

Goals

- Promote the well-being of every child
- Help children avoid risky health behaviors
- Help children become successful students

The Wisconsin Departments of Public Instruction and Health and Family Services have developed a framework to assist schools in creating and implementing Comprehensive School Health Programs.

Healthy School Environment

A healthy school environment includes
 Clean, safe buildings and transportation
 Nutritious meals
 Personal respect and responsibility
 Appreciation for students and staff
 It's a place where everyone – students, teachers, parents, staff and community members – wants to be.

Family and Community Connections

Family – School – Community
 We are all partners in the development of our children.

Pupil Services

School Counseling
 School Social Work
 School Psychologist
 School Health Services
 Pupil Services Staff serve as resources to teachers and families in supporting the development of children. They make effective connections between the school and other community health resources.

Programs for Students

Student Assistance Program
 Conflict Management
 Peer Leaders
 SADD Chapters
 Achieving wellness must reach beyond the classroom. These student programs, and many others, give youth greater opportunities to apply their learning about health and safety in daily life.

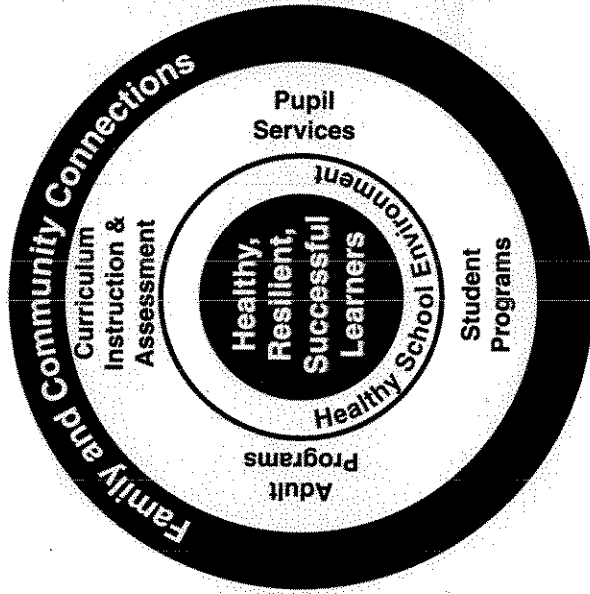
Curriculum and Instruction

Good health is not accidental. It is the result of good teaching and meaningful learning. Instruction focusing on the health of children should be a part of every classroom.

Programs for Adults

Parents, teachers and others need support too.
 Training – Networking
 Wellness Programs
 Information can help concerned adults meet the challenge of guiding student decisions about health and safety.

Comprehensive School Health Programs



“Comprehensive School Health Programs support the important health messages taught at home.”

National School Boards Association

“In order to support educational achievement, schools need to promote the health of every child. School health programs are key to ensuring that children are ready to learn.”

John Benson,

Wisconsin State Superintendent

Healthy children are better learners!

My name is Dr. Michael Kretz. I live and work in the Eagle River area in northern Wisconsin. With me today is Linda Kunelius, Superintendent of the Northland Pines School District. We believe some of the tobacco settlement money coming to our state should be used to teach parents, individuals, organizations, and communities of our state two things. The first is what factors need to be present in a child's life to make him or her successful; and second, what we can do in our daily lives to become better protectors of all children and promoters of their development.

The Search Institute is a non-profit national research organization located in Minneapolis, dedicated to the promotion and wellbeing of children and adolescents. They have studied the issue of which factors in a child's development lead to a successful outcome. They identified 40 factors, or assets, that are powerful protectors of young people, as well as enhancers of positive youth behavior. Using tobacco as an example, a child with 0-10 assets has a 43% incidence of smoking daily. When 31-40 assets are present, the incidence drops to 1%. This dramatic decrease in risky behavior occurs in 24 categories including alcohol usage, drug usage, sexual expression, and violence. These assets also enhance school performance. Success in school (gets mostly A's on their report card) rises from 7% for those with 0-10 assets to 53% with those having 31-40.

Since 1993 the State of Wisconsin has had a Comprehensive School Health Program administered through the Department of Public Instruction and the Department of Health and Family Services. This is a wonderful multi-strategy school-based approach that recognizes how the social, emotional, and relational aspects of a child have a profound effect on how well a child learns. The teaching of assets and how parents, individuals, organizations, and communities can become asset builders throughout the state is necessary and would be a powerful addition to the current comprehensive school health program.

The State of Colorado is currently working with the Search Institute on a five year endeavor to bring the asset building message to all three million of their people. The cost is \$10 million dollars. It is our hope that this committee will want to learn more about asset building for our state, and the positive effect it would have on the education and health of our young citizens. With that knowledge, we believe you will see the value of authorizing significant tobacco money for an initiative similar to that in Colorado.

I have provided 2 handouts and an audio tape of a very special presentation by Peter Benson, President of the Search Institute. These will add clarification of the unique nature of this proposed initiative and why it is so powerful yet so badly needed.

Thank you for your kind attention.

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40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.

CATEGORY	ASSET NAME AND DEFINITION	
EXTERNAL ASSETS	Support	1. Family support —Family life provides high levels of love and support. 2. Positive family communication —Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). 3. Other adult relationships —Young person receives support from three or more nonparent adults. 4. Caring neighborhood —Young person experiences caring neighbors. 5. Caring school climate —School provides a caring, encouraging environment. 6. Parent involvement in schooling —Parent(s) are actively involved in helping young person succeed in school.
	Empowerment	7. Community values youth —Young person perceives that adults in the community value youth. 8. Youth as resources —Young people are given useful roles in the community. 9. Service to others —Young person serves in the community one hour or more per week. 10. Safety —Young person feels safe at home, at school, and in the neighborhood.
	Boundaries & Expectations	11. Family boundaries —Family has clear rules and consequences and monitors the young person's whereabouts. 12. School boundaries —School provides clear rules and consequences. 13. Neighborhood boundaries —Neighbors take responsibility for monitoring young people's behavior. 14. Adult role models —Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence —Young person's best friends model responsible behavior. 16. High expectations —Both parent(s) and teachers encourage the young person to do well.
	Constructive Use of Time	17. Creative activities —Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth programs —Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious community —Young person spends one or more hours per week in activities in a religious institution. 20. Time at home —Young person is out with friends "with nothing special to do" two or fewer nights per week.
	INTERNAL ASSETS	Commitment to Learning
Positive Values		26. Caring —Young person places high value on helping other people. 27. Equality and social justice —Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity —Young person acts on convictions and stands up for her or his beliefs. 29. Honesty —Young person "tells the truth even when it is not easy." 30. Responsibility —Young person accepts and takes personal responsibility. 31. Restraint —Young person believes it is important not to be sexually active or to use alcohol or other drugs.
Social Competencies		32. Planning and decision making —Young person knows how to plan ahead and make choices. 33. Interpersonal competence —Young person has empathy, sensitivity, and friendship skills. 34. Cultural competence —Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills —Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution —Young person seeks to resolve conflict nonviolently.
Positive Identity		37. Personal power —Young person feels he or she has control over "things that happen to me." 38. Self-esteem —Young person reports having a high self-esteem. 39. Sense of purpose —Young person reports that "my life has a purpose." 40. Positive view of personal future —Young person is optimistic about her or his personal future.

Protective Consequences of Developmental Assets

HIGH RISK BEHAVIOR PATTERNS		PERCENT WITH HIGH RISK PATTERNS			
CATEGORY	DEFINITION	If 0-10 ASSETS	If 11-20 ASSETS	If 21-30 ASSETS	If 31-40 ASSETS
ALCOHOL	Has used alcohol three or more times in the past month or got drunk once or more in the past two weeks	53	30	11	3
TOBACCO	Smokes one or more cigarettes every day or uses chewing tobacco frequently	45	21	6	1
ILLICIT DRUGS	Used illicit drugs three or more times in the past year	42	19	6	1
SEXUAL INTERCOURSE	Has had sexual intercourse three or more times in lifetime	33	21	10	3
DEPRESSION/ SUICIDE	Is frequently depressed and/or has attempted suicide	40	25	13	4
ANTI-SOCIAL BEHAVIOR	Has been involved in three or more incidents of shoplifting, trouble with police, or vandalism in the past year	52	23	7	1
VIOLENCE	Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the past year	61	35	16	6
SCHOOL PROBLEMS	Has skipped school two or more days in the past month and/or has below a C average	43	19	7	2
DRIVING AND ALCOHOL	Has driven after drinking or ridden with a drinking driver three or more times in the past year	42	24	10	4
GAMBLING	Has gambled three or more times in the past year	34	23	13	6

*Based on studies of 6th-12th grade public school students during the 1996-97 school year. Sample includes 99,462 students in 213 cities.

**For further elaboration on developmental assets and the capacity of communities to promote these assets, see Peter Benson (1997). *All Kids Are Our Kids: What Communities Must Do to Raise Caring and Responsible Children and Adolescents*. San Francisco: Jossey-Bass.

