

MARCH 26, 1999

TO: ALL LEGISLATORS

FROM: SARAH ERICKSON, CERTIFIED NURSING ASSISTANT
GRANCARE NURSING CENTER, GREEN BAY

My name is Sarah Erickson and I have been a Certified Nursing Assistant for over 9 years. I love what I do, but I feel the compensation a cna gets is totally disproportionate to out responsibilities. We work every other weekend and every other holiday for ^{for straight time} 1 1/2 times and a half. If we don't work the holiday we don't get paid for it. The cost of health insurance is astronomical because we are considered a high risk group. This is due to the number of back injuries and health conditions contracted from close personal contact and heavy lifting.

It seems to me that this field is still largely considered a woman's profession. Therefore it is assumed that this is a second salary for a family, but all too often now it is the only support for a single parent family.

I have spent the last six years saving what I could to provide a home for myself and my 12 year old daughter. My parents deeded 2 acres to me and I went to get a building loan from my local bank. I was told sorry! you have the down payment but not the hourly wage.

I do love my job which includes the bathing, toileting, and feeding, but also emotional support-encouragement comfort and a show of respect which is often forgotten by the community and general public. These people have led amazing lives, fought in wars, and helped forge the foundation of our communities, state and country. I'm sure they never planned on becoming this dependent on anyone again. I help them with therapy now that medicare payments are done differently. I need to know when exercise is being done properly so they don't further injure themselves. I also have to be aware of hip precautions, what to do in case of falls, the signs of skin breakdown, and signs of choking as well as state regulations. It is hard to describe all that I do in a day but I challenge anyone of you to come and shadow me for a day, so you can become more aware of the challenges and rewards of being a cna.

Thank you for giving me this opportunity.

Julie Button
6673 Wintergreen Trail
Sobieski, WI 54171

I am here today to express my views about some of the programs and services very necessary to elderly and disabled people who need long term care. In particular, I wish to speak on behalf of the 100,000 Wisconsin residents who suffer from Alzheimer's disease and related dementia. Individuals and families who are dealing with this disease on a daily basis are often just not able to fit hearings like this into their "36-hour day." I am an ombudsman, so I speak to you with knowledge of these issues. The views I express are my own, not necessarily those of the agency I work for.

Alzheimer's is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. The preferred setting to care for individuals with Alzheimer's is the home, where they are most comfortable and the surroundings and caregivers are familiar. Wisconsin's families should be commended for the care they provide—7 of 10 people with Alzheimer's live at home, where families provide 75% of the care. The care provided includes dealing with incontinence, managing medications, assisting with dressing, grooming and bathing and other activities of daily living. Caregivers report high levels of emotional and physical stress, and are twice as likely to report physical and mental health problems due to their caregiving. If the State of Wisconsin had to replace these family caregivers, it is estimated it would cost almost \$4 billion annually. These families need support and assistance—they need services and programs that supplement their efforts so care can continue to be provided in the home. Therefore, I ask that you consider the following:

Increase funding to the Alzheimer's Family and Caregiver Support Program.

Statewide this program is used for support services, respite care such as adult day care and in home care, emergency care in the home and development of new services, all to assist the family caregivers in caring for their loved ones with dementia. Doubling the funding for AFCSP would not only help more families—there are 750 people on the waiting list—but it would recognize the importance of and show appreciation for the family caregiver, a group of individuals this state cannot afford to lose.

Increase funding for elderly and disabled transportation. This in particular is an issue in rural areas. Without adequate funding and transportation, Wisconsin's residents with Alzheimer's disease cannot even take advantage of the day care programs that are available to provide respite, a lifesaving respite program for many family caregivers.

Increase funding for the Community Options Program. I am asking that \$45 million from the tobacco settlement be applied to COP to address the almost 8000 individuals on waiting lists, many of whom have dementia and have family caregivers who need help or they won't be able to continue providing the care at home. This results in premature institutionalization and greater costs to the State of Wisconsin.

I appreciate the time you allowed me to share my viewpoints. I hope that Wisconsin's most vulnerable citizens, in particular the 100,000 individuals and families who are dealing with Alzheimer's disease, can count on your support. Thank you.

TESTIMONY TO THE JOINT COMMITTEE ON FINANCE, MARCH 26, 1999,
BROWN COUNTY PUBLIC LIBRARY AUDITORIUM, GREEN BAY, WI

PRESENTER: Karen Robison, Vice-Chair, Governor's Blue Ribbon
Commission on Mental Health, and Chair of the Wisconsin
Council on Mental Health

Chairpersons Burke and Gard, and Joint Committee Members:

I am here today to comment on the Governor's 1999-01 Budget
Bill, and its recommendations affecting the proposed managed
care demonstration projects for mental health and substance
abuse services. The Governor proposes reducing and delaying
the DHFS request for \$1,170,000 (\$865,000 GPR and \$305,000
federal) over the biennium for initial costs and start-up of
MH/AODA managed care demonstration projects.

The Governor proposes to reduce the number of demonstration
projects from eight to two, and to delay implementation from
January 2000 to July.

The Wisconsin Council on Mental Health strongly urges that the
Joint Committee on Finance restore this budget item to the
original request.

Intensive study and work has gone into this budget proposal,
dating from the original Blue Ribbon Commission on Mental
Health, appointed by the Governor in 1996. Forty citizens,
including four legislators (among which was Senator Mary
Panzer), labored for a year to present final recommendations
to the Governor in August of 1997. These recommendations were
received enthusiastically by the Governor, and Secretary Leean
was asked to appoint an Implementation Advisory Committee to
flesh out the recommendations for action. Another year and a
half of work brought us to this point, where requests for
consideration are ready to be issued for demonstration sites.

The demonstration sites are on a parallel track with Family
Care, with the intent of integrating mental health and
substance abuse with Family Care after the testing phase.
This budget item must be retained, and not dismissed as a
"policy initiative."

Multiple demonstration projects are necessary to address new
questions that are also relevant to other states that are
redesigning their public mental health systems. We want to
test and evaluate managed care services for children, adults,
and older persons in both rural and urban settings, as well as

the integration of primary and acute care with mental health and alcohol and other drug abuse services.

It is difficult to understand why the Governor chose to cut this particular project, when the original directive to the Blue Ribbon Commission was to emphasize managed care, client outcomes, and performance contracting. We were charged to recommend ways the federal, state, and county governments could cooperate to gain fiscal efficiencies and greater service capacity, and to recommend a system targeted at prevention, early intervention, treatment, recovery, and positive consumer outcomes. We were urged to recommend ways to reduce stigma in Wisconsin's mental health policies and programs. We did all this.

