

This picture was drawn by John, age 5. John participated in the I AM Special Program. The words are his own.

- ▶ Children of alcoholics are more at risk for alcoholism and other drug abuse than children of non-alcoholics.

This is my
mom
at the
bar.



Sometimes
I pretend
Daddy's
beer
and I'm
drunk!

ALCOHOL & OTHER DRUGS COUNCIL OF KENOSHA COUNTY
Impact of Community Aids Funding on Program Services
Joint Finance Committee Budget Hearing
April 8, 1999

Executive Summary

Community Aids funds a number of programs at the Alcohol & Other Drugs Council. For example, \$35,000 from the Kenosha County Division of Disability Services supports I AM SPECIAL, BABES, FAST, and Community Awareness; \$31,000 from the Division of Children & Family Services funds the Children's Safe House and the Voices for Children CASA Program.

I AM SPECIAL is a six-week support group program for children, aged five through 12, whose parents are recovering and/or have identified substance abuse problems in their lives.

BABES (Beginning Alcohol and Addictions Basic Education Studies) Program is designed to help children, aged three through eight, develop positive living skills.

FAST (Families & Schools Together) is a curriculum-based prevention and early intervention program designed to help parents 1) work more harmoniously with school staff to ensure a successful educational experience for their child and 2) develop and enhance positive parenting skills.

Community Awareness Services are based on the concept that prevention is an active, ongoing, community-wide process of creating conditions and personal attributes that promote the well-being of people.

The **Children's Safe House** is a group foster home with a capacity of eight (8) beds and provides services designed to assist families in crises, prevent the abuse and neglect of children, and increase family stability.

Voices for Children CASA (Court Appointed Special Advocate) Program provides services to children under the age of 12 who are adjudicated to be in need of protection and services due to abuse and neglect.

Evaluation of these programs indicates that they make a difference in people's lives and these programs are not provided elsewhere in the community. **The Board of Directors of the Alcohol & Other Drugs Council urges the State Legislature to increase the Community Aids appropriation in the 1999-2000 biennial budget by at least 3% in each year of the biennium.**

ALCOHOL & OTHER DRUGS COUNCIL OF KENOSHA COUNTY
Impact of Community Aids Funding on Program Services

Community Aids supports a number of programs at the Alcohol & Other Drugs Council. For example, \$35,000 from the Kenosha County Division of Disability Services funds I AM SPECIAL, BABES, FAST, and Community Awareness; \$31,000 from the Division of Children & Family Services funds the Children's Safe House and the Voices for Children CASA Program.

I AM SPECIAL is a six-week support group program for children, aged five through 12, whose parents are recovering or have identified substance abuse problems in their lives. The purpose of the program is to help children learn 1) more about alcohol and other drugs and their effects on families, and 2) how to deal with their feelings regarding alcohol and other drugs in positive ways. In 1998, almost 50% of the children served in the program were living in a home where one parent was actively using/abusing drugs.

- ★ 100% of the children participating in the 1998 program were able to:
 - ▶ State the difference between legal, illegal and prescription drugs;
 - ▶ State three negative ways alcohol and other drugs impact their life;
 - ▶ State three ways they can deal with their anger without hurting themselves or others;
 - ▶ Identify three resources that they can go to if they are in trouble or need support.

BABES (Beginning Alcohol and Addictions Basic Education Studies) Program is designed to help children, aged three through eight, develop positive living skills. The overall objectives of the program are to 1) promote the importance of the value of self worth; 2) encourage youth to maintain good personal health; 3) educate youth on alcohol and other drug addictions; and, 4) promote a healthy, drug-free lifestyle. In 1998, 34 BABES presentations were provided to 628 children at 18 different sites throughout Kenosha County. Fifty-eight percent (58%) of the children attended schools in the western part of the County.

- ★ In the program evaluation, teachers commented that BABES was a positive, beneficial program with important messages for children to learn. As one teacher said, "It is important for children to know the facts early."

FAST (Families & Schools Together) is a curriculum-based prevention and early intervention program designed to help parents 1) work more harmoniously with school staff to ensure a successful educational experience for their child and 2) develop and enhance positive parenting skills. In 1998, 76 families participated in seven 12-week FAST sessions at four sites. Program evaluation results show that:

- ★ 100% of the participating teachers reported a reduction in at least one negative behavior in students participating in the FAST Program;
- ★ 91% of participating parents reported that participation in the program strengthened their relationship with their child;
- ★ 80% of participating parents reported that they had improved their parenting skills while participating in the program.

Community Awareness Services are based on the idea that prevention is an active, ongoing, community-wide process of creating conditions and personal attributes that promote the well-being of people. Services are designed to educate the public on the positive factors that result in healthy lifestyles, as well as the negative consequences of substance abuse.

- ★ Council staff responds to almost 500 individual requests for information each year. The most common requests are for information on substance abuse, self-help group meetings, and parenting classes.
- ★ More than 1,500 people visit the Council booth at the Kenosha County Fair.
- ★ Special awareness campaigns include the Holiday Drunk Driving Campaign, Safe Snowmobiling, and Safe Boating.
- ★ Each year, the Alcohol and Other Drugs Council provides 20 - 25 presentations on various substance abuse issues to approximately 2,000 people in Kenosha County.
- ★ Each year, the Council distributes over 10,000 pieces of literature relating to alcohol and other drug abuse.
- ★ More than 150 videos are available to the community through a lending library.
- ★ The Council also maintains a Web Page which provides substance abuse information and links to other informational websites.

The **Children's Safe House** is a freestanding facility at 1630 - 56th Street in Kenosha, WI.

The State of Wisconsin licenses the large two-story house as a group foster home with a capacity of eight (8) beds. The facility has seven bedrooms with cribs and single beds, a large play area, a living and dining area and a well-equipped kitchen. A small wing attached to the house provides a conference/education room, and three offices, two of which are suitable for counseling. Services offered at the Safe House are designed to help families in crises, prevent the abuse and neglect of children, and increase family stability.

In 1998, the total unduplicated number of children served at the Safe House was 278. Of this number, 218 children received child care services with 139 children utilizing 3,319 days of long term child care (average of 23.9 days per child) and 159 children utilizing 4,721 hours of short term child care (average of 29.7 hours per child). One hundred three (103) children from 52 families received 2,836 hours of Family Support Services including youth activities and support, in home support, and participation at the Parent Training Center. One hundred forty-one (141) parents attended the Parenting Classes. Of these 114 (81%) completed the entire 10-week series. Twenty-six parents (18%) voluntarily attended and completed more than one series. Twenty-two of these parents had originally been court-ordered to attend the classes. Evaluation of Children's Safe House services show that:

- ★ None of the families utilizing the Crisis Nursery at the CSH received any substantiated reports of child abuse and neglect.
- ★ Of the 33 children served in the Youth Outreach Program, only one had contact with the police; that child was kept out of detention by intensifying outreach services.
- ★ 98% of the parents participating in the Parenting Classes report that they feel more confident in their parenting skills; 92% report that their relationship with their child has improved.
- ★ The Safe House takes care of drug affected babies who may be hard to place in foster care because of the physical and psychological effects of the drugs. The average stay at the Children's Safe House for these children in 1998 was 120 days.
- ★ The Safe House is large enough to accommodate siblings. In 1998, there were six groups of two-siblings and five groups of three or more placed at the Safe House. Research shows that siblings support each other in their adjustment to trauma and loss.

