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## **TESTIMONY TO JFC IN SUPPORT OF REGENTS' AND GOVERNOR'S PROPOSALS FOR INCREASED FUNDING FOR UW LIBRARIES**

**by Peter Watson-Boone, Director, Golda Meir Library, University of  
Wisconsin-Milwaukee  
8 April 1999**

**I was very pleased to note that the Governor has included, in his budget recommendations, \$7.3 million for University of Wisconsin libraries. I am here to urge you to keep these funds in the budget on its way through the legislature, because these funds are urgently needed. There are several reasons why this is the case:**

**First, please remember that it has been ten years since the state last voted a budget increase for University of Wisconsin libraries. In that time:**

- There has been a huge increase in the amount of new knowledge to be assimilated by our students and faculty;**
  
- This new knowledge has taken the forms of whole new fields of study and new specialties within old fields;**
  
- Vast amounts of new information have been made available in the form of:**

**Books;**

**New journals in traditional paper formats; and**

**An enormous and rapidly increasing number of electronic information resources, including journals and indexes.**

**At the same time, academic libraries have been unable to keep up adequately with either the new or the old sources of information, because:**

- **Inflation in the publishing industry has greatly exceeded general inflation, such that: instead of acquiring greater numbers of books and journals, the libraries purchase fewer of both; The UWM Library has lost purchasing power during the past decade, at the rate of 10 percent in a good year and 15% percent or more in a typical year, as prices have risen steadily, an indication of the real "cost to continue" of our programs. (Chart 1)**
- **Although our university Chancellor reallocated some campus funds three times during the 1990's, adding to the library budget at the expense of other programs, this has been insufficient for the library to keep up with the inflation rate. (Chart 2)**
- **Inflation in the price of academic journals has meant that larger and larger percentages of the libraries budgets go simply to renewing ongoing subscriptions, with less left over to buy books,**

particularly at the two research institutions, Madison and Milwaukee. When about three-quarters of our materials budget goes for journal subscriptions, and when inflation in subscription prices runs about 15% over the years, a simple projection shows that just maintaining existing subscriptions will, within about three years, require a sum of money greater than the entire materials budget. In practice this means that to avoid the budget impossibility of spending more than 100% of the materials budget on periodicals titles, some need to be canceled; in fact in the UW System 6,000 journal subscriptions have been canceled in this decade; these include over 900 journal titles in the past six years at UW-Milwaukee, none of which were duplicate copies. (Chart 3)

- Faculty requests for subscriptions to new journals in their fields have had to be put on hold indefinitely, to the detriment of students and scholars alike.
- Books are also more expensive, when more titles than ever are being published; so we buy a smaller and smaller percentage of published academic books at a higher cost per title. The expectation that we maintain periodical subscriptions has made the book situation even worse.
- These inflationary pressures are a national and international fact of doing business in information resources. This means that Wisconsin faces this situation in common with all other academic institutions. It is not a local problem, or a sign of poor management.

**However, Wisconsin has been lagging behind our fellow Midwestern states in meeting these fiscal challenges. (Chart 4)**

- **As an urban university, the University of Wisconsin-Milwaukee accepts enthusiastically the responsibility of serving the community as well as its students and faculty. This includes cooperatively--and reciprocally--extending the courtesy of library services to other educational institutions, state agencies, and businesses, as well Milwaukee-area residents. In fact, the UWM library serves over 40% of the state's population, who live within thirty miles of the library. Active inter-institutional and community visitors regularly account for approximately 10% of UWM library usage, according to a recent survey we conducted, and by ongoing usage figures. (We have about 20,000 registered non-UWM borrowers, of whom about 3,000 are currently active. That's like adding a new college.) We must cover the costs of this service from our basic operating budget.**
- **Electronic sources of information have become basic and essential at the turn of the Millennium, and, contrary to some wishful-thinking, it is by no means the case that everything is free on the Internet! For some needed electronic sources, such as indexes, the libraries have been able to cancel some paper equivalents; for others there are no savings possible through cancellation, and, in fact, costs are higher. The funds in the Governor's proposed budget will help us to speed up the transition to electronic resources where appropriate. As a colleague recently put it "We have got to start buying the future!"**

**Thank you for this opportunity to explain our present situation to you.  
Again, I urge you to support the Governor's budget proposals for  
University of Wisconsin libraries.**