Now, we need to demonstrate that this will work—in other words, test the theory and evaluate it. If data is available from several demonstration projects, it is possible that our experiment will be attractive to funders. If we carefully test and evaluate, we will avoid disasters faced by other states that have rushed to implement mental health/substance abuse managed care reform in public services.

We, as citizen volunteers, representing advocates, consumers, families, providers, and professionals, have given generously of our time and effort to accomplish a very big goal: redesign of this state's mental health/substance abuse public service delivery system. This is a system that expends more than a billion dollars each year. This modest request of \$1.1 million over the biennium is a cost-effective approach to evaluation of a planned overhaul of an outdated system.

These demonstration projects go a long way toward the eventual goal of integration of mental health and substance abuse services with Family Care. Please help us implement this important project by restoring funds to this important budget initiative.

Thank you for your time and attention.

Sincerely,

Karen Robison, Chair, Wisconsin Council on Mental Health
Vice-Chair, Governor's Blue Ribbon Commission



Family Services

Everyone is Family

March 23, 1999

Joint Finance Committee
Public Hearing

Re: POCAN Legislation

For thirty years, it has been my privilege to work with young children and their families. Many of those children were born into poverty to inexperienced and overwhelmed parents. Although Wisconsin is a state that *cares about* children, that is not the same as *taking care of the children*. Because the health of our communities are inextricably linked to the condition of its families, there is nothing more important that we can do, than to assure that communities have the resources to take care of the children.

It has been my experience that families are very good at telling us what they need in order to succeed if we will only listen. When we look at the state of many of our children, it appears that we have not listened. A three year study by the Carnegie Corporation revealed that millions of infants and toddlers in America are so deprived of medical care, loving supervision and intellectual stimulation that their growth into healthy responsible adults is severely threatened. Wisconsin communities are not an exception. Many young children in our state live in substandard housing, with inexperienced, overwhelmed, and isolated parents who lack the skills and resources to meet their own basic needs, and those of their children.

We have committed enormous time and resources to *fix* troubled children. But the most recent research on child development tells us that by the time we realize they are in trouble, we are long past the window of opportunity to fix them. It is in the first two years, that their future is largely decided. The failure of our system of investing in end of the line interventions is at last forcing us to look at what families really need in order to prevent problems. We are finally listening to families, and in essence, they have created the home visitation model supported by POCAN funds, which is probably why it works so well.

The POCAN dollars awarded to this community are already making a difference for families. It is urgent that the program expands to additional counties and tribes in the 1999-2001 budget. Babies are being born every day, who cannot wait. A commonly heard phrase is: "The children are our future". Perhaps more importantly, we must recognize that we determine their future. I urge you to fully support the Phase two expansion of POCAN.

Polly Snodgrass, RN
Program Director
Healthy Families Brown County

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Family Services of Northeast Wisconsin, Inc.

300 Crooks Street • Green Bay, WI 54301-4587 • P.O. Box 22308 • Green Bay, WI 54305-2308 • Phone: 920-436-6800 • Fax: 920-432-5966

Thomas E. Martin
President

Adolescent Day
Treatment

Alcohol & Drug
Abuse Treatment

At-Risk Truancy

Coming Home

Comprehensive
Integrated Service
Network (C.I.S.N.)

Counseling Services

Crisis Center

Elementary Day
Treatment

Employee Assistance/
Managed Care

Families & Schools
Together

Healthy Families

In-Home Counseling
Services

Juvenile Restitution

Kids Can

Learnfare Case
Management

Residential Treatment

Runaway Project

Sexual Assault
Services

Silvercrest Group
Home

Student Assistance

Teen Court

Treatment Foster Care

V.I.P. (Volunteers
In Probation)

Visiting Nurses

Youth Outreach
Connection

RSVP projects have an impact on the communities they serve:

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

Retired and Senior Volunteer Program of Wisconsin

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

Currently there are 17 projects serving 29 counties:

12,833 RSVP Volunteers

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

1,760 Volunteer Stations

Current Funding:

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

RSVP needs increased financial support from the state to:

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

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

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

ADVOCAP/RSVP

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

RSVP of Brown County

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

RSVP of Walworth County

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

Coulee Region RSVP

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

RSVP of East Central Wisconsin

Service Area: Outagamie County
Phone: (920) 832-9360
Fax: (920) 832-9317

RSVP of Waukesha County, Inc.

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

Interfaith RSVP

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

RSVP of Dane County

Service Area: Dane County
Phone: (608) 238-7787
Fax: (608) 238-7931

Western Dairyland RSVP

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

Kenosha Center RSVP

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

RSVP of Manitowoc

Service Area: Manitowoc County
Phone: (920) 683-9922
Fax: (920) 682-6621

Northeast RSVP

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

RSVP of Racine County

Service Area: Racine County
Phone: (414) 637-7575
Fax: (414) 637-9265

Northwest RSVP

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

RSVP of Rock County, Inc.

Service Area: Rock County and 3
towns in Illinois
Phone: (608) 362-9593
Fax: (608) 362-9820

Portage County RSVP

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

RSVP Superior/Douglas Counties

Service Area: Douglas County
Phone: (715) 394-4425
Fax: (715) 394-5775



For more information,
contact:

Corporation for
National Service
National Senior
Service Corps

Wisconsin Office:

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



Contact the RSVP
office nearest you.

Wisconsin Retired and Senior Volunteer Programs

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

You can see us working!

My name is Linn Cornelius from the Anna John Nursing Home. I am here to request you, as legislators, to increase the dollar amount under the Medicaid program for the Wage Pass Through. This will enable nursing homes to increase the wages for nursing home employees.

I work at the Anna John Nursing Home, a 46 skilled nursing bed facility. We are operating at 91% of the residents are under the Medicaid Program. In the past few months, we have experience the loss of 6 CNAs. Below are the reasons these CNAs left our facility:

Two 32 hours per week day CNAs resigned to work for AMS. They left the CNA area. One reason they left, is they could work at AMS for the same amount with weekends and holidays off.

One 32 hours per week evening CNA resigned to work at another nursing home for \$10.65/hour.

One on-call CNA is on her last semester in school to become a registered nurse. She will be taking her exam this June. She will be looking for a RN position starting in May.

In addition, we have one full time CNA working as a waitress at a local restaurant, one 32 hours per week evening and night CNA working 24 hours per week at another nursing home and one full time CNA working as a CNA for a temporary agency. These three CNAs are working other jobs to pay their bills. Everything else in their lives' has gone up, and their wage has stayed the same. So to make ends meet, they had to look for another job. This has hurt the nursing home because we have three less CNAs to call in, work other shifts or cover vacation requests.

Our starting wage for CNAs is \$8.77 per hour. But it is hard to compete with other organizations starting at this wage or higher that doesn't require working evenings, weekends or holidays.

