

Department of Workforce Development Services to Non Custodial Parents

Program Name	Children First	Welfare to Work (WtW)	Workforce Attachment & Advancement (WAA)
NCP participants served/can serve	4958 NCPs served in 2000	1181 NCPs served in 2000	157 served in 2000 (first year of program)
Funding available for NCP services	\$1.14 million 1999-2001	\$12.7 million FFY 1998 \$12.0 million FFY 1999 For entire WtW Program (Unspecified amount for services to NCPs)	\$19.7 million for entire WAA Program 2000-2001 (Unspecified amount for services to NCPs)
Participation	Court ordered	Voluntary	Voluntary
Program administration	DWS Bureau of Child Support	DWS	DWS
Service provider	W-2 agencies, in partnership with Child Support agencies and county judicial system	WDBs, in collaboration with W-2 agencies	W-2 agencies and WDBs
Type of funds	Wisconsin GPR funds (TANF MOE)	US Dept. of Labor (DOL) administered TANF funds	TANF
Program begin date	Piloted in 1990	1998	2000
Services available to NCPs	<ul style="list-style-type: none"> Provides job-seeking services to NCPs who are unable to pay their child support. 	<ul style="list-style-type: none"> Full range of employment services, such as work experience, wage subsidies, job readiness, placement services, and post employment and retention services. 	<ul style="list-style-type: none"> Employment and training services for low-income employed or unemployed NCPs to promote upward mobility and increase self-sufficiency. NCPs are part of the target population.
Program area available	Services provided in 43 counties and the Lac du Flambeau Tribe	WDBs in all areas of state have access to WtW funds	W-2 agencies and WDBs statewide
Eligibility requirements	<ul style="list-style-type: none"> NCP may be low income, underemployed, or unemployed Must have a order for current support Must be in a county or with a tribe that operates a Children First program NCP must pay child support 3 consecutive months on time or in full or complete 16 weeks of assigned program activity to complete the program. 	<p>As of July 1, 2000 NCP must:</p> <ul style="list-style-type: none"> Be unemployed, be underemployed, or having difficulty making child support payments Have a child who eligible for/receiving various types of assistance (TANF, SSI, food stamps, etc.) <p>(Refer to Federal Law for more detail)</p>	<p>NCP income:</p> <ul style="list-style-type: none"> Income 200% poverty or less Child support payments are subtracted from NCP income to determine eligibility Must have a child who lives in Wisconsin Child does not have to be low income
Performance outcomes for NCPs	Number of NCPs who successfully complete the program (see above)	Increase in child support collections for NCPs who participate	Increase in child support collections for NCPs who participate

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Department of Workforce Development Services to Non Custodial Parents

Program Name	W-2 NCP Program *	Governor's Central City Initiative (CCI)	Team Parenting Waiver Demonstration Project	Partners for Fragile Families (PFF) Team Parenting Demonstration Project
NCP participants served/can serve	13 served	1,111 total program participants for program year 1998-99 (NCPs not tracked)	100 participants 1998-99	Targeting 300 NCPs and the mothers of their children
Funding available for NCP services	Unspecified amount for services to NCPs	\$300,000 for staff for program year	\$165,000 FY 1999	\$550,000 FY 2000
Participation	Voluntary	Voluntary	Voluntary	Voluntary
Program administration	DWS	DWS/Job Service Bureau	DWS/BCS	DWS/BCS
Service provider	W-2 agencies	DWS/ Job Service/ Wisconsin Service Corps	Goodwill of Southeastern Wisconsin and Metro Chicago, Inc.	Goodwill of Southeastern Wisconsin and Metro Chicago, Inc.
Type of funds	TANF	Wagner Peyser	Federal Office of Child Support Enforcement, Goodwill provides 5% match	Federal Office of Child Support Enforcement, Ford Foundation provides match
Program begin date	1997	1991	1997	Funding approved March 2000
Services available to NCPs	<ul style="list-style-type: none"> Case management services: job search assistance, job skills training, basic education and/or work experience opportunities. Also offered on-going assessment, partnering with community resources, and encouraging family support. 	<ul style="list-style-type: none"> Intensive case management Job readiness workshops and resume preparation Referrals to jobs and supportive services Post placement services 	<ul style="list-style-type: none"> 3-year demonstration project for services to unwed fathers who have not established paternity and their counterparts to promote responsible co-parenting, increase their involvement with their children and cooperation with child support enforcement. 	<ul style="list-style-type: none"> 3-year project to expand the Team Parenting Demonstration Project.
Program area available	Offered through W-2 agencies in all counties	Milwaukee's Central City	Racine County (One of 8 projects in the nation)	Milwaukee and Racine Counties (One of 10 projects in the nation)
Eligibility requirements	<ul style="list-style-type: none"> Un/underemployed NCPs who desire case management services. Must meet financial and nonfinancial eligibility criteria for W-2. 	<ul style="list-style-type: none"> Primary customers are young, African American males; many are NCPs No eligibility requirements 	<ul style="list-style-type: none"> Unwed fathers who have not established paternity, and their counterparts No income guidelines 	<ul style="list-style-type: none"> No income guidelines NCP age restriction to between 16 and 26 years old Paternity must not be established on at least one child
Performance outcomes for NCPs	None	Job placements	Evaluation of child support collections and other performance outcomes conducted by an outside cross-site team	Increase in paternity establishment, court orders for support, NCP involvement with their child, and child support collections.

