

# SSI PARENTS COALITION

March 22, 1999

## LEGISLATIVE ALERT ON THE CARETAKER SUPPLEMENT FOR FAMILIES HEADED BY A PARENT ON SSI

**Background Information:** Over 10,800 children in 5,547 Wisconsin families headed by a parent with a severe disability have been harshly affected by the reduction in family income resulting from the Wisconsin Works (W-2) Program. Prior to W-2, low-income parents with severe disabilities received Supplemental Security Income (SSI) for themselves, and a child-only AFDC grant for their dependent children. Since January 1, 1998, they have had their income for their children significantly reduced. Families are in crisis and report they are unable to pay their rent, feed their family or pay basic living expenses. Parents state that they are unable to do anything for their children, that they feel they are being punished for their disabilities, and that the constant worry is affecting their health. The severe disability of the parent limits their ability to bring in extra family income.

*"AFDC should not have been taken away from the disabled. We can't work. We can't borrow money. We are in a poverty prison... We did not ask for our diseases or injuries. We should not be forced below poverty."*

**Current Status:** The families currently receive a Caretaker Supplement grant of \$100/month per dependent child. The Governor's Budget includes an increase in the Caretaker Supplement to \$150/month per dependent child. The increase would occur on October 1, 1999 or later if the budget has a delayed passage.

### RECOMMENDATIONS:

1. Provide the families with a stable, livable income by increasing the Caretaker Supplement above the Governor's recommendation of \$150/month per dependent child to \$250/month for the first child and \$150/month for each additional child. The cost of the additional \$100/month per family would be approximately \$6.65 million of federal TANF dollars. Increase the Caretaker Supplement as of July 1, 1999.
2. Expand the eligibility for W-2 child care assistance to parents on SSI while they are looking for work or participating in education or training
3. Provide all W-2 services (except a cash grant) to Caretaker Supplement families including service coordination, life skills training, transportation assistance, and job search assistance.
4. Include in the Caretaker Supplement program, the child of a minor child when both are living with a grandparent on SSI.
5. Use 100% TANF (Temporary Assistance to Needy Families) dollars instead of a portion of the GPR SSI Maintenance of Effort to pay for the Caretaker Supplement.
6. Protect the families from losing the Caretaker Supplement when they temporarily lose their SSI by making families eligible for a Caretaker Supplement when they receive SSI related Medical Assistance.

### ACTION STEPS:

The families with a parent with a severe disability need your help to increase their monthly grant. As the Joint Finance Committee reviews the Governor's budget request, let them know of your concerns for the Caretaker Supplement families.

## TALKING POINTS

- Families are living below poverty level and are having trouble feeding and housing their children. An additional \$100/month for each family would help the families provide for their children.
- Many of the parents, because of their disability, are unable to work to bring in extra income. To receive SSI a person must have a medically determined severe physical or mental impairment.
- The parents in the Caretaker Supplement program have a wide range of severe disabling conditions including physical disabilities, chronic mental illness, chronic disease (ex. cancer, heart disease), neurological disorder (ex. Multiple Sclerosis, Seizure Disorder), cognitive impairment and/or a sensory disability.
- For those parents who might be able to work, the SSI rules establish barriers to employment. A primary barrier is the potential loss of Medicaid. Without a Medicaid card, a person with a disability may not be able to afford the medications and therapies needed to remain in the workforce.
- Since eligibility for SSI requires that a person have less than \$ 2,000 in assets, the families do not have savings that can help them through difficult financial times.
- Aside from basic living expenses, the parent's SSI check of \$584/month might also be needed to pay for the parent's disability related costs. For example, paratransit services accessible housing, special diets, and co-payments for medications and therapies.
- Since there is a large TANF surplus, there are sufficient funds to cover the increase in the Caretaker Supplement. The profit to W-2 agencies using TANF funds is estimated to be \$33 million dollars.
- The SSI Maintenance of Effort funds should be used to support people with disabilities or the elderly, not their non-disabled children. SSI recipients have not received an increase in the state SSI benefit since 1996, while the federal SSI benefit has increased by a small cost of living adjustment each year. Wisconsin is the only state using state SSI dollars to provide for the children of SSI parents instead of TANF dollars.
- Parents on SSI could benefit from W-2 services and from other opportunities for service coordination. Life skills training helps provide the basic foundation to enable the parents to "understand and manage daily life and family stress in order to succeed in the workplace". Examples of life skills training from the W-2 work manual include budgeting, problem solving/decision making skills, family nutrition/household management, time management, etc. Other W-2 services are childcare assistance, transportation assistance and job search assistance activities.
- SSI parents need to be eligible for child care assistance while they are looking for work. Those participating in the W-2 program or in the food stamp employment and training program are currently eligible for this assistance. SSI parents are also not eligible for child care assistance while in educational or training programs unless they have a 9-month work record and continue to work while in training.
- The W-2 disability hotline and advocacy agencies in Milwaukee report special problems for families headed by a grandparent on SSI. If a minor parent and her child are living with the child's grandparent, and the grandparent is on SSI, the family is eligible for only a single Caretaker Supplement of \$100/month. There is no additional money to help care for the infant. The family is not eligible for a kinship care payment nor is anyone eligible to participate in W-2.

For more information, to join the SSI Parents Coalition, or to receive a copy of *Families in Poverty: Parents with Disabilities and their Children*, contact Caroline Hoffman ([hoffmcp@dhfs.state.wi.us](mailto:hoffmcp@dhfs.state.wi.us)) or Jennifer Ondrejka ([ondrejkm@dhfs.state.wi.us](mailto:ondrejkm@dhfs.state.wi.us)) at the Wisconsin Council on Developmental Disabilities, 600 Williamson Street, PO Box 7851, Madison WI 53707 (608) 266-7826, (608) 267-3906 fax.

# W-2 AND ITS IMPACT ON PERSONS WITH DISABILITIES

## ISSUE STATEMENT:

Now that the "Wisconsin Works - W-2" has been in effect for more than a year, there continue to be great hardships for families caring for a member who has a disability or chronic health condition. Many parents of children with severe disabilities have been placed on the lowest rung of the W-2 income ladder and will soon confront W-2 time limits. Parents who are unable to work due to disability and are receiving SSI are experiencing severe economic hardships. Low income parents with lifelong disabilities who are capable of working, but where the disability affects their ability to move up the traditional ladder of self-sufficiency have also been negatively impacted by W-2 reforms.

## BACKGROUND:

In 1997, Wisconsin created the W-2 workfare program to replace AFDC (Aid to Families with Dependent Children). This program created significant changes which resulted in negative impacts on families where a parent or a dependent child has a disability or chronic health condition.

## POSITION:

### *W-2 issues for parents who have children with special needs:*

- The childcare assistance program should be expanded to include children ages 12 to 18 who have special needs or chronic health conditions that require supervision after school and during school vacations. The subsidy amount and the eligibility criteria should be the same as for children under the age of 12 (\$1.5 million federal TANF).
- An eligible W-2 parent who has a child who is terminally ill should be allowed to provide full time care of their child as their work requirement.
- Parents of newborns in neo-natal intensive care units should not be subject to work requirements until their child is in the home for 12 weeks. This will enable the parent to have time to bond and to learn to care for their special newborn.
- The W-2 T level and the CSJ level should receive the same grant amount. A parent who has been placed in W2-T due to a family member's incapacitation should not be penalized by receiving a smaller monthly grant.
- A child's special need SSI income should not be counted as household income for childcare assistance, or W-2 program services. Family Support income and other income earmarked for disability-related costs should not be counted as available household income or assets.
- There should be clear statutory language or administrative rule that enables families caring for a member with a special need are eligible for extensions to the 2 year W-2 work program time-limits. The language can be similar to that which allows extensions to the five-year limit.
- The W-2 statute should be changed so that a W-2 participant may be required to search for unsubsidized employment throughout his or her participation instead of stating that a participant shall search. For some families with a member who has a special need, job search may be temporarily inappropriate. Counties report that they have been told that all participants must participate in job search.

## POSITION:

### *Issues for adults on SSI who have dependent children:*

- Parents who receive SSI for their disability should receive their pre W-2 grant amount for the care of their dependent children through Temporary Assistance to Needy Families (TANF) funds. This amount received prior to January 1, 1998, along with the parent's SSI grant, protected and insured a dependable income for the care of their children. This requires \$26.3 million in FY00 and \$26.3 million in FY01.

## ORGANIZATIONS:

- Access to Independence - Deaf and Hard of Hearing Services
- Alliance for Deaf, Deaf-Blind & Hard of Hearing
- The Arc-Wisconsin
- Autism Society of Wisconsin
- Brain Injury Association of Wisconsin
- Client Assistance Program
- Easter Seals Wisconsin
- IndependenceFirst
- National Multiple Sclerosis Society - WI Chapter
- Parent Education Project of Wisconsin, Inc.
- Rehabilitation For Wisconsin, Inc.
- State Independent Living Council
- State Rehabilitation Council
- United Cerebral Palsy of SE Wisconsin
- United Cerebral Palsy of Wisconsin
- Wisconsin Coalition for Advocacy, Inc.
- Wisconsin Coalition of Independent Living Centers
- Wisconsin Council for Persons with Physical Disabilities
- Wisconsin Council on Developmental Disabilities
- Wisconsin Rehabilitation Association

## W2 AND ITS IMPACT ON PERSONS WITH DISABILITIES

- Parents who receive SSI for their disability and a caretaker supplement for their children should receive integrated comprehensive service coordination that enhances their access to social, financial, medical, educational, work, and other needed support services. Under W-2, caretaker supplement families are denied access to W-2 case management services.
- SSI recipients enrolled in Social Security work incentive programs should be allowed to participate in and receive all the W-2 services except a W-2 cash grant. These individuals are categorically denied W-2 program benefits under the current law.

### **POSITION:**

#### *W-2 Issues for adults participating in W-2 who have special needs and their families:*

- In those cases where the DVR agency can demonstrate to the W-2 administrative entity that for a client with multiple significant disabilities, an extended training program is necessary for economic self-sufficiency to meet family and disability related costs, the DVR plan should become the W-2 employment plan.
- There should be clear statutory language or administrative rule that parents who have a barrier to employment due to disability are eligible for extensions to the 2 year W-2 work program time-limits. The language can be similar to that which allows extensions to the five-year limit.
- An eligible W-2 parent who is terminally ill should be allowed to stay home with his or her children as their work requirement.

### **POSITION:**

#### *Issues for adults participating in W-2 who have a family member with special needs:*

- W-2 participants should be allowed to receive a W-2 T grant while caring for an immediate family member who needs in-home care because of their special needs. The criteria for W-2 T should be changed to include individuals in need in the home because of the illness or incapacity of another member of the immediate family or the Wisconsin works group. Immediate family would include parent, grandparent, or sibling in addition to the W-2 group (children and spouse).

### **ACTION REQUIRED:**

- 1) Support legislation to increase the grant for dependent children of parents on SSI to the pre-W2 amount. Join the SSI parent coalition organized by the Wisconsin Council on Developmental Disabilities.
- 2) Support legislation to change the Childcare Assistance Program to allow eligibility for children with disabilities between the ages of 12 and 18.
- 3) Support legislation and administrative rule changes to the W-2 program to ensure the protection of families caring for a member who has a disability.

## VOICES OF FOUR PARENTS WITH DISABILITIES

"It is the 19<sup>th</sup> of the month and I literally have \$.78 to my name. Any my checking acct. has \$1.45 in it. My \$122.00 in food stamps are gone. I do have food in the freezer. Thank God. But we will be without milk by the 21<sup>st</sup> or 22<sup>nd</sup> and I have 0 money until the 1<sup>st</sup> of September...I have a doctor's appt the 26<sup>th</sup>. The only reason I am able to go is they are allowing me to postdate my check. I gave up counseling. I couldn't afford the \$2.00 co-pay. I am tired of not making it. I have No money to get my daughter any school clothes. I have had to sell even the littlest things to make it. I've robbed my baby's piggy bank to do laundry...Do they have any idea how much the other \$148 I use to get would help. I get \$677.78 a month. I pay \$405 a month rent. That isn't including gas, electric, phone or food...Let's not forget personal care items, cleaning supplies, laundry supplies, and laundry fees. Clothes, shoes, haircuts, doctor's visits (co-pays), gas for car, school fees, school supplies, toilet paper, toweling, tissues, aspirin, medications not covered by MA, vitamins or any and everything else. Skip the idea of entertainment. I suffer from severe depression, ADD, post traumatic stress disorder, insomnia and chronic back pains and migraines. This financial pressure are dragging me down further and further. Why don't the people behind the change try to live on what I have and pay what I do our and see if they would make some changes."