The Medicaid program is our main financial support and with no increase in dollars in this program only hurts our residents in this facility. We believe in providing the best quality of care to each and every resident. So how do we do this with no increase in monies? Especially with all the increased paper regulations you are requiring of nursing homes to provide to the State and Federal people with no increase monies to do this.

The State is requesting a salary increase for state employees. And if Medicaid is a State funded program, wouldn't nursing home employees be considered a state employee, also.



Family Services

Everyone is Family

**Thomas E. Martin
President**

March 19, 1999

POSITION STATEMENT RE: STATE BUDGET

FROM: FAMILY SERVICES OF NORTHEAST WISCONSIN, INC.

Brown County has been receiving funding from the youth gang diversion grant program through the Wisconsin Department of Corrections since March of last year. Funding for Brown County is at a \$75,000 level and is referenced in Section 301.265, subparagraph 3 of the Wisconsin Statutes. The grant is being used to provide gang prevention and early intervention programming through the Boys and Girls Club and the Coming Home Project of Family Services. The numbers of youth who are at risk for gang activity and other serious at risk behaviors are growing faster than service providers are able to manage. Many of our youth "in trouble" are Southeast Asian or Hispanic, and need the outreach efforts and creativity of alternative programs for us to reach them, and make a difference in their lives before it's too late.

We would propose that the Wisconsin Legislature seriously consider funding Brown County at the same \$150,000 level that they are providing for Racine and Kenosha Counties. This county's funding level is seriously inadequate for the work that needs to be done to keep our youth violence free, and to help them make the appropriate decisions that will impact all of our lives in the future.

Sue Cohen
Senior Vice President

- Adolescent Day Treatment
- Alcohol & Drug Abuse Treatment
- At-Risk Truancy
- Coming Home
- Comprehensive Integrated Service Network (C.I.S.N.)
- Counseling Services
- Crisis Center
- Elementary Day Treatment
- Employee Assistance/Managed Care
- Families & Schools Together
- Healthy Families
- In-Home Counseling Services
- Juvenile Restitution
- Kids Can
- Learnfare Case Management
- Residential Treatment
- Runaway Project
- Sexual Assault Services
- Silvercrest Group Home
- Student Assistance
- Teen Court
- Treatment Foster Care
- V.I.P. (Volunteers In Probation)
- Visiting Nurses
- Youth Outreach Connection

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Family Services of Northeast Wisconsin, Inc.

TRANSPORTATION FOR RURAL ELDERLY

Today's fast paced society seems to of all but forgotten about us elderly, let alone those of us who live in the rural areas. The Red Cross will go to the city limits, but they have trouble finding volunteer drivers to accommodate this ever growing population. The medical transporters will go as far as our wallet's will support. And our family and friends are imposed upon do the rest.

The millions of dollars saved every month, thanks to volunteer drivers, throughout this state could be mind boggling. Just stop and think how often we need to see the medical doctor (or specialists), the dentist, the foot doctor, the eye doctor, or the hospital for tests. These are considered necessary for us to remain in our homes. We won't even mention that if we fall, the therapy sessions, as many as three times a week.

Now consider that we WANT to stay in our own homes, and we do whatever it takes to achieve this. So how do we get our shopping done? We keep asking our children, grandchildren, neighbors, or old family friends (that probably shouldn't be driving). Are we imposing? We think so.

All of our lives we have done for ourselves. We've supported ourselves and our government. We've grown the wheat, oats, barley, hogs and cattle that have fed not just this nation, but other nations, not to mention the milk. We have paid our share of taxes, we have fought in the wars (with no protesting and little compensation). We have served on the town boards, school boards, church boards, county boards, and advisory boards. We've done our share of volunteer work and continue to contribute a large share of the total hours given today.

We aren't asking for hand outs, just fairness. We too need to go to the grocery store, department store, beauty shop, barber shop and a restaurant once in a while, just like you. We want to visit with our neighbors in person, just to let them know we still exist. Our church is still there and we want to go, but we can't drive anymore. Praying along with the one on the television set, just isn't the same, though we've done it for years.

We never saw the city limits sign when the people there wanted food. Why is that line so heavy now?

Our land is being sold in parcels, and the homes out here are bigger and more beautiful then we ever imagined. These people are now considered RURAL. Our kids are getting to the age where they too, will need transportation into town. We have been the quiet majority, but we doubt that our kids will be. They have seen what being quiet gets - ignored.

Green Peeler
Nettie Palubecki

Barb Zambon - Activity Leader
NEW Curative since 1988.
I've been in the Rural Groups
since 1989.

Frances Kozemear

Mary Hestghal

W.A. Mc Gillivray

Estelle Lilla

Ros Andre

Leonard Mozynski

Rita Lilla

Shuley Jorkman

Delores Hieronimczak

Lillian Kiefert

Gen Krajewski

Sophie Laskowski

Frances McClelland

Cecil Spakowicz

Ruth Thier

Rita Lilla

Alvina Siefert

Florence Anderson

Anita Becker

Arnold Becker

Helen Bruss

Anna Derricks

Helea Ewald

Lucille Garbe

Julia Hansen

Elsie Krutz

Marcella Siudzinski

Pearl Storzer

Arleen Rosum

Carol Derrick

Anna Kugel

Flavia Szanzert

Rita Strebel

Ed Vanden Hoven

Sarah Vandenthoven

Verona Schauer

Laura Heim

Laura Ettiene

These people are living in
Denmark, New Franken, Poland &
Polaski

Delores Davister

Isabella Brunner

Pearl Brunner

Evelyn Wertel

Josephine Vanden Busch

Catherine Coleman

Irma DeGrand

Adeline Mahlik

Emily Selner

Emily Kiminski

Eleanore Jossart

Agatha Rose

Alice Graczyk

Delores ~~Met~~ Meziva

Helen O'Brien

Marcella Schlies

Sylvia Vickman

This type of petition must allege that: (a) the inmate is mentally ill, is a proper subject for treatment and is in need of treatment; (b) the inmate has been fully informed about, and has had the opportunity to discuss, his or her treatment needs and the mental health services available to him or her; and (b) appropriate, less restrictive forms of treatment have been attempted and have been unsuccessful. These changes would only apply to inmates of state prisons; the bill would not modify current time restrictions that apply for involuntary civil commitments of inmates from county jails and houses of corrections.

[Bill Sections: 1549, 1551 thru 1554 and 9323(1)]

Children and Family Services

1. MILWAUKEE CHILD WELFARE

Governor: Modify funding budgeted for Milwaukee child welfare services by \$29,134,600 (-\$8,676,900 GPR, \$16,394,100 FED and \$21,417,400 PR) in 1999-00 and \$28,688,900 (-\$3,975,200 GPR, \$11,867,300 FED and \$20,796,800 PR) in 2000-01 and provide 14.55 GPR positions and delete 14.55 FED positions annually to reflect a reestimate of the costs to administer child welfare services for Milwaukee County and to fund the development and implementation of an automated case management information system.