* The Food Stamp Employment and Training (FSET) Program provides services similar to the W-2 NCP Program.



Department of Administration

John O. Norquist
Mayor

David R. Riemer
Director

James Rowen
Deputy Director

April 24, 2001

Committee on Human Services and Aging
Wisconsin State Senate
State Capital
Madison, WI 53707

Dear Committee Members:

I urge you to support 2001 Senate Bill 77, which would require the Department of Workforce Development (DWD) to submit a statewide plan for providing employment and related support services to non-custodial parents.

The responsibility for supporting low-income children should not fall on their custodial parents (typically their mothers) alone. Non-custodial parents (typically fathers) bear equal responsibility.

Unfortunately, W-2 does not offer non-custodial parents the kind of comprehensive employment and related support services they frequently need to become productive workers and meet their child support obligations.

2001 Senate Bill 77 would propel Wisconsin further down the path of providing non-custodial parents the employment-related services they need. Its requirement that DWD prepare a statewide plan, and submit it to the governor and appropriate legislative committees by March 1, 2002, will help both policy-makers and the general public come to grips with the critical issue of how we ensure that Wisconsin's low-income children have two parents – not just one – who support them.

Thank you.

Sincerely,

David R. Riemer
Director
Department of Administration

PEGGY ROSENZWEIG



State Senator, 5th Senate District

TO: Members of the Senate Committee on Human Services and Aging

FROM: Senator Peggy Rosenzweig

DATE: April 25, 2001

RE: Senate Bill 77

Over the past two years, much attention has been given to Wisconsin's revolutionary welfare reform program, Wisconsin Works (W-2). Most recently, the Legislative Audit Bureau released a remarkable analysis of the State's W-2 program, for the first time attempting to track those who moved through the W-2 program.

That particular audit will prove invaluable for many years, but a specific item in the audit is pertinent for today's hearing on SB 77. According to the audit, one area needing support is the often-overlooked member of the typical W-2 family: the low-income noncustodial parent (NCP), usually the father. The NCP has the chance to be an important financial and emotional support for the rest of the family. But without similar employment or support services often available to the mother, the already-absent father can become even less of a factor to the family. In the long run, this harms the mother and child, while costing the State more support dollars.

The Department of Workforce Development no doubt will tell you later this morning about some programs that do reach the noncustodial father. These programs have great merit, and the department deserves much credit. However, it appears these separate programs are piece-meal and unfocused. If DWD could undertake a wide review of current expenditures geared toward improving noncustodial parent self-sufficiency, a statewide comprehensive strategy should emerge. This could then become a new plan designed to increase the chances a noncustodial father becomes a financial and emotional asset to a low-income family.

Reaching the noncustodial parent has been called the "next step" in welfare reform, and only a couple states have explored the issue thus far. My hope is SB 77 will prompt a plan that maximizes the State's efforts in assisting NCPs – putting Wisconsin once again into the forefront of welfare reform.

JOE BROWNELL - EAU CLAIRE

I am a member of Barrier Busters of Eau Claire County, a group of differently-abled people organized 17 years ago.

At present it is estimated that 844 people with developmental disabilities still live in three Centers in Wisconsin. We believe that these Centers for the Developmentally Disabled need to be closed and the residents become citizens of their home communities. The 3 State Centers cost taxpayers 30 million dollars more than what it would cost if the 844 residents lived in the community. This savings could be used to help with waiting lists and paying better wages to direct support staff in the community. The State Centers cost 30 million dollars more than what it would cost to support the 844 residents in the community.

I am thankful I have never had to live in a State Center, but I have friends who have. Because I live in the community my life is my own. I completed high school and received a Hospitality and Management degree from this institution, the Chippewa Valley Technical College. I have a job at the Red Lobster restaurant. I have friends, family who support me in my endeavors. I participate in church and recreational activities. These are things I could not do if I was living in a state center.

The cost to the state for closing the 3 state centers is half a million dollars a year, for 10 years. That is 6 million dollars. Over that 10 years, the net savings to the state is 55.5 million dollars, enough to eliminate the list of approximately 11,000 people waiting for services in the community. From the 11th year onwards, the savings for the state is 15 million dollars every year. If you add to that the federal match money, the total savings is 30 million dollars every year. We need legislators like yourselves to recommend putting half a million dollars per year into this new budget. That's only 1 million dollars out of 775 million dollars they have to spend on new projects. The new budget proposes to

spend 133 million dollars for the creation of a new Wisconsin Department of Electronic Government, and 9.1 million for improvements around Lambeau Field in Green Bay, as well as 206 million more for corrections.

We are proposing a million dollars over two years out of that 775 million. That million dollars won't just get spent. It will bring back many millions in savings for Wisconsin.