Thriving Consequences of Developmental Assets

Thriving Indicators	Percent with Thriving Indicators			
	Category	If 0-10 Assets	If 11-20 Assets	If 21-30 Assets
Succeeds in School: Gets mostly A's on report card	7	19	35	53
Helps Others: Helps friends or neighbors one or more hours per week	69	83	91	96
Values Diversity: Places high importance on getting to know people of other racial/ethnic groups	34	53	69	87
Maintains Good Health: Pays attention to healthy nutrition and exercise	25	46	69	88
Exhibits Leadership: Has been a leader of a group or organization in the last 12 months	48	67	78	87
Resists Danger: Avoids doing things that are dangerous	6	15	29	43
Delays Gratification: Saves money for something special rather than spending it all right away	27	42	56	72
Overcomes Adversity: Does not give up when things get difficult	57	69	79	86

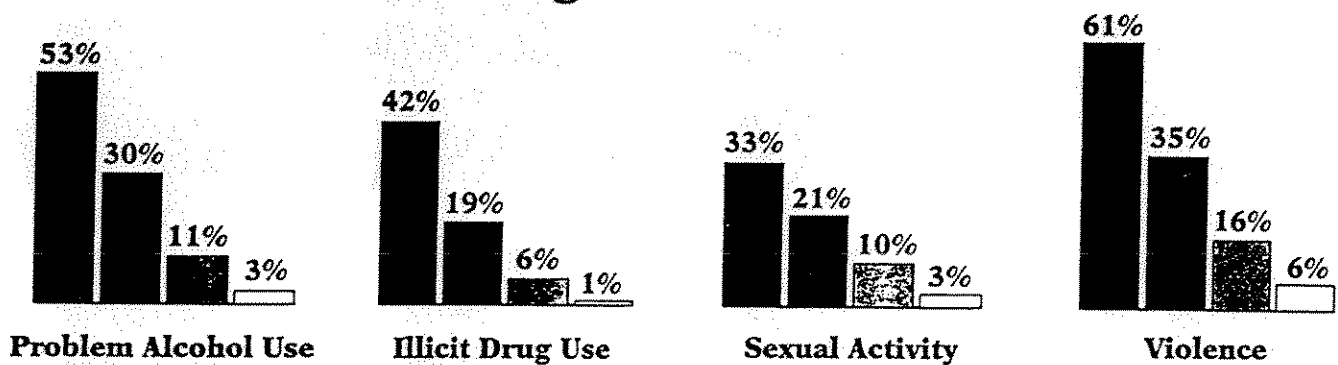
*Based on studies of 6th-12th grade public school students during the 1996-97 school year. Sample includes 99,462 students in 213 cities.

The Power of Developmental Assets

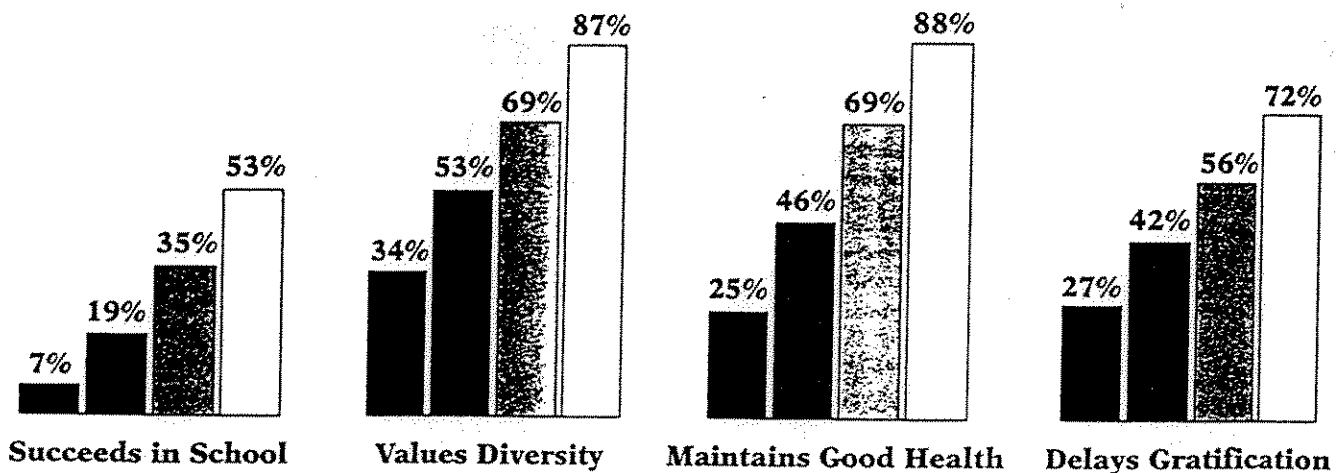
Based on Search Institute's study of almost 100,000 youth in 213 towns and cities across the United States during the 1996-1997 school year, this chart shows that the more assets young people experience, the less likely they are to engage in a wide range of risky behaviors, and the more likely they are to engage in positive behaviors.



The Power of Assets to Protect from High-Risk Behaviors



The Power of Assets to Promote Positive Attitudes and Behaviors



Based on survey responses of 99,462 6th- to 12th-grade youth in 213 towns and cities across the United States.
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HEALTHY COMMUNITIES FOR YOUTH

ECONOMIC AND SERVICE INFRASTRUCTURE		THE HUMAN DEVELOPMENT INFRASTRUCTURE (DEVELOPMENTAL ASSETS)		
PUBLIC SECTOR, PROFESSIONALS		I. THE PEOPLE AND THEIR LEADERS MOVING IN THE SAME DIRECTION		
II. NORMS AND DOMINANT BELIEFS		IV. EVERYDAY ACTS OF ASSET BUILDING		PLANNED ACTS OF ASSET BUILDING
<ul style="list-style-type: none"> • Economic vitality • Affordable housing • Access to quality daycare • Access to quality health care • Access to quality human services and interventions • Neighborhood preservation • Environmental protection • Public safety • City-wide efforts to minimize threats to human development (e.g., poverty, racism, family violence, abuse, neglect) 	<ul style="list-style-type: none"> • Children and adolescents belong to all of us • All citizens have asset-building capacity and responsibility • All residents and organizations expected to take action • Commitment to inclusivity • Commitment to inter-generational community • Commitment to youth engagement and empowerment 	<ul style="list-style-type: none"> • Informal, relational support (hundreds of experiences per year for each child) • Inclusion of youth in decision-making and leadership • Adult articulation and modeling of boundaries and values • Sustained non-family relationships (all youth experience three or more) • Intergenerational gatherings, dialogue, and activities • Youth-to-youth asset-building • Teenagers bonding with children (all elementary school children have at least one sustained, caring relationship with an adolescent) • Informal, non-programmatic, intergenerational service to community • Discovery and affirmation of residents who already engage in asset-building 	<ul style="list-style-type: none"> • Families • Schools • Religious institutions • Neighborhoods • Youth organizations • Employers • Health care providers • Police • Media • Agencies • Civic organizations • Parks and recreation • Coaches • Libraries • Local government 	<ul style="list-style-type: none"> • Peer helping • Mentoring • Intergenerational connections • Community service, service learning • Clubs, teams, organizations • Family education • Cultural heritage • School readiness initiatives • School to work initiatives
	<ul style="list-style-type: none"> • Consistency • Redundancy 	<p>VII. INTRODUCTION OF NEW EFFORTS</p> <ul style="list-style-type: none"> • Safe places for youth to gather • Gender-appropriate programs • Family celebrations • Celebrations of asset-building people • Connecting teenagers to children • Family support centers 		
	<p>III. CONNECTIONS ACROSS SOCIALIZING SYSTEMS</p>	<p>VI. NAMING, AFFIRMING, AND EXPANDING CURRENT ASSET-BUILDING ACTIVITIES</p>		

Benson, P. L. (September, 1997). *All Kids Are Our Kids: What Communities Must Do to Raise Healthy Children and Adolescents*. San Francisco: Jossey-Bass.

12 Essential Paradigm Shifts Needed to Build the Asset Foundation for Children and Adolescents

FROM . . .

TO . . .

- | | |
|---|---|
| * Deficit language predominates | * Asset language is common |
| * Focus on troubled and troubling youth | * Focus on all children and adolescents |
| * Focus on ages 0 to 5 | * Focus on ages 0 to 18 |
| * Age segregation | * Intergenerational community |
| * Self-interest | * Shared responsibility |
| * Approach is to buy and implement new programs | * Approach is to expand asset-building actions by residents and systems |
| * Fragmented agenda | * Unifying vision around developmental assets |
| * Disconnected socializing systems and conflicting messages | * Connected socializing systems and consistent messages |
| * Efficiency | * Intentional redundancy |
| * Youth are objects of programs | * Youth are actors in the process of change |
| * Constant switching of priorities | * Long-term commitment |
| * Civic disengagement | * Engaged public |

Self-Esteem Builders

Students know what makes them feel successful or good about themselves. Here's what they say:

- Smile when you see me.
- Call me by my name.
- Listen to me when I talk.
- Let me know that you missed me when I was absent.
- Recognize my own special talents, even if they do not show up on my report card.
- Give me a chance to succeed in at least one small way each day.
- Praise me when I do something right.
- If you do not like something that I do, help me understand that you still like me as a person.
- Show me that I have a lot of options for the future and that I can set my own goals.
- Encourage me to aim high.



Asset-Building Ideas



Below are ideas for how youth, adults, families, organizations, and communities can build assets in children and adolescents.

Ideas for Young People

1. Ask yourself what things you'd like to change in your neighborhood, then get involved with changing them.
2. Participate in at least one group, team, or sport—or find something creative that appeals to you, like theater, pottery, singing, or dancing.
3. Get to know an adult you admire.
4. Start a book club with friends.
5. Call friends and make a date to visit a hospital, treatment center, or nursing home to read to residents.

Ideas for Adults

1. Get to know the names of kids in your neighborhood and make a point of greeting them by name.
2. Challenge people who use negative stereotypes about youth.
3. Volunteer as a tutor or mentor at a nearby school or recreation center.
4. Make your home a safe haven, a place kids feel welcome and valued.
5. When you see a child or young person make a good decision, especially if it's a hard one, offer your praise and admiration.