Monograph and Serial Costs in ARL Libraries, 1986-1997

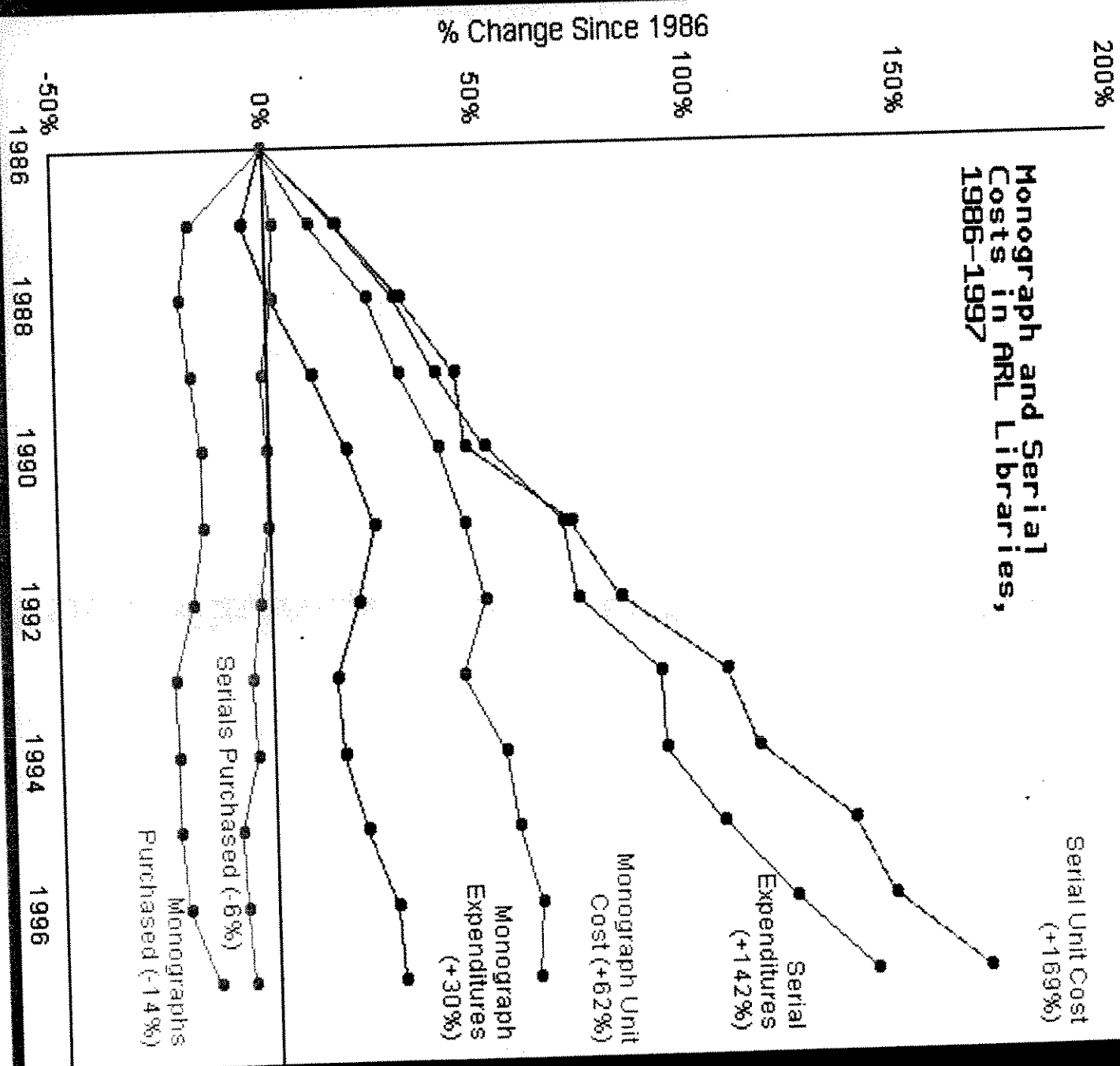
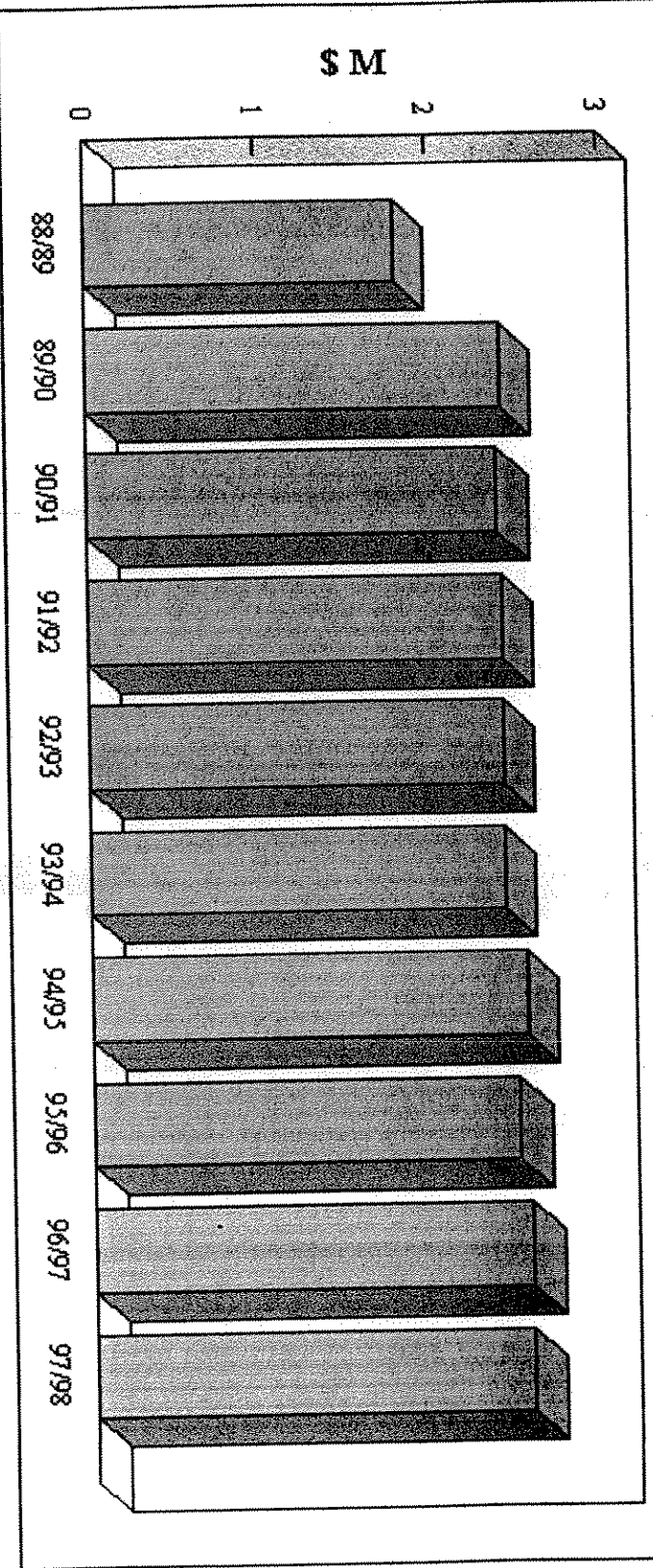


Chart 1-2

# UWM Golda Meir Library

Library Acquisition Redbook Budget  
10 Year Review



# Chart 3

## Proposed Titles for Cancellation - Final 11/97

TITLE	LC Class	Price 1997	Price per Article *	MQT	MCW
**Kokalos <sup>1</sup>	DE	882.20			
**World agricultural economics and rural sociology abstracts <sup>2</sup>	HD	815.00			
Shepards citations (Atlantic, Pacific, S, SE, SW)	K	3,200.00		X	
**Control and dynamic systems	QA	780.12	31.75		
**Czechoslovak mathematical journal	QA	695.00	19.00		
**Discrete Mathematics	QA	3,437.00	23.50		
**Journal of number theory	QA	1,038.00	25.25	X	
Nuclear Physics B	QC	11,453.00	23.50		
Physics letters	QC	12,530.00	23.50	X	
**Russian physics journal = Izvestiia VUZ. Fizika	QC	1,495.00	24.50		
**Semiconductors	QC	2,640.00	16.75		
Coordination Chemistry reviews.	QD	3,280.00	32.00	X	
**European Polymer Journal	QD	1,846.00	23.50		
Index chemicus	QD	3,600.00			
Journal of polymer science.	QD	5,494.00	20.50	X	
**Zentralblatt fur Mineralogie. Teil I & II <sup>3</sup>	QE	1,970.96			
**Chromosoma	QH	1,185.00	21.50	X	
**Archives of microbiology	QK	2,383.00	21.50	X	
Journal of comparative neurology.	QL	10,056.00	20.50	X	X
Journal of comparative physiology	QP	3,618.00	21.50	X	
**Computers and geotechnics	TA	758.00	23.50		
**International Journal of Fatigue	TA	851.00	23.50		
**Environmental Pollution	TD	1,968.00	23.50		
Proceedings of the institution of mechanical engineers	TJ	3,483.00	13.50	X	
**Journal of Geochemical Exploration	TN	1,139.00	23.50		
Journal of applied polymer science.	TP	7,300.00	20.50	X	
TOTAL		87,897.28	476.75		

\*Through CARL Uncover  
 \*\* Ranked "2" by faculty in 1996.

<sup>1</sup> Available through Interlibrary Loan  
<sup>2</sup> Available at Steenbock  
<sup>3</sup> Available from Madison



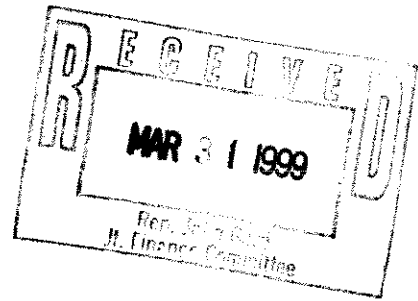
Annual Average Percent Increases  
(1996-99)



University Library Collection Budgets: 4-Year Averages

Chart 4

Linda Blohowiak  
N1829 S. St. Augustine St.  
Pulaski, WI 54162



March 26, 1999

Representative John Gard  
P.O. Box 7882  
Madison, WI 53707

Dear Rep. Gard:

I attended the public hearing in Green Bay on March 26. Although I signed up to speak I was not able to stay long enough to wait for my turn. Enclosed is a copy of what I was prepared to say. Would you please pass it on to the joint finance committee to be added to the other comments from the meeting. Thank you for holding the public hearing, and best wishes to you and the other committee members in making these difficult decisions on behalf of all of us.

Sincerely,

*Linda Blohowiak*

Linda Blohowiak

Good morning,

I would briefly like to discuss two issues with you:

### SSI & W2

First, I would like to ask you to consider the situation that parents who are disabled and unable to work are in. I agree that all able bodied citizens should go to work, but for those unable to work, it appears to me that their only option is to live in poverty, in fact, below poverty level. Living on SSI and AFDC was hard enough. Now they must live on even less (as little as \$648 per month) and it is very difficult. I really think they need our help and I ask you to support an increase in the child supplement to \$250/month for the 1st child and \$150/month for additional children.