Funding Positions		
GPR	-\$12,652,100	14.55
FED	28,261,400	-14.55
PR	42,214,200	0.00
Total	\$57,823,500	0.00

The following table identifies the changes to Milwaukee child welfare funding included in the bill.

Milwaukee Child Welfare Governor's Recommendations

	1999-00			
	GPR	FED	PR	Total
Service and placement costs	-\$10,331,500	-\$2,522,800		-\$12,854,300
MA targeted case management		19,889,100	\$19,889,100	39,778,200
Third-party collections			-2,239,500	-2,239,500
Child care administrative costs			182,200	182,200
Automated case management information system	1,704,800	1,456,700	3,585,600	6,747,100
Miscellaneous operations	-50,200	-2,428,900		-2,479,100
Total	-\$8,676,900	\$16,394,100	\$21,417,400	\$29,134,600

	2000-01			Total
	GPR	FED	PR	
Service and placement costs	-\$5,890,500	-\$6,157,600		-\$12,048,100
MA targeted case management		18,735,900	\$18,735,900	37,471,800
Third-party collections			-2,239,500	-2,239,500
Child care administrative costs			182,200	182,200
Automated case management information system	1,965,300	1,717,300	4,118,200	7,800,800
Miscellaneous operations	<u>-50,000</u>	<u>-2,428,300</u>		<u>2,478,300</u>
Total	-\$3,975,200	\$11,867,300	\$20,796,800	\$28,688,900

Service and Placement Costs. Reduce funding by \$10,331,500 GPR and \$2,522,800 FED in 1999-00 and \$5,890,500 GPR and \$6,157,600 FED in 2000-01 to reflect reestimates of the cost for: (a) out-of-home placements; (b) safety services; and (c) ongoing services for cases in out-of-home care.

MA Targeted Case Management. Increase federal MA benefits by \$19,889,100 FED in 1999-00 and \$18,735,900 FED in 2000-01 due to DHFS claims for targeted case management services provided to MA-eligible children in out-of-home care in Milwaukee. The bill would provide a corresponding amount of PR expenditure authority to reflect the transfer of these funds to the Division of Children and Family Services (DCFS) from the federal MA benefits appropriation.

Third-Party Collections. Reduce funding by \$2,239,500 PR annually to reflect reestimates of the amount of revenue available from third-parties for children in out-of-home care. Third-party revenue includes SSI and child support payments for children in out-of-home care, which are used to offset placement costs for these children.

Child Care Administrative Costs. Provide \$182,200 PR annually for administrative costs relating to child care provided for foster parents. PR funding would be available from federal TANF block grant funds transferred from DWD.

Automated Case Management Information System. Provide \$1,704,800 GPR, \$1,456,700 FED and \$3,585,600 PR in 1999-00 and \$1,965,300 GPR, \$1,717,300 FED and \$4,118,200 PR in 2000-01 to fund the development and implementation of an automated case management information system for Milwaukee child welfare activities. PR funding reflects the transfer of GPR and federal funds from DCFS to the Division of Management and Technology, which will be responsible for development and implementation of the information system.

Miscellaneous Operations. Reduce funding by \$50,200 GPR and \$2,428,900 FED in 1999-00 and \$50,000 GPR and \$2,428,300 in 2000-01 FED to reflect reestimates of miscellaneous state operations costs budgeted for the Bureau of Milwaukee Child Welfare. This reestimate includes the transfer of 14.55 positions from federal funding to GPR funding to reflect a reestimate of the amount of federal funds available for reimbursement of child welfare staff costs.

COMMISSION ON AGING, INC.

Brown County

Aging Resource Center of Brown County
formerly Brown County Commission on Aging.

300 SOUTH ADAMS STREET
GREEN BAY, WISCONSIN 54301

SUNNY ARCHAMBAULT

PHONE: (920) 448-4300 FAX: (920) 448-4306
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DIRECTOR

TESTIMONY BEFORE THE JOINT FINANCE COMMITTEE
FRIDAY, MARCH 26
ON BEHALF OF THE BOARD OF DIRECTORS OF THE
AGING RESOURCE CENTER OF BROWN COUNTY

Thank you for this opportunity to present information on issues that are critical for older persons in our community. For the past six years, the Board of Directors of the Aging Resource Center of Brown County has been learning about, and talking about, and advocating for a long-term care system that makes sense for older persons and their families--in particular, the frail elderly living in our communities. This one topic--a comprehensive community care service system that allows persons to live in the setting they choose--has been on every one of our agendas for the last three years.

We have been encouraged by the Governor's rhetoric regarding his commitment to "Family Care", but are quite disillusioned by the Governor's budget for long term care issues. And the budget is the state governments real declaration of values. While we realize that the issues around long-term care reform are numerous, complex, and controversial, older persons have spoken clearly and consistently on this topic. They have repeatedly stated: We want real choices regarding how and where we receive help; We want access to comprehensive and unbiased information in order to make informed decisions; We need advocates to help us understand the system on which so many of us depend; We want public control and accountability if we will be required to have a managed care system.

The Governor's budget provides dollars for nine pilot counties. Hopefully, the experience gained through these pilots will provide the information needed to implement an

effective long-term care system statewide. However, this budget also provides *little to no* increases in any of the other state funded community services that older persons depend on *now* to remain independent. The promise of a comprehensive reformed system is empty for seniors in the remaining 63 counties of our state. ***This budget is not adequate.*** There are 371 persons on Brown County's COP waiting list, 94 of these individuals are over age 65. They have neither the time nor the capacity to wait for the next biennial budget to receive the help that is needed today. They need and deserve your support in ***this*** budget if they are to remain in their own homes or in other living situations of their own choice.

We ask for your support, but more importantly, we ask for your leadership. Please develop a budget that more realistically addresses the needs of the most vulnerable of our aging population. A statewide entitlement to community care that includes the opportunity for public management and accountability is a vision worth pursuing. Please don't let up the pressure on this critical issue. But equally important is the need to also adequately fund existing community programs such as transportation, COP, Nutrition, and increases for Personal Care Workers.

Thank you for your attention, your interest and your commitment to aging issues.

Joint Finance Committee Hearing

Brown County Public Library

Friday March 26, 1999

Green Bay, Wisconsin

Subject: reimbursement shortfall in biennium budget on the special education program in Brown, Calumet, Racine and Walworth counties. Under the new biennium budget, the taxpayers in these four counties are about to lose the following dollar amounts in each year.

County	Approximate loss per year
Brown	\$837,000
Calumet	\$314,000
Racine	\$1,666,000
Walworth	\$1,149,000

The reason for these losses? An oversight in

preparing the last state biennium budget. They simply forgot to include these four counties' special education programs under the state two thirds funding formula as was done with all other special and regular education programs throughout the state.