Voices for Children CASA (Court Appointed Special Advocate) Program provides services to children under the age of 12 who are adjudicated to be in need of protection and services due to abuse and neglect. Through the Project, the Juvenile Court Judge appoints highly trained volunteer advocates to carefully monitor and advocate for the best interests of the child in assigned abuse and neglect cases. The CASA Program was developed following the tragic death of toddler Drake London. Highlights of the Program in 1998 include:

- ★ Two CASA volunteers were trained and assigned cases in October.
- ★ A total of 7 children from 3 families were served by these volunteers.
- ★ The volunteers spent 54 hours providing home visits, collateral contacts, contacts with the assigned social worker, and appearing in juvenile court.
- ★ None of the children served by the CASA program have received any further substantiated reports of child abuse and neglect while participating in the program.
- ★ Eight (8) additional volunteers have been recruited and are currently being trained.

Recommendation

These programs work. They help families and are not provided elsewhere in the community.

Please increase the Community Aids appropriation by at least 3% in each year of the biennium to ensure the continuation of these important services.

April 6, 1999

To Whom It May Concern:

My name is Patricia Stanczak and I am writing this statement as a Court Appointed Special Advocate volunteer for abused and neglected children. I am writing to ask you to please continue or increase funding for the Alcohol and Drug Council, of which CASA is a part. I contribute not only my time but my mileage, since I feel that the Council needs every penny it has to use on its many programs.

As a volunteer for well over a year, I see the good we are doing by making weekly home visits with abused and neglected children and their parents. Due to the extreme overload of cases that social workers handle, it is physically impossible for them to go to each house each week to make sure the children are all right. The CASA worker, with a limit of one or two cases, is able to make those weekly visits and observe what is going on in the home. Anything that might concern the Social Worker is immediately reported.

I understand that Social Services has many cases in which they would like us to get involved but, at this time, we only have two volunteers limited to one or two cases each. We need funding to continue our one-year-old program and to train many new volunteers. Many children have died or been severely injured because they have been returned to their homes and no one has been able to keep a close eye on what is going on. That is what we do.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Stanczak". The signature is written in black ink and is positioned above the typed name and address.

Patricia Stanczak
8640 111th Avenue
Pleasant Prairie, WI 53158

April 7, 1999

State Budget Hearing

To Whom It May Concern:

I am writing this letter as a 19 year Child Protective Worker who has extensively worked with numerous services in the Kenosha County Community. In particular, my purpose is to relate my praise for the Safehouse Programs and hope to ensure ongoing funding for it's invaluable community services. The Facility and its' Outreach Youth Programs provide professional, caring and in-dept services for the children and families of Kenosha County.

The Safehouse Facility temporarily houses up to 8 children in need of alternate placement. The Director, Jean Ptaska and her staff are extremely caring professionals who go out of their way to cooperate and coordinate with department workers and other systems they work with. The Facility provides a warm, comfortable environment for the children placed there. They are astute to the children's abilities, emotions and needs. Their ability to work with parents and families is commendable.

Their Outreach Programs of Parenting Classes, Day Care, and Youth Activities are some of the best in this community. The Youth Activity Program provides the younger children we services with positive role modeling and positive structure activities. Most of the children in this program come from dysfunctional families and have extensive emotional and behavioral problems which prohibits them from engaging in other Community Youth Groups. If not for this program these children would have no ability to experience the activities, and the team and group concepts these programs provide. One of the activities is a summer baseball team. Last summer, having 2 children on the team I attended one of the games. It was obvious these children had little talent and no experience on how to be part of team or a team player. I observed the staff diligently handling the children, their outbursts and inabilities, in a positive, nurturing way impressing the concept of fair team play.

Once again, I cannot stress enough the need to continue funding for these invaluable services in our community.

Thank you for giving me the opportunity to address this issue.

Sincerely,



Mrs. Kathleen Fliess, Child Protective Worker
Division of Child and Family Services

April 8, 1999

Members of the Joint Finance Committee:

My name is Mary Hockwalt and I am the Director of Goodwill programs in Kenosha County. Goodwill Industries of Southeastern Wisconsin and Metropolitan Chicago, Inc. serves 20,000 economically disadvantaged and disabled throughout southeastern Wisconsin. We are a non-profit agency committed to serving the individuals in the communities that we live.

The proposed 1999-2001 biennium budget has impact for the families that Goodwill serves. It is imperative in a period of critical shortage of workers and competitive workforce that consideration is given to increases in the budget that support a quality workforce for Wisconsin and services for its citizens. Specifically these areas are:

Economically disadvantaged – The Wisconsin Works (W-2) program reports fewer individuals receiving grants. The efforts of the Wisconsin Department of the Workforce Development have been instrumental in assisting many individuals toward economic self-sufficiency. However, more needs to be accomplished. Individuals in the job market, because of a desire to improve their economic situation or because of a loss of a job, need assistance. Job centers and workforce development centers, mandated by the state of Wisconsin to be established throughout Wisconsin, are resources for these persons. Inadequate funding for these mandated resources jeopardizes these effective collaborative services that connect people to employment opportunities.

Long-term care – Services that support our growing elderly population and the disabled population are in crisis. A critical shortage and high turnover rates of front-line workers is affecting all service providers. An increase in the Medicaid rates targeted toward a living wage for the people who take care of the individuals should be seriously considered in this budget.

Early Childhood Initiatives – The initiatives in the Governor's budget that increase resources for the healthy development of young children are important steps for the state of Wisconsin. Any effort that raise the awareness of the importance of the early years and also increases educational and caregiving settings for parents and young children will create rich and productive environments for our citizens. By increasing the availability of child care, the number of early childhood educators and resources that help parents, the following are potential effects for the community: 1) working families experience less absenteeism at the workplace and are more productive employees; 2) children are in appropriate educational and caregiving settings; and 3) more workers are available because their children can be cared for appropriately.

Through services that Goodwill provides throughout the region, we are very well aware of the needs and barriers that the families of the economically disadvantaged and disabled and elderly face daily. Money is not the only solution to addressing these critical and vital issues, but it is a very important one for the state to consider for its constituents.

Sincerely,



Mary L. Hockwalt

Director, Goodwill Programs, Kenosha

MILWAUKEE HUMAN SERVICES COALITION

4906 W. FOND DU LAC AVE.
MILWAUKEE, WI 53216
414-449-4777

Position Statement

The 2.9 Million Dollar Cuts in Community Aids for Milwaukee

The organizations making up the Milwaukee Human Services Coalition believe that the \$2,900,000 cut in Community Aids for 1999 will have a severe impact on the Milwaukee community which continues to struggle to provide support and service to persons and families in need. Elderly, people with disabilities, children, homeless families and others in crisis need every dollar of support which community aids provides.

This is a community crisis which must be addressed immediately. Without any relief from the State of Wisconsin, the community will experience 15% across the board cuts in emergency services, day services, AODA treatment, mental health programs and programs which help people with disabilities, including children, live independently in the community.

For example, 428 persons with mental health issues will not receive outpatient treatment; 550 persons with AODA treatment needs will be denied help; 25 developmentally disabled adults will be denied residential services; 92 children will not be provided day treatment services and 280 children will go without temporary shelter; 128 children in the Birth to Three program will be suspended; and 2080 shelter nights for families will be eliminated.

Communities across Wisconsin are experiencing a 2.9% cut in Community Aids for 1999, while the Milwaukee community is experiencing the equivalent of a 13% cut. Milwaukee County has made repeated attempts to have the Department of Health and Family Services address this issue and has not received a satisfactory response. This inequity must be addressed by the Wisconsin State Legislature because of its public concern for the welfare of the Milwaukee community.

To deal with the short term crisis, we request that the Wisconsin State Legislature, through the Joint Finance Committee, use 2.9 million dollars in its emergency contingency fund to solve this major problem; and we request that this be done during the month of March in order to prevent Milwaukee County from having to make cuts in support and services which are already in place for 1999.