### Respite Care

Secondly, I would like to make you aware of the need for respite care. Many citizens in Wisconsin are asking for your help. They may not call you directly, but they come to you through people like me. I coordinate the Respite Care program at the Brown County Association for Retarded Citizens. We are serving over 100 families, but unfortunately, over 150 families are on a waiting list that has continued to grow longer every year over the past ten years that I have been working with the program. Some families have been waiting for as long as eight years.

I have permission from one mother to read to you from her application for the program. This family has a 15 year old son with Pervasive Developmental Disorder which is similar to Autism. She writes . . . "As [child's name] is getting older and bigger in size, his behavior problems at home are escalating. He absolutely can not be left unsupervised even for a short period of time. My husband and I are totally stressed out from the years and years of trying to deal with our son. I frequently see divorce as an option to relieve the constant stress, as I would then probably only have this child in my care every other weekend."

I received 63 referrals last year. We were able to help 8 of them. A few were not eligible, but most are on the waiting list. Currently we have six sources of funding for our respite care program:

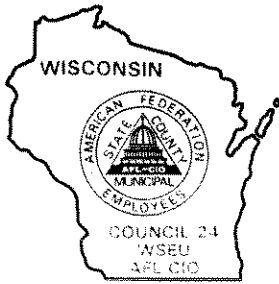
- The Community Options and Community Intergration programs
- The Family Support Program
- Brown County Human Services Dept. (Community Aids and tax levy)
- A grant from the United Way
- A small donation from Service League of Green Bay
- User fees (a co-pay that goes back into the program to serve more people)

Our major outcome for families who have the opportunity to use respite is reduced family stress and instability. I ask for your continued support for the programs that fund respite care and for your support for any bills or funding that make respite care more available to families in Wisconsin that need it.

In closing, I would like to read a quote from a parent who has been helped by respite care . . . "This respite care program is truly a God-send to us. No parents or relatives to help us even for a short period of time. It's good for us and good for our son."

Thank you for your time,

Linda Blohowiak



Martin Beil  
Executive Director

# AFSCME Council 24

## AFL-CIO

WISCONSIN STATE EMPLOYEES UNION

*The Union That Cares*

8033 Excelsior Drive, Suite C, Madison, WI 53717

Phone (608) 836-0024

Fax (608) 836-0222

Gary Lonzo  
President

### Testimony from Bill Fendel, Vice-President AFSCME-Council 24

Wisconsin State Employee's Union

To Joint Committee on Finance

Thursday, April 8, 1999

Racine, Wisconsin

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

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

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

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

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

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

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

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

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

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

Thank you.

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

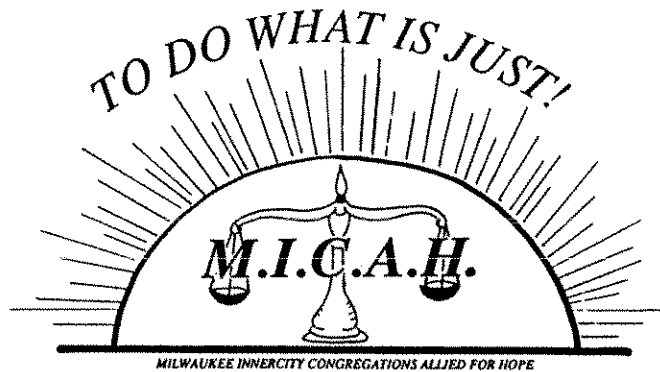
We are a consortium of community, business, social service and religious organizations. We call upon the State of Wisconsin to include at least \$10 million in the annual budget for AODA (Alcohol and Other Drug Abuse) treatment for uninsured people. Ten million dollars is needed in Milwaukee County alone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

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

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

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

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



MILWAUKEE INNERCITY CONGREGATIONS ALLIED FOR HOPE

4011 W. CAPITOL DRIVE, MILWAUKEE, WISCONSIN 53216, (414) 449-0805

TO: State Legislators  
FROM: MICAHA  
RE: Money for AODA Treatment in the state budget

MICAHA (Milwaukee Innercity Congregations Allied for Hope) is comprised of 36 congregations, of ten different religious denominations, in the Milwaukee area. Our combined membership totals more than 30,000. For many years, MICAHA has fought for the funds that are needed to provide treatment for uninsured people who suffer from drug and alcohol addiction.

MICAHA has been joined by other organizations in the struggle to have sufficient money put into the biennial budget so that treatment can be made available. The statement on the back of this page has been endorsed by the Interfaith Conference of Greater Milwaukee, Wisconsin Citizen Action, the Milwaukee Substance Abuse Services Network and the Women in Poverty Initiative. Other organizations are in the process of deciding on their endorsement.

We ask for your help for two reasons:

\*\* As people of faith, we implore you to see the human tragedy of addiction and to recognize that there is hope to restore people to dignity and health with effective treatment.

\*\* As citizens, we call on you to recognize that treatment is far less expensive than prison. AODA treatment is essential if W-2 is to be a success and if we are to reduce crime. We do not ask you to just "throw money" at the problem, but to include a serious process of review and evaluation so that Wisconsin can truly be a leader in the effort to seriously address this tragedy.



Date: 4/8/99

To: Joint Finance Committee Members

From: Patricia Ringwell, PCW  
600 11th Avenue  
Union Grove WI 53182

*Patricia Ringwell*

Re: Support the \$4.00/hr. MA Personal Care Rate Increase.

Thank you for the opportunity to speak to you today. I am a Personal Care Worker (PCW). I go into consumer's homes to help them with personal cares they need to maintain an independent life. I have worked for Society's Assets, a private non-profit independent living center for three years. Without my husband's job, I could not make a living on my check. I can only do this work because my husband's check pays our bills. My check buys, gas, oil changes and maintenance on my car. Without my car, I can't work. I live out in the county where there are no buses. Many PCW's don't have the extra income from a spouse and are the sole support of a family. Most PCW's make under \$8.00/hr. with few benefits.

Some early mornings I get a call to fill in for another aide. As you can imagine, that is difficult to do when I drive out to Waterford, Burlington, or Bohnner's Lake. It is a 20 – 25 mile drive. If I didn't go, there would be an elderly couple or quadriplegic lying in bed all day in urine, and unfed. Of course I go. They count on us to get them out of bed, bathed, dressed, and fed.

I could work as a grocery clerk for \$10.00/hr. with benefits. I can collect garbage for \$12.30/hr. with benefits. Most of the aides/PCW's have a second job to supplement their income. Is it right that the people we rely on to care for our elderly and disabled are valued so low in wage?

If you or your loved ones ever fall into the situation where you must rely on someone else to help you eat, bathe, dress, get out of bed, or use the bathroom, don't you want a professional? If we want to keep the good aides/PCW's, we have to pay them what they are worth, and give them some decent benefits

Please support the \$4.00/hr. MA/Personal Care Reimbursement rate increase so Personal Care Workers can be paid competitive wages and benefits.

Don't let down the elderly and people with disabilities. Help them stay at home and help me continue to do a job I love.

**April 8, 1999**

**Testimony before the Joint Finance Committee**

**Re: Medical Assistance reimbursement for nursing homes.**

I am Dennis Gralinski and I am the president of Saint John's Home of Milwaukee and Sunrise Care Center of Milwaukee. I would like to address one of the issues about which there has been considerable discussion. The issue, which has been advanced by a coalition of nursing homes, nursing home associations and those representing nursing home employees, is the addition to the budget of a "wage pass through" for nursing home workers.

