

PERSONAL INSURANCE- 914100084241
W

I, Patricia Bailey, personally feel that the Youth Outreach program has been done wonders for my son, Allan R. Johnson. His case worker goes out of her way to help my son who has behavioral problems and poor social skills. She tutors him, takes him places, and in all she makes him feel special. ~~my son is a special needs child~~
~~How does that benefit me? Knowing my son has a "friend" who will take time to help, tutor for him.~~

Patricia Bailey

Community Aids, Youth Aids

FAITH, MORALE, TRUST AND PARTNERSHIP
are on trial again.

It used to be we only threw away the sick and elderly. Now, it seems, children are being added to the list.

I am a disabled single parent of three boys and C.I.P., as well as Society's Assets have been very good to and for my family. The activities and support and friendship they've given us and the community has been invaluable.

Do you know how many adults and children have lost all faith in Government?

Do you know how many people have just given up?

It used to be when a new family moved into the neighborhood, they could expect a welcome wagon of food and new friends.

Today, instead of welcoming them, we're all on our computers to see if they're child molesters or serial killers.

No one feels safe anymore, No one trusts anymore. If someone is friendly, you wonder what they want.

This is NOT how I want my kids to view America.

Instead of building a future, we're burying it.

We're creating a society where the picket fences are being replaced with well-armed fortresses.

Do you wonder why? I don't.

If people are treated like animals or garbage long enough, then that's what you're going to get.

Animals bite and garbage carries disease.

Families in need of special services, as well as the agencies currently trying to ~~help~~ make a difference are being rewarded with abandonment, budget cuts and unemployment lines.

These budget cuts won't just affect the agencies and consumers. It will, in time, affect all Americans.

An ounce of prevention is worth a pound of cure. Intervention is cheaper than incarceration.

A penny saved is NOT a penny earned if we sacrifice our children for it.

You can MOTIVATE or INCARCERATE

You can EMPOWER or DEVOUR.

Show us an act of faith. Make us feel we're not wasting our breath.

Make a commitment to our children today, their workers and the community.

Show us some hope that society can be pro-social.

You can save lives and dollars by keeping our communities' agencies open and running.

This summer, whether the kids will be swimming and playing ball, or learning to use weapons and terror on the streets is in your hands.

Let's not give up one more child to gangs.
Let's not destroy another life with indifference.

Let's build that future and show all our children positive ways to live and function in society.

Thank you
Don O'Toole
3606 50th St #3
Kenosha WI 53144
(414) 653-8321

7321 Cliffside Dr (Community Impact)
Racine, WI 639-6113

Hi My name is Fran Wendor
I am a mother of 4 biological children
and foster of unlimited.

We all need to keep in mind the
children of today are our leaders and
caregivers of tomorrow. What we give
OUR children today is what we will
get in return.

~~The at risk and in~~
The number of children at risk
and of need is escalating which in
itself is very sad, but a reality. I
believe we all need to look at ways
to put our money to good and efficient
use, not cutting programs or support
that is so needed.

When there are occasions for foster
parents to be together and discuss
accomplishments, concerns and frustration
the top of the list is not enough
support and answers, when needed. We
as foster parents do not have the
legal right to make decisions, so we
need others to help us.

We are not educated as psychologists,
psychiatrists - We need professionals at
phones length.

April 5, 1999

Senator Kim Plache
PO Box 7882, Rm. 305
Madison, Wisconsin 53707-7882

Dear Senator Plache:

My name is Kay Johnson, and I am currently employed by a social service agency called Professional Services Group. This agency is one of many which will be directly effected by further budgetary elimination's to Community Aids Funding. Our agency works with families which are at risk of being separated due to issues or neglect, abuse, alcohol and other drug abuse, etc. Without programs such as ours, children are at a greater risk of being removed from the home, and families are denied the to opportunity to leave behind various avenues of dysfunction which prohibit them from existing as a whole and healthy family unit.

Further decreases to this funding source in the 2000-2001 State budget will be a great disservice to the families which Professional Services Group are able to assist. The families which we serve benefit greatly from the early intervention and preventative programs which this agency and many like it are able to provide. We work at preserving the family unit. A loss of funding to Community Aids will not be cost effective in the long run, simply because without intervention and preservation programs such as ours, families will become more dysfunctional and will need to be in the child welfare system for longer periods of time, thus causing a greater need of tax dollars to assist them in reaching the ultimate goal of operating as a complete family system. Please do whatever you can to assist the families in which we serve from suffering further loss of services due to additional reductions to the Community Aids Funding.

Sincerely,



Kay Johnson, B.S.W.

cc: Robert Wirch
Mary Lazich
Robert Turner
John Lehman
Bonnie Ladwig
Cloyd Porter
Scott Gunderson

Yuth & Comm. Aids

I am a foster parent, homeowner in
Henn. County. Last yr. we spent 17,000⁺
above the stipend we were given for foster
care payment as well as 5000 in property
taxes. This was still not enough to
give my children what they needed.

There are waiting lists for programs
throughout the state. Parents are
being asked to do their fair share and help their
teens. They are our future if
we cannot help them now what future
will all of us have.

Shirley J. Smith

3317-86th St.

Spokane, Wi 53172

HP 697-9319

1999-2001 BUDGET BILL
(Please Print Plainly)

DATE: 4-8-99

WILLIAM H. CHARAF
(NAME)

2000 - 4 1/2 Mile Rd
(Street Address or Route Number)

Racine WI 53402 (414) 681-1221
(City and Zip Code)

Fax 681-1840. email: {charlake@wi.net
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant - Al-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

10 } Sen. K. Plache

I am a retired international businessman. I wanted to speak for low income & zero income residents of Racine's Center city who have NOT had success with W-2.

This is to request that you consider & add funding for free bus passes for the above mentioned residents in Racine. I was told by a reliable source that buses in the city are running half full.

- Why, you may ask? It would help with Job search
- help them to get medical treatment (especially dental and vision) at clinics which provide free treatment
- Help them travel to state Div. of Vocational Rehab. located nr. Case High School
- Help them take advantage of the new County services Bldg. at 1717 Taylor Av., etc
- Redice their isolation
- Help us fulfill our moral responsibility.
- Be in the spirit of what Jesus of Nazareth asked us to do

I was told that the state has reduced the Racine Cty. Human Services Dept.'s budget by \$400,000.- I am requesting that you restore the \$400,000 cut and ADD approx. \$300,000.- to cover the estimated cost of ~~12~~ 12 (twelve) free monthly passes for the estimated 1,000 low income and zero income residents in Racine Cty, (Note: a single monthly bus pass costs ≈ \$30.-; I projected a "volume" price of \$25.- each).

I PSG/CIP

7 APRIL 1999

TO WHOM IT MAY CONCERN:

My NAME is Lenny Dixon, I AM A PATIENT AT THE "ONCOLOGY HEMATOLOGY ASSOCIATES, CLINIC" IN GURNEE, ILLINOIS. I'M ALSO A TERMINAL COLON & LIVER CANCER PATIENT. AND IF IT WERE NOT FOR THE WONDERFUL PEOPLE AT "PRO. SERVICE GROUP", I WOULD BE HERE

IN PERSON TO CONGRADUATE ALL OF YOU FACE TO FACE FOR HELPING MY FAMILY TURN THEIR LIVES AROUND. YOU HAVE HELPED US, THROUGH A REALLY ROUGH TIME IN OUR LIVES, WHICH ISN'T OVER YET. I WOULD NOT BE AT MY CHEMOTHERAPY TODAY! IF WERE NOT FOR YOU WONDERFUL PEOPLE. THANK YOU EVER SO MUCH FOR SAVING MY LIFE AS WELL AS HELPING OUR CHILDREN GET STARTED BACK ON TRACK. AND WITHOUT THESE PEOPLE - GOING ABOVE & BEYOND THEIR CALLING OF DUTY {MR. TOM MARTIN, MISS TAMMY, ZAR ECKI ALSO - VAL CHRISTY} 😊 I WOULD NOT BE ALIVE TODAY! I WOULD LIKE TO THANK THEM WITH ALL MY HEART. THEY REALLY DO MAKE A DIFFERENCE IN PEOPLE'S LIVES SO I WOULD HAVE TO SAY BUDGET CUTTING WOULD BE A VERY BIG MISTAKE, BECAUSE THEY ARE ALL A LOT OF FAMILIES HAVE TO DEPEND ON. REMEMBER WE ARE ONLY ONE FAMILY" I'M SURE THERE ARE 100thS OF FOLKS THAT NEED HELP AND NO WHERE TO TURN. MY FAMILY AND I WOULDNT RECOMEND NO ONE ELSE BUT THE NAMES + MORE WE COULDN'T ABOVE, BECAUSE
OVER mention

II

they ARE SO polite + KIND! AND VERY good
with CHILDREN. I KNOW because my kids,
don't just adapt to MANY people, but your
STAFF THAT WORKS WITH US OUR GREAT.

THANK YOU ALL AGAIN VERY MUCH
FOR EVERYTHING. GOD BLESS AND
KEEP YOU ALL, FOR ALL OF US THAT
NEED YOU...

YOUR'S TRULY
THE "DIXON FAMILY"
MARY, LENNY, MISSY, SAMMY
NEDDIE & COARIE

PSG/CIP

TO WHOM IT MAY CONCERN,

FOR THE THOUGHT OF TAKING THE FUNDING OUT OF PROGRAMS FOR KIDS AND ADULTS THAT NEED EXTRA HELP. I THINK THAT THE PEOPLE SUGGESTING THIS PLAN SHOULD REALLY BE RE-CONSIDERED AND THINK ABOUT THE DECISION YOU'RE MAKING. FOR INSTANCE, A CHILD HAS A PROBLEM WITH BURNING THINGS IN THE HOUSE AND ANOTHER HAS A PROBLEM WITH SUICIDE. SAY THERE WERE ONLY 3 YOUTH COUNSELORS AND 2 COUNSELORS WERE OFF BECAUSE OF BUDGET CUTS AND ONLY 1 COUNSELOR WAS ON DUTY. SHE DOESN'T KNOW WHICH ONE TO HELP. THAT'S WHY WE NEED ~~FOR~~ YOUTH PROGRAMS LIKE PSG AND CIP. ALSO, THE SHALOM CENTER REALLY HELPED MY FAMILY. WITHOUT THE SHALOM CENTER, WE WOULD BE ~~BE~~ THE HOMELESS THAT'S WHY YOU CAN'T TAKE FUNDING OUT OF THESE PROGRAMS. THE SHALOM PROGRAM HELPS PEOPLE GET A PLACE TO STAY AND FOOD IN OUR MOUTH. WHY WOULD YOU TAKE THIS AWAY FROM PEOPLE WHO NEED THIS? THE SHALOM CENTER ~~GET~~ HELPED GET MY FAMILY INTO COUNSELING. LASTLY, MY YOUTH OUTREACH WORKERS FROM LINCOLN NEIGHBORHOOD CENTER HELPS ME STAY IN SCHOOL.