"Before AFDC went out I was able to feed, clothe, house, meet all my 17 year old daughter's needs, besides me...I am physically disabled with arthritis in my muscles, joints, and tissues. Plus a bad digestion disease (sic). I am a special diet. And am very sick at times where I have to go in for treatments to relieve pain or to be able to eat again. When AFDC went out, we lost \$171. My rent went up 9.00 my food stamps went up to \$87 for one month then got cut to \$57 due to the \$77 grant given in place of AFDC. The Section 8 raised our rent from \$134 to \$154. No reason given. Due to my diet disease, my daughter is given the \$77 for her food for the month. That leaves \$577.78 for rent, phone, electric, school need, child needs, toiletries and whatever is left is my food money. Sometimes I get \$50, sometimes \$30. For the month of April, there is no money at all for my food. I will live on steamed rice. And herb-decaf tea...We live in America! Life should not be this way! The physically disabled are physically sick. We did not ask for diseases (sic) or injuries. We should not be forced below poverty and we should not be punished and our family's punished for our sickness. AFDC should not of been taken away from the physically disabled. We can't work. We can't borrow money. We are in a poverty prison."

"Who figured out that a disabled parent can raise a child on \$77 per month. That is less than it would cost to place my children in foster homes and it is assumed that the foster home has at least one working parent. I would be glad to work, even at a minimum wage job. I apply repeatedly for work programs but no one will give a woman in a wheelchair who can not breathe without oxygen, and has frequent bouts of difficulty breathing with oxygen, a chance. My daughters are 12 and 14 years. I am fortunate to have the experience of parenthood when I have been ill all of my life. I have been divorced since they were preschoolers. Their father has evaded the law and pays no support. What can \$77 a month buy for a teen? Even if I could obtain food for a family of three on the \$144 food stamps I can receive, food stamps can not buy: toothpaste, shampoo, toilet paper, dental floss, or sanitary napkins, shoe laces, school supplies, haircuts, bus fare, laundry soap, washer and dryer money etc. Clothes, even bought at thrift stores, cost at least \$15 a month per child. You cannot buy underwear, socks, stockings at thrift stores. Two dollars and fifty three cents a day per child, \$77 a month. That would hardly pay for lunch eaten at school each day. Fortunately there is free school lunch but that may be cut next. Do we have cable? No. Nintendo, Sega, Playstation? No. Do we eat out or see a movie? Not often. What about birthdays and Christmas, or don't children with a disabled parents need gifts? I am discouraged. AFDC still left me below the poverty level but I could scrimp by."

"I rented out a room for \$50.00 a month in hopes it could help out a little bit, but when I reported it to my worker, my food stamps went down \$22! It seems like the harder I try, the worse it gets. My food stamps are \$85.00 a month. Most people spend that much or more weekly. How do I survive? I buy cheap food- mostly soups, day old break, etc. These foods I save for my son. A friend introduced me to 'dumpster diving'. When no one is around, I get my food out of dumpsters behind restaurants. Now that the car quit, I no longer can go unless I can talk somebody into taking me. Apparently dumpster diving is considered 'stealing'. I'm below poverty, I honestly don't know what I could do.

## WELFARE REFORM AND CHILDREN WITH DISABILITIES

March 1, 1999

### **Issue: W-2 Time Limits**

Current law does not take into account the need for ongoing support for individuals with permanent disabilities. There are no guarantees that a parent, who in good faith participated in the employment and training opportunities of W-2, will continue to receive help when time limits expire. Parents may be caring for their child with a disability at home with the intentions of rejoining the workforce when they are able to leave their child or when their child goes to school. While there are case-by-case exemptions to the W-2 time limits, there is no guarantee concerning who will be eligible and what will happen if too many people need an exemption.

**Recommendation:** Change the statutory language or administrative rule to clearly allow extensions to W-2 work time limits for parents caring for children with disabilities.

### **Issue: W-2 Transitions Placement**

W-2 laws and guidelines provide that participants determined to be unable to work because of a family member's incapacity are eligible for a W-2 Transitions placement. However, it is up to the individual W-2 agencies to determine work placement. The lack of specificity in the law has resulted in parents being required to work more hours than they can manage while properly caring for their children or being required to look for unsubsidized work inappropriately.

**Recommendation:** Change the W-2 T criteria to include parents needed at home because they are caring for children with special needs. Increase the amount of the W-2 T grant to equal that of the Community Service Job category. Families should not be penalized because of a family member's incapacity by receiving a smaller grant.

### **Issue: W-2 Job Search Requirements**

The W-2 statute should be amended to read that a W-2 participant "may be required to search for unsubsidized employment throughout his or her participation," rather than "shall search..." For some families with a child with a special health need, a job search may temporarily be inappropriate. Counties have reported that they have been told that all participants must actively search for jobs.

**Recommendation:** Amend the W-2 statute to state a W-2 participant "may be required" instead of "shall search" for unsubsidized employment.

**Issue: Work Requirements for Parents of Newborns**

Currently, parents are subject to work requirements after their child is 12 weeks old. For babies who are born with complications and are in neo-natal intensive care units, it may be unrealistic to expect a parent to return to work that soon.

**Recommendation:** Parents of newborns in neo-natal intensive care units should not be subject to work requirements until their child is in the home for 12 weeks. This will enable parents to have time to bond and learn to care for their newborns.

**Issue: Childcare for Children Ages 12-18 with Special Needs**

Many older children with disabilities or special health care needs cannot be left alone after-school and during school vacations. Parents should not have to leave their children unsupervised or in unsafe conditions in order to fulfill their W-2 work requirements. Childcare for these children is often difficult to find and expensive.

**Recommendation:** Approve Governor Thompson's proposal to make children with disabilities who are under age 19 eligible for W-2 childcare assistance. Ensure that the eligibility and co-payment schedule for children over the age of 12 is the same as for children under age 13.

**Issue: Counting a Child's SSI as Income in Determining Eligibility**

Under current law, a child's SSI or Family Support income that he/she receives because of the associated additional costs of having a disability is counted in determining a family's eligibility for W-2 and eligibility and co-payment for W-2 childcare assistance. It is state policy to count SSI income even though kinship care benefits, foster care benefits, and W-2 work program benefits are not counted.

**Recommendation:** SSI, Family Support and other income earmarked for the disability-related costs of a child should not be counted as available household income or assets for W-2 or childcare assistance.

## Executive Summary

November 1998

While having a low income and caring for children can be a challenge for any parent, the challenge is compounded when the parent has a disability and is unable to increase the family's income. This report presents a picture of families in crisis- parents who are struggling to meet their children's basic needs.

- There are 5,941 Wisconsin families headed by a parent with a severe disability who are caring for 11,452 dependent children who have been affected by the ending of AFDC and the start of the W-2 and Caretaker Supplement programs.
- Prior to W-2, low-income parents with severe disabilities received Supplemental Security Income (SSI) for themselves and a child-only AFDC grant for their dependent children. W-2 replaced the AFDC program. Since W-2 is a work-based program, it could not require work from adults on SSI who have been deemed unable to work. The replacement for AFDC for families headed by a parent on SSI is a new program, the Caretaker Supplement (C-Supp) Program.
- SSI is a federally and state funded program which provides a cash benefit to the elderly and disabled. To be eligible for SSI, people must be too disabled to be gainfully employed and lack income and resources. The maximum total 1998 SSI monthly grant to an individual is \$577.78/month, and to a couple, if both are disabled, is \$873.05. An individual's grant may be less if they have other income.
- The Caretaker Supplement provides a monthly grant to support the dependent children of parents on SSI. From January through June 1998, the grant was \$77/month per child. On July 1, 1998, the grant was raised to \$100/month per child.

### COMPARISON OF AFDC AND CARETAKER SUPPLEMENT

Number of Children	Maximum AFDC Payment (before 1/1/98)	Caretaker Supplement 1/1/98 To 6/30/98	Caretaker Supplement After 7/1/98	Income change from AFDC to Caretaker Supplement (at \$100/mo)
1	\$249	\$ 77	\$100	60% reduction
2	\$440	\$154	\$200	55% reduction
3	\$517	\$231	\$300	42% reduction
4	\$617	\$308	\$400	35% reduction
5	\$709	\$385	\$500	30% reduction



- *Families in Poverty: Parents with Disabilities and Their Children* presents the findings of the WCDD survey of 2,242 parents, WCDD interviews with 374 parents, and the letters and comments received by the WCDD from over 300 parents.
- The families on the Caretaker Supplement program reside in every county of the state with a majority living in Milwaukee County. A single female parent who is non-white, above the age of 30, and caring for 1 or 2 children heads most of the families. The parents have a wide range of disabling conditions with the majority having a mental disorder, physical disability, or chronic illness.
- The disparity between income and expenses was poignantly expressed in letters sent to the Wisconsin Council on Developmental Disabilities. Families described being unable to pay their rent, feed their family, or pay basic living expenses (ex. clothes, shoes, toothpaste). Many parents wrote that they felt they were unable to do anything for their children, they felt they were being punished for their disabilities, and that their constant worries was affecting their health.
- 80% of the parents interviewed said they would like to work at some type of job. There are a number of barriers that prevent parents on SSI from working. The barriers include the severity of the disability, SSI work disincentives, exclusion from W-2 employment services, lack of access to childcare assistance, and the lack of employment opportunities.
- The programs established to help the families—SSI, Caretaker Supplement, food stamps, housing assistance, child support—often conflict with one another. A gain of income in one program often results in a reduction in income from another program. The result is that many families have an inadequate dependable monthly income.
- Parents reported being unable to pay the rent and utilities bill. A Dane County survey of parents on SSI reported that 32% were headed toward a housing transition because they were unable to pay the rent. 77% of the parents interviewed had been living in their current residence for less than 5 years.
- 60% of the parents reported that they could not afford to buy enough food for their families on their current income. Although 73% of the parents were on the food stamp program, the food stamps were insufficient to meet their family's food needs. Parents wrote of the basic items that they needed that food stamps can't buy (ex. diapers).
- More than two-thirds of the parents interviewed reported that they could not afford to clothe their family on their current income. 30% said that their housing was not warm in the winter.
- The drop in income with the start of the Caretaker Supplement Program has placed the families at risk for losing their housing and for being unable to provide the basic necessities for their children.

To receive a copy of the report, contact the Wisconsin Council on Developmental Disabilities.

**TESTIMONY  
JOINT FINANCE BUDGET HEARING  
BROWN COUNTY  
MARCH 26, 1999**

Thank you for traveling to northeastern Wisconsin for a legislative hearing. Thank you too for continuing to monitor the effects of W-2 which was officially implemented on September 1, 1997. From day 1, there has been a willingness on the part of legislatures to look at what is working and what could be changed to assure the success of the legislation. With this commitment in mind, I commend the governor's proposals and ask that you support the following:

- Lowering the maximum parent co-payment for child care from 16 percent to 12 percent of a family's income.
- Increasing the initial financial eligibility for child care to 185 percent of the FPL, rather than the current 165 percent, is a positive step for working families. This will support them on their road to becoming self-sufficient.
- The asset test has deprived families from qualifying for the child care subsidy, Wisconsin Shares. Eliminating this test will make a positive difference to Wisconsin families who are trying to get ahead.
- Establishing child care eligibility for parents with disabled children ages 13-18 is necessary. These families need a helping hand to overcome the child care struggles once their child reach age 13.

The governor proposed an **Early Childhood Excellence Initiative** to develop state-of-the-art child care and education centers in the state. I believe he suggested there be 5 such centers. A new center being built by Encompass Child Care is in the position to be one of these models. Plans, location, vision and the children it will serve directly fit the criteria specified by the governor. The building will be funding through a community wide capital campaign; however, help is needed with the *high cost of high tech*. Even if northeastern Wisconsin is not chosen as a site, I ask you to support this initiative.