We seek the support of the Joint Finance Committee in correcting the "oversight". We believe now is the time to rectify the situation.

We are not looking for new money, only for an equitable distribution of the 2/3 funding formula.

Clearly, these four counties have found that the provision of county-wide special education services are far more economical and fiscally sound for their local taxpayers than a proliferation of special education services through the local school districts. The state

budget should not penalize these four counties.
The county special education programs should
be funded—no more and certainly no less than
the funding received by Wisconsin school
districts.

Jerome Van Sistine

Chairperson Syble Hopp Handicapped School
Board ,Brown County

Wisconsin Association of Nutrition Directors



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

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

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

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

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

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

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

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

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

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

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

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

Wisconsin Association of Nutrition Directors



Talking Paper for Funding Increase

- ◆ Survey Participation
 - 60% of Aging Units statewide responded to survey.
 - 52% of the counties responding can not provide countywide meal coverage.
 - 42 Meal Sites have closed since 1986, affecting approximately 600 people.

- ◆ Elderly Nutrition Program
 - 1986 State General Purpose Revenue for nutrition \$4,782,800
 - 1997 State General Purpose Revenue for nutrition \$5,463,700
 - \$680,900 increase from 1986; that's only a 23¢ per meal in 11 years
 - 25% of county participants require special diets, thereby increasing costs.
 - ◆ Special Diets – Texture or content change of regular menu, usually ordered by a doctor.
 - 83.2% of Home Delivered Participants are moderate to high nutritional risk
 - 50.7% of Congregate Participants are moderate to high nutritional risk
 - Average age of participants
 - ◆ 76 years – Congregate Site
 - ◆ 81 years – Home Delivered
 - ◆ 65 & Up – Will double by 2030 comprising 37.4% of U.S. Population
 - 1996 Nationwide Study estimates that for every \$1 spent in the Elderly Nutrition Program \$3.25 is saved in hospital costs

- ◆ Home Delivered Program Growing Rapidly
 - 1986 – 1,285,000 meals statewide, 20% of total nutrition program
 - 1997 – 2,562,028 meals statewide, 46% of total nutrition program
 - 99.4% increase in the Home Delivered Program from '86 to '97
 - Funding has not kept up with the increased expenses of food costs and delivering more meals to urban and rural settings (more outlying areas)

- ◆ Home delivered meals are not an entitlement program nor is it a free lunch. Participants' contributions account for an average of 27% of each meal served, although a national survey conducted by the U.S. Department of Health and Human Services found that between 80% to 90% of the recipients are low income.

- ◆ Home delivered meals are considered the corner stone of the Long Term Care Service Delivery System. In many instances, once home delivered meals are started many other needed services are identified and the aging unit provides the linkages and coordination required to bring in the other services. The meal availability means the difference between independence and nursing home or extended hospital stays. For this reason, home delivered meal services have earned the reputation for being the most cost effective deterrent to premature nursing home placement (which currently costs Medicaid \$47,988 annually in Wisconsin) and an essential tool in the fight to end hunger and malnutrition among the frail elderly.

- ◆ Dietician Usage
 - ◆ Average counties use 13 hours per month
 - ◆ Most counties would like 38 hours per month for:
 - ◆ Nutrition Education
 - ◆ Intervention/follow up for at risk individuals
 - ◆ Home visits/consultation
 - ◆ Menu planning
 - ◆ 1994 WI study on nutritionally at risk
 - ◆ 50% of home delivered were at high risk
 - ◆ 47% of home delivered were at high risk in 1997 according to the State reporting system
 - ◆ According to the U.S. Senate Committee on Education and Labor, 86% of Older Americans have chronic disease that could be helped by nutrition intervention.
 - ◆ Eau Claire County and Marathon County are operating pilot in-home nutrition intervention programs utilizing Dietitians in Wisconsin.
 - ◆ 939 Participants screened; 206 were at high to moderate nutritional risk; 156 (76%) of these high to moderate at risk individuals agreed to meet with Dietitians.

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

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

Food Insecurity

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

Common Diseases and Conditions in Older People Associated with Malnutrition

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

Risk Factors Associated with Inadequate Nutritional Intake

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

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

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

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

- ◆ \$1.2 million These funds would be used to keep up with the current increase in the Home Delivered Program. This Program delivered over 2.5 million meals last year which amounted to a nearly 200% increase in the last 11 years. These dollars would help with increased costs in food, condiments, disposable, transportation (to deliver more meals to more outlying areas of the counties), and reduce or eliminate waiting lists.

- ◆ \$950,000 These funds would be used to expand Congregate Services. This would allow counties to provide county-wide service. Our Congregate Meal Sites provide the basis of the 20,000 volunteers used by the Home Delivered Program. Our Congregate Meal Sites also provide the most cost effective settings for the Aging Network to address issues facing the elderly. Just as a small example; some of the topics discussed at Congregate Meal Sites include nutrition education, scams and frauds that are targeting the elderly, elder abuse issues, education, and numerous social activities.

- ◆ \$800,000 These funds would be used to provide specialized diets throughout the State of Wisconsin. Currently, only 25% of the Nutrition Programs offer any types of specialized diets. This would allow counties to expand existing specialized diets and offer an opportunity for counties not offering specialized diets a way to serve their clients more fully.

- ◆ \$650,000 These funds would be used to expand dietician services offered by the Elderly Nutrition Program. This would increase our emphasis in preventive services to help reduce our clients medical costs. These services would primarily be available to our homebound clients of which 57% are already at high nutritional risk. This could provide nutrition education, intervention, and provide a much higher quality of life than they have had in the past allowing them to stay independent and in their homes longer.