Courtney Lewis
McKinley Middle School
7th grade 14^{age}

PSG/CIP

My name is Lisa Miller and I would like to tell you a little bit about myself. I am a single mother of a 19 month old child, Joshua.

I have had assistance from PSG to help me take care of Josh and move into my own apartment.

During my time with PSG I have gone through some rough personal experiences which I have felt comfortable sharing with my workers.

During these times my PSG workers were always a phone call away and within minutes were there to help me out.

I would like to tell you that these programs are important in my life.

Thank you for listening,
Lisa Miller

PSG/CIP

To Whom it may Concern

Professional Services Group

Came in to my family for help in Jan. 99 The reason they came, was I asked for their help to help me with my children to listen to me!

help me take them to counseling.

I need them to do Activities with my older children I have a big family (7 children)

Amy & Mike has help me with my children they have behavioral problems and my son is very positive and really likes doing things with Mike. Amy works with my girls and they love her.

I'm afraid if these services are no longer the same my children will go back to the way they were before they came into our ~~lives~~ lives.

My other son Jason is in foster care and he will be coming home and my husband will be coming home ~~and~~ and Jason has problems. I need all the service they provide

so we can have a pleasant and
happy family again.

I need Mike & Amy help with the
schools and all activities. I also
need help with transportation.

I also need Mike & Amy to provide
anger management with my boys.

When I tell my boys Mike not
cussing because he has emergency
they are upset I feel my family
need all the service they provide
So please keep them in my family
my son doesn't talk about ~~service~~
any more. I love my children I
believe we need their services.

Thank you for reading my letter
and if you have any questions me
you can call me. Thank you

Sue Whitecalk
654-5482

We, as Foster Parents and Adult Care Providers and clients of these programs, are against the Governor's Proposal to cut or freeze human service revenues. We recommend, as consumers of community programs and as citizens of Racine County, that revenues be increased to make community programs even more effective.

| Name | Address |
|----------------------|---------------------------------|
| Nardene Upchurch | 537 Admiralty Dr |
| Therese Lewis | 145 Ohio St. |
| Su B. (Sonia Tellez) | 404 N. Memorial St, Racine, WI |
| Janet Patterson | 2160 Jones st Racine, WI |
| Margaret Morrison | 1226 Center SP |
| Marcela Celis | 1333 Oakes rd #1 |
| Gloria Cotton | 2329 Monroe ave |
| Est. L. Johnson | Bessie Johnson 4909 Regal Ct |
| Fran Wendt | 7321 Cliffside Dr |
| DAWN BURKE | 6725 SPRUCE LN. - WATERFORD |
| Curtis Lewis | 6018 22nd ave KENOSHA |
| Amy E. Evans | 3232 S. Illinois Ave. Milwaukee |
| Lisa Miller | 4615 36th AVE. #4 Kenosha |
| Michelle Warren | 525 Walnut St. Burlington |
| Pamela Condos | 3511 28th ave Kenosha |

SHORELINE MANOR, INC.

A Community Based Residential Facility funded in part by Racine County

April 8, 1999

The Joint Finance Committee of the Wisconsin State Legislature
Public Hearing at Case High School
Racine, Wisconsin

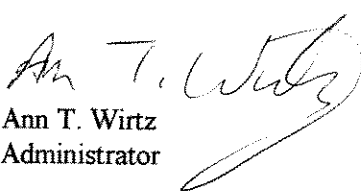
Dear Honorable Members of the Joint Finance Committee:

I am writing on behalf of Shoreline Manor, a Community Based Residential Facility with a capacity of 60 adult residents. Shoreline Manor receives much of its funding from the Community Aids portion of the state budget. The proposed reductions in Community Aids Funding of 22% would severely limit the ability of Shoreline Manor to provide care and support for the severely disabled individuals placed at the facility by the Racine County Human Services Department.

Community Aids is the primary source of funding for people recovering from mental illness, yet this funding has been stagnant for the past five years, and there was a 2.9% reduction last year. At the same time that you are proposing these cuts, demand for services is increasing in Racine County, with 200 new people joining the system during the past two years. Who are these people? They are mothers, fathers, grandmothers, brothers, sisters, aunts and uncles. They have held occupations in industry, service, health and education. They have been students and homemakers. They have also experienced multiple hospitalizations, homelessness, and addictions. Shoreline Manor is providing them with a stable caring environment in which their many needs can be met and they can begin to recover to the greatest extent possible. You have already made significant cuts to Community Aids in Racine County, impairing our ability to care for the sick and disabled of this community. What will happen to these people if services such as those provided by Shoreline Manor are no longer available? What would you do if this were happening to a member of your own family? I believe you would advocate on their behalf as we are doing here today and demand that the present level of funding to Community Aids be increased above the 1998 level. Thank-you.

I would also like to address the issue of Long Term Care Redesign. Shoreline Manor supports the need to remove Long Term Care Redesign from the rest of the Governor's budget. We agree that citizens with long term care needs have a right to ease of access to the system. A "one-stop shopping" concept sounds great in theory. In practice, to replace the present system with an HMO model is frightening to providers like us who have had success with the present system locally controlled by Racine County. Why not build on what does work instead of scrapping the entire system? By removing Long Term Care Redesign from the present budget we would have more time for study and comment through debates and hearings. With a change as massive as this is intended to be, and with so many implications for providers, we deserve to have the opportunity to debate all aspects of the proposed Long Term Care Redesign. Thank-you.

Sincerely Yours,


Ann T. Wirtz
Administrator

1403 WEST SIXTH STREET, RACINE WISCONSIN 53404
Phone 414-637-1440 -- Fax 414-637-1761

Hello, my name is Tina Riley and I am from the Racine Council on Alcohol and Other Drug Abuse. I feel it would be a negative blow to the community if you fail to realize the importance that Prevention has in our community. As some of you may know, our School Board Referendum didn't pass, therefore there is going to be several dollars needed in order to provide quality education for our young people. Knowing that there will be a lack of dollars. It is essential that we provide quality services to the people who most need them. And in many cases these people are those least vocal/politically active & quite honestly those who live in the minority community. So I am asking you to rethink the cuts.



**BOYS & GIRLS CLUB
OF FOND DU LAC**
The positive place for kids

April 7, 1999

**Boys & Girls Club
of Fond du Lac, Inc.**
Hamilton Center
52 Sophia Street
P.O. Box 562
Fond du Lac, WI
54936-0562
(920)924-0530
E-mail kidsclub@dotnet.com

To: Joint Committee on Finance
Health Care Committee
Department of Corrections 1% dollars
Senator, Brian Burke
Representative, John Gard

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Lauren Martin
William Lipschultz
Steve Wilburn

Members
Al Cedarholm
Nancy Grapentine
John Kiefer
Patti Koehn

Jamie Wilcox
Executive Director

Dear Senator Brian Burke and Rep. John Gard,

The Boys & Girls Club of Fond du Lac has worked hard with the Department of Social Services to provide programs and activities for the children of our community. As a pilot county for W2 we have worked together to fill the needs of the families most at risk. Through partnerships with D.S.S., Y.M.C.A., the Fond du Lac School District and others we are providing structured programs and activities throughout the year. After-school homework assistance, Social Development, Life Skills and a special program call S.T.A.R. have been making a daily impact in these children lives. The S.T.A.R. Program (Self-esteem, Teamwork, Appropriate behavior and Respect group) designed for foster children and children most at risk of being removed from a placement has made good progress with limited staff. Staff, teachers, and parents have seen improvements at home, in school and in their individual behaviors since starting the program. An In Home Parent Aid would be the final component that would greatly increase the effectiveness of these programs.

I would like the Health Care Finance Committee to strongly consider using Dept. of Corrections 1% dollars for In Home Parent Aids to help with these programs and activities. Thank you for your considerations.

Sincerely,

Jamie Wilcox
Executive Director

A United Way Agency

Testimony before Joint Committee on Finance
Jack Murtaugh, Executive Director
April 8, 1999

Good morning/afternoon. My name is Jack Murtaugh; I am the Executive Director of the Interfaith Conference of Greater Milwaukee. The Conference is a twenty-nine year old organization that was founded to enable the greater Milwaukee religious community to collaborate in addressing social concerns. The Conference is made up of eleven religious traditions including Catholic, Jewish, and mainline Protestant denominations.

Thank you for the opportunity to share some of our views with you today. It is an opportunity that we always appreciate.

Today I would like to very briefly focus on three areas: the "Family Care" proposal to redesign long-term care, W-2, and treatment for substance abuse.

Regarding **Family Care** it is important to note that the religious community has a long history of concern about older adults and the importance of preserving their innate dignity. For many years we have supported the expansion of the Community Options Program so that more people could remain in their homes and in the communities that support them and that they enhance. We have been very encouraged by aspects of the Family Care proposal, particularly those aspects that will allow more consumer choice. We realize that Family Care as proposed is not perfect. The Conference does not have an official position regarding Family Care; however, we encourage you to keep moving forward in implementing Family Care in a fashion that will:

- offer more choice
- end the bias towards institutional care
- and insure that no one who currently receives assistance will see their level of support reduced or eroded in any way.

In the area of **W-2** there are several items that have received attention from the Conference in recent months. As you might imagine the religious community has a great deal of contact with families

that have been affected by changes to the welfare system. Through activities such as counseling, job preparation programs, meal programs, pantries, and the provision of shelter for people who are homeless the religious community regularly works with the affected population.

In terms of the success of welfare reform our measure is the same measure that families use. We see success when families are able to escape poverty and are, ultimately, better able to provide for their children. Ending poverty is not nearly as easy as ending welfare. We have seen that the state can be successful at reducing welfare rolls. We believe that true success comes when families are out of poverty and their children are healthy, fed, safe, properly housed, and learning.

The Interfaith Conference has adopted several positions regarding W-2 policy; I would like to quickly share just a few of these with you.

We have always supported the creation of wage-paying Community Service Jobs, as opposed to the current practice of using a monthly grant to pay people who work as part of W-2. We support the Governor's proposal to create 2,500 wage-paying Community Service Jobs and we thank the Governor and the legislators who made this possible. One of the great benefits of this approach is that it treats workers with the dignity and respect that they deserve and it allows those workers to access the Earned Income Tax Credit, a work-based credit that is available to other workers at the same income level. With that in mind we encourage you to include the state Earned Income Tax Credit in this proposal.

We also support the Governor's proposal to lower the co-payments for childcare. If families cannot afford childcare they simply cannot work or must place their children in settings that are not safe.

We hope that the legislature will amend W-2 to allow more work requirements hours to be used for education and training. Without more flexibility regarding the work requirement people simply cannot take part in education and job training activities that can lead them to jobs that will get their families out of poverty.

Another important issue is that of time limits. This coming fall people will begin to hit their 24-month lifetime limit for Community Service Jobs. We know that many parents are not yet able to

find and maintain private sector employment. People need time to address barriers to employment. The Interfaith Conference has adopted a position that time limits should not be applied to families who are trying to get out of poverty.