The provision, if adopted, would increase the reimbursement rates paid to nursing homes under the Medical Assistance program. This increase would be targeted to provide increased staffing and/or wage and benefit increases for nursing home employees.

Given today's tight labor market it has become very difficult for nursing homes to attract and retain quality employees at the compensation levels that can be offered. Other than working in a foundry, there is probably no more difficult job than that done by the nurses, nursing assistants and food service, housekeeping and maintenance workers. These are the people we depend on to take care of our mothers, fathers and other family members close to us. Yet they are among the lowest paid people in the community.

While this combination of hard work and low wages leads to significant turnover among nursing home staff, many nurses, nursing assistants and other front line people stick it out because they are committed to providing the best possible care to those for whom they are responsible. Unfortunately, they are sometimes handcuffed in their efforts when nursing homes are forced to operate with less than ideal size and quality staff. As difficult as this issue will be from a financial standpoint for the state, it must be addressed. We owe it to the employees of our nursing homes and, even more importantly, to our mothers, fathers, and other loved ones for whom they provide care.

*Dennis Gralinski*

**DATE:** APRIL 8, 1999

**TO:** JOINT FINANCE COMMITTEE  
PUBLIC HEARING

**FROM:** DEBRA HARRIS  
1121 - OREGON  
RACINE, WI. 53405

**RE:** *WRITTEN TESTIMONY*  
*SUPPORT FOR \$4.00/HOUR RATE INCREASE FOR*  
*MA PERSONAL CARE SERVICES*

I have cerebral palsy and receive personal care services funded by Medical Assistance. Personal Care is a service that allows thousands of Wisconsin older persons and persons with physical disabilities to remain living at home. The service provides help with bathing, dressing, meal preparation and other daily living tasks for people who have chronic health conditions. The state has seriously under-funded the Medicaid rate for this service for years causing some home care agencies to discontinue to provide this service and others to struggle with the problem of recruiting and retaining qualified staff because they cannot pay competitive wages and benefits.

I am concerned to see that Governor Thompson's biennial budget would increase the Personal Care rate in 2001 by 11cents when experts have said that at least \$4.00 per hour increase is needed now so that agencies can attract workers with a living wage and benefits.

I know that the agency which provides my care can't find enough workers to care for all the people like me who need help. And the workers they do get don't stay with the job because they do not get paid enough money to live on. If the agencies that provide in-home personal care can't find workers now because of low reimbursement rates in Medicaid, what will the situation be like in 2001 with only a meager increase?

Your readers should call their legislators and tell them they must do something to help the home care agencies that provide personal care services to stay in business. A substantial rate increase in MA Personal Care must be a priority for the governor and legislators if they really want to keep older persons and people with disabilities out of nursing homes.

Sincerely,

*Debra Ann Harris*  
Debra Harris  
Racine, Wisconsin

DR. NEIL E. PETERSON & ASSOCIATES

5019 W. NORTH AVENUE  
MILWAUKEE, WI 53208  
414-445-8500

My name is Neil E. Peterson. I'm a Pediatric dentist and I practice at 50th and North Avenue in Milwaukee. The great majority of my patients are children on Title 19, most of them in HMO's.

About a month ago I read an article in the Sunday Milwaukee Journal Sentinel that stated cavities were becoming a thing of the past. (Enclosed.) That may be true in the suburbs but where I work there seems to be a dental caries epidemic. It is often the norm to see a child with 20 primary teeth and 8-12 cavities. Problems you wouldn't believe unless you saw it... abscessed teeth, painfully decayed teeth and bleeding gums. Emergency visits are common. Nursing Bottle caries are common place. Dental disease is running rampant and that is NO exaggeration!

Many offices and dentists refer children to me because they don't take Title 19 or because the complexity of treatment and need for behavior management requires specialty care. My schedule is booked up far in advance and the end seems no where in sight. Young Pediatric dentists shy away from this type of practice because the compensation is so low and the stress level so high. I'm fortunate to have a well trained staff to help me some with 25+ years experience.

I've been located here for almost 30 years and I've grown to care deeply for these children. Years ago when the first HMO - Totalcare - was formed, all the pediatric dentists on the staff at Childrens Hospital of Wisconsin were providers. As funds for dentistry were fractioned off by HMO plans that followed Totalcare, the providers dropped out. Why should 40% of the capitation dollars go to "administration" by an insurance company? I know for a fact that the dental IPA was run for 11¢ per patient in the early 1990's. That's when we did it ourselves!

Who knows if all the effort expended at my office is ever going to make a difference? The child with the greatest need receive the lowest funding. Unless increases can be provided for Title 19 dentistry and the middle men cut out of the HMO plans, only a very few dentists like me will continue as providers. I'm beginning to think of retirement or at least slowing down. I joke at the office that "this job would kill an ordinary man" but its not really a joke. The office operates like a MASH unit and we've all experienced burn out.

Now I understand that a card reader is required to identify recipients - \$600 at my expense and another 30¢ each time a patient I.D. card is run through the card reader-also at my expense.

If the capitation rate is around \$3 and the Insurance HMO takes 35-40% and the IPA another 10% and the card reader 10%, what's left to care for the child? It makes me wonder if I'm a humanitarian or a fool. Maybe if we all quit someone at the top would see the light. I'm sorry I can't be available to testify in person - but Thursdays are very busy and I'm scheduled ahead well in August, September, and October. Enclosed is a copy of my schedule for Thursday April 8, 1999. It's a free day from school and we're doing as many check-ups as we can. I've called in extra staff to be ready but 1/2 these phone numbers are disconnected and our show rate will likely be about 45%. We have to overbook to compensate. Thank you for your consideration of these problems which are specific to the Title 19 dental plan.

*Neil E. Peterson D.D.S. 4-7-99*

# The whole tooth

## Dentists say we are nearing advent of a 'cavity-free society'

By Neil D. Rosenberg  
of the Journal Sentinel staff

Chicago — America is on the verge of wiping out dental cavities, according to the nation's top dental official.

A child born in 1999 in the United States who has access to decent dental care will likely grow into adulthood free of cavities, said Harold C. Slavkin, director of the National Institutes of Health's National Institute of Dental Research. He spoke Friday between sessions of the Chicago Dental Society's annual meeting, which attracted more

than 10,000 dentists, dental assistants and hygienists.

Even now, 55% of U.S. youngsters ages 5 through 17 are cavity-free, more than twice the 26% no-cavity rate in 1974, according to data from the dental research institute. In fact, Slavkin said, 80% of all cavities in this age group are in only 20% of youngsters, typically the poor and others with limited access to dental care.

Slavkin's own four children, ages 31 to 37, are the prototype. "None of my children ever had a cavity," he said.

Please see TETH page 10

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Today we called 23 Pediatric dentists listed in the Milwaukee yellow pages:

- 17 dentists took no Title 19 at all
- 4 dentists would except some straight Title 19
- 2 dentists limited participation to some HMO's

THURSDAY APRIL 8, 1999

SPRING RECESS

DR. PETERSON/ HYGIENE DAY!!