To deal with the long term issue, we request that the Wisconsin State Legislature establish a work group to address some of the issues relating to public policies associated with Community Aids funding for Wisconsin communities. The Federal cuts which have been taking place during the last ten years have resulted in dramatic cuts in needed community services for all people in need. We believe that we need a new Wisconsin policy which can address the issue of Federal cuts within the Community Aids program and its impact on local communities.

Without action on these two issues, the future of the Milwaukee and other Wisconsin communities, in providing necessary support and services for individuals and families in need, is bleak.

February 11, 1999

Third Draft

To Whom it May Concern,

As a single mom of 4 children three of them teenagers ages 18, 17, and 15 who I consider at risk teenagers. I am currently receiving services from Kenosha County ranging from in home therapy to being involved with the Dept. of Long Term Care and Aging. I was diagnosed in 1997 with Systemic Lupus and Rheumatoid Arthritis and Depression. I receive

Social Security Disability
and require such services as
help with housekeeping, getting
to and from Medical Appointments
and having adaptive equipment
in my home. I strongly urge
you to re-examine and bring
the funding for this program
and not give it to be jacked
to house inmates.

Respectfully,
Stephanie Hollick.

To Whom It May Concern,

I'm writing to tell you how important Community Impact Program means to myself. I have been given wonderful support I've had a lot of problems with my child & the faculty of this program has become involved and helped solve problems within our household. I've worked with this program on 2 different occasions, and both times we've had great communication in fact the program allowed me someone to talk & vent to. We believe all these programs are very beneficial to our children.

My brother is a foster parent and some of his children are or have been on these programs, I find it especially important to keep these programs functioning for these children.

Community Impact is our line of communication within our family. It has been very wonderful to us.

Thank You Jackie Talbot

4-8-77

To whom it may concern;

I am a homeless woman with 3 children ages 11, 10, 7 years. I am currently living in the Stalom Emergency housing center. I am also enrolled in W-2 program.

I am getting a High School Diploma and studying computer programs.

The father of my children lives in Florida, has no contact or pays no support for his children. No one cares do anything about his ~~son~~ abandonment of his children leaving us penniless & homeless.

Without these programs my children and I will never make it. We will live in poverty continuously, because I haven't got the education to support my children. If you take our money and use it for prisons you might as well build a lot of them for higher

Crime rates from people
like us who are
struggling to survive
and earn a better living
and way of life!

Sincerely
Jacalyn Miller
Jacalyn Miller

4.7-99

To whom it may concern:

My name is Karen Jefferson and my nephew Damon Travis is in an state program Kinship, E.D.G.E. It would hurt if there is an cut or drop on any of the said programs. So please support these programs because it means a lot to these children.

Yours Respectfully
Karen Jefferson

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
A non profit, charitable agency



MEMORANDUM

To: Senator Kim Plache
Representative Cloyd Porter

From: Barbara Chaussee

Subject: Budget Allocations [AGAINST]

Date: April 7, 1999

As a Racine County resident, I want you to know that I am deeply mortified about the Governor's proposed biennial budget which drastically slashes funds for community services, specifically the Community Aids, and undermines Youth Aids services. More needs to be done to enhance preventative services for our youth - not less. It appears the basic philosophy is to mandate more and fund less. As dedicated and creative as human services staff are, they cannot work miracles while their foundation is being eroded.

Please use whatever resources you have to correct this serious undermining of community services. Thank you.

Barb Chaussee

2314 Geneva ST.

Racine, WI 53402

Beverly Biedron-Turner
3110-15th Street
Kenosha, WI 53144

April 5, 1999

TO WHOM IT MAY CONCERN:

I am aware that funding may be in jeopardy for "at risk" youth. I believe that it is essential to maintain funding for prevention, intervention, and community-based programs. This will be cost effective in the long run. It not only helps the taxpayers of this community, but it helps the youth and families being served. This is definitely a "win/win" situation.

As the parent of a youth who is not at risk, I also benefit from the services community-based programming provides. My child, a new high school student this year, was threatened and approached with violence. Workers in place at the high school level through community-based programming were there to help diffuse the situation. Help was available for all youth involved as a result of having a county funded program in place at the high school level. Again, we witness a "win/win" situation.

As parents, citizens and leaders of the community, how could we be willing to make such cuts?

I ask that you reconsider your position and increase funding in the targeted areas of need.

Sincerely,


Beverly Biedron-Turner

To: Senator Kimberly M. Plache

From: Amy Lamb, Assistant Supervisor of Family Strengths/ Parent Mentoring Program

My name is Amy Lamb. I am currently working at Professional Services Group and Community Impact Programs as the Assistant Supervisor of the Family Strengths/ Parent Mentoring Program.

I am writing to you about the Governor's budget proposal for 2000 -01. The proposal now does not restore the previous 2.9% cut nor does it provide an increase in Community Aides funding above the 1998 level. This proposed minimal increase in the Youth Aid funding will be offset by increases in the cost of State Juvenile Correctional Institutions, Title 19/Medical Assistance providers will only see a maximum of 1% increase and the planned roll out of the Family Care Plan will further reduce Community Aids Funding by 22%.

In the Family Strengths/ Parent Mentoring program our goal is to keep families together and reunify them. We help keep children out of foster care and help them move out of foster care faster. Which is saving all of us money. With the current proposal programs like this and many others will be cut or eliminated. Many of these programs are preventive and early intervention services. It is very obvious just by watching the news that the Corrections system is not the answer for many people. This can be seen by the fact that new adult prisons are being built constantly. The population in the adult system is only going up and will continue steadily if not faster if the prevention and intervention programs are cut and eliminated. Why not give our youth a fair chance and keep these programs that help around for them. It can only help our future not hurt.

Respectfully Submitted,


Amy Lamb, BSW

Family Strengths/ Parent Mentoring Assistant Supervisor



NORTHWEST GENERAL HOSPITAL

5310 WEST CAPITOL DRIVE • MILWAUKEE, WISCONSIN 53216 • 414 / 447-8543

April 8, 1999

Dear Joint Finance Committee Members:

I am writing to you today on behalf of Northwest General Hospital to alert you to some serious concerns we have with the 1999-2001 state budget as currently proposed.

Northwest General Hospital is a not-for-profit facility located in Milwaukee and serving the northwest area of the inner city. In addition to acute inpatient services, Northwest General Hospital also provides outpatient services, alcohol and drug abuse inpatient and outpatient services, pre-natal care coordination services, and child care coordination services.

The budget, as currently proposed, will have some far-reaching implications for health care in our state and our communities. Because you may not be aware of its total impact, I am providing you with our assessment of its provision:

The budget proposes to freeze medical assistance rates for care provided in Wisconsin hospitals for the biennium. A small 1% increase in outpatient rates is provided in the second year. The budget also begins the first two years of a process to cut back on the state's financial support for training the physicians Wisconsin will need in the future.

Both of these proposals are troubling for a number of reasons:

1. Wisconsin is purposefully foregoing almost \$14 million federal dollars that could be brought into our state to support health care. The medical assistance base rate freeze and medical education cuts mean that not only will the state's commitment of general purpose dollars be lost, but so will the federal matching funds. For each 40 cents committed by the state to medical assistance programs, 60 cents is funded by the federal government, which translates into a loss of almost \$14 million dollars in federal dollars.
2. The medical assistance funding issue is playing out at the same time Wisconsin hospitals and health systems are bracing for huge cuts in Medicare payments under the Balanced Budget Act of 1997. These cuts began in fiscal year 1999 and will play out through fiscal year 2002. Over that time frame, this will result in cuts of around \$770 million dollars. Over the state's biennium alone, Medicare is projected to take about \$347 million dollars out of Wisconsin's health care system.