Over the last three winters the Interfaith Conference has worked with the Red Cross and local congregations to provide emergency shelter for people who are homeless. This overflow shelter has been needed because regular shelters are filled to capacity. No one wants to see families become homeless because they have trouble succeeding in the new welfare system. We urge the Joint Finance Committee to develop housing vouchers as part of W-2 so as to insure that children do not become homeless because of welfare reform.

My last point regarding W-2 is that it should be expanded to include all low-income individuals. Representative Riley has been outspoken about this from Day One and we appreciate his leadership. The W-2 enabling legislation that you passed included a provision that would have allowed non-custodial parents to access W-2 services if the other parent chose not to participate. The Governor vetoed this provision. We hope you will bring it back and take it a step further to include all low-income persons. We know that there are many people who would benefit from this help. The religious community sees them everyday at shelters and meal programs. Sadly, for many people – particularly those without children – there is very little help available to help them get out of poverty.

Finally, I want to urge you to follow the recommendation of several groups and add \$10 million to the budget for substance abuse treatment in Milwaukee County. So many people need and want treatment but simply cannot get the help they need to pay for it. Helping people beat their addiction is one of the smartest things we can do. The up-front costs will be recouped over and over again in the funds that we will save on the back-end. This is an issue where there is incredible support across many lines in Milwaukee County. People are asking for help and you are in a position to provide that help.

Thank you for hearing these concerns.

ARCW

AIDS RESOURCE CENTER OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

Cost-effective Community-based Care for People with HIV and AIDS Life Care Services/Early Intervention Grant

To adequately address statewide HIV/AIDS caseload expansion and the increasing complexity of service delivery, the AIDS Resource Center of Wisconsin urges the Joint Finance Committee to increase funding for the cost-effective Life Care Services/Early Intervention grant by \$196,800, or 10%, in SFY 2000 and maintain that level of funding in SFY 2001.

Community-based services funded by the Life Care Services/Early Intervention grant have been accessed at record levels, increasing by 20% from 1,947 clients in SFY94 to 2,325 clients in SFY98. This increase in caseload has been fueled both by more people diagnosed with HIV and by declining AIDS death rates that have resulted in clients accessing services for a longer period of time. With at least one new HIV case reported each day and an estimated 8,000 to 12,000 Wisconsin residents with HIV, caseloads are projected to increase in the upcoming biennium.

While new AIDS drug therapies have been successful in reducing Wisconsin's AIDS death rate, adherence to the treatments require significantly greater support. The Life Care Services/Early Intervention Grant provides access to one-on-one effective coordinated case management and support services to achieve the highest level of adherence possible. Each year thousands of clients and families with HIV disease and AIDS are seeking services funded by this grant. While the number of clients has risen significantly, the need for services has increased even more dramatically. Between 1997 and 1998, clients accessing:

- **Housing Assistance** programs that provide rent assistance, housing counseling and project based housing have been accessed 35% more frequently.
- **Legal and Benefits Counseling** programs that are crucial to assuring continuous health care and assisting with employment related issues have seen a 15% increase in utilization.
- **Food Assistance** including food pantry and nutritional counseling services have experienced a 75% increase in utilization.
- **Transportation** to medical appointments is critical for people with HIV/AIDS who can no longer miss appointments without potentially harming their health status. Access to this program has increased by 139%.

A 10% increase in funding for the Life Care/Early Intervention grant will enable Wisconsin to provide services to thousands of individual and families living with HIV, continue to reduce State MA HIV-related costs and to maintain a lower AIDS death rate.

820 NORTH PLANKINTON AVENUE 53203 PO BOX 92487 53202-0487 MILWAUKEE WISCONSIN
414-273-1991 800-359-9272 FAX 414-273-2357 www.arcw.org

APPLETON EAU CLAIRE GREEN BAY KENOSHA LA CROSSE MILWAUKEE RHINELANDER SUPERIOR WAUSAU



AIDS RESOURCE CENTER
OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

**Budget Neutral Expansion of Health Care for People with HIV
Medicaid Waiver for the Provision of Health Care and Treatment**

The AIDS Resource Center of Wisconsin endorses the Department of Health and Family Services effort to obtain a federal Medicaid waiver to expand coverage for health care for low income people with HIV. However, ARCW encourages the Joint Finance Committee to remove limitations in Section 1436 of the budget bill that capitates services under the waiver.

Waiver

The State of Wisconsin's Medical Assistance (MA) program and the access it provides to comprehensive health care services has been a powerful tool in the fight against AIDS. Unfortunately, eligibility for Wisconsin's MA program, much like other state's Medicaid programs, requires people with HIV to be diagnosed with AIDS before they can access medical care that would be prevented the deterioration of their health status. The proposed federal waiver will remedy this "catch-22" by providing early access to health care and medications for low income people with HIV through the State MA program.

For the waiver to be approved by the federal government, the State must prove cost-neutrality, meaning that over a five year time frame the cost of care under the waiver will not exceed the cost of care absent a waiver. There is significant data nationally demonstrating the cost neutrality of this waiver and at least 4 states are already seeking this type of waiver to extend MA eligibility to low income people with HIV.

Service Caps

ARCW encourages the Joint Finance Committee to remove the health care caps placed on this waiver in Section 1436 of the budget bill for the following reasons:

- Protease inhibitor HIV therapy is most effective in maintaining health and reducing future medical care costs when regular, continuous health care is accessed. The proposed capitated level of care would limit the effectiveness of treatment and potentially harm the health status of HIV+ patients.
- Significant breakthroughs in preventative care for HIV-related illnesses that are the standard of care would be cost-prohibitive under the proposed cap.

Because approval of the federal waiver is based on demonstrated cost-neutrality, removal of the cap will not increase State spending.



AIDS RESOURCE CENTER
OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

Life-Saving HIV Prevention Services
A Blueprint for Stopping AIDS in Wisconsin

The AIDS Resource Center of Wisconsin encourages the Joint Finance Committee to reinvest \$500,000 GPR funds in the 1999-2001 State Budget into effective, community-based HIV prevention services. This funding is available based on a reestimate in utilization and expenditures for the HIV/AIDS Insurance Continuation Program.

Eighteen years into the AIDS epidemic, the State of Wisconsin reports at least one new person living with HIV each day. Men, women and children across Wisconsin remain at high risk for HIV. In the past four years:

- 1,429 Wisconsin residents have been diagnosed as HIV positive, a 31% increase
- the number of teens with AIDS has increased by 44%, and, nationally, 50% of all new HIV infections occur among youth between the ages of 13 and 24
- the number of women with AIDS in Wisconsin has increased by 63%

The State of Wisconsin HIV Prevention Planning Council has done excellent work in determining the most effective HIV prevention strategies for urban and rural populations at greatest risk of contracting HIV. This initiative will fund professionally trained outreach workers located across Wisconsin to implement the HIV prevention strategies highlighted in the plan, include:

- one-on-one HIV prevention counseling
- HIV prevention case management
- outreach HIV counseling and testing
- peer education and opinion leader strategies
- HIV risk-reduction skills building

Since 1989, the State of Wisconsin has flat-funded HIV prevention at \$180,000 GPR even though reported HIV infections have increased 8-fold. Wisconsin now spends more money on administering AIDS programs than on preventing new infections.

The reinvestment of these funds into HIV prevention services will not reduce the access to health care through Wisconsin's HIV/AIDS Insurance Continuation Program and is an effective strategy to reduce future State-funded costs for HIV care and treatment which can be as high as \$125,000 per person living with HIV.

Thank you Representative Gard and Senator Burke for allowing me a chance to speak before this committee today. My name is Paul Levine and I practice general dentistry in Milwaukee, Wisconsin. I am honored to practice this esteemed profession with my father and we have a staff of 6 working with us. The goal of our well-trained caring staff and myself is to help people obtain their optimal dental health.

I would like to take this opportunity to speak in favor of portions of the Governor's budget bill as it relates to the Medicaid Program and dentistry. However due to the extensive problems that exist with this governmental program I ask that you not stop with this short term Band-Aid. Why this short term fix is a start, if the program is not looked at and fixed we will face a crisis more major than the access to care issue we now face in just a few short years.

During 1998 I had the opportunity to assist in a survey of the Greater Milwaukee Dental Association. The greater Milwaukee area is a major area in which people make use of the Medicaid Dental Program. This survey of members was quite eye opening. One of the questions in the survey asked if a member dentist participated in the Medicaid Program and if not, why not. Only 37% of respondents participated in the program. There were three major reasons dentists chose not to participate:

- Poor Reimbursement
- Lack of patient commitment to both care and appointments
- Tremendous paperwork hassle.

Since this survey I have had the chance to discuss this issue with area dentists. No less than eight have said they are seriously considering leaving the program. Typical of these stories is a true-life example I would like to relate; This dentist graduated in 1988 with a student loan debt of \$110,000.00. His monthly student loan payments alone are in excess of \$2000.00 a month and this will continue for 25 years from his graduation. These payments are solely his personal expenses not business expenses. He went into practice as an associate and had grandeur of helping all patients eliminate their dental problems. He was a Medicaid provider and thought he was doing a service for those less fortunate. His average no show rate for Medicaid patients was 60% compared to 6% for non-Medicaid. He was reimbursed at a rate of 35%, yet the expenses for his business ran 58% (please note this 58% does not even include any compensation for the dentist and is much better than the average). His attempts to reach the office of the Medicaid program administrators with problems or complaints would take days. Busy signals were the norm. Attempts to pre-authorize services often led to the patients being switched to the HMO version. After going to school for over 8 years to do everything possible to help patients obtain their optimal dental health, he found he could not do so because the system was broken. He dropped the program because he could no longer afford to participate. It is not that he does not believe in helping those less fortunate, last year he donated \$10,270.00 in services to those less fortunate and this year in addition to that he has joined the Donated Dental Services Program. In the five years since he has dropped out of the program nothing in this program has changed.

I offer you the following facts:

- The average dentist goes to school for more than eight years.
- The average student graduates with debts between 80-90,000.00 and this is before they incur any debts to start their practice.
- Dentists who wish to become certified as Medicaid providers must complete a 32-page certification package, for a state that has licensed them.
- The average overhead for a dentist is 65-70% while Medicaid still routinely pays in the range of 35-50%. (Please note when you take into consideration the extremely high no show rate of Medicaid patients' overhead will rise).
- Dentists must now pay to be on the system via the use of the swipe card, which will raise expenses even more.

- The Medicaid program still does not cover procedures it should and it requires pre-authorization for procedures, which do not usually require pre-authorization.
- In 1981, Wisconsin Medicaid paid \$25 million on dental claims. In 1998, Medicaid paid just under \$15 million on dental claims. This is a reduction of 40%! This year the budget calls for them to spend approximately \$12 million on dental claims so the budget increase will not even bring us back to last years expenditures.
- The Medicaid handbook is large and cumbersome due to the multitude of state and federal laws. The Department of Health and Family Services which is required by the state legislature to conform more closely to that of the private sector, cannot even conform to the handbook.
- The Wisconsin Medicaid program is a \$2.5 BILLION program and the dental component equals 7/10 of 1% of that.
- At the current time rate reimbursements for adults are based on 1991 fees and rate reimbursements for children are based on 1995 fees. These need to be brought up to date with fees for the most current year.

