, ask them if they would rather have lower property taxes or cut the wages of those who care for their elderly loved ones. You may be surprised at the results.

I implore you, don't take the easy way out and turn your backs on this issue. There is nothing else to cut. We have no where else to turn.

Thank you very much.

Mary Ann Kehoe

WELLSPRING: Innovative Solutions for Integrated Health Services

OVERVIEW

November, 1998

The Reason For the Establishment of Wellspring: Survival In A Changed Environment Through Cost Effective Improvement of the Care Delivered

I. **Background**: Changes in the long term care environment led to the formation of Wellspring Innovative Solutions, Inc. In 1997.

A. The effect of DRG's in acute care settings

Since the implementation of DRG's in the early eighties, the focus of long term care has dramatically changed. While the hospital prospective payment system may have saved Medicare hospital dollars, in actuality this new system shifted costs from acute care hospitals to long term care facilities. Hospital lengths of stay were dramatically shortened for the elderly which led to nursing home admissions of individuals "quicker" who are "sicker". This phenomenon has impacted nursing home costs in many ways. Increased cost was incurred to upgrade staff skills and purchase additional equipment and supplies to handle a more acute population. In Wisconsin the acuity level of nursing home residents has dramatically increased since 1985.

B. OBRA 1989

OBRA implementation in 1990 was the second major change that led to the formation of Wellspring. The RAI (resident assessment instrument) process pointed the industry in a new direction and mandated that we see our residents as individuals with different needs than in the past. The RAI expectation is that all nursing home residents will attain or maintain the highest level of function possible. This changed the care focus from custodial to rehabilitative. While Wellspring members embrace the OBRA philosophy, the new process has stretched staff by creating additional paperwork. The Medicare PPS system will add additional stress.

Wisconsin nursing homes received an advantage when the Center for Health Care Policy and Research (CHSRA) at the University of Wisconsin was awarded the contract to study the impact OBRA actually had on the quality of nursing home care across the country. This choice gave us easy access to the knowledge that was learned from the case-mix demonstration project.

From CHSRA research in Kansas, Maine, Mississippi, South Dakota, New York and Texas twelve "domains" of care were established. Within these domains, the project identified 175 indicators of quality care. These indicators are known as "The Quality Indicators" and are being utilized nationally to identify and encourage quality care as well as to identify and correct questionable care practices.

A lessor known development also had a major impact on the events leading to the formation of Wellspring. The federal Agency for Health Care Policy and Research (AHCPR) was established as part of the 1989 Budget Reconciliation Act. AHCPR conducted significant research into the medical effectiveness of care delivery and established the AHCPR Clinical Practice Guidelines. These guidelines establish "best practices" in eleven long term care related areas. Wellspring has condensed the AHCPR guidelines and the clinical Quality Indicators into eight training modules, and are testing the practicality of utilizing this research at the line staff level. The goal is to improve care and to save money through more effective and efficient practices.

C. **Conversations between Good Shepherd and Evergreen**

By the end of 1993, it was clear that long term care had changed and that the world around us would never be the same again. It was equally clear that the environment would continue to change.

At Good Shepherd we could see that our organization was being stretched to its limit because of this evolving scenario. Our resources were dwindling. The labor pool is limited in our rural location; our staff were unhappy with the increased demands of caring for a more acute population. Staff turnover was at 110% for CNA's due to burnout and not much better for other staff. "Work time lost" accidents and worker's compensation premiums were out of control. Something had to change.

Good Shepherd initiated a strategic planning effort that identified the need to partner and collaborate with others as a way to survive in the future. The board of directors recognized that they needed to network with other boards to embark on this new course.

At the same time the board and President of Evergreen Retirement Community in Oshkosh were going through a similar process; the two organizations began a dialogue regarding future possibilities.

It is important to note that during the two years prior to the initial meeting of the Wellspring group, both Evergreen and Good Shepherd had embarked on staff empowerment initiatives. While the two systems and methods used to reach the goals were different, the two organizations were basically following the same path.