Ten other states have closed their state institutions, including Minnesota and Michigan. If they can do it, why can't Wisconsin?

ROBERT HEATH - EAU CLAIRE

I live in the Clairemont Nursing Home in Eau Claire. I have lived there for almost two years now, and in a nursing home in Chippewa Falls for one year.

Almost fourteen years ago I had to move out of my family's house as my father could not longer take care of me. I moved to my own apartment with care given to me by an agency paid by the CIP program in Eau Claire County. I was very happy to live on my own, and I had a part-time job with the University of Eau Claire athletic department with the supported employment program. I also had a job at United Cerebral Palsy part time. I am buying a van with a lift to get me to my jobs. When I had to leave my apartment and go to a nursing home the county immediately started guardianship proceedings against me. I was able to win that case, and continue to be my own guardian.

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One of the reasons I can't move out of the nursing home is because the wages being paid to home health care workers is lower than McDonalds or other fast food restaurants, and very few, if any benefits are paid.

Out of approximately 160 home health care agencies over half have gone out of business in the last two years in the Eau Claire area. Another one just announced they are quitting the Eau Claire area this month.

I used to be an active member of the community, but now I can't work and I don't get out any more. The nursing home gives me good care, but there is very little stimulation for someone my age.

We are asking that the new budget increase the COP and CIP funding by 55 million to eliminate the waiting list of over 11,000 people in Wisconsin. In the budget presented by the Governor there is zero increase. The counties can't bear the burden any more, the state hasn't put any new money into these programs in the last ten years. If the state put some money into these programs it would generate over 147 million.

I support the Green Bay Packers, but putting 9.1 million into Lambeau field while I have to watch the games from a nursing home doesn't make sense to me. Neither does creating a Department of Electronic Government for \$133 million.

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THE HOPE OF WISCONSIN

Hospice Organization and Palliative Experts/PO Box 259808, Madison, WI 53725

Phone: 608-233-7166

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Human Services and Aging

April 25, 2001

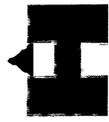
Senator Robson and Members of the Committee:

I am Melanie G. Ramey, Executive Director of The Hospice Organization and Palliative Experts (HOPE) of Wisconsin. We are the state organization of all hospice and palliative care programs in the state.

I am sure that you are familiar with the Health Insurance Risk Sharing Plan (HIRSP). However, you may not be aware that enrollees in this plan are denied access to hospice care. Since HIRSP is available to people who are medically high risk, some of whom have paid large premiums for many years because of their life-threatening disease, it comes as a rude awakening to discover that HIRSP does not cover hospice services.

Our organization has obtained the support of the Department of Health and Family Services and the HIRSP Board for including hospice as a specific covered service under HIRSP. A previous legislative glitch created this problem. There needs to be a bill granting hospice services to HIRSP enrollees. The present HIRSP plan says that enrollees can obtain hospice care via home health. However, that is not possible as hospice services can only be provided by a licensed hospice. Medicare and Medicaid coverage are only available for care provided by a licensed hospice and some HIRSP enrollees may also be eligible for coverage under those programs.. Hospices are licensed and regulated by the State of Wisconsin.

There have been a number of very unfortunate situations where the claims of terminally ill persons covered by HIRSP were denied because of this situation. We urge the committee to introduce a bill to correct this problem.



HEARTHSTONE

HearthStone of Wisconsin, Incorporated

**Strength & Success
Through Self-Determination**

HEARTHSTONE

VISION

HearthStone envisions a community where individuals with developmental disabilities and their families achieve their highest possible level of community integration, independent living and an enduring quality of life that is safe, secure and fulfilling.

HEARTHSTONE

Mission

The mission of HearthStone is to be a self-help organization providing information, guidance and collective support to individuals with developmental disabilities, their parents, guardians and advocates in support of adult community living opportunities.

HEARTHSTONE

Joe's Story

Joe is a great inspiration to our HearthStone families. Joe was one of our first young people to strike out on his own. Joe moved to a condo which was close to his Dad's office and convenient to public transportation. He got himself up, breakfasted and packed his own lunch every day (much to his Mom's amazement). Joe's condo was kept neat as a pin (also to Mom's amazement) and enjoyed Entertaining friends and family, whom he invited to "his house" to watch TV and eat



Pizza. Joe's mom and dad really knew how much Joe loved his independence when he asked, "Do I really have to come to your house for Christmas?" His enthusiasm and positive attitude also resulted in some wonderful friendships and "natural" support from neighbors and co-workers. Yes, Joe with a minimum of help from DVR, was competitively employed at a local business...he was a proud and productive, tax-paying citizen. *(Since his move, we lost Joe to a rare affliction unrelated to his disability. But we will never forget his success...he never gave up trying!)*

H
HEARTHSTONE

HEARTHSTONE

Eric's Story



Eric is living in his own condo and has a mortgage payment to prove it. At age 22 he decided to be on his own. He is fortunate that he has a good job in a skilled trade (mechanical/electrical assembly and beginning machinist) and that he can drive himself to work every day. Eric is challenged with autism and at one point was told he had no employability skills and would never work without a job coach. While he still struggles socially, he has proven the "experts" had underestimated his skill and determination.