Our last two WDA Presidents have asked dentists to get more involved in the Medicaid Program. I agree 100%. We are the ones who have received the extensive training necessary to provide that care. However if the state wants dentists to participate in a governmental program they must give us a program that works and is fair.

Please don't misunderstand, I am not here to place blame, I am here to let you know this program needs to be changed and made fair. You are the only ones that can make that change. This is a system established, run, and mandated by the federal and state governments. The funny thing is no one has ever consulted with the people needed to make the system work, **THE DENTIST**. I strongly urge this committee to be at the forefront of helping create a better access to care. The starting point is approval of the rate increases for the Medicaid Dental Program. However the system needs a complete overhaul and only you can initiate that. I urge you to consider a committee (which should include input from dentists) to make sure this program becomes something which will start to work efficiently and be around a long time.

I would also like to take this chance mention my support for the capital budget proposal for the state assistance in building a new dental educational and clinical facility at Marquette University the states' only dental school. This is also important for access to care as our population is living longer and we face a shortage of dentists in the future and the influx of potential patients from Badgercare it is imperative that Marquette University Dental School remain a viable part of the state and the access to care issue.

One other piece of information that I think is important to include in the issues I have presented today. The dentist I mentioned earlier, is myself and I think it is a true shame that I no longer participate in this broken program.

Thank you for your time and hopefully my input has given you some ideas that you can use as you consider the Governor's budget proposal.

Comments for the Hearing on the 2000-01 Budget

Community Aids Funding has been the primary way Racine County and other Wisconsin Counties have received needed state funding to pay for Human/Social Service Programs since 1979. A Community Aids formula based on need, ability to pay and an urban-rural factor is used to distribute millions of dollars of State funding each year to support programs the benefit Developmentally Disabled, Elderly, low income families, the Mentally ill, Alcohol and Drug Dependent persons, victims of child abuse and neglect, etc. The funds are used locally to pay for services such as: Work related and day services, community living/support services, crisis child care, community residential and treatment services, specialized transportation, inpatient and institutional care, community prevention and many more.

Unfortunately, the State of Wisconsin has not maintained its commitment to adequately fund Community Aids. Counties across the State have been forced to use County property tax dollars each year to provide for their most vulnerable citizens since 1988. Increased demand for service and insufficient State funding has caused the amount Wisconsin Counties are supplementing Community Aids to grow from approximately \$50 million in 1986 to almost \$250 million in 1997. In Racine County, this shortfall represented a reduction of \$550,000. In Community Aids Funding since 1996 which represents a significantly larger loss of actual purchasing power when inflation is taken into account.

The last six years have been especially difficult because Community Aids dollars from the state were not just held constant, they were decreased! In addition to the programs or service Racine County had to eliminate in 1999 due to the 2.9% cut in Community Aids Funding, the County has been forced to establish waiting lists for various programs. At the present time there are 66 developmentally disabled persons waiting for vocational programs, 24 citizens waiting for Alcohol/Drug Abuse Residential Treatment, 106 children waiting for the Family Support Program, 21 individuals waiting for funding for specific service through the Community Integration Program (CIP) or the Community Options Program (COP).

This is unfortunate because the Racine County Human Services Board had worked hard to minimize waiting lists and the Community Aids funding cuts were announced after the 1999 Racine County Budget had been adopted. Furthermore, this segment of the population appears to have been forgotten and neglected by the lawmakers in Madison. The proposed State Budget for 2000-01 does not provide any increases in Community Aids Funds. These waiting lists are only going to grow larger with more programs/services being eliminated if the Governor's proposed budget is passed.

As a Racine County Board Supervisor, Secretary of the Racine County Human Services Board, and most importantly the parent of a developmentally disabled child, I implore the Joint Finance Committee to restore the 2.9% cut in Community Aids funds and provide for an annual increase based upon the rate of inflation.

Specifically, I ask State Representative Cloyd Porter and Senator Kim Plache to take a leadership role and bring this message back that our most defenseless citizens deserve funding and support. Sometimes I wonder if this segment of our society gets ignored because their disabilities prevent them from actively participating in the democratic process and voting. Be assured, they have friends and relatives who will be watching to see that these critical Community Aids funds are restored. I would hope that you would concur that helping the neediest in our society is more important than building prisons!

In your heart, I know that you will not turn your back on them. Thank you.

Kenneth A. Vetovec
716 Hialeah Drive
Racine, WI 53402-2158
414-639-5153



You See People. We See Promise.

April 8, 1999

TO: Joint Finance Committee members

FROM: United Cerebral Palsy of Southeastern Wisconsin

SUBJECT: 1999-2001 State Budget Issues Relating to People with Disabilities

United Cerebral Palsy of Southeastern Wisconsin serves individuals with cerebral palsy and other disabilities in its programs of Independent Living, Respite Care, Employment Services, Information and Referral, and its Charlie Kapp Resource Center. As a primary provider of information and services to people with disabilities, UCP is concerned about the proposed 1999-2001 State Budget.

UCP actively promotes the advancement of the community services and supports that maximize the ability of people with disabilities to live independently and successfully in community settings. This State Budget is extremely discouraging in its treatment of these issues because it undermines the efforts of the last several years to strengthen the community service system which supports people with disabilities in their goals of living in their own homes in their communities.

While rate increases are proposed for State Centers for the Developmentally Disabled, nursing homes, and Department of Corrections, no community services for people with disabilities received rate increases or increases in numbers of people served. As a result, the Community Options Program, the Community Integration Programs 1A and 1B, the Brain Injury Waiver Program, the Family Support Program, and the Medicaid Personal Care Program remain stagnant with no provisions for serving waiting lists and no recognition of the demographic growth of people eligible for these services.

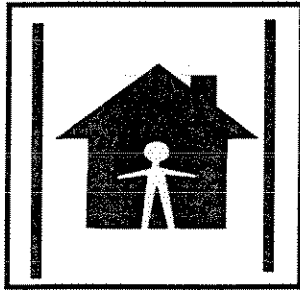
Added to that dismal picture are major funding cuts in Community Aids, a crucial funding source for many community services for people with disabilities, the elderly, and people with limited incomes. The impact of Community Aid cuts is worse in Milwaukee due to the method used by the Department of Health and Family Services to calculate decreased funding. In Milwaukee County programs such as Respite Care, supported and community employment, and supported living are funded, in part, through Community Aids dollars.

As an agency that provides a wide array of information, support, and services to people with disabilities, it is extremely difficult to know where to start to make the upcoming State Budget more "disability friendly". Individual and family needs run the gamut from supported

PAGE TWO

Respite, Family Support, and Birth to Three to supported living and employment. Considering the status of disability related funding in Governor Thompson's proposal, virtually anything would be an improvement. We ask that you, as the Joint Finance Committee, take a hard look at this budget and make adjustments to insure that the "Community Promise" is honored.

Attached is a summary of the ABLE Coalition agenda and the top issues of concern to UCP and ABLE members with regard to Milwaukee County.



The **ABLE** Coalition

"Advocating for Better Community Living Environments for People with Disabilities and People who are Elderly."

THE ABLE AGENDA ON THE 1999-2001 STATE BUDGET:

*The Full Citizenship -
A Coalition of 71 Organizations
414-329-4500 (Voice)
414-329-4511 (TTD)*

*The Older Adult Services Provider
- A Coalition of 75 Organizations
414-291-7500*

*ARC Milwaukee
414-774-6255*

*Center for the Deaf &
Hard of Hearing
414-790-1040*

*National Multiple Sclerosis Society
- Wisconsin Chapter
1-800-242-3358*

*IndependenceFirst
414-291-7520 (Voice/TTY)*

*United Cerebral Palsy of
Southeastern Wisconsin
414-329-4500 (Voice)
414-329-4511 (TTD)*

*Wisconsin Coalition for Advocacy
414-342-8700 (Voice/TTY)*

"FUND THE COMMUNITY PROMISE IN THE NEW MILLENNIUM"

The ABLE Coalition represents the combined voices of advocates who care about persons who are elderly and those with disabilities. We believe that powerful economic and social forces have converged to create the environment for a major expansion of community-based long term care in this budget:

- ✓ **Fact:** Wisconsin is enjoying record prosperity, employment and state surpluses.
- ✓ **Fact:** As documented in the LTC Redesign process, there is a bias in Long Term Care funding toward institutional care. Not enough funding goes to *community-based* long term care.
- ✓ **Fact:** The shortfall in community funding makes waiting lists continue to grow.
- ✓ **Fact:** Census figures show a 74% national unemployment rate among persons with severe disabilities. There are more than 100,000 residents of working age in Wisconsin who have a severe work disability. With record low unemployment rates in the general population and employee shortages, Wisconsin employers are looking for alternate hiring pools.

For waiting lists and the funding bias to be addressed, we need a major infusion of new dollars in community-based programs like COP, Community Aids, and Family Support. This would level the playing field and build the infrastructure to make Long Term Care Redesign work in the New Millennium. Without a major infusion, Redesign may be unrealistic and therefore difficult for many people to support.

With sufficient investment in employment and training programs for persons with severe disabilities, we can decrease the unemployment rate among this group and provide new resources to employers.

"Invest in Individuals not Institutions"

FOR THE 1999-2000 BIENNIUM, THE ABLE COALITION SUPPORTS:

❖ LONG TERM CARE REDESIGN ("FAMILY CARE") ❖

A Single Entry Point for long term care services and the development of a LTC system in which the funds follow the individuals. ABLE is concerned that consumers continually be brought into the discussion of the ongoing development of Family Care. At this time, ABLE supports the Survival Coalition's modifications to the DHFS Family Care proposal. Regardless of what happens to any Family Care legislative proposals, ABLE supports having a plan for allocating the resources currently in the budget to other community-based long term care programs in the event the legislation fails.

❖ PROGRAMS TO SUPPORT COMMUNITY LIVING ❖

Community Options Programs (COP, COP-W & CIP): Increase funding to serve the 8,000 individuals on the waiting list. Estimated cost: \$50 million GPR dollars over the biennium.

Brain Injury Waiver: Full funding for all existing Brain Injury Waiver slots and additional funding to pay for all HCFA approved slots for the biennium.

❖ MEDICAL ASSISTANCE ❖

Co-Payments: No additional MA co-payment burden to SSI/DI recipients.

Personal Care: ABLE supports the Wisconsin Coalition of Independent Living Centers' initiative to raise the Medicaid Personal Care Services reimbursement rate by \$4.00 an hour to \$15.50/hour. This rate increase is necessary to ensure that Personal Care Workers (PCWs) earn a liveable wage and to enhance the viability of this profession and service. Estimated cost: \$23 million dollars over each year of the biennium (\$9.5 million GPR dollars and \$13.5 million federal dollars).