D. Founding Assumptions

The networking between Good Shepherd and Evergreen revealed that each organization had made similar basic assumptions about the future of long term care and that we had similar belief systems. These common principles were explored during several meetings between David Green, President of Evergreen and Mary Ann Kehoe, Executive Director of Good Shepherd during 1994 and culminated in a joint Board meeting on 9/28/94.

The assumptions were

1. In the future, the health care system will integrate acute, institutional and community based services.
   a. In the short term, for-profit long term care organizations will have an edge because their "product" is lower priced.
   b. In the long run, the consumer/customer will demand quality long term care at a "reasonable" cost.
2. Public policy must advocate for a system that will ensure an adequate supply of human resources by paying reasonable wages and benefits. This will help to ensure a stable work force. In turn, a stable workforce translates to continuity of care and continuity of care translates to quality care.
3. The obvious trend is toward managed care, but not all individuals are served well in a managed care environment, especially those with chronic or severe health or behavior problems. In the end, community based services may be too costly for many currently served in institutional settings.

E. Fundamental Principles

1. We are driven by our missions to serve others; we would rather close our doors than compromise the quality of care rendered to the individuals we serve.
2. Quality care is the center of our universe. Our goal is to continue to provide quality care in a most uncertain future.

II. The Formation of an "Alliance"

A. The decision to expand the conversations

As discussions progressed, the executives of Evergreen and Good Shepherd realized that if we were to thrive, two organizations collaborating and cooperating might not be enough. We then jointly compiled a list of not-for-profit organizations in northern and eastern Wisconsin with which we were familiar. We knew that each of these organizations had missions similar to ours, and that there was a degree of compatibility between the current CEO's of those organizations and ourselves.

The next step was simply to call each CEO and invite them to an exploratory meeting. This meeting took place on March 28, 1995 at Evergreen in Oshkosh[1].

B. Forming a group

These initiatives gave us some clues as to ways in which we could chart our own course for the future. The constant goal of that course is to provide quality care at reasonable costs.

The original name for the group was the Northeastern Wisconsin Long Term Care Task Group; the first meeting was held on March 28, 1995 at Evergreen in Oshkosh. We spent several meetings just bonding as a group and determining whether or not we wanted to continue in some joint efforts in the future. Most of the meeting time in 1995 was spent educating each other on our individual organizations (meetings were held at each member organization) as well as what was currently happening in area health care. We invited several informed speakers on topics which ranged from overviews of managed care to capitation to the PACE and ONLOCK programs. The group also listened to several presentations by Wisconsin managed care organizations. Members further defined the array of services and capabilities within each organization.

Over the year we determined that long term care organizations needed to take an active role in defining the integration of future health care systems and that we were no longer satisfied to be "the last members in the health care feeding chain". The idea of the formation of a long term care provider network began to emerge.

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[1]Coincidentally this meeting occurred around the same time that the Health Issues Committee of WAHSA was exploring the Quality Indicators project with CHSRA, and the Committee was also learning about the AHCPR Clinical Practice Guidelines. Good Shepherd's Executive Director was chair of the Health Issues Committee working on these initiatives. As the work of the Health Issues Committee progressed, the writing of Quality Monitoring Pathway Tools became a means by which to audit "best clinical practice" and to improve care outcomes within WAHSA organizations.

The group determined to form two tracks upon which to base future directions. The first track was t as much about managed care as possible in order to come to negotiations with managed care organiza from a position of strength. The second track was to ensure that all members were and would continue utilize current "best practices" in providing resident/customer care. We determined that the "customers" of our organizations would change in the future to include managed care organizations. We finished 1995 with interviewing several candidates to facilitate our tracks toward the future. The Alliance selected Leslie Saltzstein Wooldridge, a Geriatric Nurse Practitioner with many years of long term care experience from the CNA to DON levels, to guide the track on clinical practice.

The second facilitator selected in the spring of 1996 was Stanley York. Stan is an attorney, clergy person, former administrator with the State of Wisconsin and the first full time Executive Director for the Wisconsin Association of Homes and Services for the Aging.