Eric has been on his own over two years. He pays income taxes, property taxes and votes. In his five years of competitive employment, he has never missed a day's work. In fact, he was given the key to the plant because he arrives before anyone else and now makes coffee. Thanks to a lot of help from friends, family and HearthStone (and inspired by his friend Joe), Eric's move to independence has become a reality. *(When Eric applied for supported employment and supported living assistance at age 17 and 1/2, he was told he would have to wait 8 to 10 years.)*

H
HEARTHSTONE

HEARTHSTONE

Andy's Story



Andy is 23, is challenged with Cerebral Palsy. He has been living in his own apartment for almost two years. Before he moved in a neighbor volunteered to move his first floor apartment to the vacant apartment on the second floor in order to make it more convenient for Andy. Andy's place is safe, secure and convenient to shopping and to transportation for his part-time job. He loves being in charge of his own space and his own time. His neighbors keep a eye out for Andy and often stop by to visit.

He keeps everything neat and clean and prepares his own meals. He gets some help from his family and says, "Family is very important, but make sure they're not too protective so you can learn new things. I love having my own place!" Andy enjoys maintaining friendships with his HearthStone friends and serves as their representative on the HearthStone Board of Directors.

H
HEARTHSTONE

Meredith's Story



Meredith is 24 years old and is diagnosed with Downs Syndrome. She lives independently with a roommate and has help from a support person just 6 hours a week. She is in a two bedroom condominium close to her parents home. She and her roommate take the HandiCare bus to their full time jobs at a food processing plant. Meredith and Jenny both love their jobs and their employer has accommodated both young ladies with "natural" support from other employees.

Meredith is a charming, energetic young lady with an active social life and wide circle of friends. Her interests include reading, Special Olympics, music, movies and her new puppy. She loves being on her own and she and Jenny split the responsibilities for cooking and cleaning.

HEARTHSTONE

Dana's Story



Dana is a vivacious young lady who is still living at home and attending Plymouth High School. She and her parents dream of the day when Dana too can enjoy a life of independence like many of her HearthStone friends do. Dana is about to graduate from High School and has learned much about the world of work from her part time job at a local family restaurant. Dana's prospects for support from DVR and Supported Employment or Supported Living are questionable. She is 142nd on a "waiting list", which was reduced by 4 in 2000.

Dana loves music, movies and friends. She can't tell time, nor does she understand money, so she needs support to be successful. She loves people and loved her job until the restaurant she worked at changed ownership and the new management was not amenable to continuing Dana's employment. Despite her bright disposition, Dana's future outlook is clouded by uncertainty.

H
HEARTHSTONE



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Peggy Feider, parent
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Rehabilitation Center Sheboygan
Carol Rost, parent
Carol Zimmerman Longoria,
Hmong Mutual Assistance Assoc.

P.O. Box 1444, Sheboygan, Wisconsin 53082-1444 - www.hearthstonewi.org

Key Contacts:

Jon Rost, President - 920.458.3541 (w) - 920.876.2391 (h) - e-mail - jrost@jacobsonrost.com
Peggy Feider, Secretary - 920.467-6481 (h) - e-mail - Mfeider@excel.net

SENATE HUMAN SERVICES AND AGING COMMITTEE HEARING
APRIL 25, 2001

TESTIMONY IN ASSOCIATION WITH THE
“PEOPLE CAN’T WAIT” RALLY
ADDRESSING THE LONG TERM CARE NEEDS
OF WISCONSIN CITIZENS

Wisconsin State Capitol Room 300 SE
1:30-3:30PM

Panelists Representing the Rally and the Survival Coalition:

Panel 1: Adult Waiting List Issue

Gerry Born, Exec. Director, ARC-Wisconsin
Gwen Lee, Parent from Ashland
Jack Turcotte, Parent from Middleton

Panel 2: Children/Family Issues

Liz Hecht, Parent from Belleville
Catherine Krieps, Parent from Milwaukee
Jack Karban, Parent from Oconto
Sue Gilbertson, Parent from Spring Valley

Panel 3: Workforce Issues

Virginia Baeten, Brown County ARC, Green Bay
Cindy Simonsen, Vocational Industries, Inc., Elkhorn
Colleen Kennedy, Ranch Community Services, Menomonee
Falls
Bob Stuva, Rehabilitation for Wisconsin, Madison

Panel 4: State Institutions

Lisa Mills, Administrator , People First - Wisconsin
Dan Remick, Board President, People First - Wisconsin
Cindy Bentley, Consumer Advocate, People First - Wisconsin



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I want the legislatures to know that I spent 26 years of my precious life in a state institution. I was not put there by my choice. I was taken away from my mother when I was a baby. My mother was incarcerated I was sent to foster homes. At the age of 2 years old I got third degree burns from abuse. Also, while in the state institution I was abused. I was over medicated. I didn't have a voice & couldn't speak up for myself. When I did speak up, I was put on all kinds of behavior modification programs. When I left the institution, the staff at the institution said I would never amount to anything, I





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would never live in my own apartment + I would never have my own job. Now, I want you to know that I live in my own apartment. I have lived there for the last 15 years. I have a job that pays \$12 an hour. I have traveled around the world as a global messenger for Special Olympics. I have been to Holland + Greece. I have my own passport. I also pay taxes.