For Northwest General Hospital, the combined effect of the freezes and cuts imposed by these two programs on our bottom line over the biennium is \$860,448 dollars, which is a substantial amount of money for our hospital.

3. Cuts of this magnitude will have troubling implications for our community. They cannot simply be absorbed through "becoming more efficient." (It should be noted that, based on federal Medicare data, Wisconsin health care providers are already some of the most efficient in the country.)

These cuts can only be dealt with in one of two ways:

- a) eliminate or reduce needed services to the community such as the very needed Child Care Coordination and Alcohol and Drug Abuse services, to mention only a few, or
- b) shift costs to individual patients or employers who provide and pay for health insurance coverage for their employees

Currently, almost \$80 million dollars in medical assistance payment shortfalls alone are shifted to the private sector annually. This budget proposal will increase that number to about \$88 million dollars in the first year of the biennium and about \$93 million dollars in the second year.

4. These cuts come at a time when health care, like other industries in Wisconsin, is finding it difficult to recruit and retain qualified personnel to serve our patients.

Currently at Northwest General Hospital, the following job categories fall victim to vacancies, recruiting challenges, and turnover: Nurse Anesthetist, Certified Nursing Assistant, Dietary Aide, Dietetic Technician, Nursing Secretary, Medical Technologist, Radiologic Technologist, Pharmacist, Admitting Clerks, RNs, and LPNs.

A freeze in medical assistance rates make it difficult, if not impossible, to give our staff even a cost of living increase, much less make it an attractive place to work for new employees.

5. Finally, there is an element in the budget on which we need your help and which does not have financial implications for the state. The current statutory requirements on criminal background checks have taken a concept that has some merit and turned it into a quagmire.

For example, we have lost good applicants who have not been willing to go through the cumbersome "Rehabilitation Review" process and have elected to work in other industries. Some applicants have simply been overwhelmed with the requirement of the review process, despite having limited patient contact. Long term employees who have exemplary employment records, who have committed crimes in their youth, are subject to banishment from our industry.

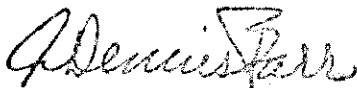
Many employees are living in fear that minor records in the past will result in their dismissal despite our assurance to the contrary. Some, I believe, have left the industry rather than go through the process. Hardest hit are those individuals who work in Alcohol and Drug Treatment. For many years, we have derived some of our best counselors from the ranks of recovered alcohol and drug users. This group, because of their illness, has a much higher incidence of involvement with the law, and hence, is much more vulnerable to the provisions of this law.

We respectfully request that you support the following:

- a) an inflationary increase of 2.4% in the first year and 2.6% in the second year for medical assistance hospital inpatient and outpatient rates (\$7.1 million GPR);
- b) restoration of the medical assistance funding for medical education (\$2.5 million GPR);
- c) the \$2.4 million dollars in the proposed budget to fund a medical assistance supplement, which is designed to assist those providers experiencing increases in charity care due to welfare reform; and
- d) adoption of a reasonable set of requirements for hospitals and nursing homes to perform criminal background checks on employees

Thank you very much for the opportunity to share some of our thoughts with you today. These are important issues to consider in maintaining a quality health care system in Wisconsin, something I'm certain we all want to accomplish.

Sincerely,



C. Dennis Barr
President/CEO

CDB/jdf

2106 - 63RD STREET
KENOSHA, WISCONSIN 53143

to whom ever this may Concern
My Family have been involved with Community
Impact. for a long while, I'm happy with the services
I get from them with my Childrens. I have two daughters
that are in the program, they seems to want to
help the Childrens that need help, give them a
lot of things to get involved with, show them
how to grow up, and be young women's and-
mens, the staff that take up time with my kids
are so nice, with them, they do things with -
my girls that I can't do with them like do -
activities with them get them to do things
that I would love to do with them but I
cant because I have other Childrens, and
I work full time at a Nursing home and I'm
not always home for them, some of them even
do house checks on my kids that are on-
house arrest, We all need a Community Impact
for families like ~~my~~ mine's and a whole lot's
of other families,

Betty Platt
is family

4-5-99,

to who ever this may concern,

My family has been with communited impact for some years. they have helped me so many time with my ~~family~~ family. My Girls seem so much in control when they are in their lifes I have 2 kids that are enbilled with them now, they give me suport when I need them. when I need to talk about something. About My kids in trouble, they go to court, and do things with them that I really don't time to do with them I think that there should auld be a Communited Impact Program for Families like mine, with kids that need ~~costism~~ help from others - who seems to care and understand how a family is ~~supose~~ to be, with eoen others, We need more help like Communited impact services, My two Daughters name are Tanika Cools & Melanie Cools, 14-15 years old I know that they need Communited impact and so do I because I have 3 younger kids, to bring up and ~~if~~ if there's no Communited impact what am are they - gonna do when they get into some trouble & just go to court and have noone to speak up for them, have noone to have time to talk to them, or no help at all ~~to~~ We need to have Communited impact around a little longer.

Concern, Betty Platt
and family,

April 8, 1999

Assistive technology are devices ranging from pencil grips to power wheelchairs. It can help people turn on lights, use computers, read books, do homework, cook, clean, work independently, and so much more. Assistive technology enables people with disabilities to have access to employment, school, independent living and social activities with increasing independence. It helps people with disabilities attain goals that would otherwise be unattainable. However, in Wisconsin access to assistive technology by individuals with disabilities is in serious jeopardy.

Currently, Wisconsin residents with disabilities have access to a variety of services to help them attain necessary assistive technology through projects funded by the State Tech Act project known as WisTech. Funding for that project was reauthorized in 1998 through Technology Related Assistance to Individuals with Disabilities Act. However, funding was reduced and that project will receive a 50 percent cut, continue for the next three years and then end. In Wisconsin, there is no other comparable legislation or funding to provide technology related assistance to people with disabilities.

As an advocate with the Wisconsin Coalition for Advocacy on our assistive technology project, I work extensively with and on behalf of people with disabilities who are having difficulty obtaining the assistive technology they need to lead productive lives. I know first hand both the benefit assistive technology can have in an individual's life and the tragedy when it is unattainable.

I have worked with a 17 year old student who has cerebral palsy without the ability to speak on his own. Recently, he was able to work with his school district, the Division of Vocational Rehabilitation, and his county to purchase a communication device that is allowing him to have a voice for the very first time.

I assisted a 5 year old wheelchair user obtain an elevating seating system that allows him to independently move his chair to various heights so that he can eat with his family, work at school tables with peers, get into bed on his own, and use the bathroom on his own. He is a very happy and independent little boy.

Funding for assistive technology services is critical at the State level. Wisconsin residents with disabilities deserve the right to have access to assistive devices that will help them become independent, contributing members to our communities. WCA supports the continued funding of assistive technology services for Wisconsin Residents to include funding and appropriations for state-based assistive technology

programs through GPR dollars.

Once funded, assistive technology programs and services must include:

- ▶ Accessibility of assistive technology for individuals from all disability groups regardless of age, geographic areas and across environments such as independent living, education, employment and community integration.
- ▶ Consumer control and direction in planning, choice of services, providers, and consumer driven implementation of assistive technology services.
- ▶ Collaboration across already existing assistive technology programs.
- ▶ A system that places the primary focus on individual need.
- ▶ Development and implementation of state legislation appropriating funding for assistive technology services.
- ▶ Coordinate a systematic approach to making assistive technology, information and services available to citizens of Wisconsin.
- ▶ Funding mechanisms for individuals, not systems, that will include public, private, and individual resources (as appropriate) to obtain services and assistive devices.
- ▶ Build upon existing service delivery network and expand into new systems that are proposed as part of the redesigned state human service system.