The T.E.A.C.H. Early Childhood program is a successful model and can have great impact in improving the quality of child care. Our dream is to have a qualified and stable child care work force. This program gives us hope for the future of the profession.

I thank you and the governor for making our children a part of the 1999-2001 Wisconsin budget. Wisconsin is known as one of the 10 best states for child care. With your support of the governor's proposed initiatives, we can even be better.

Thank you for your time.

*Rose M. Dobkoski*

Rose M. Dobkoski  
Executive Director  
Encompass Child Care, Inc.  
1300 Bellevue Street  
Green Bay, WI 54302

# **Wisconsin Association of Nutrition Directors**



The Wisconsin Elderly Nutrition Program was first authorized under the federal Older Americans Act in 1973. The impetus for the program grew out of research in the late sixties, which showed that hundreds of thousands of older Americans existed on inadequate diets.

In 1974 the results were in from the pilot counties in Wisconsin, and the Governor decided to proceed with the Elderly Nutrition Program across the entire great State of Wisconsin. This year we celebrate the 25<sup>th</sup> Anniversary of the Elderly Nutrition Program.

The purpose of the Congregate Meal Program is to provide older people with low cost, nutritionally sound meals in a social setting where they can be with other people, and gain access to needed social and rehabilitative services. The only requirement the Nutrition Program has is that the individual be sixty years of age or the spouse of someone sixty years old. There are no income requirements because of the way the Older Americans Act is designed. This is not a welfare program. Each county requests a donation to cover additional costs of preparing and delivering their meals.

Over 600 meal sites still operate throughout Wisconsin serving over 105,000 unduplicated persons. A lot of health education and socialization for older adults take place at congregate meal sites. The congregate programs also are an important source of older volunteers who package, serve, and deliver food, provide transportation and companionship to the more frail or needy elderly. While increasingly harder to find, currently 20,000 volunteers keep nutrition programs running throughout the state. In most cases, the congregate meal site provides the kitchen, staff, volunteers and infrastructure for the home-delivered meal program as well. The older people utilizing the Elderly Nutrition Program donate generously toward the meal they receive. In 1994, \$8.2 million was donated in Wisconsin. The volunteer base, which is critical to the management of the Nutrition Program, has been steadily decreasing as participation in the Congregate

Program decreases because many of the Congregate participants are aging, becoming more frail and are now part of the Home Delivered Program.

The Home Delivered Meal Program began as a separate program in 1980. Its purpose is to assure that homebound elderly receive adequate nutrition and some regular personal contact. With increasing numbers of frail elderly and shortened hospital stays, Home Delivered Meal Programs (both public and private) have become a critical component of the growing community service system.

The Home Delivered Meal Program is considered the "cornerstone" of the Long Term Care Service Delivery System. Once Home Delivered Meals are started, they are the catalyst for bringing other needed services provided by the aging network and other outside organizations into the home. The Elderly Nutrition Program meal availability means the difference between independence and nursing home care or extended hospital stays because of malnutrition. For this reason, the Home Delivered Meal Program has earned the reputation of being the most cost effective deterrent to premature nursing home placement, which currently costs Medicaid and the taxpayers \$47,988 per person every year. The Elderly Nutrition Program is an essential preventive tool in the fight to end hunger and malnutrition among the frail elderly.

The Nutrition Program helps reduce many of the risk factors associated with arthritis, chronic bronchitis, emphysema, depression, dementia, Alzheimer's, heart, kidney, neurological disease, osteoporosis, and other maladies of the aging process. During a 1994 statewide survey 83.2% of the home delivered participants were at moderate to high nutritional risk. That means participants are not getting proper daily nutrition running down their immune system, making them more susceptible to diseases and deteriorating health. Half of the Congregate Participants are also at moderate to high nutritional risk. A recent national survey estimated that 1.4 million Americans have to make a choice of buying medicine, paying bills, or purchasing food.

In 1997, the Wisconsin Elderly Nutrition Program served 5,584,101 meals. Slightly over 3 million were served in the 600 plus Congregate Meal Sites around the state and 2,562,028 meals were Home Delivered. Over 25% of these meals were special diets, which increased costs to the counties.

During the last 11 years the Home Delivered Program grew by 1,277,028 meals. Unfortunately, the state funding for this program has not kept pace with this increase. The additional state funding the Elderly Nutrition Program has received

over the last 11 years amounts to just 23¢ per meal. Participant meal contributions have risen consistently (24% between 1986 and 1989) and now cover 48% of Home Delivered Meals and 30% of Congregate Program costs. Contributions cannot be expected to increase beyond these percentages without discouraging the neediest participants from using the program. The elderly that we serve today comprise 18% of the U.S. population. By the year 2030 the elderly over the age of 60 will be more than 37.4% of the U.S. population. Today the average age of our participants are 76 years for those coming into the congregate sites and 81 years for those on the Home Delivered Program.

In this 25<sup>th</sup> Anniversary Year, as we celebrate the vital role of the Elderly Nutrition Program around the State of Wisconsin, politicians need to be made aware of the importance of this Program to the elderly of our great state. The state funding for the Elderly Nutrition Program has not changed since 1994. This service is critical for older persons to remain independent, in their own homes. Wisconsin's Aging Network effectively delivers meals to the elderly with federal, state, local, charitable, and volunteer resources. The need for services grows daily. The Wisconsin Association on Nutrition Directors will be asking the State for additional funding for the Nutrition program. This money will be used to offset the increasing number of home delivered meals to the more rural areas of each of the counties and for the increased usage of dieticians within the county area. As the Elderly Nutrition Program moves into the next century and celebrates the next 25 years of the program, we can not doubt that this program will have a major impact in the increasing life spans of the citizens of Wisconsin.

# Wisconsin Association of Nutrition Directors



## Talking Paper for Funding Increase

- ◆ Survey Participation
  - ◆ 60% of Aging Units statewide responded to survey.
  - ◆ 52% of the counties responding can not provide countywide meal coverage.
  - ◆ 42 Meal Sites have closed since 1986, affecting approximately 600 people.
  
- ◆ Elderly Nutrition Program
  - ◆ 1986 State General Purpose Revenue for nutrition \$4,782,800
  - ◆ 1997 State General Purpose Revenue for nutrition \$5,463,700
  - ◆ \$680,900 increase from 1986; that's only a 23¢ per meal in 11 years
  - ◆ 25% of county participants require special diets, thereby increasing costs.
    - ◆ Special Diets – Texture or content change of regular menu, usually ordered by a doctor.
  - ◆ 83.2% of Home Delivered Participants are moderate to high nutritional risk
  - ◆ 50.7% of Congregate Participants are moderate to high nutritional risk
  - ◆ Average age of participants
    - ◆ 76 years – Congregate Site
    - ◆ 81 years – Home Delivered
    - ◆ 65 & Up – Will double by 2030 comprising 37.4% of U.S. Population
  - ◆ 1996 Nationwide Study estimates that for every \$1 spent in the Elderly Nutrition Program \$3.25 is saved in hospital costs
  
- ◆ Home Delivered Program Growing Rapidly
  - ◆ 1986 – 1,285,000 meals statewide, 20% of total nutrition program
  - ◆ 1997 – 2,562,028 meals statewide, 46% of total nutrition program
  - ◆ 99.4% increase in the Home Delivered Program from '86 to '97
  - ◆ Funding has not kept up with the increased expenses of food costs and delivering more meals to urban and rural settings (more outlying areas)

- ◆ Home delivered meals are not an entitlement program nor is it a free lunch. Participants' contributions account for an average of 27% of each meal served, although a national survey conducted by the U.S. Department of Health and Human Services found that between 80% to 90% of the recipients are low income.
  
- ◆ Home delivered meals are considered the corner stone of the Long Term Care Service Delivery System. In many instances, once home delivered meals are started many other needed services are identified and the aging unit provides the linkages and coordination required to bring in the other services. The meal availability means the difference between independence and nursing home or extended hospital stays. For this reason, home delivered meal services have earned the reputation for being the most cost effective deterrent to premature nursing home placement (which currently costs Medicaid \$47,988 annually in Wisconsin) and an essential tool in the fight to end hunger and malnutrition among the frail elderly.
  
- ◆ Dietician Usage
  - ◆ Average counties use 13 hours per month
  - ◆ Most counties would like 38 hours per month for:
    - ◆ Nutrition Education
    - ◆ Intervention/follow up for at risk individuals
    - ◆ Home visits/consultation
    - ◆ Menu planning
  - ◆ 1994 WI study on nutritionally at risk
    - ◆ 50% of home delivered were at high risk
    - ◆ 47% of home delivered were at high risk in 1997 according to the State reporting system
  - ◆ According to the U.S. Senate Committee on Education and Labor, 86% of Older Americans have chronic disease that could be helped by nutrition intervention.
  - ◆ Eau Claire County and Marathon County are operating pilot in-home nutrition intervention programs utilizing Dietitians in Wisconsin.
    - ◆ 939 Participants screened; 206 were at high to moderate nutritional risk; 156 (76%) of these high to moderate at risk individuals agreed to meet with Dietitians.

- 39 Three-Month follow-up meetings were due; 25 (64%) were completed by Dietitians; Results were as follows:

4 were at High Risk	Now 1 at High Risk – 75% Reduction
16 were at Moderate Risk	Now 14 at Moderate Risk – 13% Reduction
4 were at Low Risk	Now 9 were at Low Risk – 125% Increase

### Food Insecurity

- A national survey, conducted in 1993 by the Urban Institute on Hunger and Food Insecurity Among the Elderly, estimates that in the six months prior to the survey almost 800,000 had to make the choice between buying medicine and food and almost 600,000 elderly had to make the choice of paying bills or buying food.



## **Common Diseases and Conditions in Older People Associated with Malnutrition**

- ◆ **Alcoholism**
- ◆ **Arthritis**
- ◆ **Cancer**
- ◆ **Chronic bronchitis and emphysema**
- ◆ **Dental and oral disease**
- ◆ **Depression, dementia, Alzheimer's disease**
- ◆ **Gastrointestinal disorders, including maldigestion/malabsorption syndromes**
- ◆ **Heart Disease**
- ◆ **Kidney Disease**
- ◆ **Neurological Disease**
- ◆ **Osteoporosis**
- ◆ **Sensory Losses, e.g. hearing, smell, vision**

## **Risk Factors Associated with Inadequate Nutritional Intake**

- ◆ **Diseases and conditions mentioned above**
- ◆ **Specially prescribed diets**
- ◆ **Mouth and tooth problems**
- ◆ **Unintentional weight loss**
- ◆ **Disability, functional impairment, dependency**
- ◆ **Chronic multiple medications & alcohol use**
- ◆ **Poverty and social isolation**

Statements Supporting the Health and Financial Importance of Adequate Nutrition  
Intervention For The Elderly

- ◆ Health care professionals who specialize in geriatrics and the people who run America's hospitals, nursing homes and home care agencies, agree on the cost-effectiveness of routine nutrition screening and treatment both for their own patients and as part of the health care system for the elderly population in general. (Hart & Associates, National Survey on Nutrition Screening and Treatment for the Elderly, 1993)
- ◆ In 1990-1991 in a 16-week longitudinal study of frail elderly women eligible for Home Delivered Meals, 73% showed an increase in weight and anthropometric and body mass measures with their receipt of 5 to 10 Home Delivered Meals per week. (Kordish, Clearfield, PA – Reported Nutrition Screening 2, 1993)
- ◆ An Area Agency on Aging program using liquid supplements for frail elderly had 100% of the participants report improved personal health through their positive anecdotal responses about increased performance of activities, improved weight gains, increased appetites or other physical and psychological improvements. Physicians reported 66% of program participants gained needed weight, 22% stabilized their weight and 33% were thought to have avoided unnecessary hospitalization or nursing home placement. (Siudarta, Oakland and Macomb Counties, MI – Reported Nutritional Screening 2, 1993)
- ◆ Among hospitalized adults, it cost \$5,575.00 more in the cost of treating a malnourished surgery patient and \$2,477.00 more in the cost of treating a malnourished medical patient. (Reilly, 1988)
- ◆ From a study done in two hospitals, patients with the likelihood of malnutrition had over three times the number of major complications, stayed in the hospital 2/3 longer and were four times more likely to die. (Reilly, 1988)
- ◆ Each reduction of one month in the average period of dependence (of the elderly) means a savings of up to \$4 billion in health care and custodial costs. (Califano, 1988)

**ISSUE STATEMENT:** The state funding for the Elderly Nutrition Program has not changed since 1994. This service is critical for older persons to remain independent, in their own homes. Wisconsin's Aging Network effectively delivers meals to the elderly with federal, local, charitable and volunteer resources. The need for services grows daily. The Wisconsin Association of Nutrition Directors (WAND) is asking to have an additional \$3.6 million put into the nutrition program to assist the 72 counties and 8 tribes live up to the standards that everyone expects from the State of Wisconsin.