❖ SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI) ❖

Provide parents with disabilities receiving SSI the pre W-2 grant levels for the care of their dependent children. This assistance, known as the "Caretaker Supplement" (or C-Supp) should be funded with TANF dollars. Estimated cost: \$9 million in GPR and \$17 million TANF in FY 00, \$100.3 million GPR and \$16 million TANF in FY 01.

Maintain the current State supplement payments to individuals receiving federal SSI support, allowing federal COLA increases to pass through to individual recipients.

❖ LIFESPAN RESPITE ❖

ABLE supports the initiative of the Respite Care Association of Wisconsin to pass the Lifespan Care Bill. The Lifespan Care Bill would a) establish a statewide vehicle to coordinate efficient, consistent, quality respite care in Wisconsin; b) allocate funds for start-up costs and maintenance; and c) increase families' /primary caregivers' respite care options and availability. Estimated cost: \$250,000 in GPR dollars.

FOR THE 1999-2000 BIENNIUM, THE ABLE COALITION SUPPORTS:

❖ COMMUNITY AIDS ❖

SHORT TERM: Full restoration for the lost federal funding in Community Aids. Estimated cost: \$8 million dollars, including \$2.9 million in emergency contingency funds;

LONG TERM: The establishment of a work group to address the issues of Federal funding cuts within Community Aids funding and the impact on Wisconsin communities.

❖ EMPLOYMENT OPPORTUNITIES ❖

Restoration of \$3 million in GPR over the biennium to the Division of Vocational Rehabilitation to maximize employment training and placement opportunities. ABLE supports increases in community aids to increase supported employment opportunities.

ABLE supports the following with regard to the Wisconsin Works (W-2) program:

- ❖ *The expansion of child care subsidy eligibility to children with disabilities or chronic health conditions (estimated cost of \$1.5 million TANF dollars);*
- ❖ *Disregarding SSI as a source of unearned income when determining W-2 program eligibility;*
- ❖ *Eliminating the barrier to receiving W-2 grants for parents who have a prior employment history and are caring for a child with a disability;*
- ❖ *The expansion of W-2 supportive services to include intensive case management and benefit counseling for parents with disabilities;*
- ❖ *The elimination of W-2 time limits for families headed by a parent with a disability who is unable to work yet ineligible for Social Security;*
- ❖ *The elimination of W-2 Transition category or an increase of the W-2 Transition grant to equal that of the Community Service Job (CSJ) income level;*
- ❖ *The full funding of Kinship Care, to facilitate faster eligibility determinations (currently takes 8-12 weeks) and to provide Kinship Care assistance as of the date of application.*

❖ TRANSPORTATION ❖

Eliminate Wisconsin Statue 59.968 (9) (b) which poses a barrier to cross-county paratransit services and the full implementation of the ADA. ABLE supports an increase in funding for the 85.21 program. Estimated cost: \$16 million from DOT resources over the biennium.

❖ TECHNOLOGY ❖

Increase funding to maintain and capacity-build the WisTech program, AgriBility and the Parent Education Project for persons with disabilities. The investment is critical as long-term federal funding is scheduled to decline over the biennium. Estimated cost: \$343,000 in GPR dollars.

ABLE supports an initiative to establish a \$1 million dollar low- or no-interest loan fund for persons with disabilities in need of adaptive equipment and/or other mechanical, technological or structural accommodations.

**THE ONLY WAY FOR LTC REDESIGN TO WORK IN THE YEAR 2000
IS TO START TO FUND IT NOW!**

Testimony before the Joint Finance Committee
Public Hearing-April 8, 1999
Racine, Wisconsin

Good Morning (Afternoon)

My name is Jennifer Draeger and I live in Kenosha County. I come here today to ask you to support two very important initiatives. The first is legislation to pass the Family Care proposal and the second is a wage increase for Medical Assistance personal care workers.

As a social worker and advocate for older adults requiring long-term care, the impact of waiting lists and worker shortages is devastating. Care Managers in Kenosha County tell consumers and families in need everyday, "yes you are eligible for services and show a definite need but, I'm sorry, you'll have to go on a waiting list". These waiting lists are averaging one year or more. Supporting Family Care makes sense because we'd be able to address the needs of consumers as they enter our doors. History has shown over and over again that providing services in the home is cost effective and where people most want to be. The Community Options Program is a wonderful resource but it has remained under funded for several years now. Those who are fortunate to have a Medical Assistance card face worker shortages if they need personal care. Our community has lost one agency's ability to maintain their personal care program and the others are struggling to keep their doors open due to the difficulty in recruiting and retaining qualified staff. Just as consumers are entitled to long term care when they need it, so are personal care workers entitled to make a living wage.

Without your support, more people will enter nursing homes prematurely or go with out crucial care placing them at risk of more costly health care events, namely hospitalizations. Health care agencies will close because they cannot recruit and retain qualified, dedicated staff.

Our population is living longer and there will be more people to serve as time goes on. We need to be proactive NOW so we can better serve our community in the future! Personally, I'd be happy to forgo a tax refund if it meant there was a system in place for my family and me if and when we need it. I don't want to be put on a waiting list. The question is, Do you?
Thank you

TESTIMONY TO JOINT FINANCE - APRIL 8TH, 1999

Increase for Personal Care Services

Imagine yourself waking up one morning and not being able to dress yourself, take a shower or being able to help yourself to get undressed for bed. Well, this is the reality for thousands of us in Wisconsin. This could be the reality for any of us someday, or for an elderly parent or child.

Personal Care Services, which began in 1988, is a necessary, life saving, program for the thousands of us who need it; it is not a luxury. Yet, the program is inadequately funded. From 1990 to 1997, there were no increases in reimbursements to fund the program, not even cost of living increases. The program has reached a crisis level, unable to keep up with competitive industries; such as, fast food or other service and health industries. Employees can go to fast food employers and earn a higher wage and often with benefits. Few, very few, personal care agencies can provide health care benefits. In fact, most of our employees would be eligible for Badger Care.

For the sake of example, I'll use my own situation. I need a personal care provider to assist me with dressing, showering, etc. several evenings a week. I also need someone early mornings in order for me to be ready in time to allow me to be able to work. My regular worker of five years left the agency's employment for another position at a hospital where her wage is much higher and she receives excellent benefits. Since November the agency has been unable to find a replacement worker that can provide service before 8:00 A.M. They have gone so far as to call all the agencies in the Milwaukee phone book, approximately 73 agencies, twice to see if they might have staff available. The reaction has been a unanimous NO. Some have even laughed. The situation is not unique. Most are struggling to locate staff. Many agencies are even refusing to consider taking any more personal care clients. None of this helps my situation as I continue to seek a regular worker.

As the President of Wisconsin Personal Services Alternatives (W.P.S.A.) the organization of providers of personal care, I can tell you that Milwaukee's situation is not unique. The crisis is a state-wide problem. Low unemployment rates and lack of incentives to compete in this labor market is putting us all at risk. Most importantly it puts the clients at risk. This, at a time when the state is looking at redesigning our long-term care system. We need to look at who will provide the service to our elderly and disabled safely and comfortably in their homes. Our consumers very independence is at risk.

Please support the increase to Personal Care Services.

Thank you.

Michelle Martini
President - W.P.S.A.

TO THE MEMBERS OF THE JOINT FINANCE COMMITTEE

My name is Eunice Boyer. I am a county supervisor, chair of the Human Services Committee and Human Services Board of Kenosha County. I am also a senior citizen in my own right, as well as a member for many years of the Kenosha County Commission on Aging. I am here to urge a \$4.00 increase in the Medical Assistance Personal Care rate. In my capacity as chair of the Human Services Board, and from the experience of many friends who are older and more incapacitated than I, I realize to remain in one's own home is a priceless privilege. To be forced to give up that home is the beginning of mourning for one's own death. In an era (and area) of relatively full employment, it is almost impossible to recruit, train, and keep good personal care workers--and yet they MUST be good because we entrust our most vulnerable citizens to their care. Furthermore, the lack of good in-home care contributes to the use of more expensive nursing home care.

Please support the adequacy of community care funds in the budget. My husband and I pay fairly high income taxes--yet I would prefer adequate funding in this area to a tax cut.

ADVOCAP/RSVP

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

Coulee Region RSVP

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

Interfaith RSVP

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

Kenosha Center RSVP

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

Northeast RSVP

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

Northwest RSVP

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

Portage County RSVP

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

RSVP of Brown County

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

RSVP of East Central Wisconsin

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

RSVP of Dane County

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

RSVP of Manitowoc

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

RSVP of Racine County

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

RSVP of Rock County, Inc.

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

RSVP Superior/Douglas Counties

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

RSVP of Walworth County

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

RSVP of Waukesha County, Inc.

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

Western Dairyland RSVP

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

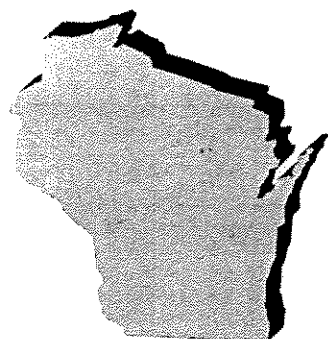


For more information, contact:

Corporation for
 National Service
 National Senior
 Service Corps

Wisconsin Office:

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



Contact the RSVP
 office nearest you.

Wisconsin Retired and Senior Volunteer Programs

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

You can see us working!

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, ADVOCAP's RSVP was awarded the first "America Reads" Programs of National Significance grant in the state. Teachers reported students involved had an increased desire to read and had a better attitude toward school in general.
- In Brown County, 900 students in 16 elementary schools 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 could not remain at home without RSVP volunteers visiting and shopping for them. Grocery stores in the county do not, for the most part, deliver; and the few that do, charge \$10.00, plus the order must be \$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 8 volunteers in the TRIAD Program.
- In Douglas and Milwaukee Counties, RSVP volunteers provide telephone reassurance to seniors who live alone.