Ideas for Parents/Guardians

1. Each day, pick an asset to purposefully nurture.
2. Think of your teens as "practicing" adults—teach them something practical, like how to change a tire on your car or fix a leaky faucet.
3. Introduce your children to other neighborhood adults and help them get acquainted.
4. Stay in contact with teachers about your child's progress, rather than waiting for report cards.
5. Pick a service project to do together, like collecting items for a food drive or delivering meals to homebound elders.

Ideas for Organizations

1. When looking for new volunteers for projects, remember to invite youth to participate.
2. Present the asset-building concept to employees, members, volunteers, or constituents.
3. Make sure employee policies encourage asset building.
4. Recognize children and young people who contribute to the community.
5. Set high standards for youth who work for you and give them as much control as possible over things that happen to them on the job.

Ideas to Mobilize Your Community

1. Talk informally with friends, family, neighbors, church members, and colleagues about assets.
2. Organize a community-wide meeting to talk about asset building. Be sure to include principals, business leaders, elected officials, and clergy.
3. Search out asset builders in your community and see what you can do to help or expand their efforts.
4. Help create or participate on a "vision team" to gather information, set priorities, and plan a community asset-building initiative.
5. Partner with another community or group actively building assets to swap ideas and share resources.

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Resources



The following materials are available from Search Institute. For a catalog or to order, call 800-888-7828.

- ***All Kids Are Our Kids***—A revolutionary book by Dr. Peter L. Benson that presents a comprehensive vision of what children and adolescents need to grow up healthy and what everyone in a community must do to rebuild this foundation for healthy development.
- ***What Kids Need to Succeed***—An easy-to-read book that gives ideas for building assets at home, in school, in congregations, and in youth-serving organizations.
- ***Starting Out Right***—A report that extends the assets concept to children from birth through age 11 and offers practical ideas for building assets for different age groups.
- ***150 Ways to Show Kids You Care***—A folded handout that doubles as an eye-catching poster.
- ***Building Assets Together***—A best-selling book filled with common-sense ideas for building assets at home, in the congregation, at school, and in the community.
- ***Building Assets in Congregations***—A practical book that offers youth workers, clergy, volunteers, and others the tips and tools they'll need to create an asset-building congregation.
- ***The Asset Approach***—An informative flier that provides a handy overview of the asset-building approach. Features a checklist for assessing assets of youth in your life.
- ***101 Asset-Building Actions***—A colorful poster that offers practical and easy ideas for promoting asset building.
- ***The Troubled Journey***—The groundbreaking 92-page report that set the stage for asset building.

ALSO:

- ***Assets*** magazine—A quarterly periodical that offers ideas, stories, and resources on asset building, and explores new areas of youth development and research. To subscribe, call 800-869-6882.

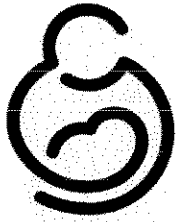
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The students with special education needs in Shawano are very lucky to have district administrators who believe in supporting progressive programs in spite of their high cost. Twelve years ago I began a community based work program for kids with special needs. Some of the students in this program are those that in the past were typically segregated in a special work facility after they graduated. With the financial support provided by the Shawano-Gresham district I am able to place these students in work sites during their school years. The district provides the funds for transportation to the sites and for one on one job coaches. Some of the students who were given this opportunity are now tax paying citizens of Shawano instead of being in that segregated facility. Just this week one of my students was offered a part time paying job at one of her work sites through my work program. I doubt that she would have had the self-esteem and motivation to obtain a paying job without the community based job experience provided by the district work program.

Each fall when I begin school I fear that the district is going to tell me that, because of constraints caused by Governor Thompson's budget, they are cutting this valuable work program from the special education budget. I keep hoping that they won't do this until Brenda gets enough training to secure a job, until Nick learns enough to become a tax paying citizen and on and on. However, it is a very real possibility for the work program funding to be gutted if the state continues to shirk its duty to ALL students.

Please don't let my fears become reality!! Don't allow Governor Thompson's budget to continue to freeze the appropriation for handicapped aids and to eliminate the 63% reimbursement rate. ALL children of Wisconsin deserve the best education!! THANK YOU.



March
of Dimes
Saving babies, together

Birth Defects Surveillance in Wisconsin

Cost Estimate

To fully implement an active birth defects surveillance system, approximately \$500,000 per year would be required. This cost estimate is based on making this system a very comprehensive one. The breakdown is as follows:

8 medical record abstractors at \$25,000 + fringe = \$250,000

1 medical records supervisor at \$32,000 + fringe = \$40,000

1 program director at +/- \$50,000 + fringe = \$62,500

2 clerical support staff at \$18,000 + fringe = \$45,000

1 database manage/programmer at \$40,000 + fringe = \$48,000

1 epidemiologist, already on staff

Travel expenses for data abstraction and data quality = \$25,000, primarily for mileage, if staff worked out of the Division of Public Health regional offices, this might be somewhat reduced

Computing services = \$15,000 (+10 notebook computers to start out)

Total Annual Funding Needed - \$490,000

Rationale for Funding Request

The eight abstractor estimate is based on the Centers for Disease Control (CDC) estimate that one abstractor can do approximately 8,000 - 10,000 births per year. It might prove necessary over time to increase the supervisor/field support staff but one is probably sufficient at first. Also, if the appropriation is annualized, phasing in the abstractor staff would be advised as the first staff will need to be trained, probably out of state, then help train the others.

Variables to consider include:

Where program is housed - If it were at UW or the Medical College of Wisconsin, there might be some aspects that could be done more cost-effectively

How workload is assigned among abstractors - How often each hospital is visited (I.E. daily,, weekly, monthly) based on birth volume or number of neonatal intensive care nursery discharges.

Geographic Challenges - Abstractors may be able to do records abstraction on only 8,000 cases per year because Wisconsin is such a large state.

For more information contact Amy Richardson at 414-886-8977 or amymod@aol.com

Testimony on Birth Defects Surveillance

Wisconsin Joint Finance Committee

My name is Ann Grittinger. I am a volunteer and part time employee for the Great Northern Lakes Chapter of the March of Dimes Birth Defects Foundation. Thank you for the opportunity to present testimony today on behalf of the March of Dimes support of increased state funding for a comprehensive birth defects surveillance program in Wisconsin.

The mission of the March of Dimes Birth Defects Foundation is to improve the health of babies by preventing birth defects and infant mortality. A birth defects surveillance program will improve the health of our babies by counting the number of babies born with defects and pointing to ways we can prevent or treat congenital conditions.

The need for expanded birth defects surveillance programs has existed for many years, but the tragedy of operating without one was recently brought to national attention by the crisis in Brownsville, Texas. In that community, a cluster of birth defects was detected only when a nurse recognized that, in one 36-hour period, three babies had been born with anencephaly - a fatal defect in which a large portion of the brain and skull are missing. She then contacted the Texas Department of Health and an investigation was initiated.

Because Texas did not have a birth defects surveillance program, it took five years to discover that Cameron County had a rate of neural tube defects three times that of the national average. Even then the cluster was discovered only by chance. We too could be completely unaware that a cluster of birth defects is occurring in Wisconsin in epidemic proportions. Without effective surveillance of birth defects, there is no way that we can learn of these clusters, let alone prevent them.

Our state cannot afford to let clusters of birth defects go undetected. Birth defects are a major health problem, occurring in children of all races, economic classes, and in every part of the state. Birth defects are the leading cause of infant mortality. In Wisconsin, every year, it is estimated that 200 babies die as a result of birth defects. We know this from infant death certificates, but we do not know how many infants are born with and survive a birth defect.

There are model programs that show how surveillance and research can be combined to study the relationship of birth defects to factors such as nutrition, tobacco use, occupational hazards, and toxic substances in the environment. Only a quality state birth defects surveillance system will accurately identify birth defects and provide data that can be used to study causes.

Successful birth defects surveillance programs in some states and other countries have helped prevent repeats of the thalidomide tragedy by

identifying early on a problem with another prescription drug that could have caused birth defects worldwide. Counting and studying birth defects clusters also led to identification of Fetal Alcohol Syndrome, after generations of damage.

A strong birth defects surveillance program would include:

- active surveillance of some or all areas of the state
- routine analysis of data
- investigation of clusters
- use of information in planning prevention and treatment services
- published reports to share with others
- provision of information to families and communities

A state birth defects program would provide data needed to investigate the cause of birth defects, assess progress of prevention and evaluate the need for services. Surveillance systems enable health officials to monitor infant health and look for clusters of birth defects. The detection of birth defects should not be left to chance.

The March of Dimes urges you to protect communities throughout the state with enhanced birth defects surveillance and research. Additional funding is needed to restore our program to full capacity. The volunteers and staff of the March of Dimes look forward to working with you to prevent birth defects.



PREVENTING EVEN ONE CASE OF SPINA BIFIDA ANNUALLY
WOULD PAY FOR AN ACTIVE BIRTH DEFECTS SURVEILLANCE SYSTEM IN WISCONSIN.

BIRTH DEFECTS SURVEILLANCE FACT SHEET

POLICY ISSUE:
EACH YEAR IN
WISCONSIN NEARLY
2,000 BABIES ARE
BORN WITH BIRTH
DEFECTS.
ALTHOUGH A STATE
STATUTE EXISTS
FOR BIRTH DEFECTS
SURVEILLANCE,
WISCONSIN'S
SYSTEM IS NOT
ADEQUATELY
FUNDED OR
STAFFED TO TRACK
THESE BABIES.