- ◆ \$1.2 million      These funds would be used to keep up with the current increase in the Home Delivered Program. This Program delivered over 2.5 million meals last year which amounted to a nearly 200% increase in the last 11 years. These dollars would help with increased costs in food, condiments, disposable, transportation (to deliver more meals to more outlying areas of the counties), and reduce or eliminate waiting lists.
  
- ◆ \$950,000      These funds would be used to expand Congregate Services. This would allow counties to provide county-wide service. Our Congregate Meal Sites provide the basis of the 20,000 volunteers used by the Home Delivered Program. Our Congregate Meal Sites also provide the most cost effective settings for the Aging Network to address issues facing the elderly. Just as a small example; some of the topics discussed at Congregate Meal Sites include nutrition education, scams and frauds that are targeting the elderly, elder abuse issues, education, and numerous social activities.
  
- ◆ \$800,000      These funds would be used to provide specialized diets throughout the State of Wisconsin. Currently, only 25% of the Nutrition Programs offer any types of specialized diets. This would allow counties to expand existing specialized diets and offer an opportunity for counties not offering specialized diets a way to serve their clients more fully.
  
- ◆ \$650,000      These funds would be used to expand dietician services offered by the Elderly Nutrition Program. This would increase our emphasis in preventive services to help reduce our clients medical costs. These services would primarily be available to our homebound clients of which 57% are already at high nutritional risk. This could provide nutrition education, intervention, and provide a much higher quality of life than they have had in the past allowing them to stay independent and in their homes longer.

These dollars could come from the remainder of the Senior Tax Credit, Wisconsin's Tobacco settlement, Tobacco tax, or to set up a Home-Delivered Meal Trust Fund to assist in the effort. The State of Illinois set up a similar trust fund in 1992. It appeared on state tax forms starting in 1993. The funds raised were distributed throughout the state using their existing funding formula. The funds in Illinois were used solely to prepare and transport home-delivered meals. The minimum donation on the tax return was \$2 for a single return and \$4 on combined returns. Checks could be made out to the fund and would be accepted year round. The first year projection was for \$25,000, but \$90,000 was realized. This allows all individuals around the state an opportunity to contribute to a program that will be of direct benefit to themselves or to some loved ones.

## Let's make Wisconsin NUMBER 1 in rehabilitation

### No better time

by Bob  
Stivo

Wisconsin can be very proud of its strong economy and lowest unemployment rate in the nation. The work ethic of our citizens and competitive nature of our businesses have created more revenues for the State and exciting employment opportunities. And to name the Governor and legislature have attempted to hold down the cost of government. The W-2 program is one example where creative energy and common sense can improve the way we develop public policy to serve people better.

Government and business have created an economy that states envy. Yet adults with disabilities, wanting to work are experiencing an unemployment rate over 72%. What better time with full employment and increased tax receipts to build a brighter future for persons with disabilities and create vocational services that are second to none!

RFW's legislative goals begin to address a promise made to persons with disabilities over a decade ago. These goals are shared by many other organizations and people. Details on each issue are included in this ProForum.



### OUR GOALS FOR SERVICES AND 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.
- **Eliminating LRB-0362/2 and any budget references to Ss. 16.752.** The proposed LRB will impede employment opportunities for persons with disabilities and make it easy for state agencies to bypass the State Use Law when awarding contracts.

#### 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 and 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.**

# about DVR.....

## Once a leader, now struggling

### GROWING INADEQUACY

Wisconsin prides itself on having winning professional and college sports teams and on leading the nation in welfare reform and job creation. Wisconsin's Division of Vocational Rehabilitation (DVR), once recognized nationally as a leader providing quality vocational training and employment services for persons with disabilities, can no longer claim to be a winning program.

One reason for this decline is Wisconsin has reduced state GPR for one of its most vulnerable groups of citizens. We must restore financial balance to this important service for persons with disabilities.

**Wisconsin needs to provide General Purpose Revenues adequate enough to capture the entire federal allocation of Rehabilitation Services Administration (RSA) funds. For every dollar of General Purpose Revenue provided by the state, the federal government will provide an additional \$3.69 to help provide rehabilitation services to Wisconsin citizens with disabilities.**

The RSA federal/state matching ratio is one of the most beneficial of any federal matching program. It is higher than any matching ratio offered under Medicaid, yet Wisconsin

fails to provide the GPR required to secure all of the allocated federal dollars.

Data from DVR and RSA shows that GPR matching dollars **fell 8.68% short in 1995, 10.05% short in 1996, 13.93% short in 1997, 19.39% short in 1998, and 21.12% short in 1999.** The same time period shows very healthy economic growth for Wisconsin. In the chart below, column 2 defines how the declining GPR funding impacted the total funding available for rehabilitation.

During this 6 year period, GPR funds failed to match for \$23,644,582 in federal matching dollars.

**Rehabilitation For Wisconsin, Inc., the Wisconsin Rehabilitation Association, Arc of Wisconsin, the Wisconsin Coalition for Advocacy, the Independent Living Programs and Councils, the Wisconsin Council on Developmental Disabilities, the Wisconsin Rehabilitation Council of DVR and many people with disabilities throughout the state request an appropriation of GPR in an amount adequate to capture all anticipated federal matching dollars allocated to Wisconsin during the next biennium.**

How much additional GPR above the Governor's biennial request is necessary?

**\$3,733,067** would leverage **\$13,775,017** in federal funds for the next biennium, to use to improve and expand services for DVR consumers.

By restoring GPR matching funds, the 1999 Wisconsin Legislature would send a clear signal to Wisconsin citizens with disabilities that the decline in the quality and quantity of rehabilitation services is over.

It is important to remember that even after state and federal funds are spent, if a person with a disability is competitively employed and SSI eligible, Medicaid will reimburse Wisconsin for 100% of all training and placement costs. The state can then recapture all of its GPR invested plus all federal funds used to serve that person. Wisconsin is then earning dollars for every successful rehabilitation.

.....

... if a person with a disability is competitively employed & SSI eligible, Medicaid will reimburse Wisconsin for 100% of all training & placement costs.

.....

1) Year	2) Total \$ available, if GPR match was 100%	3) Actual \$ captured using reduced GPR	4) 3rd party \$ required to capture total Federal \$	5) Additional \$ generated by 3rd party \$
1995	32,818,300	29,968,200	607,071	2,243,329
1996	30,601,631	27,338,150	695,121	2,568,063
1997	33,123,417	29,993,344	666,705	2,463,368
1998	31,517,729	25,934,290	1,189,272	4,394,167
1999 projected	33,211,554	26,420,690	1,446,454	5,344,410
2000 projected	33,518,986	25,092,958	1,794,733	6,631,245

**In 1995, more than \$500,000 in federal RSA funds reverted to the Federal Government, in part due to accounting problems inherent in third party funding. Another \$700,000 reverted in 1996.**

## 3rd Party Funding: It doesn't always fit the need

The Department of Administration (DOA) and the Department of Workforce Development (DWD) represent that there have been no reductions in the amount or quality of services provided to persons with disabilities in the past decade. How can this be, since GPR matching dollars will have declined by almost 30% by the end of the upcoming biennium? DOA and DWD state the difference between actual GPR and total state matching funds required to capture Wisconsin's total federal appropriation comes from third-party funds from other public entities.

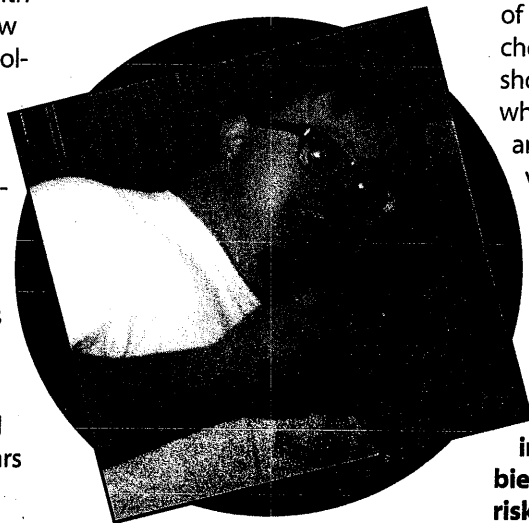
Sounds good. But will any state agency, school district or technical college, give hard-earned tax dollars to DWD/DVR to capture federal funding with no strings attached?

**THEY WON'T & DON'T!** With third-party agreements, restrictions and self-interest come at the expense of the individual needs of people with disabilities.

Typically, GPR and resulting matching federal revenues go to DVR counselors to purchase services and materials for individuals with disabilities. The decrease in base GPR funds directly reduces dollars for counselors to use to develop and arrange for individualized services. Third-party funding reduces the dollars (by almost 30%) that counselors use to develop rehabilitation programs based on consumer needs and desires. That reduction will amount to about \$8.5 million annually by year 2000. **Only when individual needs match the services provided under a third-party agreement, does that agreement provide a real advantage to a DVR consumer.**

Third-Party Agreements assume that many persons with disabilities need similar services. **History shows that rehabilitation is individualized and seldom are two rehabilitation plans the same.** Rehabilitation technology recognizes the need for program flexibility.

Third Party seldom allows for that. **Trying to fit a square peg into a round hole best describes the problem created by many of these agreements.**



**An example:** Assume a third-party contract is established between a technical college and DWD/DVR to provide individuals in Dane County with training in accounting. The contract represents 30% of the training budget of the DWD/DVR district(s) serving Dane County. The college provides \$50,000 match to capture almost \$200,000 in federal funds.

happens over and over. As a result, DWD/DVR can not always provide timely, individualized services.

Wisconsin is making strides with W-2 and Family Care to enhance rights of consumers to make their own choices. Within reason, people should have the right to choose what level of assistance they need and where and how specific service(s) will be provided. By restoring the matching GPR funding required to annually capture all federal RSA appropriations, Wisconsin will take a big step towards individualized quality rehabilitation.

**For want of about \$3,733,067 in GPR match for the 2000-2001 biennium, the state is putting at risk approximately \$13 million in federal matching funds and hundreds who seek meaningful employment.**

Even with enough GPR to match for all federal funds, Wisconsin may see value in keeping limited third party agreements. Federal law allows for using GPR and federal funds for time limited, special third party contracts or establishment grants. DVR

.....  
 With 3rd party agreements, restrictions and self-interest  
 come at the expense of the individual needs of people ...  
 .....

The program is designed to serve **40 people per year at a cost of \$6,250 per student.** But, once the program starts, because of aptitude or interest, only 10 people qualify or use the training. The college, which keeps all the funding, **serves only 25% of the projected number and now has a per pupil cost of \$25,000.** With 30% of the entire DWD/DVR district's allocation serving only ten students, DWD/DVR must now rely on remaining funds to serve **all of the remaining people (30) intended for the training, along with everyone else in the district.** Services get denied or delayed. This hypothetical example

could request proposals for services and require matching funds from grant recipients. Then, the total dollars for serving persons with disabilities exceeds the total of the GPR and federal funds. A real gain!

Wisconsin's W-2 program and job centers push the idea of pooling resources and eliminating obstacles for services. Conversely, DVR keeps developing more and more categories of funding. **Instead of trying to adapt a person to a specific service offered in a certain area for a specific disability, why not adapt funding for individual needs?**

# Make community based services a high priority

Every government is forced to prioritize the needs of its citizens. No one can question that keeping people safe and educated are top priorities. State leaders, seeing the need for a highly educated workforce and the need to reduce the rate of increase in property taxes, directed the State to assume two-thirds of the cost of public education (K-12). At the same time, state leaders developed a major prison construction and staffing effort to increase citizen safety. Billions of taxpayers' dollars per biennium have been, and will continue to be, allocated to these projects.