HYGIENE

8:30	Diamond CHS HYG. Lakeisha CHS HYG. 9:00 Markell CHS HYG. Thomas CHS HYG. Clairene P HYG.	<i>Catrina XIX</i>	8:30	Marissa PC Aciana CHS
9:30	Ossie CHS HYG. 10:00 Shakia PC HYG. Candice PC HYG. Jahmiya I HYG.	<i>Jameral XIX</i>	9:00	Aaron XIX Niyah I Lavance PC Alfonzo P. Demario CHS Demetrius CHS
10:00	Joseph PC N HYG. Kaderja CHS N HYG.	<i>Austin N R/S</i>	10:00	Terrence PC Don PC
10:30	Darnell CHS N HYG. 10:00 Michael WHO N HYG. Jeremy PC N HYG. Taurean PC N HYG.		10:30	Latoya PC Racquel CHS Lance WHO Cocoa WHO Luciano MXC
11:00	Donovan PC N HYG.		11:00	Herbert MXC N
1:00	Alicia N XIX HYG. 1:00 Dorothy PC HYG. Allen CHS N HYG.	<i>Ayanne CHS</i>	1:00	Deangelo PC Carmen XIX Brittany XIX Nesby PC N
1:30	Frank PC N HYG. Aalyah MHS HYG. Joshua XIX HYG. Kenneth XIX HYG. Anthony MHS HYG. Azince MHS HYG.		1:30	Curtis XIX Isiah PC Montae I Montia I Eleane I Courtney I N
2:00	Sonya PC HYG. Teahara PC HYG. Marquita WHO HYG. LaDraya PC HYG.		2:00	Cquini PC Iesha PC Shyron PC Rebecca PC
2:30	Craig WHO HYG. Jocqites WHO HYG.		2:30	Coniasha WHO N Charles XIX N Tiera PC
3:00	Tavares PC HYG.		3:00	Abram WHO
3:30	Marquitis WHO HYG. 2:00 Ralphail PC HYG. K.L. OP PC HYG. Angelo PC HYG.		3:00	Lucy WHO Jovan MXC Eric I Erica I Kiana I
4:00	Lemonica WHO HYG. Juan Jr. N CHS HYG.		4:00	
9:30	<i>Relo WHO OP PER NCP</i>		9:30	<i>Joseph I Eric I Corey I Andre I</i>

THURSDAY APRIL 8, 1999

The following testimonials are provided for you from parents that have participated in various home visiting programs in the county. The first letter was sent to the home visitors two years after the mother's involvement in the program. This mother got involved in a voluntary home visiting program after the death of her husband. She has three children and was involved in the program for approximately ten months at which time she moved out of state. The second letter was written by a mother who was very new to the community. She became involved in a voluntary home visiting program and was visited about once a month. This family found the information, support, and resources needed to get acclimated to the community. (See attached letters)

The following are quotes from parents participating in home visitation programs provided throughout Fond du Lac County. Names have been changed to preserve confidentiality.

When asked what they like about the home visitation program they replied:

"Everything...especially the baby proofing. Some things I didn't think of made Seth safer."

"Like to do the parent and child activities"

"I do more activities with Susie now, because you showed me how"

"I like to see how my child develops...from the different age groups"

"You being there helps relieve stress for me after a busy day"

"You show me how to play with the kids when they are so demanding after work"

"I wish you could come twice a week"

"Other parents experience the same things I do"

"I like to know that my kid is developing on track"

"Talking about the frustrations without feeling inadequate"

"Refreshes things you know, but neglect"

"Sometimes I had problems fitting it in my schedule, but all in all when it was over I had a good feeling, somewhat like church on Sundays"

"Interacting...child's behavior improving...family participation"

"Thank-you for helping our family"

"Meeting and talking about ways to work things out"

"Discussing and showing us how to parent"

"Gave us the strength to use our parenting skills"

"They took me to places (showed me) where things were" (Community resources)

"They had special parenting programs"

"They showed us there are more ways to teach kids the rules"

The home visiting programs in Fond du Lac County have increased parents' awareness of child development, increased communication and problem solving skills, provided structure to often chaotic households, taught non-violent child rearing techniques, empowered parents, connected families to community resources, provided parents the opportunity to network with other parents, offered individual and group activities pertaining to various areas of development, and offered parents a chance to voice frustration with parenting in the safety of their own home. Because home visiting programs are received in such a positive, non-threatening way Fond du Lac County is convinced that we need to provide more services that are considered preventive in nature. We believe that we have the greatest impact at the birth of a child. This is why funding for primary prevention is so important to us. Please read the following position paper that explains why the 1% is so needed in Fond du Lac County.

This Position Paper represents the view points of the home visiting program, Parents as Teachers, of Fond du Lac County. Parents as Teachers represents a partnership including: Fond du Lac County Social Services, Fond du Lac County Birth-3, Fond du Lac County Public Health, University of Wisconsin Extension, The Family Resource Center of Fond du Lac County, WIC, Fond du Lac and North Fond du Lac School Districts, and Head Start of Fond du Lac County. This is a county-wide initiative with the primary objective of facilitating a universal easily accessible home visitation program.

Although, specialized home visiting programs exist through Public health, Department of Social Services, The Family Resource Center and Birth to Three, the demand for services has increased; limited resources have slowed most program growth and development. Program specific eligibility criteria, limited capacity to serve, waiting lists, decreased funding, and staffing restrictions have prevented universal access to many programs, particularly Parents as Teachers. With all of the efforts in the county combined, we are able to serve less than 25% of families wanting or needing services. Additional funding would allow this county to expand the scope of the universal accessible home visiting program, allow flexibility to individualize programs, and expand the Family Resource Center to serve other families in the county thereby impacting families in a positive way.

The Parents as Teachers program of Fond du Lac County believes that each child living in this community has a right to be safe, nurtured and cared for, allowing his/her optimal development. This early home visiting program recognizes that parents are our most valuable resource in achieving these rights for our children. We believe to build successful families, our community must create an environment in which parents can meet the needs of their children. Parents as Teachers provide services to families with prevention of child abuse and neglect as a driving force. Participating parents obtain the skills and access to resources needed to be the best possible parents they can be.

Whereas, the State of Wisconsin adopted 1997 Act 283 (Truth in Sentencing Act) which requires the Department of Health and Family Services to "submit a request for funding for child abuse prevention efforts in an amount equal to or greater than 1% of the total proposed budget of the Department of Corrections" and the focus of the funds from Act 283 should be on primary prevention of child abuse and neglect, which means preventing abuse before it happens in the first place. We believe communities need support to work with and build on research-proven successes of home visitation programs and family resource centers. We also believe that communities need to use strategies which reach out to all families beginning around the time of birth. Please consider increasing funding home visitation programs because of the positive impact they have on the families in communities.

Therefore, be it resolved that the Parents as Teachers program of Fond du Lac County supports efforts to increase state resources to enable our Department of Human Services to develop and expand primary child abuse and neglect programs. We further believe that we need to preserve, maintain, and build on primary prevention initiatives that already exist in the state. We urge the Governor and Legislators to implement the directive in Act 283 and allocate to counties the equivalent of at least 1% of the Department of Corrections Budget. We are asking you to support the 1% for prevention that was adopted in the Truth and Sentencing Act. This money would have a significant impact on families living in Fond du Lac County and throughout our State. Thank-you for your consideration of this most important primary prevention initiative. You may contact Kristeen Christian, Parents as Teachers Coordinator at (920) 929-3464 with any questions.



# In Home Parenting Testimonial From Jan and Mary

Dear Mary,

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

I have so many things  
in my life to be thankful for  
and the two of you are a big  
part of it. You taught me  
so much. The success my kids  
are reaching today are because  
of the ways to raise them  
came from you

... has become  
an exceptional athlete, center on  
offense and defensive-end on  
defense, he's even been bringing  
homework home, and doing it.

This past summer he was working  
at times 3 jobs. We are very  
proud parents.

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

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

date to a movie but (she doesn't know that) . . . told her under-  
no-uncertain terms was she  
going any where with a boy that  
old. I know him and his family,  
she would be perfectly safe

is very involved in  
school activities. She plays volleyball,  
runs track, learning tennis, tries  
to play basketball (too short), tries  
out for all the plays, sings choir at  
school and church, is in church  
youth group, and anything else  
she can get into. Yes, we are happy.  
She gets excellent grades. Her goal  
is to go to the University of Northern  
Iowa to become a school teacher.