Wisconsin citizens with disabilities are counting on you to help ensure that they have access to the assistive technology that they need to be productive members of our society. Please give them that opportunity.

Sincerely,



Terri Fuller Thomas, M.S.
Advocacy Specialist

Good morning(or afternoon)

My name is Ross Boone. I live in Kenosha County in the Village of Twin Lakes.

I am a member of:
the Kenosha County Commission on Aging,
the Board of the Southeastern Wisconsin Area Agency on Aging,
the Senior Action Council,
the Coalition of Wisconsin Aging Groups,
the State Aging Advisory Council,
and the Wisconsin Retired Public Employees AFSCME Chapter 7.

I speak in support of the Governor's proposed Family Care plan.

I support the proposal because I want each citizen to be living in their own home for as long as possible. And, I want whatever services the citizen does receive to be supplied in the least expensive way. I believe the Governor's Family Care proposal is a step in the right direction.

The first step was the Community Options Program. The big problem with Community Options is that services provided under Community Options are not an entitlement, but services provided in a nursing home are an entitlement.

As I understand it, the proposed Family Care plan includes a request for a waiver to obtain Medicaid funding. The plan would be to have federal, state, and county dollars follow services, not locations, as happens at present.

The dollars would not be restricted to only services supplied in a nursing home location. Not only does this give the citizens and professionals more options, it is cheaper to provide services when there are more options. The Community Options Program demonstrates this.

So, if I need help with taking medications, or eating, or bathing why should I be restricted to getting Medicaid dollars only if I am in a nursing home? If it is cheaper to give me the same services in my home, why should the state require me to go to a nursing home to access the dollars?

In addition to having dollars follow services to more locations than just nursing homes, the Family Care plan calls for making evaluations and decisions about appropriate services in local resource centers that are separated from the point of delivery of services.

We presently have an Aging and Disability Resource Center in Kenosha County. We want to keep it. My understanding is that it would be more comprehensive under the Governor's proposal.

I think that the Governor's Family Care plan should include the long term care councils it originally had. They would provide local oversight and could replace the long term support committees of the Community Options Program.

Also, I think the title, Family Care, should be changed I do not know what it should be called, maybe something to do with community. But, it is really not a proposal for Family Care.

In summary, I support the Governor's proposal. It really can give more options and provide services cheaper.

THANK YOU!

Ross Boone

LEGISLATIVE SPEECH 4/8/99

Good ^{day} ~~morning~~ and thank you for this opportunity to voice my thoughts,

I am here to speak to you about equalizing state funding for Racine County Handicapped Education Board and to align handicapped education boards funding with that of individual school districts state reimbursement.

I am a teacher and resident of Racine County. I have worked with children who have special needs and handicaps for the past 18 years. I chose this career to help students learn no matter what barriers they may encounter, and to help guide them to be productive, happy adults.

Recently, this nation and state have promoted excellence in education goals for both students and teachers. I feel that I have always given 100% plus for my students and that the majority have gone into adulthood as successful, employable adults.

I have further assured the deliverance of quality education by earning a Master's Degree, 3 teaching licenses, and I am working to obtain a 4th. I can truly say that I have given these students the type of quality education that I would want for my own child.

Now, because of a lack of legislative foresight and thought-----all this striving for Excellence will be ended.

Since there are only 4 handicapped boards ^{education} left in Wisconsin---present legislation is Condemning them to death.

I feel that you, as competent and caring legislators, should ask yourselves why these 4 Children's Handicapped Boards ^{Education} are still in existence. Is this due to a book-keeping oversight in the laws? Or Is it because of the quality of staff dedication and services provided, in addition to parental support?-----to which Wisconsin standards in education

are striving for.

Please reconsider a funding amendment to present legislation to bring equitable funding to County handicapped education boards with that of individual school districts. And, keep true to your promises and goals as legislators to promote a continuance of excellence in Wisconsin schools.

*Thank you for your time,
Cathy Becker
Muskegon County Resident &
Educator*

To: The Honorable Members of the Joint Committee on Finance

From: Frances Petrick RN, NHA
Administrator
Ridgewood Care Center

The purpose of this memo is to provide written testimony on my views about specific areas in the 1999-2001 State budget that I believe need to be addressed and changed.

I am the Nursing Home Administrator at Ridgewood Care Center, a nursing home owned and operated by Racine County. I have worked for Ridgewood Care Center since 1980. Prior to taking the post of Administrator in April of 1998, I was the Director of Nurses.

The four areas that I will address are: Family Care, the Intergovernmental Transfer Program, the Medicaid nursing home formula re-basing and the seven percent wage pass through proposed by the Coalition for Quality Nursing Home Care.

Family Care

Family Care should not be implemented until the pilot projects are concluded and the data can be thoroughly analyzed by an independent third party. I have studied the proposal and I do not believe that the full fiscal implications of Family Care have been realized. In Racine County, I do not believe that there are sufficient resources in the community to care for the clients. There is a terrible shortage of certified nursing assistants and it is predicted that a nursing shortage is approximately one year away. Wisconsin Home care Agencies are closing at an alarming rate due to insufficient Medicaid and Medicare reimbursement.

The Family Care Program may indeed be an innovative and successful alternative to the provision of long term care in Wisconsin. In order to make Family Care the best that it can be, I respectfully request that implementation be taken one step at a time and that the 1999-2001 budget include money for financing the pilot projects only.

Page Two

Written Testimony to the Joint Committee on Finance
Submitted by Frances Petrick

Medicaid Rate Increase

The Medicaid nursing home formula inadequately reimburses nursing homes. In 1997-1999 budget, there was a \$46.9 million cut from the formula. Most of this cut, \$41.8 million came from the direct care cost center. This is the cost center that provides the wages and benefits for nurses and certified nursing assistants.

The proposed budget includes a 1.77% increase to re-base the Medicaid formula the first year and a 1 % rate increase the second year. This re-basing of the Medicaid nursing home formula will result in a \$132,378. annual reduction in Ridgewood Care Center's Medicaid revenues.

I believe that this proposal is irresponsible. The proposed Medicaid re-basing of the nursing home formula severely impacts nursing homes financial viability.

At Ridgewood Care Center, 84 % of our residents have Medicaid as their payer source. For every resident who is on Medicaid, Ridgewood loses \$51.47 each day. Our annual Medicaid deficit is \$2,628,006.

Nursing homes that participate in the Medicaid program cannot deny admission to a resident on Medicaid. In fact to do so is illegal. We cannot make decisions on a prospective resident's ability to pay. Therefore nursing homes have no control over their census. Historically, revenue from the Medicare Program and Private Pay patients was used to offset the Medicaid deficit. This is no longer the case, as the average Medicaid population in Wisconsin nursing homes is 65 %.

The people in our nursing homes are depending on all of us to ensure that they are receiving quality care. In order to provide quality of care, nursing homes need to be reimbursed fairly. On what basis can a reduction in the Medicaid nursing home formula rates be justified? This Medicaid formula re-basing increase of 1.77 % is deceptive. It is not an increase, but a decrease. It is for this reason that I

Page Three

Written Testimony to the Joint Committee on Finance

Submitted by Frances Petrick

respectfully request that the Medicaid Nursing Home rate be increased by 3.3 % each year or at the bare minimum at least at the rate of inflation.

Intergovernmental Transfer Program

The Intergovernmental Transfer Program (ITP) was established in 1992. This program allowed the state of Wisconsin to use County homes; Title XIX allowable expenses to secure federal matching dollars.