**MARCH OF DIMES
RECOMMENDS:
COMMIT
\$400,000-500,000
IN THE STATE
BUDGET FOR BIRTH
DEFECTS
SURVEILLANCE
TO SUPPORT DATA
COLLECTION,
ANALYSIS, QUALITY
IMPROVEMENT, AND
EDUCATION/
PREVENTION
ACTIVITIES.**

THE HISTORY OF BIRTH DEFECTS SURVEILLANCE IN WISCONSIN

◆ THE PAST

Wisconsin's Birth Developmental Outcome Monitoring Program (BDOMP) was established by law in 1988, based on the 1984 Healthy Birth Task Force recommendation to "strengthen current efforts to collect, analyze and utilize maternal and child health data." In the ten years since Wisconsin's BDOMP was established, the state has not fully invested in this important program.

◆ THE PRESENT

BDOMP currently resides in the Division of Public Health within the Program for Children With Special Health Care Needs with GPR funding for one FTE position. Work is underway to rewrite the current legislation to more adequately meet this growing public health need, however, a major financial commitment must be made to ensure that state public health planners have accurate data for health prevention and service planning to prevent birth defects.

◆ THE FUTURE

An active case-find Birth Defects Surveillance system would require a total staff of 6-8 to support data collection, analysis, data quality improvement, and education and prevention activities. Also needed are enhanced computer hardware/software including notebooks for personnel reviewing medical records at hospitals on-site, funding professional consultation and technical assistance.

THIS SYSTEM WOULD:

- Provide data on the incidence and prevalence of birth defects
- Develop baseline data for research on long-term effects of birth defects
- Target public health resources
- Evaluate public health programs and services

WHY IS THIS A NECESSARY STEP?

◆ ECONOMIC IMPACT OF BIRTH DEFECTS:

Birth defects cost billions of dollars per year for health care and special education services in the United States. A state investment in birth defects surveillance would work to reduce future state health care costs through birth defects prevention. **SOME FACTS ABOUT BIRTH DEFECTS:**

- Children with birth defects account for 25-30% of all pediatric hospital admissions.
- The National Centers for Disease Control and Prevention (CDC) cites birth defects systems (and resulting targeted prevention/education services) as a leading contributor to reducing birth defects.
- Accurate data are essential for estimating the economic impact of birth defects.

◆ COST SAVINGS OF PREVENTING BIRTH DEFECTS

Based on a lifetime per patient cost of \$294,000 for spina bifida, the 31 Wisconsin cases reported in 1995 would cost \$9,114,000. While aggressive public health education is needed to prevent neural tube defects, Wisconsin lacks a surveillance system that would aid in monitoring and evaluating such an effort.

◆ HOW FOLIC ACID CAN PREVENT SOME BIRTH DEFECTS

Each year, approximately 4,000 pregnancies in the United States are affected by a defect of the spine (spina bifida) or brain (anencephaly), also known as NTDs (neural tube defects). The B-vitamin folic acid can help to prevent 40 to 70 percent of these birth defects every year. However, according to the Centers for Disease control and Prevention (CDC), most women do not consume enough folic acid daily to protect against these serious birth defects. **Public health education is needed.**

FOR MORE INFORMATION PLEASE CONTACT:

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Ms. Amy L. Richardson, March of Dimes - Phone: 414-886-8977 Email: amymod@aol.com



March
of Dimes
Saving babies, together

Birth Defects Surveillance in Wisconsin

Cost Estimate

To fully implement an active birth defects surveillance system, approximately \$500,000 per year would be required. This cost estimate is based on making this system a very comprehensive one. The breakdown is as follows;

- 8 medical record abstractors at \$25,000 + fringe = \$250,000
- 1 medical records supervisor at \$32,000 + fringe = \$40,000
- 1 program director at +/- \$50,000 + fringe = \$62,500
- 2 clerical support staff at \$18,000 + fringe = \$45,000
- 1 database manage/programmer at \$40,000 + fringe = \$48,000
- 1 epidemiologist, already on staff

Travel expenses for data abstraction and data quality = \$25,000, primarily for mileage, if staff worked out of the Division of Public Health regional offices, this might be somewhat reduced
Computing services = \$15,000 (+10 notebook computers to start out)

Total Annual Funding Needed - \$490,000

Rationale for Funding Request

The eight abstractor estimate is based on the Centers for Disease Control (CDC) estimate that one abstractor can do approximately 8,000 - 10,000 births per year. It might prove necessary over time to increase the supervisor/field support staff but one is probably sufficient at first. Also, if the appropriation is annualized, phasing in the abstractor staff would be advised as the first staff will need to be trained, probably out of state, then help train the others.

Variables to consider include:

Where program is housed - If it were at UW or the Medical College of Wisconsin, there might be some aspects that could be done more cost-effectively

How workload is assigned among abstractors - How often each hospital is visited (I.E. daily,, weekly, monthly) based on birth volume or number of neonatal intensive care nursery discharges.

Geographic Challenges - Abstractors may be able to do records abstraction on only 8,000 cases per year because Wisconsin is such a large state.

Student's success came only on his 'last chance'



Ken Behrend/Press-Gazette

George Nichols shows his graduation certificate to his brother, Don, left, while his mother, Mimi, and his teacher Joan Peterson, applaud his graduation Friday from the Chance for Change alternative school program.

Special program made him a graduate

BY KELLEY DEEGAN
PRESS-GAZETTE

George Nichols grinned broadly at his graduation, and his mother cried — not much unusual about that.

Not much except that Mimi Nichols never thought she'd see the day and George Nichols, 19, had some doubts himself when he had to leave Green Bay East High School several years ago for violent behavior.

He almost landed in jail.

Instead, he ended up in the Green Bay School District's Chance for Change alternative program. He completed his high school course work Jan. 21 and graduated Friday.

"This was my last chance," Nichols said, his broad smile showing how glad he was it worked.

More than 50 students are involved in Chance for Change, which began in 1996. All of them got there by using threats, weapons or violence in school.

Students in this program can continue earning high school credits while learning how to manage their anger and respect other people.

Some are able to return to their home schools. Others drop out. Some, like Nichols, complete high school in the program.

Mimi Nichols smiled broadly through most of the

ceremony. But afterward, trying to explain what the program meant to her family, the mother's eyes pooled with tears. She credits the teachers' personal attention with helping her son pull his life back together.

"It's not just you that has to make it happen. There's always somebody there to help," Mimi Nichols said. "The teachers really did make it possible."

George Nichols agreed. "They help you where you need help, and they know how to help you," he said. "They know how kids think."

Chance for Change teachers want their students to learn academics.

But they're also very interested in personal development.

"A big focus of our program is on anger management," said Tom Blankenheim, a program support teacher.

Blankenheim watched Nichols work through his own problems and become a leader for the other students. Nichols even spent time speaking to middle school classes, urging the students not to choose the path he took.

"He'd tell his story ... and the consequences," said social worker Dennis Drosner. "He used it in a real meaningful way. Not all kids can do that."



State of Wisconsin
Department of Public Instruction

Mailing Address: P.O. Box 7841, Madison, WI 53707-7841
125 South Webster Street, Madison, WI 53702
(608) 266-3390 TDD (608) 267-2427 FAX (608) 267-1052
Internet Address: www.dpi.state.wi.us

John T. Benson
State Superintendent

Steven B. Dold
Deputy State Superintendent

March 22, 1999

Mr. Nissan B. Bar-Lev
Director of Special Education
Calumet County
Cooperative Educational Service Agency No. 7
421 Court Street
Chilton, WI 53014

Dear Mr. Bar-Lev:

I support Brown, Calumet, Racine and Walworth Counties in their efforts to adequately fund their special education programs. It is my understanding that the special education programs in these four counties were not fully funded in the proposed 1999-2001 biennial budget bill. These programs are valuable to their respective communities and should be funded through the general aid formula at the same level as participating school districts.

If I can be of further assistance as you discuss this issue with members of the Joint Committee on Finance, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "John T. Benson".

John T. Benson
State Superintendent

Have you ever experienced a situation where other people surrounded you and yet you still felt alone?

I'm sure that we've all felt that at one time or another.

The current trend is away from schools such as Syble Hopp where the entire school population is differently abled, or DIS-abled as some would say.

They also say that INCLUSION is better and that at schools like Syble Hopp, the kids don't experience INCLUSION.

But I ask you, WHAT IS INCLUSION?

I have a 10-year old daughter, Kristin, who has Down Syndrome and who has been a student in both a "fully included" classroom in the public schools AND a student at Syble Hopp.

As a parent, I've spent many hours in both settings actually watching what was happening.

During her year in the FULLY INCLUDED public school classroom

- **She was not invited to a single birthday party**
- **She was not invited to anyone's house to play**
- **The only time other children played with her in the classroom was when the teacher assigned playmates**
- **Even though this was only kindergarten, the academics progressed faster than Kristin's ability to learn.**
- **There was ONE teacher, 19 children, and ONE high-school aide who helped during the last 45 minutes of most days.**
- **There was NO instruction geared specifically to Kristin's ability level, and NO time available for the teacher to provide that instruction.**
- **There were NO other children with noticeable disabilities.**
- **My husband and I were invited for parent-teacher meetings every 6 to 8 weeks and the focus of those meetings was ALWAYS on Kristin's deficits, and her inability to fit in.**

Even though Kristin was FULLY INCLUDED, she was very isolated. Although children were usually polite, she had NO REAL friends, couldn't keep up with the academic pace, and was obviously thought to be a burden to the teacher.

Now let me contrast that to the environment she is in at Syble Hopp.