Today, I have a voice. I am a role model for others. I set an example by making my own decisions. Sometimes I fall on my face. Sometimes I need people to help me





(3)

I didn't always have
people I could trust.
It wasn't always
easy. But I have
been given the chance
to make a difference.
I want that chance
to be available
to others.

There are so many
other stories out
there.

Please Listen!

CYNTHIA BENTLEY

430 W HINMPTON AV

#3 MILWAUKEE WI 532

414 / Home 944-0590

Work 414 / 483-2546



Senate Committee on Human Services and Aging
Wednesday, April 25, 2001

Senator Robson and Members of the Committee:

My name is Cynthia Simonsen and I am the Executive Director of Vocational Industries, Inc. located at 530 E. Centralia Street in Elkhorn, Wisconsin. Vocational Industries is a private, non-profit community-based organization that provides work and employment programs, day service programs and a number of community services to adults with disabilities who are residents of Walworth and surrounding counties. We provide services to approximately 275 people each year.

I love my job! I think my job is important and believe my efforts help people as individuals and, in the larger scheme, society as a whole. I am compensated for the work that I do which allows me to make choices about things to buy, where to live, types of recreation, etc. My job enhances my self-esteem because at the end of each day I feel I have made an important contribution and that I have value as a person. The people that receive work and employment services at Vocational Industries feel the same way about their jobs as I do about mine. They are proud of the work they do, know they are making a contribution, and are compensated for their efforts. The money they earn increases their independence as they are afforded the luxury of choices in how they spend their money. Their self-esteem is elevated because they are contributing to society rather than taking from it. Providing meaningful work opportunities to people with disabilities makes sense because for every \$2 dollar they earn over \$60 a month, at least \$1 is saved in Social Security. It makes sense to encourage and enhance expansion of programs that provide work opportunities to people with disabilities.

Unfortunately, the ongoing under-funding of employment and work services for people with disabilities threatens to destroy the quality programs that are currently in place and limits access to additional people in need. For over 10 years, State and Federal appropriations have not kept pace with rising operational costs incurred by service providers. At Vocational Industries, the wages we are able to offer for entry-level positions is not competitive with entry-level jobs in the private and governmental sectors. This includes entry-level jobs in the hospitality, fast food and retail industries. Not surprisingly, we experience great difficulty in recruiting and retaining good staff, which results in more administrative expense for hiring, training and orientation.

In the past year, our cost for health insurance has increased over 40%. During this same time period, the costs for operation of our vehicles used to transport people back and forth to services and their jobs has increased 37% and the cost of utilities has increased 13%. Community rehabilitation programs such as ours have traditionally been very creative at generating additional revenue through business ventures and fund-raising to cover program funding deficits. We are seasoned at the art of adjusting operations to do

more with less. We have now reached the point where lack of sufficient financial support from the State threatens to compromise our ability to provide quality programs. In the future, this will result in a greater tax burden as more people with disabilities will be forced to stay home rather than working and earning a paycheck.

Beyond the paycheck, please also consider the non-tangible benefits of having a job. You and I take for granted our ability to find a job on our own and work for a living. The dignity we gain from this is priceless. Individuals with disabilities deserve to experience the pride generated by the opportunity to work just like you and me.

I urge you to please support the inclusion of an annual increase of \$60 m. in GPR in the next biennium budget. This increase will enable organizations such as ours to do our jobs and assist people with disabilities to become contributing members of our community rather than a drain on our tax dollars.

ROBERT HEATH - EAU CLAIRE

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The cost to the state for closing the 3 state centers is half a million dollars a year, for 10 years. That is 6 million dollars. Over that 10 years, the net savings to the state is 55.5 million dollars, enough to eliminate the list of approximately 11,000 people waiting for services in the community. From the 11th year onwards, the savings for the state is 15 million dollars every year. If you add to that the federal match money, the total savings is 30 million dollars every year. We need legislators like yourselves to recommend putting half a million dollars per year into this new budget. That's only 1 million dollars out of 775 million dollars they have to spend on new projects. The new budget proposes to

spend 133 million dollars for the creation of a new Wisconsin Department of Electronic Government, and 9.1 million for improvements around Lambeau Field in Green Bay, as well as 206 million more for corrections.

We are proposing a million dollars over two years out of that 775 million. That million dollars won't just get spent. It will bring back many millions in savings for Wisconsin.

Ten other states have closed their state institutions, including Minnesota and Michigan. If they can do it, why can't Wisconsin?

Robert Brooks
11102 W. Oklahoma Ave. Apt. 111
West Allis, WI 53227

To Whom It May Concern:

My name is Bob Brooks. I live in West Allis in my own one bed room apartment. It is very important that money from the budget be used for community services. I spent time in a nursing home. Believe me that is no way to live.