UNI is in Cedar Falls which is  
about 30 minutes from home.

She knows what she wants and  
is going for it. I think she is  
13 going on 21. Oh, ~~God~~ am I,  
ever in trouble I ~~just~~ just realized  
she is 14. Man has time flew  
by. If she knew I'd be in big  
trouble. Sometimes I sit and

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

is just as the  
youngest should be. Freckles  
on his face and every where,  
skinny, one dimple, and full  
of trouble. The trouble I think  
was passed on by his brother.

I keep reminding myself of  
the talks we use to have.

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

the season rolls around and just hanging out with his buddies, playing football & soccer mostly.

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

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

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

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

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

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

Cecily M Well



October 20, 1998

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

To Whom It May Concern:

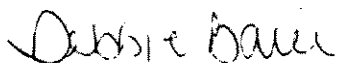
Tonight my husband, my 6 year-old son and I had the wonderful opportunity to attend one of the Parents as Teachers workshops. The workshop tonight focused on discussions and demonstrations of Fire Safety and Stranger Awareness. The fire department and police department did an excellent job of explaining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

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

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

Thank you.

Sincerely,



Debbie Baier  
80 Pioneer Court  
Fond du Lac, WI 54935

## IN-HOME PARENTING TESTIMONIAL

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

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

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

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

JM:lcj  
4/6/99  
J2178

Joint Legislative Committee on Finance  
Racine....April 8, 1999

Ladies & Gentlemen of Joint Finance:

My condolences. The Governor's Budget has placed you in a most unenviable position. You can either perpetuate the insult & injury this Budget inflicts upon our most vulnerable. Or, you can promote reasonable levels of financial aid for our citizens who must rely on the public sector safety net to help hold their fragile lives together. I'm talking about the mentally ill, the developmentally disabled, abused & neglected children, the aged, physically handicapped, and those recovering from the ravages of alcohol & drugs. You know...the kind of people who will be directly affected by the constriction of Community Aids, Medical Assistance and Community Options Program (COP) resources; i.e., those who have no high powered, Madison lobbyist to plead their case.

A brief word on these essential revenues which support human service needs:

- ◆ **Community Aids (CA)**: Please see the attached chart which depicts the impact of the 1999, 2.9% cut on our local mental health and DD services. Cuts affect real people...our customers--your constituents! The 2.9% cut has been rolled into the 2000-01, Governor's Budget presented to you. The CA supported component of our human services system isn't even treading water; it's sinking!
- ◆ **Medical Assistance (MA)**: The 1% increase for only one year of the budget is appreciated, but it won't even come close to stemming the practice of limiting access to MA recipients, especially in mental health. Question: what is the rationale behind +1% in MA, and nothing for CA? Are the populations really that different? I would submit they are not, and the lack of increase in CA is discriminatory. Also worthy of mention is the fact that the CIP 1B Community Integration Program (CIP) daily rate of \$48.33 has not changed since 1994. That's a real slap in the face to the developmentally disabled.
- ◆ **Community Options Program (COP)**: "Woefully inadequate," "seems inconsistent with Family Care," says Coalition of WI Aging Groups' (CWAG) 2/22/99 *Legislative Update*.

Now to **Family Care**, which is really individual care—but later for the etymology of this public relations inspired program name. High marks to the Administration for its fortitude in tackling long term care reform. Let's be fiscally realistic though. True long term care reform will cost. Blending three, chronically under funded revenue streams into one big pot will not make it.

04/06/99

Recommendations:

**CA:** Increase 3% in each year. Delete performance based payments if aids not increased or base performance pay on imaginative service reduction strategies.

**MA:** Increase 2% each year. Adjust the CIP 1B rate for inflationary increases retro to 1994, the last year 1B was increased.

**COP:** Increase COP slots in an amount sufficient to eradicate 50% of the January, 1999 waiting list....estimate about 5,000 new slots.

**FAMILY CARE:**

- Pilot both State and alternate models of long term care reform.
- Keep majority of risk on the broadest shoulders, i.e., the State, not county or consumer.
- Seek Federal waivers in 4 to 6, not 2 year, increments before requiring open competition.
- DON'T RUSH: It took over a decade to achieve full implementation on a statewide basis for the Medicaid/AFDC HMO program. And that was with a primarily young and healthy population! Why must long term care reform affecting thousands of elderly and disabled persons be accomplished so hastily?
- Let us all reconcile ourselves to the real costs of reform.

Thank you for your concerned attention to my comments. I have the utmost confidence you will do the right thing.



Ron Frederick, Director  
Kenosha County Division of Disability Services  
3800 Washington Road  
Kenosha WI 53144

# WHAT COMMUNITY AIDS (CA) CUTS CRUNCH

## at the Kenosha County Division of Disability Services

Based on a no-growth Governor's Budget for 2000-01, a 2.9% cut in 1999, and calculating a modest inflationary increase of 2% since 1996, the Division of Disability Services will have sustained a purchasing power loss of \$649,446 by the end of 2001. That's quite a CRUNCH! Just making up the 1999 loss of \$146,113 in Community Aids, translates into the following potential reductions/eliminations on an annualized basis.

Service	1998 Unit Costs/Persons Served	Potential Impact of \$146,113 Cut
Community Support Program (CSP) for Mentally Ill Persons	Person Cost: \$3,914 Persons Served: 167	Reduce by 10 persons (-\$39,910)
Care Management to Developmentally Disabled Adults	Person Cost: \$726 Persons Served: 380	Reduce by 20 persons (-\$14,520)
Work Related/Day Services to Developmentally Disabled Adults	Person Cost: \$1,429 Persons Served: 459	Reduce by 15 persons (-\$21,435)
Out Patient Counseling @ Oakwood Clinical	Person Cost: \$279 Persons Served: 490	Reduce by 25 persons (-\$6,975)
Med Management & In-Patient M.D. Services by Psychiatrists	Person Cost: \$452 Persons Served: 425	Reduce by 15 persons (-\$6,780)
Residential Care: -Adult Family Homes (AFH) -Community Based Residential Facilities (CBRF)	AFH Person Cost: \$34,287. Persons: 121  CBRF Person Cost: \$11,984. Persons: 155	Reduce by 2 persons (-\$68,574)  Reduce by 2 persons (-\$23,968)
Local Psychiatric Hospitalization	718 Days of Care @ \$434 per Day	Reduce 10 days of care (-\$4,380)
Adult Shelter	807 Days of Care @ \$195 per Day	Reduce 50 days of care (-\$9,750)
Adult Crisis	Program Cost: \$118,246	Eliminate Program "Save" \$118,246
Alcohol-Drug Council	Prevention Programs	Eliminate Programs "Save" \$30,000

Some combination of the above reductions/eliminations will prove necessary if the Kenosha County Division of Disability Services is to avoid a deficit in the immediate future.

**COMMUNITY AIDS (CA) REVENUES COMPARED: 1996 - 1999, PROJECTED 2000 - 2001**

Revenue Source (Contracted)	1996	1997	1998	1999	2000	2001
AODA Block Grant	326,369	327,273	326,821	326,821	326,821	326,821
Basic County Allocation	4,380,601	4,339,824	4,374,300	4,228,187	4,228,187	4,228,187
Mental Health Block Grant	72,813	72,813	72,813	72,813	72,813	72,813
<b>Community Aids Totals</b>	<b>4,779,783</b>	<b>4,739,910</b>	<b>4,773,934</b>	<b>4,627,821</b>	<b>4,627,821</b>	<b>4,627,821</b>

**PURCHASING POWER DECLINE**

	(1) 1996	(2) 1997	(3) 1998	(4) 1999	(5) 2000	(6) 2001
Actual Community Aids Funding (A)	4,779,783	4,739,910	4,773,934	4,627,821	4,627,821	4,627,821
2% Inflation (B)	0	95,596 (A1) x 2%	97,508 (C2) x 2%	99,458 (C3) x 2%	101,447 (C4) x 2%	103,476 (C5) x 2%
Community Aids Funding with 2% Increase - Base 1996 (C)	4,779,783	4,875,379 (C1) + (B2)	4,972,886 (B3) + (C2)	5,072,344 (B4) + (C3)	5,173,791 (B5) + (C4)	5,277,267 (B6) + (C5)
Difference between actual Community Aids Funding & Adjusted for Inflation Community Aids = (A) - (C)	0	(135,469)	(198,952)	(444,523)	(545,970)	(649,446)

\* This 2.9% (\$146,113) cut in Community Aids, stems from a Federal Social Services Block Grant (SDBG) reduction passed through to County in 1999.