- **She has been in classrooms with 6 to 8 other children with similar academic abilities.**
- **The academics are geared to her abilities. She is learning to read, add and subtract, tell time, make change, and other skills that will be meaningful to her in her adult life.**

- There are probably about a dozen other girls that are within a couple years of Kristin's age that are potential friends, and three or four of those girls that Kristin has become friends with and who spend time together both within and outside of school.
- Kristin is **FULLY INCLUDED** in activities within the school
 - She sometimes does morning announcements on the PA system.
 - She is involved in Special Olympics along with several of her friends:
 - Basketball
 - Track
 - Cross country skiing
 - Swimming
 - Once a year, she goes to camp with her friends from Syble Hopp
 - On special holidays, there are all school dances
 - When she gets a little older, there will be school proms and other typical high school activities
 - We are still invited in for meetings with the teachers and staff, but the focus of those meetings is how we can build on Kristin's strengths to help her become a happy and functional adult.

Now put yourself in Kristin's shoes for a few moments and ask yourself, which one of these environments would make you feel **MORE INCLUDED**.

And I ask you again to put yourself in my shoes – a parent who has actually spent many hours in both settings – if you had a child with a disability such as Down Syndrome, **WHICH ONE OF THESE SETTINGS WOULD YOU CHOOSE FOR YOUR CHILD?**

I respect the rights of those parents who choose to have their child educated in an **INCLUSIONARY** classroom.

However, I strongly believe that **EACH** family should have the right to choose what is best for their child and their values.

As parents of Syble Hopp students, we should not have to fight for funding. A free appropriate education should be available to **ALL** children, and parents should have a choice as to where their child's educational and life goals can best be met.

Patricia M. Albers
1611 Talus Circle
De Pere, WI 54115-9488
(920) 336-2511

Patricia M. Albers



March 26, 1999

Joint Finance Committee Hearing - Green Bay

Dear Senators and Representatives

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

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

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

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

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

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

Issue: Family Concerns and Basic Needs

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

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

Issue: Funding Formula of Educational Costs

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

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

Sincerely,


Virginia Baeten
Executive Director

1673 DOUSMAN STREET
PO BOX 12770
GREEN BAY, WI 54307-2770
(920) 498-2599
FAX (920) 498-2652

March 26, 1999
Joint Committee on Finance



Senators and Representatives:

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

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

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

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

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

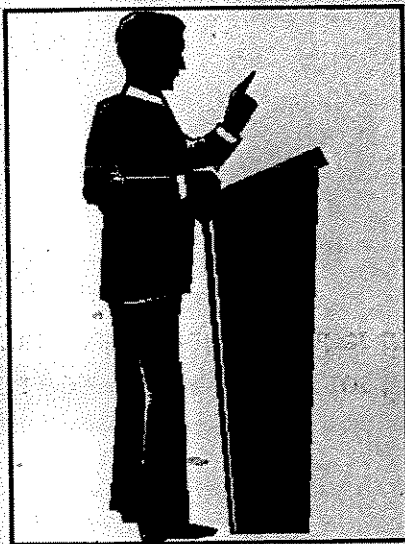
The Board of Directors, Executive Director, Staff and Membership

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

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

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



**JOINT COMMITTEE ON FINANCE
PUBLIC HEARING**

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

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

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

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

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



WISCONSIN FAMILY TIES
16 N. Carroll St., Suite 830
Madison, WI 53703

Cindy Fahlstrom
Brown Co. Support Group Leader

Cindy Fahlstrom
1660 Woodland Dr.
Green Bay, WI 54313
(920) 498-8598
March 26, 1999

920-498-8598; 1-800-422-7145 (parents only)
Madison: 608-267-6888

I have been a resident of Brown County for 21 years. My husband and I will celebrate our 25 wedding anniversary in December of this year. We have two children ages 18 and 16. Our 18 year old son has character above the average peer his age because of his years of struggling with ADHD.

As his Mother, my own character has gone through a metamorphosis through the years as I attempted to educate myself about living with and educating our son. Openly searching for answers led me to other Mothers on the same quest. Our unified goals and drive led us to the beginning of the State support network now known as Wisconsin Family Ties.

Years ago the figure of 5 children in every classroom were ADHD. At one school in-service I learned, the figures of 18 out of 20 ADHD boys end up in prison. When our son was seven, I was told by our Pediatrician to consider our self lucky if we kept him out of jail through adolescence. Science and technology found how to help these kids, and many of the teachers responded with, if we do for one, we have to do for all and we don't have time.

600 people go into Wisconsin prisons every month. 300 are leaving. My son is not in the system and I hope he stays out of it. He also dropped out of High School after struggling for years with academics and daily reminders from many teachers that he was a failure. Good parenting and the influence of family and positive reinforcement by a few teachers were not enough to mend the self esteem of my son. He has fallen between the cracks and coming closer to becoming a statistic.

Society is losing an industrious, hard working and willfully devoted young man.

As his mother, this is extremely difficult to live with. As a tax payer, I'm disgusted with how my tax dollars have been spent. As a veteran advocate in North East Wisconsin, I know this is standard for many children who display challenging behaviors. I hope we start utilizing the research available to help this unique population.

As a representative of the mental health community, and Board Member for Wisconsin Ties, I support the recommendations and language in the final report of the Blue Ribbon Commission on Mental Health. A new system of delivery may catch some of our youth while their needs only

require short term care. The flip side of a new system is consumers out of school may benefit from interventions that to date are rare and difficult to access. Our older population will be included. As a society, we haven't neglected the elders, we just wait until they lose their independence and then place them in nursing homes. Intermediate help may help them maintain their dignity and independence longer,

This report addresses the Mental health/alcohol and other drug abuse issues of all age groups. Consumers are served based on level of care rather than the name of their label.

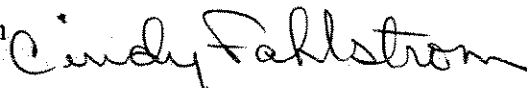
In this report eight target sights were recommended. The Governor's 1999-01 budget allowed for two demonstration pilots at the amount of \$290,000. The tobacco settlement dollars could be considered and possibly another sight or two could be added. Wisconsin is recognized as a leader in the area of Human Services. This would be another area where Wisconsin could set an example and help consumers. No one will argue that something needs to be done.

As a resident of Brown County, I would like to see my area chosen as a target sight. Currently we don't have an integrated service project in Brown County. This area may fit the criteria if local agencies agree with the benefits of collaboration and strive for success.

Thank you for your time.

Sincerely

Cindy Fahlstrom



cc: Chris Hendrickson
JoAnn Stormer
Representative Lee Meyerhofer



BARC Industries

BROWN COUNTY ASSOCIATION FOR RETARDED CITIZENS

Wisconsin Joint Finance Committee
Written Comments
March 26, 1999

I am writing to request your support of the removal of language that limits the use of Ss16.752, the State Use Law. The proposed language, found on page 149, Section 91, of AB-133 and SB-45, allows an agency to waive compliance with the law if deemed applicable. I feel this allows agencies to bypass the intent of Ss16.752 which is to provide jobs and income to people with disabilities in Wisconsin.

Ss16.752 has been working well. Please do not approve changes that will limit its effectiveness in helping Wisconsin residents with disabilities.

On behalf of the 500 adults with disabilities who work every day at the Brown County Association for Retarded Citizens, I thank you for your time and consideration.

Sincerely,

James L. Meyer
Director of BARC Industries



N.E.W.
Curative
Rehabilitation, Inc.

2900 Curry Lane • P.O. Box 8027
Green Bay, WI 54308-8027 • Voice/TTY: (920) 468-1161
1-800-636-1161 • FAX: (920) 468-7851
www.NEWCurative.org

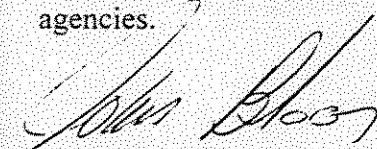
**TESTIMONY JOINT FINANCE COMMITTEE
MARCH 26, 1999 - GREEN BAY**

Thank you for giving me the opportunity to speak to you today.

A few years ago the state of Wisconsin adopted State Use Legislation (Ss.16.752). This legislation allows community rehabilitation programs, such as N.E.W. Curative Rehabilitation, Inc. to have certain service contracts and products set aside so that people with disabilities could manufacture the products and complete the work if the State Use Board so requires. N.E.W. Curative currently maintains two rest areas, two weigh scales, and cleans three State buildings under this legislation. Overall this has worked well until last year when a CRP was informed that the prescription safety glass and Medicaid eye glass contract were going to be set aside. This organization went to great expense to purchase equipment (\$700,000), hire and train both staff and individuals with disabilities to complete the contract. The safety glass contract went well, but DHFS never turned the Medicaid eyeglass contract over. After 18 months of negotiating between DHFS, the DOA and the CRP, it became evident that the contract was not going to be awarded. The CRP had to turn back the safety glass contract and get out of the eyeglass business. This venture cost them hundreds of thousands of dollars and took away employment opportunities for people with disabilities. During the negotiations DHFS put the CRP and the DOA on notice that federal law prohibited the awarding of this contract on a non-competitive basis. We are surprised by this, since several other states had awarded the same Medicaid eyewear contract to CRP's under similar legislation.

Now we are being told that there is a proposal LRB-0362/2 (found on page 149, section 91 of AB-133 and SB-45) in the Governor's budget that will give the Secretary of Administration the authority to waive compliance with the law if the secretary determines that by setting aside the contract this would contravene competitive requirements under federal law or regulations. This issue is being pushed by DHFS and it is my belief it is being done so that it will make it much more difficult for community rehabilitation programs to obtain contracts under the legislation. This provision is not needed and will only give state agencies a way to circumvent the law because they do not want to work with community rehabilitation programs. There are criteria and guidelines currently in place the State Use Board needs to follow when setting aside a contract. They would not be able to take action if it went against competitive requirements under federal law or regulations.

LRB-0362/2 is not needed. What is needed is to ensure that current legislation is followed by all state agencies.


John Bloor, President
N.E.W. Curative Rehabilitation, Inc.