During this same period, persons who are elderly or disabled have suffered because of a static or reduced GPR for community based social services. The federal funds, once substituted for GPR, are declining at a startling rate. Local governments have been forced to seek

higher property taxes to provide for unfunded state mandates.

The same kind of common sense approach used to address crime, safety and W-2 can be used to keep Wisconsin's commitment, made many years ago to people who are elderly or disabled, to provide services in the community in the least restrictive environment.

Community Aids is one example of how state funding has not kept up with inflation over the past decade, or addressed the increased need for services. Examples of vocational programs funded by Community Aids are the supported and extended employment services offered by community rehabilitation programs, designed to assist individuals with severe disabilities work and maintain employment. While the technology and desire are available in communities to provide numerous social and human services, the

funds necessary are not. 4,000 - 6,000 people with developmental disabilities are on waiting lists.

The following recommendations would go a long way in re-energizing community based services:

**RFW requests that \$18,000,000 GPR for the biennium be added to the Community Aids allocation to replace anticipated reductions in the federal Social Services Block Grant which replaced GPR earlier in this decade.** Also, RFW requests a 3% cost of living increase in each year of the biennium.

To further address the growing community need, GPR and Medicaid funds for 1,500 additional regular Community Options Program (COP) participants and 3,500 COP-Waiver participants should be added to the budget. Biennial cost estimates for this request are \$17.5 million in year 1 and \$27.6 million in year 2.

## Improving on success: Wisconsin Works - W-2

The decline of AFDC households speaks volumes about the success of the Wisconsin Works W-2 program. As individuals with greater barriers to employment become the major focus of W-2, Community Rehabilitation Programs and RFW have a few recommendations for consideration.

**First, for families headed by a parent with a severe disability, the Caretaker Supplement program should increase to \$250/month for the first child and \$150/month for each additional child.** There are about 5,500 Wisconsin families headed by one or both parents with disabilities representing over 10,500 children. Reductions in benefits caused by W-2 have forced many of these families to live below the poverty level and experience extreme difficulty in providing food and shelter for their family. Please consider using 100% of TANF dollars to pay for the increased Caretaker

Supplement, instead of GPR-SSI Maintenance dollars designed to support adults with disabilities and the elderly.

**Second, consider expanding the eligibility for W-2 child care assistance to parents on SSI while they look for work** or participate in education or training leading to employment. In some cases, child care services funding will need to be enhanced for the special needs of children who are disabled.

**Third, understand that adults with severe disabilities, identified as needing W-2 transitional services, may need more help and time to develop skills required for a job** and finding an employer willing to accommodate for their disability in a way that will assure employment success. Transportation assistance, extended job training, job placement, and long-term job shadowing services in addition to childcare and

a personal attendant might be needed to assist a W-2 recipient who is disabled to maintain employment.

The W-2 system should not shift the cost of standard W-2 services to the Division of Vocational Rehabilitation (DVR) simply because of a disability.

.....  
adults with severe disabilities ... may need more help & time to develop skills required for a job ...  
.....

Individually, neither the W-2 program or DVR have enough funding to accomplish the variety of training and services a person with a severe disability may need for employment. Only by leveraging the combined resources of W-2 and DVR, can these issues be addressed.



# Don't allow state agencies to ignore the State Use Law

Ss.16.752 qualifies Community Rehabilitation Programs (CRPs) providing vocational services to individuals with severe disabilities to receive preference in the award of a state contract or order by a state agency for the purchase of materials, supplies, equipment or services if the State Use Board so requires. It is the responsibility of the Wisconsin Department of Administration (DOA) to administer the program created by Ss.16.752.

All of the contracts awarded under Ss.16.752 accomplish a social goal of providing employment to persons with disabilities without increasing any taxes. The contracts awarded by the State Use Board would have been awarded by state purchasing agents to some other organization/business even if Ss. 16.752 did not exist. The program provides a double benefit to Wisconsin's taxpayers.

Using this legislation, DOA, the State Use Board and CRPs have been able to develop contracts to provide janitorial work, lawn maintenance, collating and mailing services and more to the State of Wisconsin. In the process, 75% of all direct labor to provide those services was performed by persons with disabilities. In all cases, the CRP's price for services has been competitive. In addition, some CRPs have been able to develop and market products to the State of Wisconsin such as wet mops, dust mops, pens, floor cleaning pads, toothpaste, and award plaques.

The Department of Administration has included language changes to Ss. 16.752 in the Governor's 1999-2001 budget that are **detrimental to employment opportunities for individuals with severe disabilities and against the intent of the State Use Law.**

**The Department of Administration proposes a language change found on page 149, Section 91, of AB-133 and SB-45, designed to**

**satisfy the wishes of the Department of Health and Family Service (DHFS) not to comply with the State Use Law.**

## **Great financial losses & jobs:**

In 1998, DHFS refused to comply with Ss. 16.752, despite the request by the State Use Board to award a contract to a CRP to make prescription eyewear for Medicaid recipients. DHFS would not negotiate and ignored the request of the State Use Board for many months.

During this time, the CRP had been encouraged by DOA to produce a smaller amount of prescription safety eyewear as a precursor to the larger Medicaid contract. The CRP purchased \$700,000 in equipment and supplies to begin operations as requested by DOA.

When DHFS refused to award the Medicaid contract and stretched negotiation out over some 18 months, the CRP experienced fixed costs that could not be offset by the smaller safety eyewear contract. The CRP was forced to stop production and withdraw from negotiations due to high financial losses.

The contract would have provided employment for approximately 24

workers on a full-time basis. It was during these negotiations that DHFS put the CRP and DOA on notice that federal law prohibited the awarding of this contract on a non-competitive basis. This was most puzzling, since **several other states had awarded the same Medicaid eyewear contract to CRPs under state legislation very similar to Ss. 16.752.**

**RFW believes DHFS defied the State Use Law and the Legislature that authored it.**

Individuals with severe disabilities who could gain from the work experiences created by Ss 16.752 and Community Rehabilitation Programs urge members of the Wisconsin Legislature to eliminate LRB-0362/2, Section 91 on page 149 of the Governor's budget and any other changes proposed elsewhere in the budget or in pending legislation to modify the present language contained in Ss.16.752.

Send the right message that you, the Legislature, **support work opportunities for people with disabilities and the State Use Law as it exists.**

*This community rehabilitation program began operations and employed people with disabilities to produce safety eyewear for the State of Wisconsin. Out of business because DHFS ignored the State Use Law, the production line is now idle.*



Rehabilitation For Wisconsin, Inc.

**RFW**

**PROFORUM**

**RFW, Inc.**  
**4785 Hayes Road**  
**Second Floor**  
**Madison, WI 53704**  
*address correction requested*

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Board President:  
**Ron Opicka**  
Executive Director:  
**Robert Stuva**  
Newsletter Editor/Design:  
**Tammy Liddicoat**

*RFW invites your articles or photographs. Send to:*  
*PROFORUM Editor, 4785 Hayes Road, Second Floor, Madison, WI 53704.*  
*608/244-5310 (voice/tty)*  
*608/244-9097 (fax)*  
*email: tliddicoat@rfw.org*

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## About RFW

Rehabilitation for Wisconsin, Inc. (RFW) is the statewide association for Community Rehabilitation Programs and is committed to enhancing rehabilitation leadership. RFW members provide the direct care services necessary for people to work and live more independently in their communities. RFW is committed to enhancing and promoting quality community-based rehabilitation programs and services for Wisconsin citizens with disabilities or disadvantages.

Because of our members' long-standing involvement in community-based services to persons with disabilities, we are concerned about the future quality, variety and availability of programs requested by people with disabilities.

**Date: March 26, 1999**

**To: Legislative Joint Finance Committee**

**From: Jack Young, Executive Director  
Wisconsin Grassroots Alliance  
1345 W. Mason St. Suite L-3  
Green Bay, Wisconsin 54303**

I am her to represent Wisconsin Grassroots Alliance. We are a non-profit, non-partisan citizen's group of over 10,000 Wisconsin families.

We are here to applaud Governor Thompson for proposing \$35,000 in his budget for a feasibility study on a state-wide Pesticide Data Base System.

We, however, urge the committee, to fully fund this Data Base System at \$400,000, as other states have already successfully implemented this system.

**A Wisconsin Pesticide Data Base System would:**

1. Help families make safer choices for their lawns, gardens, and households.
2. Assist researchers in establishing base lines for more accurate studies.
3. Give farmers accurate, unbiased information that will help them make more economical and safer purchasing choices.

In conclusion we thank the governor for his proposal and strongly urge that he fully fund this program to be most effective.

Thank you for your consideration

**Statement Before the Joint Committee on Finance**

**By**  
**Sally Cutler**  
**Assistant Director**  
**Human Resources Development**  
**Marshfield Clinic**

**13 April 1999**  
**Stevens Point, Wisconsin**

My name is Sally Cutler. I am Assistant Director of Human Resources Development at Marshfield Clinic, Marshfield, WI.

I appreciate the opportunity to address the Joint Finance Committee today on issues relating to 1999 SB 45 and AB 133, the Governor's proposed 1999-2001 State Budget Bill. Thank you for coming out-state in order to hear central Wisconsin's points of view. The Marshfield Clinic system is well-represented on this panel, and we appreciate all they do on our behalf and on behalf of our patients and their constituents.

Marshfield Clinic is a Wisconsin not-for-profit corporation (an integrated system) engaged in the mission of providing quality health care, medical education and medical research in rural central, northern and western Wisconsin. Incorporated in 1916, Marshfield Clinic, including its 38 regional centers is held in a charitable trust. That is to say, Marshfield Clinic physicians do not build up equity within the Clinic as in other physician practices. We serve over 300,000 people. Many of our centers are located in medically underserved areas as well as health professional shortage areas (see Attachment 1).

We applaud the Governor for many of his efforts to limit tax burden of Wisconsinites. And we appreciate, too, his ongoing efforts to maximize public and private resources to enable people to receive health care close to home. We look forward to continuing to work with him and with you to assure a healthy workforce for Wisconsin.

For purposes of today's statement, I would like to draw your attention to items in the Governor's proposed budget we hope you would consider modifying.

#### **Pesticide Database System (PDS)**

The Governor has recommended \$35,000 to fund a study to determine the feasibility of establishing a pesticide data base. We appreciate his endorsement of this study, however, we feel that a database is feasible and should cover indoor and outdoor pesticide use. We feel also that the estimated \$400,000 cost of creating a pesticide use database would be consistent with other Gubernatorial recommendations as developing GIS and computer programs for environmental purposes.

Marshfield Clinic is part of a coalition of agricultural, public health, environmental and community organizations who have come together to urge the creation of the State's first comprehensive pesticide use database. As you may be aware, little data exists on pesticide use despite the fact that pesticides are used all around us at home on our lawns, on lawns of schools and parks, on golf courses and elsewhere. A database system would provide answers for researchers and the public on the impact pesticide use has on their health and environment. At Marshfield Clinic's National Farm Medicine Center, reference to a comprehensive database, including agriculture, residential and other non-agricultural uses, would assist researchers studying relationships between pesticide exposure and people with acute or chronic medical conditions.

## **Tobacco Settlement**

The Governor has recommended investing around \$4 million in new initiatives on efforts related to tobacco of a possible \$338 million from the settlement payment to Wisconsin expected over the next two years. We are disappointed that the Governor did not consider a higher level of effort toward a preventable health risk. Marshfield Clinic has supported community-based tobacco prevention efforts in central and northern Wisconsin for many years. Marshfield Clinic physicians observe daily illnesses and conditions which are a result of tobacco use. As a result of knowing all too well about the consequences of tobacco use, Marshfield Clinic supports preventing and reducing tobacco use in Wisconsin through comprehensive programming funded by tobacco settlement dollars.

***Healthy People 2010 Objectives: Draft for Public Comment:*** "Controlled-design community research studies and evidence from CA and MA have shown that comprehensive programs can be effective in reducing per capita tobacco consumption."