# Right From The Start Coalition of Wisconsin

1202 Northport Avenue, Room 444  
Madison, Wisconsin 53704  
(608) 242-6422; FAX (608) 242-6293

## ANOTHER FIRST FOR WISCONSIN?

The Truth in Sentencing Act (1997 Wisconsin Act 283) offers Wisconsin the opportunity to be the first state in the nation to link preventing crime and other social problems with the rising costs of punishing crime. The Act (Section 29) directs the Secretary of the Department of Health and Family Services to request an amount equivalent to 1% or greater of the total Department of Corrections budget (\$1.76 billion) for the prevention of child abuse – the most important underlying cause of juvenile and adult crime.

The next step is to fund the prevention promise of the Truth in Sentencing Act in the next biennium budget.

The *Right From The Start Coalition*, representing organizations and individuals devoted to the primary prevention of child abuse and neglect, is working to insure that the promise of the Truth in Sentencing Act is kept.

The *Right From The Start Coalition* recommends the following:

- The promise of the Truth in Sentencing Act should be fulfilled by allocating new money for the prevention of child abuse and neglect.
- The new funds should be dedicated to the primary prevention of child abuse and neglect before they occur by making family resources and home visitation available to the parents of all Wisconsin newborns. The most effective prevention begins before and at childbirth.
- The new funds should be made available to local jurisdictions with sufficient flexibility to permit designing and implementing programs that fit local circumstances and that draw upon local funding sources.

## **Proposed Motion to Joint Committee on Finance**

The purpose of this motion is to provide the fiscal resources required to implement the intent of Section 29 of 1997 Wisconsin Act 283 (Truth in Sentencing Act).

1. A sum sufficient equal to 1% of the total amounts appropriated and estimated to be expended from all sources for the Department of Corrections for each fiscal year as shown in the schedule under s. 20.005 (3) will be used for grants to a statewide Child Abuse and Neglect Primary Prevention Initiative to be administered by the Department of Health and Family Services.
2. These funds shall be distributed to community planning/coordinating bodies as designated by counties or tribes and representing the ethnic, socio-economic, and geographic composition of the community according to a formula based on the number of annual births. Priority shall be given to building on existing primary prevention services. The goal shall be to offer all parents of newborn children family resource and home visitation services.
3. Each county or tribe receiving these funds shall provide an annual report to the Department of Health and Family Services detailing the services provided, the number of families using these services, and the status of key child development indicators.
4. The Department of Health and Family Services shall submit an annual report on the status of Child Abuse and Neglect Primary Prevention Initiative to the Governor, Attorney General, and Legislature.



# **CHILD ABUSE AND NEGLECT PRIMARY PREVENTION INITIATIVE**

## **Legislative Considerations**

**(Implementing Section 29 of 1997 Wisconsin Act 283, Truth in Sentencing Act)**

1. Additional funding equal to 1% of the Department of Corrections budget for each biennium shall be allocated to the Department of Health and Family Services for a statewide Child Abuse and Neglect Primary Prevention Initiative.
2. The goal of this Initiative is to increase the accessibility of family resource and home visitation services for the parents of all newborns in Wisconsin.
3. Funds shall be allocated according to a formula based on the number of births in each county or tribe.
4. Prior to receiving funds each county or tribe shall submit a plan to DHFS that includes the following elements:
  - Have the goal of offering family resource and home visitation services to all parents of newborn children.
  - Be developed by a local planning/coordinating body, with priority given to working through or building on existing prevention planning/coordinating entities. This planning entity must include individuals or organizations representing the racial, socio-economic, and geographic diversity of the community.
  - Build on existing services and programs currently working to prevent the initial occurrence of child abuse and neglect, including home visitation programs and family resource centers.
  - Include assurances that high-risk families are a priority for receiving services.
  - Develop programs/services that have measurable outcomes and a mechanism to evaluate them.
  - Assure that services are available to both parents on a voluntary basis.
5. Services and programs offered shall not discriminate based on parents'/caregivers' race, religion, socio-economic status, marital status, age, or sexual orientation.
6. Each county or tribe receiving these funds shall provide an annual report to DHFS detailing
  - the services provided, the number of families using these services, and program outcomes.
  - child well-being indicators as identified by DHFS (e.g., infant mortality, child abuse and neglect reports, domestic violence reports, prenatal care, well baby care, and immunizations).
7. DHFS shall submit an annual report on the status of this program to the Governor, Attorney General, and Legislature.



RACINE COUNTY COURT HOUSE  
1931

730 Wisconsin Avenue

**RACINE, WISCONSIN**

53403

COUNTY EXECUTIVE  
JEAN M. JACOBSON

PHONE 414-636-3118

April 8, 1999

To the Honorable Members of the Joint Committee on Finance:

I want to take this opportunity to welcome the Joint Committee to Racine County, and to thank you for holding this hearing here. While this County is home to two of you, Senator Plache and Representative Porter, all Senators and Representatives are paid with the tax dollars of all the citizens of Wisconsin. By bringing State Government to the people, as opposed to staying in Madison, you are demonstrating your knowledge that your "employers" live in all parts of this great state and your willingness to listen to what they all have to say.

The specific purpose of this letter is to ask you to remove from the Governor's proposed budget those statutory changes relating to the full implementation of Family Care. Here are my reasons for that request:

- ❖ **The statutory language is not necessary at this time.** Over the years, Wisconsin has developed a responsible way of examining changes in human services programs. Ideas are developed into pilot programs, which are implemented in different counties over reasonable amounts of time. This system allows the strengths and weaknesses of the programs to evolve and become evident, and permits the programs to be reworked with that knowledge. When the programs are finally adopted statewide, via the implementation of new statutory language, every county knows that they have been tried and found to be successful. That is not the case this time. The statutory language included in the budget fits pilots that have not had a chance to show how they work or if they work. The legislature will only have to do the job again later, changing the language to fit the way the pilots show us the program should be run. Only language specifically necessary to run the pilots needs to be included in this budget.

- ❖ **Family Care does not have widespread support.** Many aspects of the program being piloted now have not received the support of associations representing the potential consumers of the program, their advocates or the counties which will administer the program. The concerns of these groups, so integrally involved in the entire process, need to be addressed as the pilots progress. The fact that the concerns exist at their current levels should indicate that the final language in the budget is likely flawed and will require some adjustments as time passes.
- ❖ **The inclusion of the language creates mistrust.** Once the language in the budget relating to long term care is passed, the whole idea of "pilots" can be scrapped and the new program implemented in all counties at once – with no trial period. Since this program, as indicated above, does not have – except as a pilot idea – the support of many stakeholders, you must realize that it looks like the Department of Health and Family Services is trying to steamroller its ideas over the people it claims to serve and to work with. These important relationships can be preserved if the language that would enable the program to be imposed at once is eliminated.
- ❖ **The language creates the potential to take county government out of the Family Care picture.** Wisconsin has chosen to administer Human Services on a county level even though the great majority of other states do so on a statewide basis. One reason we do it the way we do is that we recognize that county government is closer to the people receiving the services and is more responsive to their concerns. After all, they are our relatives, friends and neighbors. Put yourself in their shoes: if a problem arises with this new and untried system, who would you rather call – a local official whom you know, or some CEO for an insurance company who neither lives nor works in your community? Take counties out of Family Care, and I can assure you that costs will increase – look at how much more it costs the state to administer the programs it "took away" from Milwaukee County – and satisfaction will decrease.