STATE OF WISCONSIN : CITY OF FRANKLIN : MILWAUKEE COUNTY

RESOLUTION NO. 99- 4846

A RESOLUTION SUPPORTING THE T.R.U.S.T. (Tobacco Reduction Using the Settlement) COALITION

WHEREAS, Tobacco-related diseases account for 17 percent of all deaths in Wisconsin, claiming nearly 8,000 lives per year; and

WHEREAS, Tobacco use is the single most preventable cause of premature death and disability in the State and is associated with significant public health problems including asthma, heart disease and cancer; and

WHEREAS, Youth smoking in Wisconsin is higher than the national average with nearly 2 out of 5 children aged 14 to 17 currently smoking, one-third of whom will eventually die of smoking-related illness; and

WHEREAS, Wisconsin residents spend close to \$1.4 billion a year for treatment of tobacco-related diseases, according to the National Centers for Disease Control and Prevention; and

WHEREAS, The tobacco settlement reimburses Wisconsin for past smoking-related costs borne by the State and the terms of the settlement preclude the State and local governments from recovering future costs related to tobacco use; and

WHEREAS, The City of Franklin in Milwaukee County bears significant costs attributed to the effects of tobacco use including lost productivity and disability, higher insurance premiums and health care costs, and

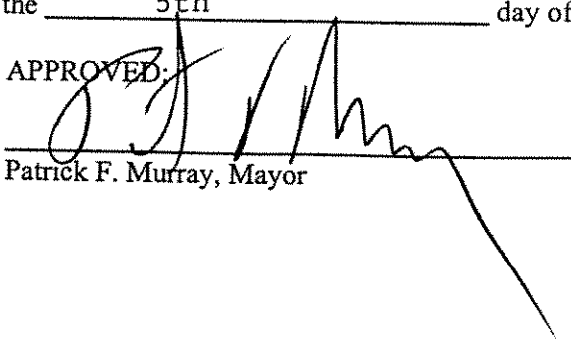
WHEREAS, The City of Franklin and all Milwaukee County taxpayers will continue to bear costs due to the health effects of tobacco use unless the State acts to reduce those cost;

NOW, THEREFORE, BE IT RESOLVED that the Franklin Board of Health and the City of Franklin Common Council does hereby support the request by Tobacco Reduction Using the Settlement (TRUST), a coalition supported by the American Cancer Society, American Heart Association, American Lung Association, Aurora Health Care, State Medical Society of Wisconsin, Tobacco Free Wisconsin Coalition, Wisconsin Education Association Council, Wisconsin Association of Local Health Departments and Boards and Wisconsin Public Health Association, and many other community organizations to protect taxpayers from future expenses by investing a significant portion of settlement dollars in innovative and effective programs to reduce and prevent tobacco use by children and to assist smokers who want to quit.

Introduced at a regular meeting of the Common Council on the 5th day of April, 1999 by Alderman Magyar

Passed and adopted by the Common Council on the 5th day of April, 1999.

APPROVED:


Patrick F. Murray, Mayor

ATTEST:


James C. Payne, Business Administrator

AYES 6 NOES 0 ABSENT 0

T · R · U · S · T Campaign

Tobacco Reduction Using the Settlement

A number of health organizations, including the American Cancer Society, American Heart Association, and the American Lung Association have formed a partnership to ensure that a fair share of the money gained from Wisconsin's tobacco settlement is used to reduce and prevent tobacco use. To do this, we have formed the **TRUST Campaign**, which stands for *Tobacco Reduction Using the Settlement*.

The TRUST asks for three things:

1. \$80 million, or half of the settlement dollars, be set aside annually and directed toward efforts that will help smokers who want to quit and prevent children and young people from ever starting to smoke or use tobacco.
2. The money we be used to support a comprehensive program that contains four essential components 1) Advertising to counter the use of tobacco 2) Community-based programs and initiatives 3) Services to help people quit using tobacco, and 4) Evaluation and research to make sure the dollars are being used to support programs that are effective and science-based.
3. The money be set aside and used to form a Foundation, or a public/partnership between the State's leading health organizations and the Legislature. This approach is to ensure that the dollars are committed to tobacco prevention over time, isolated from interference from the tobacco industry, not subject to political censorship, and do not go to support or grow a governmental bureaucracy.

TO ACCOMPLISH THIS WE NEED YOUR HELP ! TO SHOW YOUR SUPPORT OF THE TRUST CAMPAIGN PLEASE SIGN YOUR NAME BELOW.

If you would like more information call 1-800-947- 0487.



T · R · U · S · T Campaign

Tobacco Reduction Using the Settlement

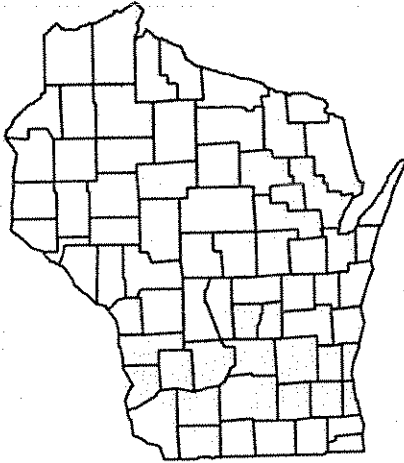
Campaign Endorsers:

American Academy of Pediatrics - Wisconsin
American Cancer Society, Green County
American Cancer Society, Midwest Division
American Heart Association
American Heart Association, Marathon County
American Lung Association
Association of Wisconsin HMOs
Aurora Health Care
Brown County Tobacco-Free Coalition
Care Foundation, Inc
Children's Health Alliance of Wisconsin
Children's Health System, Inc.
Consortium for Primary Care in Wisconsin
Dean Health System
Dodge County Health Department
Dodge County Medical Society
Family & Sports Orthopedic Center, Ltd.
Family Resource Center of Iowa County Inc.
Fond du Lac County Tobacco Control Coalition
Glaxo Wellcome
Greater Lacrosse Health Plans, Inc.
Greater Milwaukee County Tobacco Free Coalition
Green County Tobacco-Free Coalition
Green County Board of Supervisors
Green County Health Department
Green County United Prevention Professionals for Youth
Highland Dental Health
Juneau County Tobacco-Free Coalition
La Crosse County Health Department
La Crosse Health Initiative
Manitowoc-Two Rivers YMCA
March of Dimes Birth Defects Foundation
Marshfield Clinic
Medical Associates Health Plans
Medical College of Wisconsin
National Honor Society - Beaver Dam
Northeastern Wisconsin District Nurses
Oshkosh Confront Addiction Now
Oshkosh Confront Addiction Now
Ozaukee Council, Inc.

Pierce/St.Croix Tobacco-Free Coalition
Rock County Tobacco-Free Coalition
Sauk County Tobacco Free Coalition
Southwestern Wisconsin Community Action Program
St. Clare Hospital
St. Joseph School
State Medical Society of Wisconsin
The Terrace at St. Francis
Tobacco Free Manitowoc Co Coalition
Tobacco Free Wisconsin Coalition
Tobacco Free Wood Co Coalition
Tobacco-Free Iowa County Coalition
Tobacco-Free Portage County Coalition
Twin Ports Youth and Tobacco Coalition
Waukesha County Tobacco Free Coalition
Wisconsin Academy of Physicians Assistants
Wisconsin Alcohol, Tobacco and Other Drug Education Network, CESA One
Wisconsin Association of Local Health Departments and Board
Wisconsin Association of Pediatric Nurse Associates and Practitioners
Wisconsin Association of School Nurses
Wisconsin Breast Cancer Coalition
Wisconsin Cancer Council
Wisconsin Education Association Council
Wisconsin Initiative Smoking and Health - Green Bay Chapter
Wisconsin Nurses Association
Wisconsin Primary Health Care Association
Wisconsin Public Health Association
Wood County Health Department
YWCA of Waukesha



Wisconsin



| | | |
|--|------------------------|----------------|
| Number of Smokers | 1,034,400 | |
| Adults (18+) | 919,200 | 24% |
| Children (14-17) | 115,200 | 37% |
| Mothers of Newborns | 12,735 | 19% |
| | Total | Due to |
| Cause of Death (% Due to Smoking) | Deaths | Smoking |
| Lung Cancer (80%) | 2,554 | 2,048 |
| Other Tobacco-Related Cancers (39%) | 1,581 | 621 |
| Heart Disease (18%) | 9,547 | 1,718 |
| Stroke (12%) | 3,578 | 422 |
| Respiratory Diseases (51%) | 3,573 | 1,808 |
| Perinatal Diseases (12%) | 220 | 26 |
| Burns (46%) | 57 | 26 |
| All Causes (17% statewide) | 45,037 | 7,725 |
| Total Cigarette Packs Sold | 465,356,800 | |
| Adults (18+) | 449,073,000 | |
| Children (14-17) | 16,283,800 | |
| Direct Health Care Costs of Smoking | \$1,000,000,000 | |

- In Wisconsin, 24% of all adults and 37% of children 14 to 17 years old are current smokers. The use of tobacco is the single most important preventable cause of disease and premature death in Wisconsin.
- There are over one million smokers in Wisconsin, including over 115,000 children ages 14 to 17, and over 12,000 women who gave birth in 1995.
- Women who smoke often have infants who have lower birth weights than infants born to non-smokers. Smoking during pregnancy also contributes to premature delivery and a wide variety of health problems.
- In 1995, over 7,700 Wisconsin residents died from smoking related illnesses and injuries. Of all deaths, 17% in Wisconsin were due to smoking.
- In an average year, over 465 million packs of cigarettes are sold in Wisconsin, of which over 16 million packs are consumed by children ages 14 to 17.
- The direct health care costs of smoking (e.g., physician visits, hospitalizations, etc.), are estimated at \$1 billion annually in Wisconsin.
- In Wisconsin, total annual Medicaid costs attributed to smoking are estimated to be \$113 million.

WARF



Wisconsin Association of Residential Facilities

AN ORGANIZATION FOR PROVIDERS OF COMMUNITY LIVING FACILITIES

JOINT COMMITTEE ON FINANCE PRESENTATION

April 8, 1999

WARF represents the owner/operators and elderly and disabled residents in Wisconsin's Assisted Living Facilities which include Community Based Residential Facilities (CBRFs), Adult Family Homes (AFHs) and Residential Care Apartment Complexes (RCACs). Most of WARF's 160 members are small businesses and they are located throughout Wisconsin.

There are three budget issues that WARF wishes to comment on; **Base Community Aids**, the Governor's **Family Care** proposal, and **wages for personal care workers** in nursing homes, CBRFs, home health agencies etc.

BASE COMMUNITY AIDS FOR WISCONSIN'S COUNTIES:

They are called **base** community aids for a reason – these shared revenues are the foundation for support to people with disabilities who are trying to cope with their disabilities and live in the community instead of being confined to hospitals, nursing homes, and other institutions. BCA funds **real services to real people with real needs**. These funds get cut, and more people will be back in institutions or homeless on the streets.

It is absolutely essential that the \$8.0 M dollar cut in BCA funds is restored and that a 3% inflationary increase (\$8.5 M) be approved for the first year of the biennium. For the second year of the biennial budget the restoration figure is \$10.6 M and the inflationary increase is \$17.2 M.

Rationale:

1. In the last biennial budget the Governor supplanted GPR funds with federal TANF (Temporary Assistance to Needy Families) funds. Now that TANF funds are being "recalled", the GPR dollars must be replaced.
2. While it is true that the federal social services block grant was cut to Wisconsin, the mental health block grant will increase in the coming fiscal year.
3. Increasingly, courts are mandating that people with disabilities are entitled to services that allow them to live independently in the community. Base Community Aids are the mechanism to fund these decisions.
4. The legislature has put a property tax levy cap on the counties, so counties cannot raise property taxes to cover the shortfalls in Base Community Aids.

GOVERNOR'S FAMILY CARE PROPOSAL:

Reform of long term care for Wisconsin's elderly and disabled populations is **needed!** Reform of long term care is **desired!** Reform of long term care is **supported by WARF**. What is **not** needed, desired or supported is to jump into a Family Care program with both feet until that program is **pilot tested in five to nine counties** where valid data on cost and utilization can be collected and analyzed by independent contractors prior to statewide implementation. WARF also wants to test in a couple of pilot counties an alternative plan (to the HMO type managed care plan being proposed by the administration) for long term care that makes better use of the existing structure and decreases administrative costs and high levels of risk to county taxpayers.