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

MARY BRANT
208 Grege Ave
Green Bay WI 54301

Monthly : Financial List of Basic Needs For Both Girls:

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

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

**** Basic Replacement Clothes: Every Six Months

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

= \$180.00

1 jacket (light weight) \$20.00

1 winter coat (spread over two years) \$30.00 from used clothing store
\$60.00 total

outer wear - not at goodwill or thrift store- Hats , mittens , gloves, boots,
scarfs\$20.00-

= \$70.00

Basic replacement clothes - \$180.00

Outerwear + \$ 70.00

\$ 250.00 per child

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

Addendum to Monthly Financial List of Basic Needs

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

In any given six month period

pantyhose (one pair per month @ \$1 pair) \$12

hair cuts or perms (they never get) \$15

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

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

baseball glove, soccer ball or whatever needs replacing \$10

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

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

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

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

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

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

vacations (occur only when gift from others)

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

co pay on foot orthotics \$2 per visit

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

church, collection Sunday and occasional events \$10

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

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

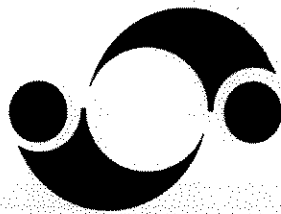
***TESTIMONY BEFORE THE JOINT COMMITTEE ON FINANCE
MONDAY, MARCH 22
RON ANTONNEAU, CHAIRPERSON
AGING RESOURCE CENTER OF BROWN COUNTY***

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

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

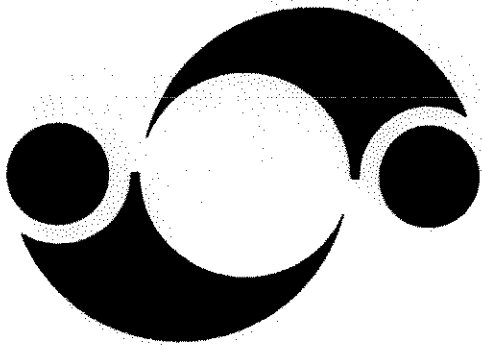
Thank you for your attention. We now need your leadership.

1999 - 2001
LEGISLATIVE INITIATIVES



Wisconsin Council for the Deaf and Hard of Hearing

Alex Slappey
Chairperson



WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING
2917 International Lane, 3rd Floor
P.O. Box 7852
Madison WI 53707-7852
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MESSAGE FROM THE CHAIRPERSON Alex Slappey

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

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

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


Alex Slappey
Chairperson

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

POLICY
RECOMMENDATIONS

**STATUTE TO ESTABLISH BASIC CREDENTIAL REQUIREMENTS FOR
SIGN LANGUAGE INTERPRETERS**

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

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

COUNCIL RECOMMENDATION

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

WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

FISCAL
RECOMMENDATIONS

SERVICE FUND FOR THE DEAF, DEAFBLIND AND HARD OF HEARING

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

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

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

COUNCIL RECOMMENDATION

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

COMMUNITY SERVICE ASSOCIATES

Community Service Associates (CSAs) provide:

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

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

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

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

COUNCIL RECOMMENDATIONS

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

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FISCAL RECOMMENDATIONS

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

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

POLICY RECOMMENDATIONS SUMMARY

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

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

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

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

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

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

Eve Dicker Eiseman
(414) 790-1040 Voice
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Helen Rizzi
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Margaret Ferris
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Neenah

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NOTES

Bay Area Private Industry Council

Training/Employment through Job Centers in Northeastern Wisconsin

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March 19, 1999

Members of the Wisconsin Legislature Joint Finance Committee:

The members of the Bay Area Private Industry Council (BAPIC) wish to address the Joint Finance Committee in the matter of several items in the Governor's proposed budget which direct TANF (Temporary Assistance to Needy Families) funds through the Private Industry Council/Workforce Development Board system.

There is a proposal from the DWD Division of Connecting Education and Work for funding the "TANF Eligible 'Self-Paced' Youth Apprenticeship Program" that would provide additional funding for Youth Apprenticeship Programs for young people from families at or below 185% of the Federal Poverty Level who might also need remedial training in order to meet the demands of the Youth Apprenticeship curriculum.

BAPIC strongly supports additional funding for Youth Apprenticeship Programs, not just for low income youth, but for all interested students. BAPIC members want to state clearly their concern that this program be implemented in such a way that supports existing Youth Apprenticeship Programs and not be used to set up duplicative or parallel service delivery systems for Youth Apprenticeships with additional administrative costs. In our area of the state, we are in the last year of a five-year School-to-Work Grant operated through CESA #7 that has produced strong School-to-Work programs in several regions, most notably in the Shawano Area through the Wolf River Partnership and in Brown County through the Partners in Education office at the Green Bay Area Chamber of Commerce. New funding using TANF dollars or from other sources needs to build on these existing programs.

BAPIC maintains a small administrative staff for programs under the Job Training Partnership Act (JTPA), and does not provide direct program services, but contracts with existing agencies and programs for JTPA services, often through a competitive process. Were TANF dollars to be directed through BAPIC under the "TANF Eligible 'Self-Paced' Youth Apprenticeship Program," BAPIC would direct these funds to existing Youth Apprenticeship programs and to agencies capable of expanding such programs into areas that do not currently have them, with minimal administrative expense. It is important to note that there are real differences in the 11 Workforce Development Areas across Wisconsin in the availability of Youth Apprenticeship Programs, and in the partnership arrangements among the agencies that administer and operate these kinds of programs. BAPIC is prepared to play an important administrative role and work cooperatively with existing Youth Apprenticeship Programs should the Legislature direct TANF funds to us for this purpose.

Secondly, there is the "Workforce Attachment and Advancement Fund" in the Governor's proposed budget which would direct TANF funds to both the W-2 agencies and the Private Industry Councils for incumbent worker training. The precipitous decline in the number of citizens receiving welfare benefits under AFDC and now under W-2, has clearly gone hand-in-hand with the entry of many unskilled or low skilled individuals into Wisconsin's workforce. Our unemployment rate reflects this reality: Wisconsin's citizens are working. But more needs to be done. Not only are many of our unskilled workers employed in jobs that have limited opportunity for advancement in benefits and responsibilities, but Wisconsin employers are facing shortages of skilled workers and need trained workers to remain competitive in the global economy. A recent study by the Educational Testing Service, conducted by former Department of Labor assistant Secretary Anthony Carnevale, clearly demonstrates the benefits of incumbent worker training.

BAPIC supports this initiative. We regularly discuss skilled labor shortages, especially in the manufacturing sector, and the need for machinists, fabricators, and welders, among others. The PIC/WDB system is experienced in incumbent worker training through JTPA programs for dislocated workers. In our area, recent projects at Paragon Electric in Manitowoc, Kimberly Clark in Marinette, Badger Paper in Peshtigo, and at Kendall products in Green Bay are good examples of the kind of reemployment and retraining services our system can provide to dislocated workers. We would welcome the opportunity to partner with the W-2 agencies under the "Workforce Attachment and Advancement Fund" to strengthen Wisconsin's workforce by providing services to promote job retention and training to low-income working families.

As indicated above, BAPIC would provide such services through contracts with existing program provider agencies, many of whom we have strong partnerships that have served workers well in the past. We believe that our knowledge and experience will serve to make these programs successful for both the workers and Wisconsin's employers.

Attached are descriptions of the two programs described above, and a recent newspaper article on our dislocated worker services at the Kendall Company in Green Bay.