I do not want any of my objections to including the unnecessary language to give you the idea that I oppose the redesign of Long Term Care. On the contrary, on behalf of the Wisconsin County Executives and Administrators Association, the Wisconsin Counties Association and the Wisconsin Counties Human Services Association, my staff and I have participated on numerous committees and stakeholders meetings relating to this project. We fully support the pilot projects

Joint Committee on Finance  
April 8, 1999  
Page Three

and we fervently hope and believe that the end result will be a system that better cares for its intended consumers.

This is essential because those consumers are among our most vulnerable citizens – the elderly and the disabled. This program will impact on how they live, where they live, what level of independence they have and what level of care they receive. It will determine the service delivery system they will interact with for the rest of their lives. Surely, these people deserve the best program we can develop. They do not deserve one that may look wonderful on paper but has never been proven in actual use.

Frankly, I do not understand the rush to implement the new Family Care program. Wisconsin's Human Services system is considered one of the best in the nation. Programs developed here are regularly copied throughout the nation. In the state, I am pleased to say, the Racine County Human Services Department is recognized for its excellence. We have piloted many state programs in the past, are doing so now, and fully expect to do so again in the future. We support the pilot program idea and its careful and thoughtful administration.

I urge you, if you care for Wisconsin's elderly and disabled, if you want to preserve the excellent reputation of our Human Services System, if you want to keep Counties as your allies in the provision of those services: Please remove the unnecessary statutory language related to Family Care from the biennial budget.

Sincerely,



Jean M. Jacobson  
Racine County Executive  
President, Wisconsin County Executives and Administrators Association

April 8, 1999

Ms. Anita R. Toomajanian  
1100 Fountain Hills Drive, #103  
Racine, WI. 53406-3769

**RE: SUPPORT FOR \$4.00 INCREASE IN MEDICAL ASSISTANCE PERSONAL CARE RATE**

Dear Joint Finance Committee Members:

I am here today to ask for your support for a \$4.00 an hour increase in the Medical Assistance Personal Care rate. I am aware that the governor's budget has only approved a 1% increase (11 cents) in this rate for the year 2001. I cannot imagine why only a 1% increase in this rate has been recommended when this service is so critical to the lives of people with disabilities and the elderly.

Many agencies that provide this service can barely keep up with rising overhead costs now much less give workers the increase in wages and benefits needed. Workers are harder and harder to find who will do this work, not because they don't want to but because they can work at a fast food chain or store and make more money. With unemployment very low everywhere, competition for home care workers becomes more and more difficult.

Let me briefly enlighten you on my life and my utmost concerns on this matter. I am sure you will see how vital these personal care services are to the disabled.

I have had Cerebral Palsy since birth and have many physical limitations. I use a wheelchair to get around as I have very little use of my arms and legs. I am also nonverbal. I need help with all of my personal care needs. For example, I need assistance with bathrooming, bathing, eating, preparing food, dressing, grooming, getting in and out of bed, house chores, shopping, transportation, etc. I will need Medical Assistance Personal Care Services all of my life in order to live independently and be an active member of our society.

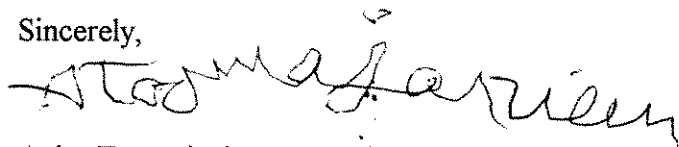
I am a vibrant young woman of 40. I do not need to be in a nursing home. Please remember that Medical Assistance Personal Care will cost the state far less than resorting to a nursing home.

Please, we need your support in order to help the Medical Assistance Personal Care Program continue. Please support the \$4.00 an hour increase in the reimbursement rate of this service so workers can receive better wages and benefits and so we can find and keep quality Personal Care Workers.

This program is vital to our independence.

Thank you for allowing me to give this testimonial. People with disabilities and the elderly need your full support!

Sincerely,

A handwritten signature in cursive script that reads "Anita Toomajanian". The signature is written in black ink and is positioned above the printed name.

Anita Toomajanian

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**June Price**

3576 South 43rd Street, #32  
Milwaukee, WI 53220-1550

Telephone & Facsimile: 414.541.2848  
Electronic mail: PriceZRite@aol.com

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Wednesday, April 7, 1999

Joint Finance Committee  
Wisconsin State Capitol  
Madison, WI 53702

Dear Finance Committee Chair and members:

For 19 years, I've lived on my own in a rent-subsidized apartment — despite needing to rely on others for all of my personal care and housekeeping needs. Without this invaluable help, I would be dead. No, that is not an exaggeration; it is fact.

My progressive physical disability — spinal muscular atrophy — results in my having a fragile body and highly specialized needs. I cannot be lifted or moved or helped by just anybody, with or without a certificate declaring their expertise. My workers must be trained in how to specifically help me without hurting me. One slightly wrong move and I suffer months of pain and immobility. Because of this, I cannot rely on most home health agencies that send just anyone — it must be someone specifically trained to assist me.

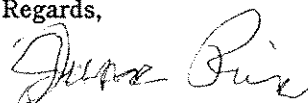
But these people are hard to hard — and the search is made much harder with the pathetically low rates these workers are paid. I've been told new workers cannot be found. Without this help, I'm forced to move to a nursing home. But in a nursing home, I'd never get workers specifically trained to help me; I'd get *just anyone*. Within hours, I'd be severely hurt; in days, I'd no doubt be dead.

The bottom line is that those of us with special needs are competing with McDonald's for help. Workers are faced with the choice of whether they prefer wiping someone's butt or flipping a burger when they're paid more to flip burgers.

Please raise the pay for personal care workers and others who provide this invaluable care of us citizens with the greatest needs.

Thank you.

Regards,



June Price

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

Joint Finance Committee  
State Capitol  
Madison, Wisconsin

Dear Committee:

We all live at Clare Woods Apartments, rent-subsidized apartments for people with physical disabilities. We rely on Personal Care Workers to help with all of our care including dressing, bathing, toileting, grooming, and feeding in addition to helping with laundry and light housekeeping. Without these workers, we would be forced to move into a nursing home.

It is becoming increasingly difficult to find and keep good workers because the pay is so low and there are no insurance benefits offered. We can't find workers and neither can the agencies helping us.

Please increase the pay for Personal Care workers so we can remain living in our apartment and not have to go into a nursing home!

Thank you.

<u>Name</u>	<u>Apartment #</u>
EGANET A BLACKTON	# 16
Jean Anderson	# 26
Pennis Kelley	# 21
Gail Rorder jr	# 13
Lisa Berg jr	# 27
Jim Pinci	# 32
Richard S. Winski	# 24
Mary C. Mookan	# 2



Name

Apartment #

William G. Armeroy

# 30

d. J. P. ...

Roger L. ... # 8.

James Lee # 29

## Join Finance Committee:

I have been working as a pcw for 2 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a pcw program.

The same is why good pcw's are quitting - we just can't afford to work at these wages.

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

Please support the \$4.00 rate increase to agencies for MA personal care.

Date 4/6/99

PCW Signature:  
Mikhail Sterenzov