County homes typically care for individuals with the most complex and challenging care needs that other nursing homes will not care for. These high need residents are also the high cost residents.

The Intergovernmental Transfer Program provided enough dollars for Wisconsin to fully reimburse the county nursing homes for their losses and had additional funds left over to use for other state expenses. In fact from, 1992 - 1995, that is how the program worked.

Unfortunately, since 1995 the amount of funds returned to the county nursing homes has decreased. The homes' expenses are not being reimbursed despite the fact that it is the losses from the county homes that is generating an increase in ITP.

This policy of utilizing more and more of these matching Federal dollars for purposes other than reducing the deficits of County nursing homes is driving County nursing homes out of business. . Our own Racine County Board has recently studied the future of Ridgewood Care Center. This will have an adverse effect on Wisconsin citizens in need of specialized care that is provided in these nursing homes. Also, this practice will eliminate the Federal dollars generated from ITP. If there are no County Homes, there will be no ITP.

It is for these reasons that I am respectfully requesting that at least \$72 million dollars of ITP funds be distributed to County nursing homes to reduce the operating deficits each year.

Page Four

Written Testimony to the Joint Committee on Finance
Submitted by Frances Petrick

Wage Pass Through Proposal

There is a critical Certified Nursing Assistant (CNA) shortage in Wisconsin. This is affecting how well a nursing home can provide care to the residents. Historically at Ridgewood, our wages and benefits offered to nursing assistants were higher than other nursing homes in the area so we did not experience any recruitment or retention problems. One and one-half years ago, over 100 applications for employment were waiting to be screened for an interview. In 1998, this dramatically changed. We actually had to advertise for nurse aides for the first time in 18 years. Today, we have no applications waiting to be screened for interviews, and we have vacancies on the schedule that cannot be filled with overtime or agency help.

For various reasons, CNA are leaving the profession and/or are not entering into it. A nurse aide's job is very demanding. As I am sure you must know, not everyone is cut out to be a nurse aide. First, you have to want to help people, have a great deal of patience and you have to know how to treat people. Being a nurse aide isn't a glamorous profession. You have to deal with many adversities in your daily job, such as death, suffering and pain. You have to handle medical waste and human body fluids. You have to physically exert yourself, lifting, carrying, and racing the halls to answer the resident's calls. We all know that job satisfaction is not entirely linked to compensation, but let's face reality. Nurse aides have to make a living and often must support a family on their income alone.

Last session, the Legislature passed bills to increase nursing home staffing. Unfortunately, the bill did not contain any additional funding for nursing homes to pay for the increased staffing.

Nursing homes are severely constrained in their ability to provide better wages and benefits for nurse aides, because of our heavy reliance on the inadequate Medicaid program. Typically, when a business experiences a shortage of qualified workers, the business responds by offering higher wages, enhanced benefits and improved working conditions. Ridgewood Care Center and other nursing homes cannot respond in this manner, because we cannot afford it. Our hands are tied. So we sit back and watch our qualified CNA'S leave to work at Wal-Mart, Pic & Save, and Burger King. The Department of Health and Family Services report a 54 %

Page Five

Written Testimony to the Joint Committee on Finance
Submitted by Frances Petrick

turnover rate in full-time nursing home employees and even more shocking, a 76 % turnover rate of part-time workers. One of the necessities of providing quality care is to have a stable staff.

We need this 7 % wage pass through so we can continue to care for the elderly, infirm, and disabled patients in our nursing homes. Without the wage pass through, or a similar relief, nursing homes will be forced to refuse admissions or worse yet, accept admissions even though they do not have enough staff to care for the patients adequately. It is for these reasons that I respectfully ask you to support an amendment to include the Coalition's proposal for a seven-percent wage pass-through to nursing homes.

Thank you for taking the time to read my testimony and thank you in advance for your careful consideration. If you have any questions, please call me at (414) 554-2200. I will happy to speak with you on this matter.

INTERGOVERNMENTAL TRANSFER PROGRAM

The facilities in Wisconsin that care for individuals with the most complex and challenging care needs are at risk of being forced out of business due to state policy. County nursing homes in Wisconsin have historically accepted the individuals who privately run facilities routinely turn away. Accepting these high-need, high-cost individuals obviously has an effect on a facility's bottom line.

In recognition of this unique nature of county homes, the Intergovernmental Transfer Program (ITP) was established in 1992. This program allowed the state of Wisconsin to use county homes' Title XIX allowable expenses to garner federal matching dollars.

This federal "matching" program provides enough dollars for Wisconsin to fully reimburse county homes for their losses and have additional funds left to use for other state expenses. From 1992-1995 that is how the program worked. Since 1995, however, despite continuous increases in the amount of federal funds coming to Wisconsin, the state has returned a decreasing share of those funds to reimburse county losses and utilized the difference to supplant General Purpose Revenues (GPR) (see chart).

(in millions)

| Fiscal Year | County Nursing Home Certified Losses | Fed. Funds Received to Cover Those Losses | Funds Returned to Counties | Taxes Paid by County Property Taxpayers for Funds Received by State |
|--------------|--------------------------------------|---|----------------------------|---|
| 1992-93 | 46.3 | 70.6 | 15.0 | 31.3 |
| 1993-94 | 43.1 | 65.9 | 52.1 | -9.0 |
| 1994-95 | 48.1 | 72.1 | 55.7 | -7.6 |
| 1995-96 | 52.2 | 77.3 | 37.1 | 15.1 |
| 1996-97 | 59.2 | 85.7 | 37.1 | 22.1 |
| 1997-98 | 63.6 | 91.0 | 41.7 | 21.9 |
| 1998-99 | 68.0 | 96.4 | 37.1 | 30.9 |
| | | | | |
| Total | 380.5 | 559 | 275.8 | 104.7 |

As you can see, since 1995 an increasing portion of county homes' expenses are not being reimbursed. This is despite the fact that the amount of federal dollars these losses are generating is increasing every year.