"Efforts to reduce tobacco use in the US have shifted from focusing primarily on smoking cessation for individuals to focusing more on population-based interventions that emphasize prevention of initiation and reduction of exposure to environmental tobacco smoke. Federal, state and local government agencies and numerous health organizations have joined together to develop and implement prevention activities based on this approach. This change from emphasis on individual behavior to emphasis on population-based strategies has come about because tobacco use appears to be susceptible to changes in the social environment."

"Based on research findings and the experience of State and Federal tobacco control programs, there are six key components of tobacco use prevention and control interventions: 1) prevention and restriction of minors' access to tobacco; 2) treatment of nicotine addiction; 3) reduction of exposure to secondhand smoke; 4) counteradvertising and promotion; 5) economic incentives; and 6) product regulation." Institute of Medicine. *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*, Washington, DC: National Academy Press, 1994

Senator Shibilski, we know you've been working on development of a compromise on this topic and we thank you very much for that. We know, too that other members of this committee support use of the Tobacco Settlement funding for these purposes beyond what the Governor has suggested.

Last week a bipartisan group of key legislators announced plans to push legislation setting aside \$50 million a year for tobacco prevention. The bill draft LRB 2413 would guarantee that Wisconsin implements an effective tobacco prevention program like those already working in other states e.g., Massachusetts and Florida.

We urge the Committee to seriously consider this compromise in your deliberations. The direct health care costs attributable to smoking exceed one billion dollars each year. Much of this cost is paid by Wisconsin taxpayers.

### **School to Work**

Currently the State Budget provides funding for School-to-Work activities as well as school districts and local contributions (Marshfield Clinic pays approximately \$3,600 annually.) Marshfield Clinic is involved in many school-to-work activities throughout the system: Rice Lake, Park Falls, Minocqua and Ladysmith to name a few. At the Marshfield Center, Marshfield Clinic is actively involved in a consortium made up of 7 school districts, the technical college, 14 businesses and Marshfield Area Chamber of Commerce and Industry, MACCI. The group is facilitated by our Marshfield area local School-to-Work Coordinator and works on the following activities:

- meeting once per month for consortium and each apprentice advisory group.
- Coordinating placement of 148 students (Marshfield Clinic 11) in coop programs
- Coordinating placement of 42 students (Marshfield Clinic 3) in apprenticeship programs
- running mentor training programs 3 times a year for business
- marketing and communicating School-to-Work activities

The results of these activities have been excellent.

Marshfield Clinic is specifically involved with the School-to-Work in producing a Career Health Day, hiring Coop students, and providing leadership and placement in the Health Youth Apprentice program.

The Governor is proposing a nine-member board to over see the School-to-Work activities. We believe one-half of the membership should be from business and industry rather than one representative.

A decrease in funding from the State of Wisconsin for coordinators at the local level will be forcing businesses and schools to either:

- a. increases their local funding and contributions or
- b. decrease the activity.

Business and Schools cannot prioritize the funding or time for coordination that comes from a designated coordinator funded through School-to-Work dollars. When every school has their own coordinator the activity becomes disjointed, too time consuming for local business, and easy to ignore. Without coordinated effort, Marshfield Clinic Marshfield Center would have over 15 schools wanting different programs and access to experience.

The Marshfield consortium was planning to increase:

- Number of students involved
- Number of schools involved
- Frequency of mentor training
- Evaluation of current activities

Specifically several of Marshfield Clinic temporary, permanent and summer research students have come from the School-to-Work activities.

The overall reason for supporting the funding increase is because:

1. The entry workforce is declining in numbers. The opportunity for an experiential career opportunity of our youth is essential to
  - minimize dollars spent in post secondary institutions for students without a career focus
  - decrease the numbers of employees recruited who after employment find health care a bad career match
  - increase retention in the health care system and other businesses.
2. The increased funding for central coordination is important. . This is better leveraged on a grant competitive basis for coordinators rather than directly to the technical colleges.

In summary, Marshfield Clinic recommends replacing the lost federal School to Work seed dollars with state GPR in order to fund grants to local Chambers of Commerce for local coordinator activities. Additionally we recommend funds allocated for School to Work be used for all students and not just TANF eligible students.

### **Area Health Education Centers (AHEC)**

The mission of the WI AHEC System is to improve access to health care in WI's underserved communities through the development of community-based, culturally relevant, collaborative, health professions education programs. The WI AHEC System accomplishes this mission by fostering cooperation and collaboration among WI's health professionals, educational institutions and communities.

Federal core funding was used to initiate WI's AHEC System. Federal funding is designed to decrease over a nine-year period with the expectation that the state support would increase over time. The Joint Finance Committee increased state support to the AHEC system in 1997-99 State budget. The current state budget provides \$800,000 annually. Current federal funding level is \$763,434. Federal core funding expires in September 1999. WI can compete for State-Supported Model AHEC Program funds federally but if successful in that competition, the maximum funding would be \$60,000 annually per center. Marshfield Clinic supports an increase of at least \$700,000 in the State Budget annually for purposes of maintaining current programs and services.



Northern AHEC has been very helpful in providing coordination, communication and assessment as a neutral party throughout Northern WI. It has been through its efforts that Marshfield Clinic has been successful with the following projects:

- \*Continuing Education Video Conference Series--Howard Young and Marshfield Clinic sponsored Pharmacy Continuing Education Series
- \*Medical and Graduate Student Placement--Increased placement of Medical and Graduate students into the rural areas such as Minocqua
- \*Cultural Awareness Education--Coordination and sponsorship with Marshfield Clinic in bringing Native American Culture through workshops to three northern communities
- \*Health Education Efficiency --Building an infrastructure that brokers on-going educational activities throughout Northern Wisconsin that increases delivery and decreases duplication of effort
- \*Facilitation of Planning--Northern AHEC has sponsored several strategic planning sessions that bring a variety of health organizations to the table to plan for needs in education

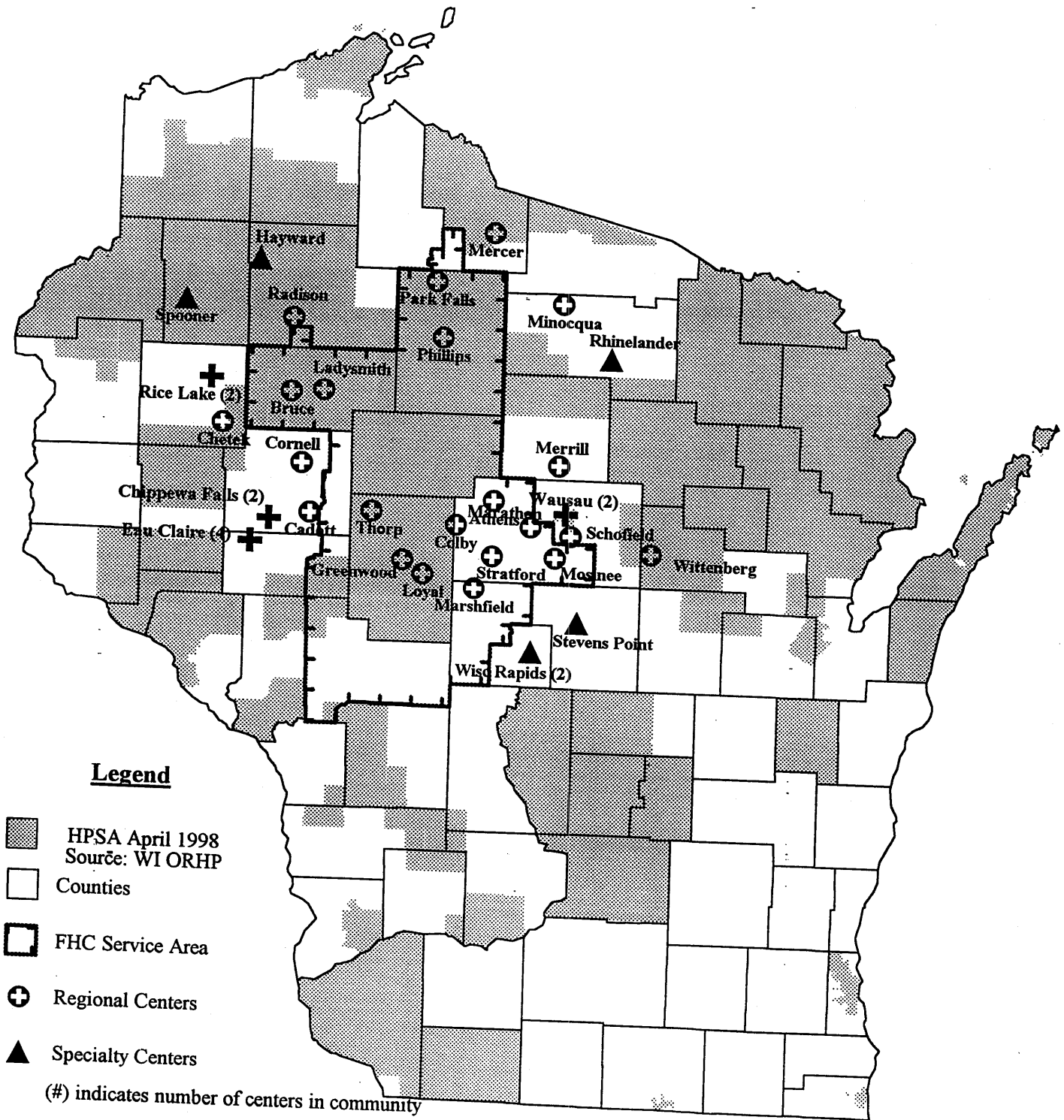
Specifically AHEC has been able to help Marshfield Clinic leverage and strengthen our effort in the communities by connecting us to other health organizations to work together. We have worked with Howard Young Medical, Lakeview Hospital, Lac du Flambeau, Lac Courte Oreilles, Wausau Hospital and Great Lakes Inter-Tribal Council to name a few.

In summary, AHEC provides more education with fewer dollars while at the same time listening to the communities and meeting their needs. We hope the Legislature would increase spending.

The concept that properly motivated medical schools can help to address state-level problems in physician distribution received additional support in a 1/20/99 *JAMA* article reporting on the direct and long-term impact of a special program to address the rural physician workforce of the Jefferson Medical College in Pennsylvania. The authors conclude that their program after 22 years "has had a disproportionately large impact on the rural physician workforce, and this effect has persisted over time. Based on these program results, policy makers and medical schools can have a substantial impact on the shortage of physicians in rural areas." As a rural institution, we are a consumer of the output of health professions schools. Given our dedication to bringing care as close as possible to the patient, we ought to continue to support educational interventions that help to address educational and health professions workforce deficits in underserved areas of the state.

Again, my thanks for the opportunity today to address Biennial Budget issues before you. Please don't hesitate to contact us for additional information on this or other items which come before your committee.

# Health Professional Shortage Areas (HPSA), Family Health Center Service Area (FHCA) and Marshfield Clinic Regional Center System



Marshfield Center for Health Services Research



RETIRED AND SENIOR  
VOLUNTEER PROGRAM

OF OUTAGAMIE COUNTY

Chris Jossart  
RSVP Director

Volunteer Center of East Central Wisconsin  
820 W. College Ave., Appleton, WI 54914  
920-832-9360 Fax 920-832-9317

"Providing Our Community  
with a Valuable Resource  
— Seniors in Volunteer  
Service"

3-26-99

Dear Rep. Gard -

Attached is preliminary information regarding a forthcoming formal proposal to increase state funding for the Retired and Senior Volunteer Program (RSVP) in Wisconsin.

RSVP Volunteers have saved almost \$18 million to local, community-based programs, helping several agencies and non-profit organizations. RSVP volunteers age 55 and older, impact all ages of all communities throughout Wisconsin.

Currently the State funds 22% of our RSVP sites. Budget information is also attached.

Thank You

Chris Jossart, RSVP Director  
920-832-9360, Outagamie Co.