Sincerely,

James M. Golembeski, Executive Director
Bay Area Private Industry Council

**DEPARTMENT OF WORKFORCE DEVELOPMENT
1999-2001 BIENNIAL BUDGET
Issue Paper**

Issue: Workforce Attachment and Advancement Fund

To provide funding for projects and activities designed to improve the likelihood that persons who have moved to unsubsidized work from the W-2 process or are currently employed but still low-income to remain attached to and advance in the workplace or return quickly to the workforce in the event they become unemployed.

Eligible Population

Low-income families who are no longer provided W-2 services or never received these services but remain within the 200% of poverty eligibility level for TANF-funded services.

Fund Source

TANF funds will support all components of this program

Program Summary

Participating agencies should focus on programs/services that promote job retention, prevent recidivism, strengthen attachment to the workforce, increase participants basic skills and literacy levels or broaden availability of supportive services.

Post employment services will, where possible, encourage and support employer participation, particularly in the design and delivery of training programs that support existing employment and projected employment opportunities.

Services should focus on short-term training to provide basic skills development, employment-specific skills development, stabilization of the client's position in the workplace, development of an understanding on the part of the client how the workplace works and how to fit in and advance, or if the client is recently unemployed, getting him/her back to work as quickly as possible.

Workforce Attachment and Advancement Funds may be used for continuation of projects initiated with W-2 reinvestment Funds.

Eligible Applicants

Grants will be provided to local agencies through two tracks:

Track 1 – Available to W-2 agencies.

Track 2 – Available to PICS or their successors

Program Design

Track 1. A block grant would be available to W-2 agencies to extend and expand their contact and services to former W-2 clients who have been employed for six months and have family income less than 200% of FPL.

W-2 agencies may subcontract with state agencies, PICS or their successors, technical colleges, community based organizations or local units of government to provide "workforce attachment and advancement" services to their clients.

Track 2. A block grant would be available to PICS or their successors, for distribution to job centers, local government agencies, technical colleges and community based organizations. These funds would be awarded to provide workforce attachment and advancement services to persons who are not clients of a W-2 agency, but whose family income level makes them eligible for TANF funded services other than W-2. Funds may also be set aside to award to entities to provide statewide or multi-regional workforce attachment and advancement services to specific populations such as refugees, migrants and persons with disabilities.

Fiscal Effect

Provide funding of \$10 million (\$5 million for each track) in SFY 00 and \$20 million (\$10 million for each track) in SFY 2001

**TANF Eligible
"Self-Paced" Youth Apprenticeship Program**

DRAFT

Purpose

To give eligible students an opportunity to achieve both work based and academic competencies in industry areas which offer high potential for employment upon graduation from high school and/or postsecondary institutions.

Eligible Population:

Children ages 14-18 whose family income is at, or below, 185% of poverty.

Funding:

TANF dollars will provide support for all components of the "Self-Paced" Youth Apprenticeship Program, including funding to enable eligible youth to complete the second year of the YA program.

Program Summary:

This is a new program and not available to students anywhere else in the state. It will give eligible students 14-18 years of age the opportunity to meet the first year requirements of a regular youth apprenticeship program in a self paced structure, at the same time that they continue working towards a high school diploma or its equivalent. Many of these students may have already participated in a more general work based, career exploration program and will need to have acquired the necessary background and skills to be able to succeed in a self paced youth apprenticeship program. Students will be allowed to take more than one year to complete the first year of youth apprenticeship competencies. Upon completion of the first year of the youth apprenticeship program, it is expected that they will have earned their high school diploma (or its equivalent) and will receive a state-issued skills certificate documenting the competencies achieved.

Eligible Applicants:

This program will be designed to be operated in a local PIC/WDB environment. The program will require close coordination and collaboration with local schools, Technical Colleges, Job Centers, business/industry and labor organizations. The program will target not more than 5 local communities for the initial phase of operation.

Program Design:

Eligible youth ages 14-18 will have the option of participating in this program in any current youth apprenticeship industry area or local areas will have the option to develop a program unique to their own labor market.

Employers will interview and hire "self-paced" youth apprentices for 10-20 hours per week, pay minimum or higher wages, provide worker's compensation, train youth to industry established skill standards utilizing mentors, allow release time for the employee mentor(s) to attend train-the-trainer classes, evaluate youth apprentices' job performance, and adhere to all applicable

federal and state child labor regulations. Students will complete the related instruction requirements of the first year through classes customized to meet these students' needs. Youth will then have the opportunity to complete the second year of the program through special services offered by Technical Colleges

Program coordinators (one per 50 youth) hired or contracted for will structure and coordinate the program. The program coordinators will be responsible for a range of activities including recruiting youth and employers, coordinating the delivery of related instruction, setting up work sites, ensuring that work site mentors receive training, identifying/coordinating supportive services for students as needed (academic remediation, tutoring, transportation, etc.) and other tasks related to the youth's successful completion of the program. DWD will evaluate the effectiveness of this program to determine whether the program should be expanded to other parts of the state.

The Division of Connecting Education and Work in the Department of Workforce Development will provide oversight and guidance to this program.

Cost Options:

The first year of this program (1999-2000) will be considered a pilot and enroll 200 (TANF eligible) students. Based on the results of this pilot, enrollments in the second year may increase to 400 or 600 students for each year thereafter. Assuming one coordinator per 50 students at \$60,000 per position, plus roughly \$3,500 per youth apprentice for the cost of outreach, related instruction, supportive services. These dollars include administrative/outreach/coordination costs and other related instruction and support services.

# of Students in Program	200	400	600	800
Staffing Costs @ 50 x \$60,000	\$ 240,000	\$ 480,000	\$ 720,000	\$ 960,000
Related Instruction @ \$3,500	\$ 700,000	\$ 1,400,000	\$ 2,100,000	\$ 2,800,000
Sub Total	\$ 940,000	\$ 1,880,000	\$ 2,820,000	\$ 3,760,000
15% Overhead	\$ 141,000	\$ 282,000	\$ 423,000	\$ 564,000
Total Program Cost	\$ 1,081,000	\$ 2,162,000	\$ 3,243,000	\$ 4,324,000

FY00 actual \$2.7 x 10⁶
 FY01 actual \$5.4 x 10⁶

Kendall workers starting over

NWTC takes training classes to employees who are being laid off

By THOMAS CONNERT
Press-Gazette

Jerome Bushmaker and his co-workers will lose their jobs in the next few months, but today they are putting in extra hours preparing for the uncertainty ahead.

While others head home after 12-hour shifts running machines that make electrical pads and related products, Bushmaker and some of his Kendall Healthcare colleagues spend the next 1 1/2 hours in a converted training room.

There, toward the back of the sprawling South Broadway plant, they sit down to learn a new machine — a laptop computer.

It's all part of an effort to help prepare the workers for life after Kendall, which will close its Green Bay plant by late February and move manufacturing to South Carolina. The 170 Kendall workers are like hundreds of other paper industry workers in Northeastern Wisconsin left behind to retool as their companies merge, consolidate and move to more efficient plants.