Current Wellspring membership is comprised of eleven urban and rural organizations operating nursing homes ranging in size from 63 to 415 beds. Wellspring members offer an array of health care and other services to their respective communities ranging from skilled nursing facilities to child day care.

Wellspring members are characterized by an entrepreneurial spirit and are willing to **fully** cooperate and collaborate with each other. The goal of the alliance is not to clone a set model, but to create a new model for elderly care.

By the summer of 1997, we formed a Wisconsin non-stock corporation named Wellspring Innovative Solutions, Inc., and decided to use the name "Wellspring: Innovative Solutions for integrated health care" informally.

III. The Philosophy and Practice of Wellspring

A. Values: Wellspring and its members collectively and individually will

1. Deliver to our customers the best service of which we are capable on an ongoing basis, utilizing best practices, being the best we can be today and in the future in spite of reduced resources.

2. Empower our employees to have pride in the work they do.

3. Measure and communicate outcomes of care while improving processes and results.

4. Ensure that our services and improvements are cost effective.

5. Be proactive with ourselves, other providers, regulators and policy makers to enhance the quality of care provided to the citizens of the state.

B. Vision: Wellspring and it members collectively and individually will

1. Be able to market services and sell successful outcomes in our new future.
2. Share resources to save costs.
3. Create new and higher minimum standards of care that will be challenging to others.
4. Continue to be separate entities and yet work so closely together that others can trust each of us based on the performance of the rest of us.
5. Have managed care appeal, be able to quantify quality, utilize common programs and tools and deliver uniform quality care.
6. Attempt to break the paradigm of vertical management structures and convert to horizontal integration. Line staff share and have a vested interest in the success of the organization. Line staff are closest to the "customers" and are viewed as our most valuable resource.

IV. The Heart of the Program: Clinical Training

A. Modules

1. The efforts of early spring 1996 were focused on establishing "modules" for training clinical staff.

2. A "module" is a package of activities designed to develop a set of "best practices" in one of the eight areas of concentration (e.g. continence/elimination), train staff in their use, implement them in each member nursing home, measure the outcomes of implementation, and then improve on improvement.

3. The package of module activities includes
   a. a two day training seminar for "care resource teams" based on "best practices" as found in the CHSRA Quality Indicators, the federal/state survey process, the AHCPR and AMDA Clinical Practice Guidelines and the latest available research on care of the elderly in nursing homes,
   b. development of facility implementation of "best practices",
   c. three and six month visits to each facility by the nurse consultant(s),
   d. a one day workshop for care resources teams six months after the seminar,
   e. development and refinement of tools for implementation.
   f. data collection to measure outcomes
   g. use of Quality Monitoring Pathway Tools as part of the care auditing process

4. In setting the schedule of the eight areas, we decided that we should tackle the toughe problems first and then move through the other six, all within eighteen months. The eight modules and the seminar dates are

a.	module 1	Elimination/continence	April 1996
b.	module 2	Behavior management	September 1996
c.	module 3	Skin care	December 1996
d.	module 4	Falls/accidents	April 1997
e.	module 5	Restorative care	September 1997
f.	module 6	Physical assessment	September 1997
g.	module 7	Nutrition	November 1997
h.	module 8	Pain management	September, 1998[2]

5. A tentative training schedule was established and elimination/continence was chosen as the first module because, by consensus, we determined that it was one area where each organization could improve care. The first module on elimination/continence was held at Cedar Campuses on April 19 and 20, 1996.

B. Care Resource Teams

While each member felt that the quality of care delivered within their organization was excellent, we all felt that we could do better. Each organization had had previous experience with training programs. Most, if not all programs had proven unsuccessful for the long term. Most often these programs were run from the top down, i.e. from administration down to line staff. Traditionally there had been no line staff "buy-in" to new initiatives and thus the failure to succeed in a meaningful fashion. Each of our organizations was also faced with the problem of limited resources so we needed to find an effective, efficient means to improve the quality of care. ***Care Resource Teams as we have them today are the result.***

Care Resource Teams consist of teams of professional and line staff who receive intensive training by qualified practitioners based on the AHCPR and AMDA "Best Practice" clinical guidelines. The teams not only learn the best practices, but are also trained in how to train others. After a two day education seminar (including an overnight so that the teams can bond with one another and with the teams from the other Wellspring facilities), the teams return to their respective organizations and are responsible for implementation of the module within their facilities.