Secretary Leean says that the alternative plan would require \$100 M of new funds. Yet he proposes \$12 M to cover 25% of Wisconsin Counties with the Family Care proposal. $\$12 \text{ M} \times 4 = \48 M and when the T-19 match is added, the price tag comes to more than the \$100 M it would take for the alternative plan to be implemented statewide.

WAGES FOR PERSONAL CARE WORKERS:

Whether it be in nursing homes, community based residential facilities, community support programs, or home health agencies, all of us are competing to find qualified and compassionate personal care workers to provide care to the elderly and disabled people we are responsible for. Because these industries are forced to pay low wages for Personal Care Workers (PCWs) due to low reimbursement rates from Medicaid, we are constantly losing people to other industries and experience inordinately high turnover. It is high time that the legislature enact legislation that allows for the passthrough of increased Medicaid or GPR funds for wage increases in **all** facilities and agencies that have responsibility for caring for elderly and disabled people.

SUMMATION:

Wisconsin is experiencing unprecedented prosperity, yet the Governor's budget proposes cutting funds and services to our most vulnerable people – the disabled; and to implement in 25% of the counties a program that is untested and undocumented. The consequence of higher than projected costs and/or utilization of Family Care in these counties will "suck" even more dollars away from care of the disabled. WARF feels as though this is unconscionable. It's up to you, the Joint Committee on Finance, to restore the cuts in Base Community Aids and adequately test Family Care in a few pilot counties.

Thank you for your consideration of these comments.

Dennis A. Detlef, President
WI Assn. of Residential Facilities

The Arc of Kenosha Co., Inc.

Advocating for the Rights of People with Disabilities

April 8, 1999

Dear Joint Finance Committee;

As parents/guardians of a Developmentally Disabled person, we have grave concerns about the 1999-01 Biennial Budget as well as the "Family Care" proposal underway in the State of Wisconsin.

***Is the reduction in COMMUNITY AIDS per county and the lack of increases for the COMMUNITY INTEGRATION PROGRAM-1B going to reduce the kind and amount of care my Developmentally Disabled person is receiving at the moment or in the future?**

***Will the "FAMILY CARE" proposal be able to adequately fund the services which my Developmentally Disabled family member will need or is receiving now?**

***Will the funding under the umbrella of a CARE MANAGEMENT ORGANIZATION (CMO) be adequate to care for the choices of service that will be needed to be made in the future?**

***Will the waiting lists in the State of Wisconsin for services be eliminated so that everyone can access the services that are needed to give them the least-restrictive environment?**

***Will the choices that a Developmentally Disabled person makes be 'SELF-DETERMINED' or will they be placed wherever the Care Management Organization finds it is the cheapest for them to live and work?**

The funding for the Developmentally Disabled must be available for each individual to be able to access whatever services are needed to enhance the ability for them to live as COMMUNITY-BASED residents and for them to be able to participate and have access to COMMUNITY-BASED services.

Only then will we have a State of Wisconsin which can pride itself on a LONG TERM FAMILY CARE that is caring, easily accessible and adequately funded.

Sincerely yours;

Marbeth and Kenneth Knoff

16616 - 12th Street

Kenosha, Wisconsin 53144-7600

SHORELINE MANOR, INC.

A Community Based Residential Facility funded in part by Racine County

1403 West 6th Street • Racine, Wisconsin 53404

Phone: 414-637-1440 ~ Fax: 414-637-1761

April 8, 1999

TO: The Joint Finance Committee of the Wisconsin State Legislature

FROM: Consumers of Mental Health Services at Shoreline Manor

Please accept this letter as a petition and formal request to be heard. We are tax paying citizens and voters of Racine County. We reside at Shoreline Manor, a Community Based Residential Facility in Racine. Shoreline Manor receives much of its funding from the Community Aids portion of the state budget. Community Aids is the primary source of funding for people like us, recovering from mental illness. For much of our adult lives many of us have suffered from serious brain disorders, but we are human beings, and Shoreline Manor is our home. Prior to coming here we often found ourselves going in and out of hospitals, being homeless, or living in unhealthy situations. What is the cost of even one hospitalization? Often more than it costs to keep one person at Shoreline Manor for a whole year. Aside from severe brain disorders such as Schizophrenia, Bipolar Disorder, Depression, and Borderline Personality Disorder, to name a few, many of us also have a number of serious physical conditions for which we need the assistance of the staff to keep us healthy. Some of these physical illnesses are: Parkinson's disease, alcohol or drug dependence, Lymphoma, end stage renal disease, diabetes, chronic obstructive pulmonary disease, seizure disorder, osteo-arthritis, degenerative joint disease, and Graves disease. With the support of the staff we have gotten through a successful cornea transplant, hysterectomy, cataract surgery, hip replacement and various other illnesses and injuries too numerous to mention here. Shoreline Manor assists us with the care and support necessary to stay healthy, out of costly institutions, hospitals or nursing facilities. This is a stable loving environment in which we can experience the caring support of the staff to help us meet our goals. You have already made significant cuts to Community Aids in Racine County, seriously impairing the ability of programs like Shoreline Manor to care for the sick and disabled. If the Community Aids Funding is reduced further, and Shoreline Manor can no longer provide this service, where will we go?

Please restore the cuts to Community Aids. We depend on the services funded by Community Aids dollars to survive, and to function in a community setting such as Shoreline Manor.

Sincerely Yours,

The Undersigned Residents of Shoreline Manor

LOUIE NORUP
T. Lubka
Raymond
Jim Larson
Rose Nalbodian
Vincent Gaultz
Charles Wilson
Lous Robaine
m. girbee
Bill Jones
Mary Spencer
Kim Valot
Allan Nicholas Pablak
Mary Martinez
Sue M. Ronald and Zidda So...

Sony Harvey
Knight
Walt Carter
Hilmette Bailey
Bernice Smith
Governor Gordon
Beulah Gentry
Genevieve Anderson
Frank Campbell
James H. Chambers
Diane L. Buren
Walter J. Durwi
Loyd Brotherton
Patricia M. ...
Antoni Tockler
Arlene Diello
Eugene K. ...
Walter Dobb
Delores ...
John Albert Brown
Carolyn Bailey
B. Kemble
Anthe ...
Houston ...
Ken ...
Bob Braden
JOHN ...
Debra Detage
Judy ...
JOAN Weller
Helen Stone



**Testimony to the State of Wisconsin
Joint Finance Committee Hearing
2000-01 State Budget**

Case High School Auditorium
7345 Washington Avenue
Racine, Wisconsin 53406

Thursday, April 8, 1999

Purpose

The purpose of this testimony is to seek the full restoration of \$100,000 in General Purpose Revenue funding to Runaway and Homeless Youth Programs in the State of Wisconsin.

Background and History

GPR Financing. Twelve years ago, Runaway and Homeless Youth Programs in the State of Wisconsin, under the auspices of the Wisconsin Association of Runaway Services, had been receiving \$100,000 in GPR per biennium. That funding was completely eliminated by gubernatorial veto, despite consistent bipartisan support in the Joint Finance Committee, for more than a decade. In the last budget, \$50,000 of this funding was restored.

Runaway Programs and Services. There are 23 runaway programs serving 62 of the 72 counties in the State of Wisconsin. Each of these programs maintains a 24 hour intake and referral service, directing runaway, homeless and abused children to safe shelter. Most programs use licensed foster homes for placement. There are four programs that are sufficiently funded to operate their own 24 hour shelters, and two that maintain transitional living programs.

Services provided include (but are not limited to): food clothing and shelter; individual, group and family counseling; health assessments, independent living skills training, tutoring, job readiness, transportation, recreation, and prevention services directed to reducing alcohol and other drug abuse, HIV/AIDS and other sexually transmitted diseases, and teen pregnancy.

State-wide, these programs have consistently reunited 90% (or more) of runaway and homeless youth with their families—an amazing accomplishment given the lack of resources and the difficulty of these cases.

WARS. The Wisconsin Association for Runaway Services has a national reputation as a model collaborative effort, unique in the country for its revenue sharing, training and technical assistance, voluntary implementation of compliance standards and outcome measures, among other efforts.

Rationale

Economic. It would be extremely difficult (if not impossible) to find another human service program that delivers so many quality services over so wide an area of the State for so little money. One reason this is possible is the extensive use of VISTA and Americorps funds and the extensive recruitment, training and utilization of local volunteers.

These programs have diverted Wisconsin youth from the extraordinarily expensive juvenile justice and mental health systems, saving the taxpayers of the State hundreds of thousands of dollars each year. The allocation of State revenue to these programs represents a wise investment of tax payer dollars that results in a very substantial savings of expenditures in court costs, juvenile detention, out of home placement, and mental health treatment.

Humanitarian. The volunteers, student interns and line staff working in these small programs address the most challenging of issues on a 24 hour basis: the physical abuse, sexual molestation, neglect, and homelessness of children. These issues, left untreated, perpetuate a cycle of violence that results in costly therapy, hospitalization, incarceration and death.

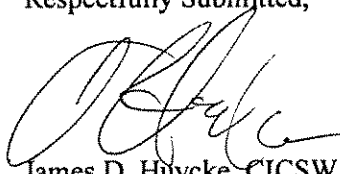
Summary

The biennial allocation of \$100,000 in General Purpose Revenue funding should be fully restored to Runaway and Homeless Youth Programs in the State of Wisconsin, not only because of fiscal prudence, but because it is the right thing to do for our children, our most precious natural resource.

Contacting the Presenter

The presenter can be reached by mail at SAFE Haven, 1030 Washington Avenue, Racine, Wisconsin 53403-1762; by voice at 1.888.333.6061; by fax at 1.414.632.8758; or by e mail at safehavn@execpc.com.

Respectfully Submitted,



James D. Hnycke, CICSW, DCSW
Executive Director, SAFE Haven
President, Wisconsin Association for Runaway Services

cc file
/jh

To: All Legislators

From: Robert W. Lyons, Executive Director, AFSCME Council 40
Richard Abelson, Executive Director, AFSCME Council 48
Dan Iverson, President, SEIU, Wisconsin State Council
Phil Neuenfeldt, Secretary-Treasurer, Wisconsin State AFL-CIO
John Sauer, Executive Director, Wisconsin Association of Homes and Services for the Aging
Thomas P. Moore, Executive Director, Wisconsin Health Care Association

Subject: **Support For a Wage Pass-through for Nursing Home Employees**

Our varied memberships share a common goal: To ensure the quality of care and the quality of life of each nursing home resident in Wisconsin. We also share a common concern: Namely, that the heavy dependence of nursing homes on increasingly inadequate Medicaid funding, combined with the State's extremely tight labor market, make it increasingly more difficult for nursing homes to recruit and retain caring and competent staff. To avoid a potential crisis in care, the above organizations, which represent both nursing home operators and the caregivers they employ, unite under the name "Coalition for Quality Nursing Home Care" and seek your support for a 7% nursing home employee wage pass-through.