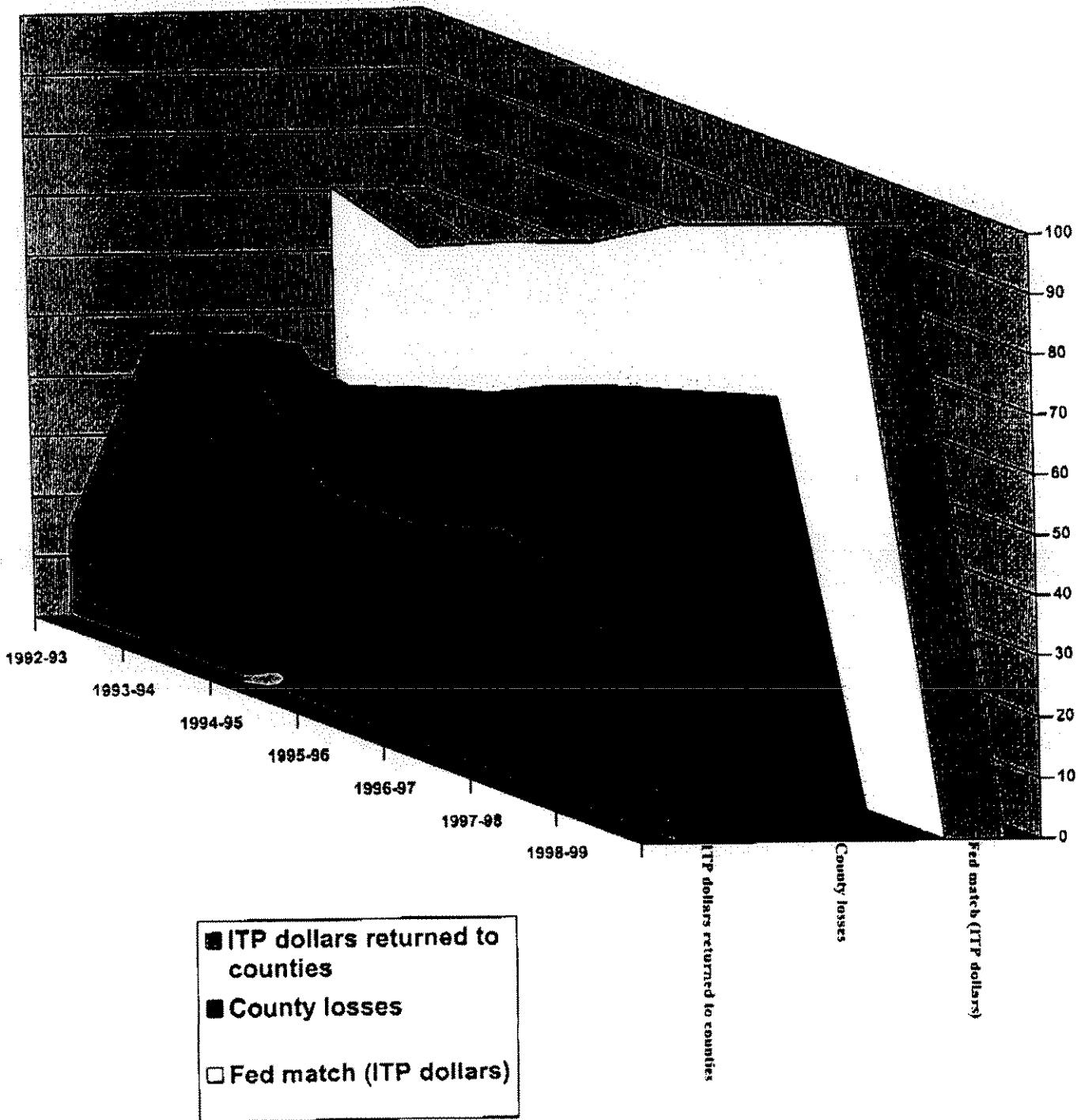
The policy of utilizing more and more of these federal dollars that are "matching" the county home losses for non-county home purposes will ultimately force county nursing homes out of business. That would be a tremendous mistake for everyone involved. First, there would be a void for people with intense needs that have historically ended up in the county nursing home. Second, the tens of millions of federal dollars that Wisconsin is receiving every year via the county nursing homes would disappear.

Counties are simply asking that the state reimburse the county homes' losses that were utilized to generate the federal funds. The state can do this and still have a significant amount of money left over to use for its purposes. This would seem to be a win-win situation. If the state's greed, however, continues to drive decision-making, the "well" will dry up for everyone concerned - most importantly for those currently receiving care that isn't offered anywhere else.

PROPOSAL: Amend Wis. Statutes s. 49.45 (6u) to read:

Notwithstanding sub. (6m), from the appropriation under s. 20.435(5)(o), for reduction of operating deficits, as defined under criteria developed by the department, incurred by a facility, as defined under sub. (6m)(a)(3), that is established under . 49.70(1) or that is owned and operated by a city, village or town, the department shall distribute to these facilities at least \$72 million in each fiscal year...

Diversion of ITP dollars from counties (in millions)



MEMORANDUM

TO: Honorable Members of the Joint Committee on Finance

FROM: Leroy Bley, Ozaukee County Board Chair

DATE: April 8, 1999

SUBJECT: 1999-2001 State Budget

Thank you for the opportunity to submit comments regarding the proposed state budget. This budget, as proposed, could have serious financial implications for Ozaukee County property taxpayers. There are three main issues that I would like to briefly comment on: community aids, youth aids and courts.

Community Aids

Ozaukee County, along with every other county in the state, suffered two Community Aids cuts in calendar year 1999, due to cuts in the Social Services Block Grant (SSBG). In total, these cuts amount to over \$90,000 for Ozaukee County alone. Unfortunately, the proposed budget provides no relief to counties for these SSBG cuts, yet counties will still be serving the same clientele. In 1997, Ozaukee County provided over \$2.7 million in county overmatch to supplement state and federal community aids funding. While the state mandates that counties provide services to individuals with physical and mental disabilities, abused and neglected children and the aging, the state does not provide sufficient funding to cover county costs. I respectfully request that this committee take action to: 1) fully fund the 3.4% federal cuts passed on to the counties by the state of Wisconsin, 2) provide annual increases of at least 3% to the community aids appropriation, 3) delete the statutory requirement for performance measures and the corresponding withholding of \$9 million.

Youth Aids

Ozaukee County is also mandated by the state to provide juvenile correctional and prevention services. The state pays for a portion of the services provided by counties under the youth aids program. As is the case with community aids, Ozaukee County provides funding to supplement the state youth aids appropriation. In 1997, the state's youth aids appropriation funded less than 50% of juvenile delinquency services provided statewide. Ozaukee County spent close to half a million dollars in 1997 on youth aids related expenditures and amount increases annually. To ease the burden juvenile correctional services places on Ozaukee County, I ask that you undertake the following

action: 1) increase the youth aids appropriation by 5% annually, 2) re-link JCI rate increases to increases in the youth aids appropriation, 3) create a committee to develop a recommendation regarding the future of youth aids funding and the youth aids formula.

State Court System

County government is responsible for funding the operation of the state court system. While the state began the process of fully funding the court system with the creation of the circuit court support grant, the state broke its promise to counties by failing to increase funding for the grant program in the last biennial budget. In 1997, Ozaukee County spent over \$1 million on circuit court operations, excluding rent, utilities, maintenance, security and indigent defense. Ozaukee County requests the following for inclusion in the 1999-2001 state budget: 1) amend state dollars to return all dollars collected by the court support filing fee to counties, 2) increase the circuit court support grant appropriation in each of the next three biennia to fully fund county costs, 3) provide state public defender representation for all persons found to be indigent.


The time has come for the state to stop balancing its budget on the backs of counties. County property taxes increase annually due to the actions undertaken by state government and the mandates they place on county government. The three items presented above represent only a sampling of Ozaukee County's costs due to state mandates. It is time for the state to take responsibility and fund the mandates it places on county government. Ozaukee County's property taxpayers demand it!

WALWORTH COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

W3955 Highway NN, P.O. Box 1006, Elkhorn, Wisconsin 53121-1006
414-741-3300 1-800-365-1587 TTY 414-741-3272 FAX 414-741-3320

MEMO

TO: Members of the Joint Finance Committee

FROM: Thomas K. Mackesey, Director 
Walworth County Department of Health & Human Services

RE: State Budget

DATE: April 8, 1999

As you deliberate on the budget which is presently before you, I would ask you to give special consideration to your partner in providing essential health and human services to citizens of Wisconsin. The partnership the counties of Wisconsin have had with the State over the last ten years has suffered from the inadequacy of sufficient funding to carry on the increased demands at the local level. While some of these demands resulted from State mandates, others were simply the result of societal changes and problems which have resulted in increased use of local services which we are simply unable to provide without substantial increases in funding.

Since the State has been unable to assist counties in meeting these needs, we have had to request additional funds from our county taxpayers in order to keep services at a level which we feel we must retain. The State has exacerbated this problem by raising the rates it charges counties for essential supportive services such as mental health in-patient days at our state institutes and correctional charges from our youth correctional facilities. These charges, over the past 5 years, have increased in one case 27% and another 50%. This shortfall needed to be covered by the county, and in my situation I am fortunate to have supportive a county board who has stood behind essential services that our department must provide.