There is one consistent staff member for all modules. This person is an RN with responsibility for the oversight of the implementation of all modules and is called the "coordinator". This coordinator serves a "coaching" role and is generally responsible to keep administration informed of what's happening. In some facilities this individual is the in service education coordinator, but team make-up is left to each individual organization.

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[2]In the fall of 1998, a physical assessment module was added. Current consideration is being given to the development of an initial module for management staff on organizational change and staff empowerment.

Generally **Care Resource Teams** consist of at least four staff members from various shifts, depending on the particular module. Larger organizations may send more individuals. The make-up of each team varies depending on the module being taught. For example, dietary staff make up a large portion of the team for the module on nutrition.

It is not the team's responsibility to "do it all" when they return from training, but rather to teach the other staff members the "best practices", and then to serve as "care resources" for the future. Before each team leaves the seminar site, they are expected to have a plan worked out for implementation of the module at their facility. It is the expectation of each organization that each Care Resource Team will be given time to implement the module when they return.

The Team's first assignment on returning to the facility is to schedule a meeting with appropriate administration members to discuss what they have learned and suggest a course of action for implementation of the module. During the meeting, the team presents their plan to administration and seeks agreement from administration on how implementation will take place. Facility commitment to enable staff to implement the new programs is an essential part of Wellspring membership.

Teams are strongly encouraged to network with their peers in other Wellspring organizations, and they receive ongoing support from the nurse consultant. Team "follow-up" meetings are also held in the facility at regular intervals to review progress and/or problems.

The DON's, Coordinators, the two facilitators and one CEO meet quarterly to facilitate the process, ensure that the modules are being implemented appropriately, the time spent in implementation is reasonable, and to approve the date collection process.

Keys to implementing "best practices" in Wellspring nursing homes include self-directed teams, permanent staff assignments to groups of residents, standardized protocols, empowered line staff and management "letting go".

V. Accomplishing The Reason For The Establishment of Wellspring: Survival In A Changed Environment

A. Steps Wellspring has taken to accomplish its goals include

1. We have attained the ability to resolve issues and come to common understandings in the three years since inception while honoring our significant diversity.

2. Wellspring members agree on common goals

3. We have defined our organizational structure

4. We have hired consultants

5. Wellspring has incorporated as a Wisconsin non-stock corporation and are applying for 501(c)(3) status with the IRS.

6. We have elected officers

7. We have educated our boards of directors and have board buy-in

8. We have been educated on the current marketplace

9. We have educated regulators

10. We have improved communication within Wellspring member organizations

11. We are in the process of "product" development to teach others.

B. Current Wellspring Members (Wisconsin)

Evergreen Retirement Community - Oshkosh
Good Shepherd Services, Ltd. - Seymour
Cedar Campuses - West Bend
Christian Home - Waupun
Fond du Lac Lutheran Home - Fond du Lac
Iola Nursing Home - Iola
Northland Lutheran Retirement Community - Marinette
Sheboygan Retirement Home - Sheboygan
Odd Fellow-Rebekah Home Association - Green Bay
St. Paul Home - Kaukauna
Lutheran Homes of Oconomowoc - Oconomowoc

C. Benefits members have seen from membership

1. Positive resident outcomes through increased staff awareness of appropriate methods and processes of care which results in improvement in care and "customer" satisfaction.

2. Improved results on Quality Indicator reports which are statistically verifiable and provide objective measures of quality care.

3. Stronger supply of human resources

4. Improved work by the QA Committee

5. Focused efforts to conserve resources and reduce cost.

6. Common use of tools among Wellspring members for assessment, evaluation and documentation of resident care resulting in improvement of federal/state surveys.

7. Potential for saving operational costs while maintaining quality of care in a managed care environment.

8. Enhanced public relations and tangibly demonstrated improvement in the quality of care delivered to customers.