The proposed Medicaid rate increase for nursing homes contained in SB 45/AB 133, the biennial budget bill, simply magnifies the problem. The \$15 million "rebasement" of the nursing home formula in FY 1999-00 and the 1% rate increase proposed for FY 2000-01 fall far short of meeting the costs facilities already have incurred to serve their Medicaid residents. Indeed, Data Resources, Inc. (DRI), the firm the State uses for its own economic forecasting, has projected a 3.3% increase in health care costs due to inflation for 1999.

If the rate increases provided in SB 45/AB 133 fall below the rate of inflation in health care costs, which we anticipate, then many facilities will be facing rate cuts and the possibility of staff freezes or cuts. Without an adequate Medicaid rate increase, the benefits of a wage pass-through will be lost because facilities facing a rate cut would be forced into the perverse position of rewarding one employee with a wage increase funded by the pass-through and by the termination of a position(s). Even with a 3.3% rate increase, some facilities will experience rate cuts and would need to utilize funds from a wage pass-through to retain current positions.

In order to maximize the benefits to our caregivers of a wage pass-through, we also respectfully request legislative support for a 3.3% rate increase for Medicaid-certified nursing homes in each year of the biennium.

Coalition for Quality Nursing Home Care Wage Pass-Through Proposal

Under the Coalition proposal, all nursing home employees except the administrator and home office staff would be eligible for the wage pass-through, which could be used to increase wages, benefits, the number of staff and/or to offset potential nursing home rate cuts that would occasion staff reductions.. The wage pass-

through would be in addition to the 3.3% rate increase proposed above. A nursing facility would be required to apply to the Department of Health and Family Services (DHFS) in order to receive the wage pass-through; a DHFS review of the facility's Medicaid cost report would ensure that the funds are spent for the intended purposes. Failure to expend the wage pass-through funds for their intended purpose would result in the recoupment of those funds by the DHFS.

The benefits of this proposal are clearly illustrated in the following table, which highlights the wage increases for selected nursing home employees that would be generated if the 7% wage pass-through were to be used to increase wages (rather than increase benefits, increase staffing and/or offset facility rate cuts and corresponding staff cuts):

| Position | 1997 | 1997 | 7% | 1997 Annual |
|-----------------|---------|----------|--------|-------------|
| Registered | \$17.38 | \$36,150 | \$1.22 | \$38,688 |
| Licensed | 12.86 | 26,749 | .90 | 28,621 |
| Certified Nurse | 8.32 | 17,306 | .58 | 18,512 |
| Food Workers | 8.12 | 16,890 | .57 | 18,075 |
| Maintenance | 11.04 | 22,963 | .77 | 24,565 |
| Housekeeping | 7.56 | 15,725 | .53 | 16,827 |
| Laundry | 7.54 | 15,683 | .53 | 16,786 |

Annual Projected Cost: The projected cost of this proposal admittedly is hefty: We estimate a 7% wage pass-through would cost approximately \$17 million GPR and \$41.3 million all funds in FY 1999-00. With the inclusion of a 3.3% rate increase, which we estimate would cost an additional \$5.4 million GPR and \$13.1 million AF over SB 45/AB 133 levels, the total request is estimated at \$22.4 million GPR and \$54.4 million AF in FY 1999-00 over the amounts included in SB 45/AB 133. But the members of the Coalition for Quality Nursing Home Care firmly believe both our wage pass-through and our rate increase requests are needed and justified.

Why is a Wage Pass-Through Critically Necessary?

The reasons we request this wage pass-through proposal are numerous. Consider the following:

- **The nursing home formula was cut nearly \$47 million in 1997-99.** Although the Governor and the Legislature approved Medicaid rate increases for nursing homes of 5% in FY 1997-98 and 3.5% in FY 1998-99, the dollars generated by those rate increases do not flow directly to nursing homes, but rather fund the nursing home formula. The formula distributes those funds to individual nursing homes based on each facility's historical costs and whether those costs fall above or below the formula's maximum payment limits established for six service areas (direct care, support services, administrative and general,

fuel and utilities, property taxes, and capital). The 5%/3.5% Medicaid rate increases provided in 1997 Act 27, the biennial budget bill, resulted in a lowering of those maximum payment limits by \$46.9 million. The end result: Nearly \$47 million in Medicaid costs incurred by nursing homes in 1997-99 went unreimbursed.

- **Direct caregivers bore the brunt of those cuts.** Of the \$46.9 million cut from the nursing home formula in 1997-99, \$41.8 million came from the direct care cost center. This is the nursing home formula cost center which provides the wages and benefits for nurses and certified nursing assistants (CNAs) in nursing homes. A cut resulted because the maximum payment for facility direct care costs was reduced by the Legislature from 110% of the statewide median to 103%. Our wage pass-through proposal is intended to restore the funding cut from the nursing home formula in 1997 Act 27. The additional dollars will be utilized to increase staffing, to boost the wages/benefits of nursing home employees, or to retain current positions.
- **SB 45/AB 133 will not provide the funds needed to either significantly increase staffing or boost wages.** Indeed, as noted above, the end result of the rate increases provided in SB 45/AB 133 would be a rate decrease and possible staff cuts for some facilities. For the remainder of facilities, this proposal basically allows them to tread water.
- **Nursing homes rely heavily on Medicaid funding.** Medicaid is the primary source of payment for 69% of the residents in Wisconsin nursing homes. If the funding provided through the Medicaid program is not sufficient to allow facilities to recruit and retain competent staff, quality of care inevitably will suffer.
- **Unfunded mandates inhibit a facility's ability to recruit and retain caregivers.** Last session, the Legislature passed bills which increased nursing home minimum staffing levels and which require employee criminal background checks. Neither bill contained additional funding.
- **Decreased Medicare funding only will exacerbate the problem of Medicaid underfunding.** In past years, expanded Medicare coverage of nursing home stays has reduced Medicaid patient days and expenditures. However, a Prospective Payment System for Medicare skilled nursing facilities (SNF), which was mandated by the federal Balanced Budget Act of 1997, went into effect 7/1/98 and is expected to reduce Medicare payments to SNFs by 17%, or \$12.8 billion, over the next 5 years. This reduction in Medicare revenues will place additional pressure on the already underfunded Medicaid program and will limit a SNF's financial ability to provide necessary wage and staffing increases.
- **CNA wages do not do justice to the difficult work they do.** CNAs comprise over two-thirds of the employees who provide direct hands-on care to nursing home residents. The average wage for a CNA in Wisconsin is \$8.32/hour, or an annual salary (52 weeks x 40 hours) of \$17,306 before taxes. Because of their significant reliance on the Medicaid program for reimbursement of costs incurred, nursing homes are severely constrained in their ability to provide better wages for their workers. Are we comfortable in the thought that those caring for our fathers and our mothers, or our grandparents, are being paid \$8.32/hour on average, which is less than a telemarketer or a door-to-door salesman? Is an annual salary of \$17,306 sufficient to raise a family for the many CNAs who are single parents? We think not.
- **Facilities are facing a critical shortage of competent CNAs at a time when the labor market is extraordinarily tight.** Staff recruitment and retention is the #1 problem facing nursing facilities in

Wisconsin. Keeping in mind the average wage of a CNA in Wisconsin is \$8.32/hour, and that CNAs must complete a minimum training program of 75 hours, pass a competency test and undergo a criminal background check, consider the following findings of an October 1998 study of job openings conducted by the UW-Milwaukee that was updated in January of this year:

- 1) The number of full-time and part-time jobs open during the week of May 18 in the Milwaukee-area was the highest since 1995; employers were looking to fill 19,259 full-time positions and 15,263 part-time positions. Those figures had risen to 21,515 open full-time positions and 15,476 open part-time positions when a similar survey was conducted during the week of October 19, 1998.
 - 2) For entry-level jobs demanding a high school diploma but little else, employers were paying an average of \$7.90/hour last May; that figure rose to \$8.07 in October.
 - 3) Companies offered at least \$8/hour for nearly half the beginning-level, full-time positions they were trying to fill – jobs that required neither a high school diploma nor any work experience.
 - 4) When employers are attempting to fill positions with job responsibilities that include caring for extremely frail elderly people, many of whom suffer from dementia or are otherwise behaviorally difficult, at a wage that is comparable to a fast-food restaurant employee or other beginning level jobs, **is it any wonder the UW-Milwaukee study placed the position of CNA at the top of its list of the most difficult positions to fill?**
 - 5) Once again, keeping in mind the wage and the job responsibilities of a CNA, the dilemma facing nursing homes is clearly illustrated in this recent Milwaukee Journal Sentinel quote from John Metcalf, director of human resources policy for Wisconsin Manufacturers and Commerce (WMC), in response to the UW-Milwaukee study: "People can easily walk across the street and find another job for 50 cents more. Workers, for whatever reason, are not staying long in one place. Jobs are plentiful. They can choose when they want to work and when they don't want to."
- **The turnover rate for CNAs in nursing homes is threatening quality care.** According to the most recent data compiled by the DHFS, the turnover rate for full-time nursing home CNAs is 54%; for part-time CNAs, that figure shoots to 76%. And high turnover, according to the DHFS Center for Health Statistics, hurts quality care. In a 1994 report, the Center noted: "One important aspect of quality of care in nursing homes is the continuity of employment among the nursing staff. Low continuity can lead to staff shortages, which in turn allows less time for resident care. A time lag usually occurs between the date an employee leaves a facility and the date a replacement begins to work. Training of new employees also absorbs time. Therefore, it can generally be assumed that the lower the turnover among nursing employees in a nursing home, the better the quality of care will be." It certainly is within reason to argue that a fairly low wage for a difficult job in a tight labor market results in high turnover. In the case of nursing homes, the DHFS itself concludes that high turnover can compromise quality of care.
 - **Can we avoid a reoccurrence of the Mount Carmel situation?** On October 19, 1998, the DHFS moved to delicense Mount Carmel Health and Rehabilitation Center in Greenfield. In Mount Carmel's case, there appears to be a clear link between a shortage of staff and quality of care. Indeed, one of the key reasons Mount Carmel was able to retain its license in early February of this year was because of its efforts to bolster its staff. We submit that in order to avoid future reoccurrences of the Mount Carmel situation,

facilities must be afforded the funds necessary to provide for staffing increases or to boost the wages/benefits of their current employees, where needed.

The Minnesota Legislature last session passed nursing home wage pass-through legislation similar to what we are proposing. In a 3/10/98 editorial in support of that measure, the Minneapolis Star Tribune wrote:

"Every day, someone must feed, bathe and clothe many of the people who live in nursing homes. Someone must help many of them walk, or get into a chair, or move their wheelchairs. Someone should greet them cheerfully, listen sympathetically, and offer the simple comforts of a smile and a tender hand."

We Need Your Support

We ask members of the Legislature to join members of the Coalition for Quality Nursing Home Care in support of a wage pass-through proposal which seeks to ensure that each nursing home resident will be compassionately served by that "someone" envisioned in the Star Tribune editorial.

We appreciate your consideration and look forward to working with you on this proposal.