I am a very active member in my community. I volunteer for 4 different agencies in my community. I shop in local stores. Along with budget concerns I am concerned that stores and other public places are not accessible for people who use wheelchairs.

My local post office was remodeled and is now less accessible then it was before. When I go to the grocery store I am unable to use my quest card myself because the machine is not low enough.

Please remember that the budget needs to focus on community services for people with disabilities. People can't wait.

Sincerely,

Bob Brooks

Senator Robson,

Members of the Senate Human Services and Aging
Committee

My Name is Robert Stuva.

I am the Executive Director of Rehabilitation For Wisconsin, a state wide association of 56 Community Rehabilitation Programs located throughout the State of Wisconsin providing vocational, residential, day and community support services to over 18,000 individuals with disabilities on a daily basis.

We are here today to plead with members of this committee to take affirmative action during this state budget cycle to provide adequate state funding to shore up the financial foundation of community-based services for persons with disabilities. In particular we are concerned about services to person with developmental disabilities.

For better part of a decade, state rates for community based services have not increased. Think about the difference today in the cost of fuel for buses to transport people with disabilities compared to ten years ago. Think about how much the cost of electricity and heat has increased in ten years.

Most important think about how you would even survive as a business if you had not had an increase in the cost of the product or service you are selling for the last 10 years. You really would be hard pressed to pay a competitive salary or even stay in business.

Earlier this year, RFW performed an informal survey of wages paid to entry level workers in the same general labor pool, which Community-based human service providers would draw from for their employees.

We found that wages offered by community programs was 7 to 17% less than wages paid for food service workers and non-skilled laborers.

We found a 24-55% discrepancy when compared to similar entry-level jobs within state and county government.

We found for example that Dane County pays \$15.09 per hour for someone to repair tires, while community based programs struggle to pay 7 to 8 dollars per hour for workers caring for person with disabilities.

We believe some of our governmental priorities are wrong and urge you to help fix the community service crisis.

Our research also indicated that many counties have stepped up to the plate and significantly increased their funding for services to person with developmental disabilities so that more persons could be served and to also provide less than 1% per year increases in most contracts. Many Community-based service providers have also developed new and creative ways of generating additional funding.

Some operate gift shops or thrift stores and some generate income from subcontract work with business and industry. By doing so individuals with disabilities are provided with employment and wages and any business profits may be used to offset rehabilitation expenses.

While growth in alternate funding sources has be substantial when compared to basically stagnate state funding, it has not kept up with inflation, increased wage and salary demands and the declining purchasing power of essentially frozen state GPR funds.

We are not here today to plead for the survival of any one organization, program or service. We do not represent any one geographic area of the state. We are here because the whole system of services to individuals with developmental disabilities has reached a critical threshold.

Wisconsin needs to give the same funding priority to a community based service delivery system for people with disabilities that we give to prisons, schools, and nursing homes?

Please help set Wisconsin's priorities in a way that will allow for significant increases in state and federal funding for services to all persons with disabilities?

The budget papers developed by Wisconsin Survival Coalition indicate one possible way of addressing this issue. I encourage your careful review and consideration of those papers.

Thank You!

I would like to introduce Cindy Simonson, CEO Vocational Industries in Elkhorn.

I would like to introduce Colleen Kennedy, CEO Ranch Community Services in Menomonee Falls.

I would like to introduce Virginia Baeten, CEO Brown County ARC in Green Bay.

Elizabeth Hecht
1483 Sunrise La.
Belleville, WI 53508
608-845-9499

April, 25, 2001

Good afternoon Senator Robson and committee members. Thank you for your time and consideration today.

My Name is Elizabeth Hecht and I am the parent of a 12 year old with significant disabilities. We are parents of children with disabilities and are here to talk to you about funding and improving the system that supports children with disabilities and their families.

Specifically, we will talk about B-3; Family Support; Respite and Children's Redesign. Together these, as well as other county funded supports, make up the puzzle pieces of funding in human services for children with disabilities. Over the past 6-8 years they have been consistently underfunded with state dollars which is what brings us here today.

The B-3 program enrollment has grown 27% since the last funding increase in 1996. The Family Support Program now has a waiting list of over 2600 families, more than are currently served by the program; the Lifespan Respite initiative passed in the last budget currently has 5 pilots around the state while the need for respite across the age span is one of the most frequently identified needs by caregivers; and children's redesign which is a system improvement initiative designed in partnership with families, WCDD and DHFS and other community partners and is intended to in part draw down federal dollars to serve children and families living in the community which we currently do not do.

The current budget recommendations from the governor do not include an increase in funding for any of these programs and continues the lack of commitment and partnership with families to support some of our most vulnerable children. We are here to request that you support, through a recommendation to Joint Finance, a budget ammendment or draft legislation, an increase in funding for the programs that support children with disabilities and their families.