Walworth County has, in the past 10 years, integrated, modernized and, in many situations, privatized its operations. We have eliminated administrative overhead from 5 previously separate departments and developed one responsive, technology-assisted health and human services department. We have, meanwhile, made a county investment in prevention projects such as family preservation, Early Intervention programs for families, and alcohol and drug programs in our county correctional facilities. We have 4 model communities working under our Family Preservation program who are making significant progress dealing with the problems of our youth and families at the local level, and are seeing that these efforts will reduce the long-term reliance on the county for assistance. However, these efforts will probably be jeopardized

if limits are put on our county, which may end up forcing these programs to die while we pay the ever-increasing bills which our state facilities will pass on to us, with no limits on their ability to do so.

Any effort you can make to infuse a better sense of equity and fairness into our partnership arrangement will eventually end up assisting those for whom you are setting public policy. Many of the responsibilities that we now carry out at the county level are shared responsibilities that at one time were all state responsibilities. If we could, in good faith, share our support of those services and develop a better financial partnership, we would do a much better job of serving our citizens.

Thank you for taking the time to listen. If there is any way in which I can provide information to help you deal with the difficulties regarding this budget, I would be happy to provide same.

TKM:vm

4-8-99

(TO Whom it May Concern
(Dear Sirs + Mams)

I'm writing this letter to first of all thank you for the Community Crisis ^{Impact} program. Last year 1998 my teenage daughter got into some trouble with her boyfriend. My daughter had never been in trouble before, however her behavior had gotten out of control. I reached a point where I just wanted her out of my life. I reached this point because I did all I could do and she was only getting worse. When her sentencing came in July of 98 I thought for sure she was going to jail, the judge felt she deserved one more chance & assigned her to the Community Impact program for 12 months. They were of great help. They got her back on track long enough for her to stay there. My daughter's name is Rael Biggs 17 years old & finishing her senior year at Gateway, she also is taking one college class here. My daughter got a great job 8/27/98 at Walgreens in the pharmacy dept. & has been promoted & encouraged to pursue a career with Walgreens. Well the

Bottom Line is I really
don't think this teenager would
of made it this far without
the help of the young staff
at the Community Impact program,
they seem to be able to speak
& understand troubled teenagers
better than the parents. I have
told many people how lucky we
were for this program & I tell
my daughters attorney every time I
see him. Am not 100% sure
we're the money comes from for to
support this program, however
you are in a position where you
need to make cuts, this should
not be one of them. Please look
at other options to save money
not this one our young children
need it. I needed it.



Fitness & Tanning Center

Clair Pauschert

Owner / Operator

3 Day Complimentary Membership

Expires _____

First Visit Requires Appointment
For Equipment Review

2053 - 22nd Avenue
Kenosha, Wisconsin 53140
(414) 551-0300

One Pass Per Person

FAX 414-551-8233

Thank you
Clair Pauschert

7320 - 23rd AVE

Kenosha, WI 53143

On 414-654-0781

Wk 414-551-0300

in & operate my own business I
understand finances.

Thank You Again

1) Pilot programs are

a good way to go -
but not the only policy

Decisions are not in

the Pilot programs

Let's get a chance to

work or not work.

Don't make any swap

decisions - or take

any extra time

definitions.

Send the AIRCROSS

down & let the pilots

experiment with the

proposals to see if

approval is worth a %

of profit. Let answers

to let the cap come

from local powerplants

from the seniors

LONG TERM CARE -

FAMILY CARE -

1) I am David YARNY

~~long term~~ advocate

for senior citizens

programs in Prairie

Co. & Burlington, Wis.

at Federal level -

make it a focus now

by going slow M.

Senior center Bd.

AGING CO. COMM. and aging

SE. WIS. and

What problems does the
senior citizen face
that you would like
show to do something
about?

1) Day care accommodations
Amps under medical
program. —

2) Provide transportation
for homebound seniors
to get to transit station
needs more,

themselves, to their
concerns on going
to their centers,
to their agencies
at going, to the
state, a federal
power runs.

that's thing, get program
right for the state,
than you will gain
support that is needed

2) put family care
issue early ahead
so that agencies can
take about the
needed changes.
this is a matter
of a start. it work
support of advocates
agencies & centers

~~San Mateo~~
~~Co. Chair~~ + ~~County members~~ Joint Finance Hearing
Part of

~~Name, WRECOA, Rural Sales Eng + Dist. Mgr. Lge Corp +~~
~~W. Co. At 6 - small water eng. biz at Union St. State DEW~~

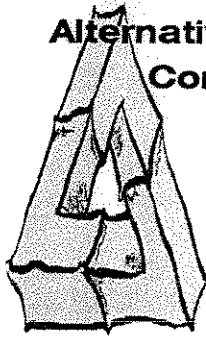
1. ~~At a final~~ COP/CP Funding make good biz sense, w/o consideration of quality of ~~the~~ ~~Wash~~ home care services 25% and w/ high cost of LTC, we're talking real money - 8,000 are waiting
2. Increase inspections and ACTUALLY COLLECT significant fines against poor nursing home violations. Making nursing home operation too expensive due to understaffing will provide incentive to these out-of-state dis-profits to pay wages + benefits high enough to attract + keep competent personnel

Family Care

3. Resource Center idea is good - Care Manag. Ctr. needs work - particularly the 2 year County only trial. This should be at least 4 years. The Pilot studies are a must, along with assurances counties won't get stuck with unintended mandates.

Donald H. Desch, President, Western
Racine Co. Comm. on Aging, 580 Madison St, Apt. 229,
Burlington, WI 53105-1506 (414) 763-3587

**Alternatives in Psychological
Consultation, S.C.**



2433 N. Mayfair Rd. Suite 310

Wauwatosa, WI 53226

PH: 414-258-9914

FAX 414-302-9978

Anne DiCamelli

Case Manager

Linda E. Johnson
530 No. 27th St. #15
Milwaukee WI 53208

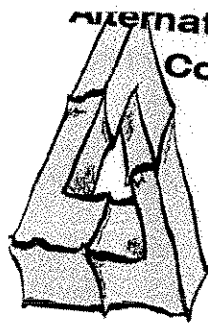
My name is Linda Johnson and I was very disappointed (to say the least) in hearing of the budget cuts proposed for Milw. Co. More precisely, the cuts in mental health and substance abuse services.

I have been strongly moved to voice my opinion, and welcome the opportunity to do so.

I was a client at the Highland Ave. Creative workshop in Milw. for 5 months. I saw people grow, as well as myself and the staff into a cohesive group environment. I worry about what will happen to these people now.

It doesn't take a rocket scientist to know it is much more expensive to house these people in hospitals or jail where all they can hope for is long term Custodial Care.

When alternatives to psychological consultation was given my case I was mentally and physically ill as well as in a very abusive situation.



Alternatives in Psychological
Consultation, S.C.

2433 N. Mayfair Rd. Suite 310
Wauwatosa, WI 53226
PH: 414-258-9914
FAX 414-302-9978

Anne DiCamelli
Case Manager

My case mgr, Anne DiCamelli
literally saved my life a few
weeks ago when she intervened
in a situation where I was very sick

I didn't leave my apartment or
answer the phone, delirious from
a high fever w/ triple pneumonia,

Not having family here and very
few friends, no one, including
myself knew what was going on.

She had me taken to Columbia
Hospital where I remained for 5
days hooked up to IV's and
oxygen.

I'm here today because I also
believe everyone should have a
chance.

Children should be safe, having basic
shelter and food and their MOM'S
should have other options other
than remaining in an abusive
situation.

I ask you to consider these
things before making your decision.