TO: Senator Brian Burke, Senate Chair (D) Representative John Gard, Assembly Chair (R)
Senator Russell Decker (D) Representative Cloyd Porter (R)
Senator Robert Jauch (D) Representative Dean Kaufert (R)
Senator Gwendolynne Moore (D) Representative Sheryl Albers (R)
Senator Kevin Shibilski (D) Representative Marc Duff (R)
Senator Kimberly Plache (D) Representative David Ward (R)
Senator Robert Cowles (R) Representative Gregory Huber (D)
Senator Mary Panzer (R) Representative Antonio Riley (D)

FR: Charlene M. Coenen, National Association of Social Workers, 3000 Gilbert Drive, Green Bay, WI

The Wisconsin Chapter of the National Association of Social Workers (NASW WI) represents 2,500 professional trained social workers who provide social services in the state. Many of these social workers help and arrange long term care services.

They feel the current long term care system in Wisconsin needs fixing. Many requiring long term care are being placed in nursing homes, because Medicaid will pay for it. A good number of those living in nursing homes would prefer and are able to live in less restrictive environments. The Community Options Program (COP) has a growing waiting list, because most people requiring long term care prefer to live in their own home and the funding for COP is capped because it is not covered by Medicaid.

NASW WI supports the benefits of the proposed Family Care Program, but oppose the proposed plan for administering Family Care. It is important to provide people a choice of where they may receive long term care and not let the funding decide this.

Wisconsin has a long tradition of successful County administration of statewide human service programs. Some examples of this are COP, the County Developmental Disabilities and County Mental Health Programs. We feel the long term care system which will spend over \$2 billion a year should be publicly administered which provides public accountability. There are barriers to County administration in the Family Care proposal. Requiring the creation of a public authority to administer part of the program is an obstacle. Also giving Counties only two years to organize Family Care before opening it up for bids is too short a time for counties to organize this program. Six years is not too long to give the Counties to establish this major program.

The Family Care pilots provides an opportunity for the demonstration Counties to work out some of the problems of administering the Family Care program.

We are concerned that there will not be adequate funding, in the 62 Counties that will not be pilot Counties, for parts of the programs that will be included in Family Care while the Family Care system is being organized. Expanded funds for COP, Elderly and Disabled Transportation and other programs currently serving the elderly and handicapped are needed to move into the new Family Care program.

In summary:

- ▶ The long term care system needs fixing.
- ▶ NASW WI supports the benefits of the proposed Family Care.
- ▶ NASW WI opposes the proposed management of Family Care.
- ▶ NASW WI supports public administration of Family Care through the Counties.
- ▶ Obstacles to County administration of Family Care should be removed.
- ▶ The pilot projects should be extended up to six years.
- ▶ Funding for programs to be included in Family Care should be expanded.

March 25, 1999

Dear Governor Thompson:

We are a group of Certified Nursing Assistants at Odd Fellows Nursing Home in Green Bay who are concerned about the proposed Medicaid funding cutbacks. The elderly population in our country is increasing rapidly, not decreasing, as these cutbacks would suggest. Our grandparents, parents and other loved ones will suffer if these cutbacks become a reality. Staffing shortages are already a concern, but these cuts will only increase the problem. Should the main caregivers of our loved ones earn less than door-to-door salespeople or workers in fast-food restaurants?

Don't our loved ones deserve competent workers who will bathe, feed, and clothe them with a smile? Someone who will help them to transfer from their beds and walk the halls using a gentle touch? To encourage them to maintain as much independence as possible. What of the values of dignity and worth? Are these to be cast aside?

Could you answer these questions if you had loved ones in this situation? Wouldn't you be happier knowing that their caregivers were satisfied in their work environment? Studies show that facilities with lower turnover of staff have a better quality of care. And we can assume that lower wages will result in higher turnover rates.

The wages CNAs earn do not do justice to the type of work they perform and they make up more than two-thirds of the employees who provide direct care to the residents. Currently in Wisconsin, there is a critical shortage of CNAs and all one has to do is read the want ads in the paper to determine this shortage in nursing home facilities.

Perhaps more extensive tours of Wisconsin nursing home facilities is warranted. A Certified Nursing Assistant is a potpourri of patience, love, understanding, empathy, and a genuine desire to help others. Our loved ones deserve to have these wonderful individuals at their sides at their most vulnerable time in their lives. Let us allow this.

Patty A. Mott



1229 S. Jackson Street
Green Bay, WI 54301

920-437-6327

March 25, 1999

Honorable Governor Thompson
Senator Brian Burke, Co-Chair Joint Finance Committee
Assemblyman John Gard, Co-Chair Joint Finance Committee

Dear Sirs:

Do you realize what will happen to our elderly resident community if your budget cuts in Medicaid passes? Apparently not!

Please take into consideration the following comments from the staff of Odd Fellow Home, Green Bay, Wisconsin.

- Resident care is getting more extensive due to the fact that they are joining us after major surgery from short-term hospital care. These people are human beings and are receiving quality care, which family members are not able to provide. As employees we feel that "quality" needs to improve.
- Having higher wages will hopefully bring in better-qualified applicants, who will devote their time and energy into our elderly community. It will also provide better working conditions for staff and residents. For some residents, we as a staff are all they have.
- The elderly do not like change. They get used to their caregiver on a daily basis. Let these residents keep their dignity—for some, that is all they have left.
- We also feel lower ratios need to be considered so that all of the residents' needs can be met. Some require more than others.
- Single employees with or without dependents need to work past their scheduled 40 hours per week to make ends meet.
- Our medical insurance premiums go up. Do our pay increases cover those increases and the high deductible? No.

We invite you to spend a day with us. You will be able to see first hand what we do as certified nursing professionals.

In closing, reconsider any budget cut in Medicaid funding. Someday you too may be part of an elderly community. Will your needs be met? If so, by whom? Will they be a certified, skilled, caring nursing professional? Think about it.

Sincerely,

The Staff of Odd Fellow Home
1229 South Jackson Street
Green Bay WI 54301

JM/mg

Jane Mackert CNA
Naylun ~~Butt~~ CNA
Maui-Roma CNA
Madene Krause CNA
Dawn L. Bailey CNA
Brenda Leavelle H.K.
Bonnie Thiry
Pamela L. Gibson Hskp.
Dil A. Charlier Hskp.
Kimberly Wilson CNA
Jill Miller CNA
Stacy Sella LPN
Maryanne Lindsay CNA
Sue Nelson CNA
Lana Kollros RN-BSN
Barbara Wickham RN
Shirley M. Stock RN, BSN
Patty Matt CNA
NICOLE MACHLET CNA

Wisconsin Chapter, National Association of Social Workers
1999 Lobby Day

MAKING W-2 WORK

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

Problems with W-2

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

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

Recommendations

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

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

Let's make Wisconsin NUMBER 1 in rehabilitation

No better time

by Bob
Stuva



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

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

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

OUR GOALS FOR SERVICES AND PEOPLE:

Strengthen employment opportunities for many citizens with disabilities by:

- **Restoring \$3,733,067 in Wisconsin General Purpose Revenue (GPR) to the biennial budget of the Division of Vocational Rehabilitation to leverage about \$13 million in federal funding** which will expand service options and better address the individual employment needs of each person with disabilities requesting services.
- **Eliminating LRB-0362/2 and any budget references to Ss. 16.752.** The proposed LRB will impede employment opportunities for persons with disabilities and make it easy for state agencies to bypass the State Use Law when awarding contracts.

Assist low income parents with disabilities by:

- **Increasing the Caretaker Supplement Program to \$250/month for the first child.** We support the Governor's request to raise the supplement to \$150/month for each additional child.
- **Expanding the eligibility for W-2 childcare assistance to parents on SSI** while they are looking for work or participating in education or training leading to employment.
- Maintaining administration and programs sensitive to the need for longer and more specialized training efforts that may be necessary to secure quality employment opportunities for a person with severe disabilities.

Provide desired and least restrictive services in the community by:

- **Increasing the GPR appropriation for Community Aids by \$18,000,000** to replace lost federal block grant funds and provide for a 3% cost of living increase for each year of the biennium.
- **Increasing Community Options Program Funds to provide for 1,500 additional regular COP participants and 3,500 COP-Waiver participants.**

about DVR...

Once a leader, now struggling

GROWING INADEQUACY

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

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

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

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

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

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

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

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

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

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

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

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

.....

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

.....

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

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

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

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

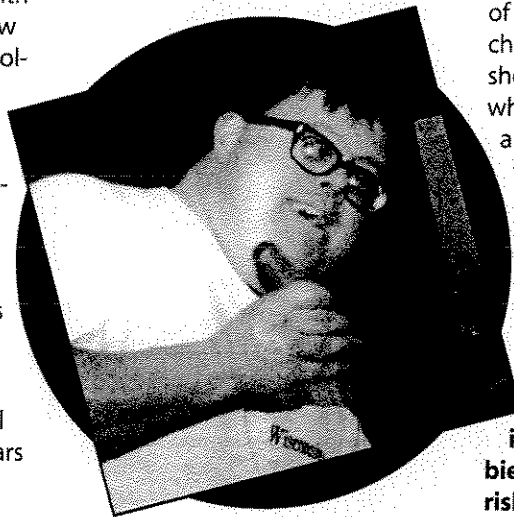
Sounds good. But will any state agency, school district or technical college, give hard-earned tax dollars to DWD/DVR to capture federal funding with no strings attached?

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

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

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

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



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

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

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

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

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

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

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

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

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

Make community based services a high priority

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

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

higher property taxes to provide for unfunded state mandates.