## **RSVP projects have an impact on the communities they serve:**

- \* In the Western Dairyland project, 40 volunteers provided 20,385 trips to medical and social appointments for human service clients, elderly and disabled.
- \* In July 1997, ADVOCAPS's RSVP was awarded the first "America Reads" Programs of National Significance grant in the state. Teachers reported students involved had an increased desire to read and had a better attitude toward school in general.
- \* In Brown County 900 students in 16 elementary schools received training through BABES presentations (Beginning Alcohol Addictions Basic Education Studies).
- \* The Racine project connects senior volunteers with at-risk youth as tutors and mentors.
- \* The Director of Volunteer Services, Franciscan Skemp Healthcare in La Crosse, states: "The Doll Project involves seniors making and donating cloth dolls for pediatric patients. I recognize that this program serves not only children but seniors as well by giving them a sense of community with the doll maker groups and pride in the joy they give others through their craft."
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- \* In Walworth County, many seniors needing/receiving Long Term Care would not remain at home without RSVP volunteers visiting and shopping for them. Grocery stores in the county do not, for the most part, deliver; and the few that do, charge \$10.00, plus the order must be \$30.00 or more. Few seniors can afford that.
- \* Because 5 Portage County RSVP volunteers spent 670 hours taking photos for driver licenses at the Department of Motor Vehicles, the office was more efficient, and customer waiting time was decreased. Staff were freed up to spend time with more complicated requests.
- \* Fourteen volunteers staff the Madison Police Department Information Desk and work on crime prevention projects. Police Chief Williams states: "Burglary rates in Madison have decreased, and improvements are being made in other areas. This is due, in part, to the fact that the RSVP volunteers have freed my officers to focus on more pressing matters."
- \* In Rock County, volunteers serve affordable, hot nutritious meals and deliver meals to homebound seniors that keep seniors able to live in their homes.
- \* In Waukesha County, 600 seniors learned how to prevent scams from eight volunteers in the TRIAD Program.
- \* In Douglas and Milwaukee Counties, RSVP volunteers provide telephone reassurance to seniors who live alone.
- \* In Outagamie County, 20 RSVP volunteers are involved in one-to-one tutoring and mentoring activities with children. This new project is joining a collaborative effort to further ignite a large mentoring movement throughout the Fox River Valley. Due to this effort, Retired General Colin Powell is visiting Appleton in late April, 1999, to be featured in a mentoring summit, RSVP Outagamie County is sponsored by the Volunteer Center of East Central Wisconsin.

## Retired and Senior Volunteer Program of Wisconsin

The Retired and Senior Volunteer Program is part of a national program which involves people age 55 and over in providing volunteer service to community agencies, utilizing their many skills and talents to positively impact their communities.

Currently there are 17 projects serving 29 counties:

12,833 RSVP Volunteers

1,280,222 hours of service in 1998 equals a savings of \$17,923,108 to local programs

1,760 Volunteer Stations

### Current Funding:

<b>Federal</b>	32%	(\$739,795)
<b>State</b>	22%	(\$502,654)
<b>Other</b>	46%	(\$1,048,955)
<b>Total</b>	100%	(\$2,291,404)

### **RSVP needs increased financial support from the state to:**

- > Maintain volunteer services - especially in rural areas.
- > Respond to increased requests for volunteer services from nonprofit and public agencies.
- .> Expand projects into additional counties.

**RSVP of Wisconsin is requesting a 75% increase, over two years, to \$881,250.**

A formal proposal will be submitted to the Joint Finance Committee within two weeks. For more information, please contact Mary Stamstad, RSVP Director for Dane County, at 608-238-7787.

**ADVOCAP/RSVP**

Service Area: Winnebago County  
 Phone: (920) 725-2791  
 Fax: (920) 725-6337

**Coulee Region RSVP**

Service Area: LaCrosse, Monroe,  
 Crawford, Vernon Counties  
 Phone: (608) 785-0500  
 Fax: (608) 785-2573

**Interfaith RSVP**

Service Area: Milwaukee County  
 Phone: (414) 931-9777  
 Fax: (414) 933-0419

**Kenosha Center RSVP**

Service Area: Kenosha County  
 Phone: (414) 658-3508  
 Fax: (414) 658-2263

**Northeast RSVP**

Service Area: Forest, Lincoln,  
 Vilas, Oneida Counties  
 Phone: (715) 369-1919  
 Fax: (715) 369-3686

**Northwest RSVP**

Service Area: Ashland, Bayfield,  
 Iron, Price, Counties  
 Phone: (715) 682-6502  
 Fax: (715) 682-2062

**Portage County RSVP**

Service Area: Portage County  
 Phone: (715) 346-1401  
 Fax: (715) 346-1418

**RSVP of Brown County**

Service Area: Brown County  
 Phone: (920) 429-9445  
 Fax: (920) 429-9449

**RSVP of East Central Wisconsin**

Service Area: Outagamie County  
 Phone: (920) 832-9360  
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**RSVP of Dane County**

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 Phone: (608) 238-7787  
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**RSVP of Manitowoc**

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**RSVP of Racine County**

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**RSVP of Walworth County**

Service Area: Walworth County  
 Phone: (414) 741-3159  
 Fax: (414) 741-3217

**RSVP of Waukesha County,  
 Inc.**

Service Area: Waukesha County  
 Phone: (414) 544-9559  
 Fax: (414) 544-5307

**Western Dairyland RSVP**

Service Area: Buffalo, Eau Claire,  
 Jackson, Trempeleau Counties  
 Phone: (715) 985-2391  
 Fax: (715) 985-3239



For more information,  
 contact:

Corporation for  
 National Service  
 National Senior  
 Service Corps  
 Wisconsin Office:

Phone: (414) 297-1118  
 Fax: (414) 297-1863



Contact the RSVP  
 office nearest you.

## Wisconsin Retired and Senior Volunteer Programs

RSVP positively impacts communities by  
 recruiting volunteers age 55 and over to  
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**You can see us working!**

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**For more information,  
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**Contact the RSVP  
 office nearest you.**

## **Wisconsin Retired and Senior Volunteer Programs**

**RSVP positively impacts communities by recruiting volunteers age 55 and over to help non-profit and public agencies deliver priority services to people of all ages.**

**You can see us working!**

# Retired and Senior Volunteer Program of Wisconsin

## Introduction:

The Retired and Senior Volunteer Program is part of a national program which involves people age 55 and over in providing volunteer service to community agencies, utilizing their many skills and talents to positively impact their communities.

## Current Status of Projects

Currently, there are:

17 projects serving 29 counties	12,833 RSVP Volunteers
	1,280,222 Hours of Service (1998)
	1,760 Volunteer Stations

The value of volunteer service is reported by the National Independent Sector to be \$14 an hour.

RSVP volunteers in Wisconsin generated \$17,923,108 worth of service to their communities in 1998.

### Current Funding:

Corporation for National Service (Federal)	\$ 739,795	32%
State Department of Health and Family Services	502,654	22%
Other: (includes local funding, grants, in-kind, and fundraising)	<u>1,048,955</u>	46%
<b>Total</b>	<b>\$2,291,404</b>	<b>100%</b>

RSVP needs increased financial support from the state to:

- Maintain volunteer services - especially in rural areas
- Respond to increased requests for volunteer services from nonprofit and public agencies
- Expand projects into additional counties.



### Request for increased state funding:

(Contracts are awarded on a calendar year basis.)

			<u>1st Year</u>	<u>2nd Year</u>	<u>Total</u>
			(6 mos.)	(12 mos.)	
1. Current Projects					
	<u>1st year</u>	<u>2nd year</u>			
16 projects @	\$7,500	\$15,000	\$123,750	\$247,500	\$371,250
1 project* @	\$3,750	\$ 7,500			
Additional funding for 4 multi-county projects serving rural areas	\$11,250	\$22,500	\$ 45,000	\$ 90,000	\$135,000
2. Expansion of current projects into contiguous counties.					
10 counties @	\$10,000	\$20,000	\$100,000	\$200,000	\$300,000
3. Expansion - Addition of					
1 new project @	\$25,000	\$50,000	<u>\$ 25,000</u>	<u>\$ 50,000</u>	<u>\$ 75,000</u>
			\$293,750	\$587,500	\$881,250

\* (A new Federally funded project in Appleton is requesting 1/2 of the amount requested by the other 16 projects this budget year.)



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**PROJECT: RETIRED & SENIOR VOLUNTEER PROGRAM  
OF RACINE CO.  
CHRIS UDELL-SOLBERG, DIRECTOR**

**SPONSORING AGENCY: CENTER FOR COMMUNITY CONCERNS  
SR. MICHELLE OLLEY, EX. DIRECTOR**

<b>FUNDING FOR 1999</b>	<b>Federal</b>	<b>\$ 8,962</b>
	<b>State</b>	<b>36,437</b>
	<b>Local</b>	<b><u>22,296</u></b>
	<b>1999 Budget</b>	<b>\$67,695</b>

**SERVICE AREA: RACINE COUNTY**

**LEGISLATORS:**

- Senator Kimberly Plache, 21st District
- Senator Robert Wirch, 22nd District
- Senator Mary Lazich, 28th District
- Representative Robert Turner, 61st District
- Representative John Lehman, 62nd District
- Representative Bonnie Ladwig, 63rd District
- Representative Cloyd Porter, 66th District
- Representative Jeff Stone, 82nd District
- Representative Scott Gunderson, 83rd District

**STATISTICS ('98)**

- Number of active volunteers: 386
- Total number of volunteer hours: 38,672
- Total number of stations: 136

The Retired & Senior Volunteer Program of Racine County has its office housed in the City of Racine, at the Center for Community Concern, 1501 Villa Street. The greater number of our volunteers are from the city of Racine and the adjacent communities which are all part of the heavier populated urban area between Interstate 94 and Lake Michigan. We also serve a fairly large rural area on the west side of Interstate 94.

The focus of RSVP of Racine Co. has been on Intergenerational Programs with the schools and youth serving agencies, connecting senior volunteers with at-risk youth in a variety of ways. Currently we have 76 volunteers serving as tutors and mentors in schools, assisting in school libraries, computer labs and other special areas. Each year RSVP provides 7 Intergenerational Fairs for schools throughout the county serving over 3300 students in 1998, where 30+ volunteers share their skills, crafts, hobbies with the children through demonstration and hands-on activities. Last year we added a special after-school program called Self Care/Safe Smart, which teaches "home alone safety and self care skills" to at-risk children who are often home alone.

RSVP works very closely with the many non-profit agencies of Racine County to fill the ever changing volunteer needs of the community. Our volunteers serve clients from newborn to the dying, such as: babies, at-risk children and youth, foster children, students of all ages, low-income families, physically disabled, hungry and homeless, incarcerated, unwed mothers, homebound elderly, hospital patients, nursing home residents and the terminally ill. At any one time we list between 300-400 volunteer job requests.

The RSVP of Racine County plans to strengthen our focus on intergenerational activities. Additional money will enable our program to develop more volunteer stations connecting RSVP volunteers with at-risk youth, such as Head Start, after-school reading programs, volunteer resource bank for schools, pen pal program, etc.

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# Portage County Retired & Senior Volunteer Program

1519 Water Street, Stevens Point, WI 54481-3548



Telephone: 715/346-1401 Fax: 715/346-1418 TTY: 715/346-1632 email: porcrsvp@coredcs.com

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April 13, 1999

Comments to Joint Finance Committee regarding budget increase for Wisconsin's 17 RSVP projects:

My name is Marti Sowka and I am the director of the Portage County Retired and Senior Volunteer Program and president of the Wisconsin Association of RSVP Directors. As you know, RSVP is a volunteer program in which people age 55 and over find meaningful involvement in the community through volunteer service, utilizing the skills and experiences developed over a lifetime to address critical community needs.

I want to thank the members of the senate and assembly for their ongoing support of RSVP and request that this committee consider an increase in state funding of \$587,500 per year to expand the impact of RSVP.

RSVP is getting things done in Wisconsin because the state invests in a valuable human resource like seniors in service. Let me tell you a brief story of how increased funding benefited Portage County RSVP. With some new federal money two years ago we were able to begin a volunteer grandparent visitor program at the local juvenile detention facility. In 1998 14 volunteers visited 481 juveniles in a small group setting. 73 juveniles requested and received a one-on-one visit from a volunteer to set goals for release so the juvenile can work to avoid the behavior that landed him or her in detention. After several months of work, the volunteers came to RSVP staff and asked if there wasn't some way to reach these kids before they end up in detention. We worked with a local junior high school that was starting a program for at risk kids with poor academic performance and low attendance and provided classroom mentors whose role is to nourish a love of learning by sharing experiences and giving gentle positive encouragement. And it is working. The school reports that attendance improved by 50% and grades by 13% for students in the program. The school is now exploring charter school status and invited one of the RSVP volunteers to sit on the planning committee. This program continues to grow because the volunteers are making a difference and also positively addressing stereotypes held by young and old about each other.