The workers face big changes ahead as they adjust from what had been a sure thing — their steady factory job — to a technology job — to a technology job — to a technology job.

Some of these people have been here for 30 years and all of a sudden they are looking for a job, and the ads read "Computer skills, word processing required," said Lynn Moreau, a Northeast Wisconsin Technical College basic education teacher

who's been teaching the Kendall workers. "Many of them have not sat down at a computer."

Bushmaker is preparing to re-enter the job market after 32 years at Kendall. On this day he's in class with nine other Kendall workers, learning to use the Microsoft software program.

"Most places you go they're looking for basic computer skills," he said. "Everyone wants to get into something new and different. We never had computers when we were in school."

A state grant from the Wisconsin Technology Board enabled NWTC to buy a portable classroom — 11 laptop computers, a printer, projector and software.

That classroom is now set up three days a week at Kendall, where managers have converted the former training room into a training center for the soon-to-be former work force.

The center includes computers that are connected via the Internet to Jobnet, a national job listing service. In addition, newspaper classified sections are stored there, as well as informational materials about NWTC programs and computers built with software that helps train workers in skills to earn their GED.

The laptops are also used to help teach English as a Second Language classes at KI in Bellevue and the First Presbyterian Church on Ashland Avenue.

Tough transition

Whenever a company closes a plant, the local Private



Learning on the job are workers from Kendall Healthcare, where there is a waiting list of employees wanting to take computer classes before the plant closes early next year. Instructor Lynn Moreau teaches the computer class to Kendall workers, from left: Lee Collier, Dale Lewis, Jerome Bushmaker and Carol DeKeyser.

Industry Council and state Job Center send out a team to assist workers with the transition.

Any one of us would be very frightened in that situation," said Jim Golenbecki, executive director of the Bay Area Private Industry Council. "Yet at Kendall, people were very responsive, open to suggestions and in some cases eager to move on to whatever's next."

"They're hard workers, and that's a commodity that's really needed, and it just has to be matched with appropriate skills," he said.

"Unfortunately, in this day and age, the skills that are in demand change so quickly."

The way manufacturing has changed makes looking for new work, even switching to a different factory job, like starting over.

In the laptop class at Kendall, Carol DeKeyser of Green Bay, a machine operator, is moving her computer, mouse and using the Word program's spellcheck function with relative ease. She's had typing expertise before but doesn't own a computer.

"I've been kind of interested in computers and would like to learn. I'm really enjoying it," she said. "I want to go out and take another class."

DeKeyser has been with the company since the late 1960s and is preparing for big changes ahead when she finishes at the plant in late February.

A separate grant from the Private Industry Council is helping retrain 22 Kendall workers at NWTC to receive certification as programmatic controllers.

Essentially, that means they'll be able to operate computers and devices that are used in factory settings. Those jobs are in great demand, says Betty Gregory-Pasch of the industry council.

Given the area's record low unemployment rate — 2.6 percent in September — jobs will be available for former Kendall workers, but retraining isn't optional, Golenbecki said. "The jobs are there. The problem is matching available

Ken Wessely/Press-Gazette

Please see **Retrain**, E-2

Retrain/ Company Provides Support

■ From E-1

able workers with the necessary skills. That's what this kind of program is designed to do," Czembski said. "The problem is you get somebody who's been employed at a place for 20 to 30 years, and then they step into the employment market and they've been limited by what's been available at their current job."

At Kendall, managers considered it important to set up the career center and agreed with NWTCC educators that more workers would participate if the computer classes were held in the factory rather than at the college.

For workers who want it, Kendall also has helped workers with resumes and cover letters for new jobs, human resources manager Sherry Sadoff said.

"We've been trying to be as helpful as possible to make sure this transition is as smooth as possible," she said. "And NWTCC has been a big part of that."

Even people who've already worked their last day at Kendall are returning to use the computers in the career center.

"They're glad to have an opportunity to keep coming back and work with the computers and get up to speed in basic education skills. They're working toward GEDs," she said. "Some companies require reading and math tests as part of the application process."

Looking ahead

Back in laptop class, Bushmaker says he'll be working at Kendall until the end of February. As he uses the Compaq notebook computer, the thesaurus and gets familiar with the Word program's animation feature, Bushmaker says he's not sure what line of work he'll find next.

"It's not the easiest time in life to be looking for a new job, he says. "I only had three years to go before I retired, but that's the way life is," he said. "Not much you can do—just go on."

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March 25, 1999

Attention: Senator Brian Burke
Assemblyman John Gard

My husband is a resident at Odd Fellow Home in Green Bay. I am very pleased with his overall care. I feel that some of the Medicaid programs should be carefully examined because of a lot of misuse of the funds, but I do not feel that the caregivers at nursing homes should be involved in the reduction of funds. I feel that they are justified in receiving the 7% wage pass-through, and if it wasn't for their care and services, the elderly would certainly be the ones to suffer. I believe that the caregivers are well worth a raise; it's a shame that people working at fast food places receive a better salary than the caregivers working in nursing homes.

Please vote for the wage pass-through for the nursing home employees.

Sincerely,

A handwritten signature in cursive script that reads "Joyce E. Schneider".

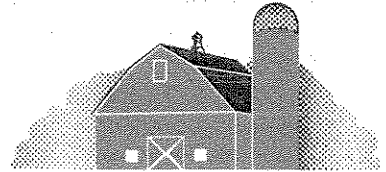
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March 25, 1999

Dear Joint Finance Committee Member:

Thank you for the chance to speak to you today in regards to the Personal Care issue. I have been involved with our agency Personal Care Worker Program for 7 years, as both Supervisor and more recently, Quality Assurance. I feel an increase of \$4.00 / hour for MA Personal Care reimbursement is necessary to increase Personal Care Worker wages and benefits. Recruitment and retention of Personal Care Workers is absolutely essential to maintaining our clients' ability to remain in their homes. Often times, minimal assistance is all that is needed to keep someone at home who would otherwise end up in a nursing home. Good, reliable people with the skills necessary to provide adequate care are hard to attract to Personal Care Programs because of the low wages and no benefits. In order to make this field of work more enticing to these individuals, we need to provide them with benefits and a survivable wage. In that respect, we can be more competitive with other job markets and not only fill the positions needed, but also be more selective in our screening. The current worker shortage crisis inevitably may result in a decision of either providing substandard care or encountering a safety factor in not providing that care at all. We need to make sure we can not only fill the need, but maintain the quality as well. After all, the care we give today, may be the care we get tomorrow.

Laura Parkos

Quality Assurance Supervisor
Personal Care Worker Program
Kewaunee County Human Services
305 Steele Street
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920-487-7252

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