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

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

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

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

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

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

Improving on success: Wisconsin Works - W-2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Great financial losses & jobs:

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

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

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

The contract would have provided employment for approximately 24

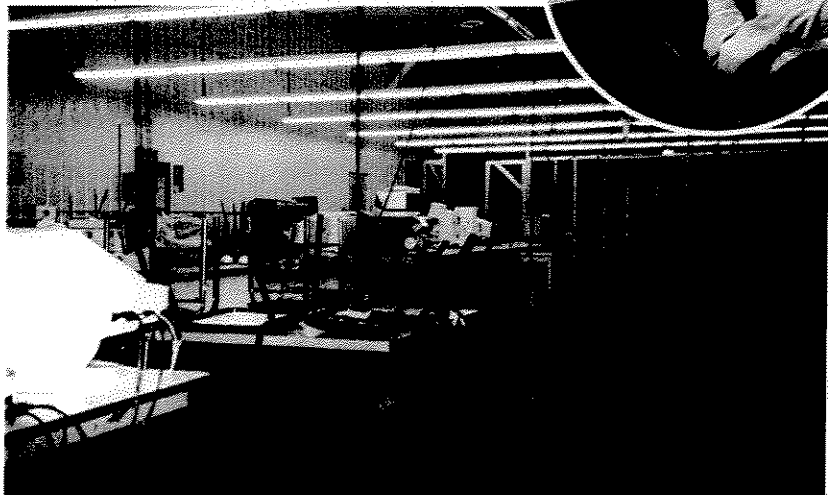
workers on a full-time basis. It was during these negotiations that DHFS put the CRP and DOA on notice that federal law prohibited the awarding of this contract on a non-competitive basis. This was most puzzling, since **several other states had awarded the same Medicaid eyewear contract to CRPs under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

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

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

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

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



Rehabilitation For Wisconsin, Inc.
RFW PROFORUM

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address correction requested

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About RFW:

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

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

March 26, 1999

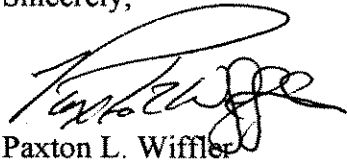
Dear Senator Burke;

I am a second generation long-term care employee. I chose my occupation and this field, because I saw the joy and satisfaction, my mother, a nurse, received from taking care of her patients. For twelve years, I have had this same joy and satisfaction of providing quality care, and a quality life to the residents of my nursing home. However, a potential crisis is on the doorstep of virtually every nursing home in the state; staffing. Telemarketers, fast-food employees, and the like, make more money than the dedicated individuals who care for our parents and grandparents in nursing homes. This problem could potentially have a dramatic impact on the availability and accessibility of patient care.

These staffing problems have hit other states and the impact has been severe. The availability of beds for residents has been severely restricted, and many residents have been placed in facilities hundreds of miles from their homes. Many states waited too long before addressing the problem and improving wages for healthcare workers. The State of Wisconsin should learn from these mistakes. Nursing homes are severely constrained in their ability to provide better wages due to their significant reliance on the Medicaid program. Yet, Governor Thompson and Mr. Chandler, his budget expert, see no reason to increase the reimbursement for long-term care facilities. It is their belief that a nursing facility can provide 24-hour nursing care, medications, meals, and psycho-social intervention for less than \$95.00 per day, regardless of patient acuity. The labor market in Wisconsin is very tight, so tight that the Governor and Mr. Chandler has used 40 million dollars of the State's surplus to increase the salaries of the State's employees in an effort to retain workers and reduce turnover.

I am here requesting a 7% wage pass through for long term care workers. If we as a state do not address this crisis, no longer will we see the joy and satisfaction on the faces of long-term care workers, as there will be no workers to see.

Sincerely,



Paxton L. Wiffler



McCORMICK MEMORIAL HOME

March 26, 1999

Public Hearing
Wisconsin Legislature Joint Finance Committee
Brown County Library
Green Bay, WI 54302

Dear Committee Members:

Please allow me to introduce myself. My name is James Genrich and am the Administrator of McCormick Memorial Home, a 60-bed not-for-profit CBRF located here in Green Bay. I'm also a member of Wisconsin Assisted Living Association (WALA).

McCormick Memorial Home:

- provides housing services to seniors and has been doing so since 1920
- offers a sliding fee scale for individuals in need
- turns no one away because of inability to pay

As an example, one of our current residents pays just 25% of the cost of her care. When making the decision 2 years ago about a place to live, her choices were McCormick Home at \$300 per month or a nursing home at \$3,000+ per month. Medicaid is/was willing to pay \$3,000+ for her care in a nursing home but not willing to contribute anything to her care in a CBRF. In those 2 years she has spent approximately \$7,200 and we have written off \$19,800. Medicaid would have spent at least \$72,000 for that same period.

My concerns are two-fold. My first concern is with regard to a proposed change found in the Governor's budget. That change is to double CBRF licensing fees. We paid \$2,150 last September to renew our license. Doubling that to \$4300 would cause a financial hardship which will have to be passed on to our residents in the form of fee increases.

Secretary Leean, when asked earlier this week by Senator Moen about the rationale for this increase, was not able to offer one. I have yet to hear the rationale for this. Our level



of service need from DHFS has not changed. They remain available to us but basically act as a licensing agent.


My second concern is with regard to Family Care and the recent (1/1/99), requirement to have all potential admissions to CBRE's, regardless of financial status, complete a financial and functional screening. I agree with the assessment if the need for financial assistance is imminent but feel it is unfair to those potential residents who will pay for their own care.

Presently here in Brown County the waiting period for assessments is approximately 6 weeks. The duration of these assessments can be 2 to 3 hours.

This is an unfair requirement for potential residents and families and it is also an unfair burden on local Human Service agencies who were given no new personnel and no new dollars to complete this task.

In summation I simply ask that you reconsider this part of the budget and the Family Care bill before approving them. Let's continue to concentrate on fixing what's broken and leave alone that which isn't.

Thank-you



James Genrich, Administrator

March 26th, 1999

TO: ALL LEGISLATORS

FROM: DAWN NORRIS, CERTIFIED NURSING ASSISTANT
GRANCARE NURSING CENTER, GREEN BAY

My name is Dawn Norris, and I am a Certified Nursing Assistant. I am the primary care giver for your loved ones.

I work 40-50 hours a week. It is not easy work, and it is not a high paying job, but I enjoy it. I'm 42 years old and go home after a hard day and take care of my grandson. I am also a single parent.

When I became a Certified Nursing Assistant in 1991 my starting wage was \$5.00 per hour, now, eight years later the starting wage is between \$7.00 and \$8.00 per hour. On \$8.00 an hour it is extremely difficult to pay rent, maintain a car, buy groceries, and raise a child.

When others call in ill, or simply don't bother to show up for work we can have 14-15 residents under our care. I bathe the residents, toilet them as frequently as possible to maintain continence and dignity, provide range of motion for those who are no longer able to walk, ambulate those who still have this ability so they do not loose it, comfort them when they are sad and lonely, and hold their hand when they are dying. I want to be able to care for my residents, which goes beyond the everyday physical needs. I think this is what we are all talking about when we refer to quality of care. We cannot provide this level of quality with out compassionate, caring, Certified Nursing Assistants.

These are our elderly, the foundation of our community. They may be legislators, lawyers, doctors, or teachers. Everyone one of us in this room today will probably live to be elderly, we will be dependent upon someone to provide us care. I understand that schools and prisons are also important, but we as a society have not provided our elderly with the dignity and respect they deserve, we cannot continue to turn our backs on the elderly.

Earlier this week while I was paying for my gas at a gas station, the clerk noticed my name tag and commented that she always wanted to be a Certified Nursing Assistant. She asked me how much it paid, when I told her, she laughed out loud and said she made more sitting at the gas station. As long as gas station clerks and hamburger makers at Mc Donald's make more than a Certified Nursing Assistant we will continue to have a shortage.

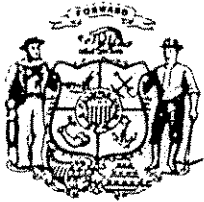
As an independent owner I struggle with the desire to create an environment that will not only provide treatment (bathing, dressing and feeding) but will provide caring to our elderly. An environment that will get rid of the feelings of loneliness and helplessness that plague our elderly. I believe this is what we mean when we talk about quality of care. I believe we as a State want our elderly to be "cared" for and not just treated. I believe that is what each one would want for our parents, grandparents, and for ourselves.

It is becoming increasingly difficult to even provide treatment. The labor market has also changed dramatically in the last 29 years. The ability to recruit and retain Certified Nursing Assistants has reached a crisis. Currently, on our afternoon shift we have 7 openings, advertising has not produced anyone to fill these positions. Our turn over rate in 1998 was a staggering 140%. The primary reason staff left was lack of proper wages and benefits. To counter this we increased benefits to Certified Nursing Assistants and instituted a shift differential of .75 per hour for the afternoon and night shift. These increased costs will not be recognized in our Medicaid rate, which at this time is \$88.48 per day for a skilled level of care. This rate includes room and board, all nursing care, meals, nutritional supplements, medical supplies, many medications, recreation therapy, social services, incontinent products, and the list goes on. Currently, this equates to an approximate loss of \$8.00 per day for each Medicaid resident. With the average number of Medicaid recipients reaching 70% in Nursing Homes it is easy math.

The proposed 1% Medicaid rate increase for Nursing Homes falls short of meeting the costs. I am facing a critical shortage of competent Certified Nursing Assistants at a time when the labor market is extraordinarily tight. The average wage for a Certified Nursing Assistant in Wisconsin is \$8.32 per hour. These individuals must complete a training program of at least 75 hours, pass a competency test, and undergo a criminal back ground check. They care for our parents and grandparents. Companies offer at least \$8.00 an hour for jobs that neither require a high school diploma nor any work experience. A study of job openings by the University of Wisconsin-Milwaukee concluded that the position of Certified Nursing Assistant was at the top of the list of the most difficult position to fill.