Respectfully,



Elizabeth Hecht
Chair, Children's Committee on Long term Support Redesign



Wisconsin Survival Coalition

FAMILIES ARE WORTH IT

2001-2003 Proposal for the Children with Disabilities and their Families Budget Package

For more information contact:

Liz Hecht at 608-263-7148; hecht@waisman.wisc.edu

Waiting lists for services for children with disabilities and their families have grown dramatically in recent years. The children's system is also too complex and hard to navigate, with too many rules and too little flexibility. Certain services are available in some counties but not others, and service coordination is available for only a fraction of the families who need it. Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair. Parents do not have enough say in the planning process for their families.

Family Support Program & Birth to Three Services

To serve all families on current Family Support Program waiting lists:

- Provide \$2.5 million in new GPR funds in Year 1 of the biennium - - to begin phasing in families on waiting lists
- Provide \$5 million in new GPR funds in Year 2 of the biennium - - to complete the phase-in (2500 families at \$2,000/year = \$5 million per year)

Increase funding for the Birth to Three program:

- Provide \$2 million GPR in Year 1 and \$2 million GPR in Year 2 - - to reduce delays in receiving Birth to Three services

Lifespan Respite Initiatives

- Provide an increase of \$225,000 in each year to add 7 respite projects to the existing 5 projects

Increase Funding for Special Education

- Increase Special Education Categorical Aids to reimburse 50% of local special education costs
- Implement DPI's proposal for high cost children in Year 1 of the biennium (rather than Year 2 as DPI proposes): for students whose costs exceed three times the state average expenditure/student, the state will cover 90% of the excess costs (above the three times the average level)
- Expand on DPI's proposal for alternative education program funding: provide \$5 million in Year 1 and \$10 million in Year 2
- Expand Integrated Services Programs (also known as wrap-around programs) for children with severe emotional disabilities to all counties: \$3.2 million for services and \$800,000 for state staff to administer the program in each year
- Modify the Medicaid school based services formula so school districts receive 100% of the federal cost-sharing reimbursement

Changing the System - Getting Children's Long Term Care Redesign Started

What Needs to be Fixed - It's Not Just Funding:

- the system is too complex and hard to navigate,
- some services are available in one county but not in another county,
- too many rules and little flexibility in the way services are provided,
- service coordination is only available for a fraction of the families who need it,
- Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair,
- it's hard to get clear and accurate information about services,
- parents don't have enough say in the planning process for their families,
- some families need a higher level of services than can be attained through any of the programs, and
- adult services are a higher priority than children's services in Family Care counties.

Changing the System means changing State Law:

- to authorize new flexible 1915C Medicaid Waiver (to access more federal funds for children's services)
- to authorize 4-8 pilot counties in 2001-02 serving 20% of the eligible children in Wisconsin
- to establish a right to service for children with significant long term care needs
- to provide an assurance of continuity of service (i.e. families currently receiving services will not lose them)
- to allow children and families to convert from CIP 1A, CIP 1B, COP-W to the new waiver in the pilot counties (if they want to)

We also need "a new way of doing business" in the Children's Long Term Care System

- families will be partners with the system (including in Medicaid prior authorization decisions)
- service coordination for all children/families who need it
- outcome based services
- information and assistance readily available

Funding in 2001-2003 for Children's Long Term Care Redesign:

- Additional GPR (state general purpose revenue) funds above and beyond a fully-funded Family Support Program (see above) to implement Children's Long Term Care Redesign in 4-8 pilot counties.

Year 1: \$900,000 GPR for services
\$390,000 for state and county planning/administration

Year 2: \$2.7 million GPR for services
\$620,000 for state and county planning/administration

AUTISM SOCIETY OF WISCONSIN

Public Hearing – April 25, 2001

Senator Judy Robson, Chair, and Members, Senate Committee on Human Services and Aging:

Members of the Autism Society of Wisconsin know that the State of Wisconsin has not kept its promises for community services for adults and children with disabilities. Many counties have provided significant “overmatch” in an attempt to meet the needs of people in their counties who are on waiting lists. These counties can no longer add to the burden on the property tax. The time has come for Wisconsin to keep its promises.

Thousands of individuals are on waiting lists for vocational and residential services. People with autism and other developmental disabilities are waiting for services that can be provided if the CIP IB funding increases by \$6 million in the first year of the biennium and \$32 million in the second year of the biennium. This will bring Wisconsin about \$60 million in federal funds.

Wisconsin has moved away from dependence on institutional care but has not provided the funding for the services needed by citizens in the communities of the state. Many elderly parents continue to care for their adult sons and daughters with autism. They need to know that community services will be available in the near future.

Parents of children need to know that the state will provide the funding promised in the past for Family Support services, respite care and the interventions that can help to minimize the effects of disabilities.

The existing service system is in crisis. Many agencies cannot hire the staff that is needed to provide residential and vocational services. Staff turnover and vacancy rates are high because wages and benefits are not competitive with other positions. It is difficult to provide high quality services for our most vulnerable citizens. Thirty million dollars is needed in year 1 of the biennium and \$60 million in year 2 just to make these direct care positions competitive in our communities. These workers are just as valuable and deserving as are employees in nursing homes whose needs are being recognized.

We urge you to amend the Governor’s budget to meet the crises in the communities of Wisconsin and to meet the needs of citizens with disabilities.