That is one story about one program in one community. Multiply that and you begin to see the impact senior volunteers have on their communities. I will leave you with copies of a local fact sheet as well as a state wide fact sheet that includes impact statements from each project as well as a specific funding request.

Thank you.

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CORPORATION  
FOR NATIONAL  
★ SERVICE

*Sponsored locally by the Portage County Department on Aging*



# Retired and Senior Volunteer Program of Wisconsin

## Introduction:

The Retired and Senior Volunteer Program is part of a national program which involves people age 55 and over in providing volunteer service to community agencies, utilizing their many skills and talents to positively impact their communities.

## Current Status of Projects

Currently, there are:

17 projects serving 29 counties	12,833 RSVP Volunteers
	1,280,222 Hours of Service (1998)
	1,760 Volunteer Stations

The value of volunteer service is reported by the National Independent Sector to be \$14 an hour.

RSVP volunteers in Wisconsin generated \$17,923,108 worth of service to their communities in 1998.

### Current Funding:

Corporation for National Service (Federal)	\$ 739,795	32%
State Department of Health and Family Services	502,654	22%
Other: (includes local funding, grants, in-kind, and fundraising)	<u>1,048,955</u>	46%
<b>Total</b>	<b>\$2,291,404</b>	<b>100%</b>

RSVP needs increased financial support from the state to:

- Maintain volunteer services - especially in rural areas
- Respond to increased requests for volunteer services from nonprofit and public agencies
- Expand projects into additional counties.



### Request for increased state funding:

(Contracts are awarded on a calendar year basis.)

#### 1. Current Projects

	<u>1st year</u>	<u>2nd year</u>
16 projects @	\$7,500	\$15,000
1 project* @	\$3,750	\$ 7,500

	<u>1st year</u>	<u>2nd year</u>
Additional funding for 4 multi-county projects serving rural areas	\$11,250	\$22,500

#### 2. Expansion of current projects into contiguous counties.

	<u>1st year</u>	<u>2nd year</u>
10 counties @	\$10,000	\$20,000

#### 3. Expansion - Addition of

	<u>1st year</u>	<u>2nd year</u>
1 new project @	\$25,000	\$50,000

	<u>1st Year</u> (6 mos.)	<u>2nd Year</u> (12 mos.)	<u>Total</u>
1. Current Projects	\$123,750	\$247,500	\$371,250
Additional funding for 4 multi-county projects serving rural areas	\$ 45,000	\$ 90,000	\$135,000
2. Expansion of current projects into contiguous counties.	\$100,000	\$200,000	\$300,000
3. Expansion - Addition of	<u>\$ 25,000</u>	<u>\$ 50,000</u>	<u>\$ 75,000</u>
<b>Total</b>	<b>\$293,750</b>	<b>\$587,500</b>	<b>\$881,250</b>

\* (A new Federally funded project in Appleton is requesting 1/2 of the amount requested by the other 16 projects this budget year.)

RSVP projects have a positive impact on the communities they serve:

- In the Western Dairyland project, 40 volunteers provided 20,385 trips to medical and social appointments for human service clients, elderly and disabled.
- In July, 1997, ADVOCAP's RSVP was awarded the first "America Reads" Programs of National Significance grant in the state. Teachers reported students involved had an increased desire to read and had a better attitude toward school in general.
- In Brown County, 900 students in 16 elementary schools learned about making good decisions, peer pressure and asking for help through the BABES program (Beginning Alcohol/Addictions Basic Education Studies), a colorful puppet program that teaches.
- The Racine project connects senior volunteers with at-risk youth as tutors and mentors.
- The Director of Volunteer Services, Franciscan Skemp Healthcare in La Crosse, states: "The Doll Project involves seniors making and donating cloth dolls for pediatric patients. I recognize that this program serves not only children, but seniors as well by giving them a sense of community with the doll maker groups and pride in the joy they give others through their craft."
- In Kenosha, RSVP volunteers prepare thousands of sandwiches each summer at the Salvation Army so that children get at least one decent meal a day.
- The Rhinelander Logging Museum is staffed by 84 RSVP volunteers who save the city \$28,413 per year (based on \$6.15 per hour).
- An RSVP volunteer assigned to the Head Start Program on the Red Cliff Indian Reservation not only to read to children but spent 60 hours sewing traditional costumes for the children.
- In Walworth County, many seniors needing/receiving Long Term Care could not remain at home without RSVP volunteers visiting and shopping for them. Grocery stores in the county do not, for the most part, deliver; and the few that do charge \$10.00 plus the order must be at least \$30.00. Few seniors can afford that.
- Because 5 Portage County RSVP volunteers spent 670 hours taking photos for driver licenses at the Department of Motor Vehicles, the office was more efficient, and customer waiting time was decreased. Staff were freed up to spend time with more complicated requests.
- Fourteen volunteers staff the Madison Police Department Information Desk and work on crime prevention projects. Police Chief Williams states: "Burglary rate in Madison have decreased, and improvements are being made in other areas. This is due, in part, to the fact that the RSVP volunteers have freed my officers to focus on more pressing matters."
- In Rock County, volunteers serve affordable, hot, nutritious meals and deliver meals to homebound seniors that keep seniors able to live in their homes.
- In Waukesha County, 600 seniors learned how to prevent scams from 8 volunteers in the TRIAD Program.
- In Douglas and Milwaukee Counties, RSVP volunteers provide telephone reassurance to seniors who live alone.
- In Outagamie County, 20 volunteers are involved in one-on-one tutoring and mentoring activities with children. This new project has joined a collaborative effort to further ignite a large mentoring movement in the Fox Valley. As a result of this effort, General Colin Powell will visit in April 1999 as the featured presenter at a summit on mentoring.

**Fact Sheet**  
**Portage County Retired and Senior Volunteer Program**  
**1519 Water Street**  
**Stevens Point WI 54481**  
**Marti Sowka, Director**  
**Phone: 715-346-1401**  
**Fax: 715-346-1418**  
**E-mail: [rsvp@co.portage.wi.us](mailto:rsvp@co.portage.wi.us)**

The mission of the Portage County Retired and Senior Volunteer Program is to provide opportunities for people age 55 and over to find meaningful involvement in the community through volunteer service, utilizing the skills and experiences developed over a lifetime to meet community needs.

1999 Budget

Federal Government (through the Corporation for National Service)	\$ 52,202
State Government (GPR through Wisconsin Bureau on Aging/LTC Resources)	\$ 19,770
County Government (through Portage County Board/Department on Aging)	\$ 38,198
Local (inkind)	\$ 5,036
<b>Total</b>	<b>\$115,206</b>

Background

- ◆ RSVP started nationally in 1965 and locally in 1976.
- ◆ Sponsored locally by the Portage County Department on Aging to serve all of Portage County.
- ◆ Part of the National Senior Service Corps administered federally by the Corporation for National Service.

New Initiatives Possible with Increased Funding

- ❖ Working with county social workers and staff from the Wisconsin National Guard, provide local mentors for at-risk youth who complete the Badger Challenge, a rigorous 22 week program designed to instill lifestyle changes and self discipline while getting the participants on track to earn a GED. The local mentor is required by the program and often difficult for the student to identify.
- ❖ Address the often negative stereotypes held by junior high school students and older adults by expanding volunteer opportunities at local junior high schools to include tutors in science labs, library assistance and recording textbooks for students with disabilities.
- ❖ Expand the successful America Reads tutoring program to two additional elementary schools that have a high percentage of low income students and/or lack necessary staff to provide specialized reading services.

Impact Examples

- ★ Because 8 Portage County RSVP volunteers spent 800 hours providing child care at First Home, a licensed facility for pregnant and parenting teens, the teens were able to attend school to complete requirements for graduation from high school. At a cost of \$7.50/hour for childcare this represents a savings of \$6,000.



- ★ Because 14 Portage County RSVP volunteers visited juveniles in detention each week, 481 juveniles spent time in a group setting talking with a concerned older adult. In addition 73 juveniles requested and received a one-on-one visit with a volunteer to set goals that address the behavior that resulted in detention. The volunteers report that it is in the one-on-one visits that the real work is done and positive change in attitude is more apparent.
- ★ Because 23 Portage County RSVP volunteers spent over 3200 hours preparing donated items for sale in a local thrift shop, low income county residents could purchase clothing and furnishing at reduced cost.
- ★ Because 5 Portage County RSVP volunteers spent 670 hours taking photos for driver licenses at the Department of Motor Vehicle, the office was more efficient and customer waiting time was decreased. Staff were freed up to spend time with more complicated requests.
- ★ Because 19 Portage County RSVP volunteers were certified as presenters in the Beginning Alcohol and other Addictions Basic Education Studies (BABES) program, 470 second graders at 8 elementary schools met puppets named Recovering Reggie and Donovan Dignity and learned about good decision making and asking for help.
- ★ Because 17 Portage County RSVP volunteers service over 1100 hours distributing commodity food, low income families received assistance in providing food for their families.

### Results

In 1998, 694 RSVP volunteers in Portage County provided over 64,000 hours of service to community agencies. RSVP provides the agencies with comprehensive volunteer management assistance prior to recruitment and placement of volunteers. RSVP volunteers receive program benefits including aging and volunteer resource information, recognition of service, excess insurance coverage and travel assistance. These benefits provide older volunteers with the support they need to maintain their chosen level of involvement.

### Clients Served

98 public and private nonprofit agencies and programs in Portage County use RSVP volunteers. Through these agencies the volunteers touch the lives of county residents from birth to old age. Those served include homeless or isolated people, people with Alzheimer's disease and other acute, chronic and terminal illness, frail older people, low-income families, teen mothers, at-risk youth, people with physical, mental and learning disabilities and refugees learning English.

### Volunteer Activities

RSVP volunteers are active in Portage County in many diverse areas. Examples are: mentoring youth in the county juvenile detention facility and area junior high schools as well as the Alternative High School, teaching good decision making skills to second graders using colorful puppets, cuddling infants and toddlers at a group home while teen moms attend high school, responding to emergency situations through the local Triad Victim Assistance Program, providing clerical assistance to many nonprofit agencies, visiting nursing homes with a puppy from the local humane society, providing companionship to an older adult who is isolated and depressed.

# HOPE

H • O • U • S • E

*Providing safety, comfort and dignity to Milwaukee's homeless*

State of Wisconsin  
Joint Finance Committee

Dear Committee Members,

I wish to thank you for your past support for the homeless and ask for your support of an expansion of the State Shelter Subsidy funding in this year's budget process.

Hope House, as well as other homeless shelters across Wisconsin, has assumed the task of addressing the increasing needs of those who have been impacted by the transition into the W-2 Program as well as having their Federal Social Security (SSI) grants reduced. We are hopeful that in time, low-income residents will adjust to new demands of balancing work, transportation and raising children. We also recognize that it will take time to develop their capacity to train, seek out and retain employment, which will sustain their families. This transition has resulted in a substantial increase in the numbers of those who come to Hope House in need. A significant number of them are working and doing the best that they can, but are unable to financially support their family. For these people, Hope House is a critical resource, providing essential services and support to thrive in the work force.

Even though the needs of the homeless throughout the state continue to deepen, there has not been an increase in State Shelter Subsidy funding in over nine years. In addition the federal funding for emergency shelter has also remained static.

I am asking the Committee to maintain adequate shelter services to Wisconsin's homeless population by at least doubling the current State Shelter Subsidy grant with GPR or TANIF dollars in the next biennium budget.

Your consideration of this matter is greatly appreciated.

Sincerely,



Kenneth R. Schmidt  
Executive Director

SOUTHSIDE MILWAUKEE EMERGENCY SHELTER, INC.  
P.O. Box 04095 • 209 West Orchard Street • Milwaukee, Wisconsin 53204 • 645-2122



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