I urge the members of the Senate and Assembly to closely evaluate our priorities and send a message to our elderly that we do indeed "care".

Thank you for your time and the opportunity to address you today.



TOMMY G. THOMPSON

Governor
State of Wisconsin

LAKELAND...
...
...

For Release: Tuesday, January 29, 1991
Contact: Stephanie Smith, Governor's Office, (608) 266-8110

REGIONAL BUDGET INITIATIVES ANNOUNCED

Madison - Governor Tommy G. Thompson today announced three regional items included in his 1992-93 biennial budget. The programs will assist Eau Claire workers affected by Uniroyal Goodrich plant closure, finance a tourist information center in Marinette and adjust handicapped children's education funding in five counties.

1) DISLOCATED WORKER ASSISTANCE - Eau Claire

The budget targets \$250,000 in state assistance for re-training workers affected by the closing of the Uniroyal Goodrich plant in Eau Claire.

The money was originally approved as a customized labor training grant for Uniroyal. Because the company announced the plant closing prior to qualifying for the grant, the funds will lapse into the state's reserve account.

The budget will re-allocate the money as a one time increase to the Wisconsin Development Fund. The budget will direct the WDF to use the funds for re-training Uniroyal Goodrich workers.

"This budget initiative underscores the state's commitment to helping families and workers affected by the plant closing," Governor Thompson said. "By re-directing this money, former Uniroyal workers will be able to prepare for new careers."

2) WISCONSIN INFORMATION CENTER (WIC) - Marinette

The budget includes increased funding for a tourism information center at the Wisconsin - Michigan border.

In fiscal year 1992, the state will provide \$20,000 to the Marinette Chamber of Commerce to expand their distribution of tourist information. Currently, the state provides \$10,000. The increased funding will allow the chamber to be open additional hours, including evenings and weekends.

-- more --

During fiscal year 1993, the state will provide \$50,000 to the city of Marinette and enter an extended lease agreement for a permanent Wisconsin Information Center in Marinette.

"When I moved state government to Northeastern Wisconsin in 1989, I saw the need for a tourism information center on the Michigan border," Governor Thompson said. "The Marinette Chamber has done an excellent job of greeting visitors and providing information. I'm pleased that we can increase our support of their efforts while we work to establish a permanent information center."

3.) COUNTY HANDICAPPED CHILDREN'S EDUCATION BOARDS - Brown, Calumet, Manitowoc, Racine and Walworth Counties

The budget will include an adjustment of the County Handicapped Children's Education Board (CHCEB) formula to make the system more equitable.

In five counties, schools contract with the CHCEB to provide handicapped education. Previously, the level of state support to county handicapped education services was significantly lower than state support to school districts for similar services.

Last spring's budget adjustment bill raised state support of CHCEBs above the level of state reimbursement to school districts. In its 1992-93 budget request, the Department of Public Instruction recommended repeal of the formula change.

The Governor's proposed change in the formula will bring support of county services to a level similar to school district support. This will also result in a 160 percent increase in state support of CHCEBs over current levels, while saving the state \$1.7 million.

"The budget is tight, we've had to make many tough decisions and keep increased spending to a minimum," the Governor said. "Yet, it's important that we are attentive to the needs of our most vulnerable citizens, including handicapped children."

March 26, 1999

Joint Finance Committee
Attn: Representative John G. Gard
481 Aubin Street
P.O. Box 119
Peshtigo, Wi 54157

Dear Members of the Committee,

I am a constituent of the 19th Senate District in Appleton and am a social worker in the Green Bay area. I would like to thank you all for coming up to our area for this hearing and would like to voice my support for some of the health and human service issues in the Governor's Budget Bill for this next year. My grandfather died due to complications relating to Alzheimers Disease and my grandmother took care of him for as long as she could at home. I would like to speak to the issue of the Alzheimers Family and Caregiver Support Program (AFCSP). Here in Brown County it is my understanding that this money goes to ensure the continuation of Alzheimer related adult daycare programs, and in many other counties for various individual respite and emergency care needs. These types of services ensure that the caregiver is allowed the little bit of a break that is necessary to continue the caregiving at home. It is my feeling as a tax payer that this funding source should be increased to assist specifically those with Alzheimer and other dementia related issues, since in Wisconsin alone there are over 100,000 people affected and we need not only to service the victims of this disease but also those who are caring for them. 75% of all caregivers are women and as I think of the sheer amount of responsibility that caregiving entails, I would like to know that should I become one of those women, that there would be assistive services available to me if it were necessary.

Secondarily, there is the issue of the Community Options Program. At this point, as I am sure you are all aware, there are enormous waiting lists for people who have been determined to be eligible for services, but no funding is available in their individual counties for them to receive the benefit of the program. COP has been proven to be a cost effective method for keeping people out of nursing homes and in the community. It

is my feeling and since the Family Care proposal only has the pilot projects operating at this time, that your committee look into additional moneys for new placements on the COP program. The upcoming tobacco settlement moneys might be utilized for this purpose, but overall the most important point is that Wisconsin is one of the leaders in home and community based care primarily due to the Community Options Program. I would like to think that we are proud of that fact, and would continue to support the ongoing services that we have provided as a community to those who are elderly and disabled.

Please examine these two issues very closely and take them into serious consideration when you are deciding what is the best thing to do for our community and its' people. Thank you for both your time and consideration regarding these issues.

Sincerely,

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

Diane Bezella
W3979 Highview Drive
Appleton, Wisconsin 54915

March 26th, 1999

TO: JOINT FINANCE COMMITTEE

FROM: DONNA ZUNKER,
CERTIFIED NURSING ASSISTANT, OWNER/OPERATOR
GRANCARE NURSING CENTER
1555 DOUSMAN ST.
GREEN BAY, WISCONSIN 54303
TELEPHONE: 920-494-4525

I began my career as a Certified Nursing Assistant in a Nursing Home in 1970, as I worked my way through college. Following graduation I continued my career in the Nursing Home. I have held various positions through out the years, and today along with my husband, own and operate Grancare Nursing Center, a 75 bed facility here in Green Bay.

Nursing Homes have changed dramatically in those 29 years since I began in this profession. In 1970 we cared for residents who required assistance with bathing, dressing, they're cognitive status was for the most part intact. Through out the years, I have steadily watched the level of care increase. Today those living in my Nursing Home are older, frailer, and sicker than those we cared for just five years ago are. We are caring for residents in need of highly skilled nursing care. We have become a step down from the hospital. We provide rehabilitation for those who are just 3 and 4 days post surgery; it is common place for I.V.'s, total parenteral nutrition, and deep wound care to be provided in a Nursing Home. 85% of these residents are discharged back to their home.

For those whose medical, physical, and cognitive needs require on-going skilled nursing care I see our Certified Nursing Assistants, bathe, dress, toilet, and care for all of our residents very personal needs. Many residents have severe cognitive impairments; many require special lifts to move them from bed to chair.

I am still a Certified Nursing Assistant, and although I hold degrees in other areas and am the owner of the facility, I would much rather spend my time working as a Certified Nursing Assistant. This position is much more rewarding than shuffling through the copious amounts of paper work required to participate in the Medicaid and Medicare programs, and to meet the myriad of regulations.

When I work as a Certified Nursing Assistant I not only meet the residents physical needs, but for those able to relate, find great joy in listening to they're fantastic stories about the lives they lived, and the tremendous contributions they have made to this community and this state. They are wise, and we need to listen to them.

As an independent owner I struggle with the desire to create an environment that will not only provide treatment (bathing, dressing and feeding) but will provide caring to our elderly. An environment that will get rid of the feelings of loneliness and helplessness that plague our elderly. I believe this is what we mean when we talk about quality of care. I believe we as a State want our elderly to be "cared" for and not just treated. I believe that is what each one would want for our parents, grandparents, and for ourselves.

It is becoming increasingly difficult to even provide treatment. The labor market has also changed dramatically in the last 29 years. The ability to recruit and retain Certified Nursing Assistants has reached a crisis. Currently, on our afternoon shift we have 7 openings, advertising has not produced anyone to fill these positions. Our turn over rate in 1998 was a staggering 140%. The primary reason staff left was lack of proper wages and benefits. To counter this we increased benefits to Certified Nursing Assistants and instituted a shift differential of .75 per hour for the afternoon and night shift. These increased costs will not be recognized in our Medicaid rate, which at this time is \$88.48 per day for a skilled level of care. This rate includes room and board, all nursing care, meals, nutritional supplements, medical supplies, many medications, recreation therapy, social services, incontinent products, and the list goes on. Currently, this equates to an approximate loss of \$8.00 per day for each Medicaid resident. With the average number of Medicaid recipients reaching 70% in Nursing Homes it is easy math.

The proposed 1% Medicaid rate increase for Nursing Homes falls short of meeting the costs. I am facing a critical shortage of competent Certified Nursing Assistants at a time when the labor market is extraordinarily tight. The average wage for a Certified Nursing Assistant in Wisconsin is \$8.32 per hour. These individuals must complete a training program of at least 75 hours, pass a competency test, and undergo a criminal back ground check. They care for our parents and grandparents. Companies offer at least \$8.00 an hour for jobs that neither require a high school diploma nor any work experience. A study of job openings by the University of Wisconsin-Milwaukee concluded that the position of Certified Nursing Assistant was at the top of the list of the most difficult position to fill.

I urge the members of the Senate and Assembly to closely evaluate our priorities and send a message to our elderly that we do indeed "care".

Thank you for your time and the opportunity to address you today.