Thank you.

Frances Bicknell, Governmental Affairs Chair.

Autism Society of Wisconsin
103 W. College Ave. Suite 601 Appleton WI 54911-5744

SENATE COMMITTEE ON HUMAN SERVICES & AGING
Hearing of April 25, 2001

Thank you for the opportunity to appear before this Committee on Human Services and Aging. I will not repeat the statistics you have already heard about the critical need for increased funding for services to people with disabilities. Rather, I would like to put a face on it.

Let me tell you about a resident I'll call Jeremy. He recently came to live in one of the homes provided by Ranch Community Services, after being on the waiting list for more than ten years. Much of that time he was forced to live in a nursing home. Does it make much sense for the State to pay double the amount it costs for a group home to have someone live in a place they don't want to be? Community living funding is not sufficient and not flexible, so the waiting continues, and the State and Counties spend more money than they need to!

Then there is Scott. His physical and mental status has changed, so his present home can no longer adequately meet his needs. He could be properly served in another home, at a higher rate, but no funding is available – so he will return to an institution. Again, more money spent, with much less desirable results.

For the remaining residents of our homes, the future is tenuous. Costs are increasing at amazing rates: our health insurance went up 63% this year, and energy and fuel increases cannot even be calculated, as they are still rising! The job market in the Metropolitan Milwaukee area is very tight, and competition for caregivers is fierce. Nursing homes are guaranteed regular increases, and hospitals can raise rates as they see fit. We are increasingly unable to compete with the health care field – let alone the hospitality industry! Our staff are committed, innovative and caring individuals who love their work and find satisfaction in it. Many, even those with second jobs, cannot afford to stay without the expectation of increases.

Over the past decade, community rehabilitation programs have had no appreciable increases. We have become creative and businesslike in our operations, eliminating positions and squeezing out ways to increase wages and insurance to attract and retain quality staff. We have started small business enterprises to underwrite our services, and we have endlessly fundraised. We will continue these endeavors, but, given the softening of the economy, they are not the only answer.

We do not come here to cry “save us!” We stand strong and proud of the work we do, and ask only that we be paid fairly for services rendered. Our staff have a right to be valued for what they do. I know that this budget process is difficult, with competing priorities. Hubert Humphrey once said “The measure of any society is how it cares for its most vulnerable citizens.” How do the leaders and citizens of Wisconsin wish to be measured?

Thank you for your consideration.

Submitted by Colleen Kennedy, President/CEO
Ranch Community Services, Inc.
W187 N8661 Maple Road
Menomonee Falls, WI 53051
262-251-8670

HELP WANTED.

"Over the past few years we have cut positions to the point where we have nowhere else to cut. We have also expanded fundraising efforts to subsidize our programs. With the economy softening, that will not be enough."

... Colleen Kennedy,
President/CEO, Ranch
Community Services,
Inc., Menomonee Falls



Rehabilitation For Wisconsin, Inc.
4785 Hayes Rd., Suite 202
Madison, WI 53704
608/244-5310 voice/tty
608-244-9097 fax
www.rfw.org

There is a community service crisis.

Wisconsin has pledged that people with disabilities should, to the extent possible, live and participate fully and safely in their own communities.

Crucial to making this happen is the stability of hundreds of service providers, including community rehabilitation programs, who provide services to thousands of people with disabilities in every community in Wisconsin.

Who we are

Community Rehabilitation Programs (CRPs) are not-for-profit organizations providing vocational, residential, birth to three and many other community support services needed by persons with developmental disabilities, physical disabilities or mental health needs.

The business of a CRP is to assist a person to increase their independence and employment potential. Employment, job creation and other support services assist people with disabilities to become included, contributing members of their communities.

What we face

Community Rehabilitation Programs are experiencing escalating insurance premiums, sky-rocketing energy costs, and ever increasing operational expenses. At the same time, a severe worker shortage threatens to put people served at increasing risk.

With diminishing state support, organizations are being forced to reduce services to persons they already serve, while waiting lists for community-based services grow and grow.

This is not just a handout

For every \$1.00 that community rehabilitation programs receive from government funding, another \$1.28 is generated by them to subsidize their programs and pay workers with disabilities. CRPs have met the challenge and become entrepreneurs, raising dollars through production revenue, business ventures, creative fundraising and more. *State funding is not keeping pace.*

People are waiting

5000 adults with developmental disabilities are waiting for critical services. The waiting period is many years.

- 2300 people need a place to live;
- 2700 people wait for support to get a job or participate in their community during the day.

Services are in place

People are waiting for needed services but not because there is a lack of services available. The community service system is in place as is the capacity for serving thousands of people. *What is not in place is the funding people must have to access these services.*

HELP WANTED.

"The past three years our organization has seen big decreases in revenues from traditional government sources, forcing us to cut staff, reduce capacities, eliminate some services and develop waiting lists. In 2001 we need to generate \$395,752 to offset deficits in programs the counties and state purchase from us. Without a significant increase, we may have to eliminate more programs for the elderly and people with disabilities." ...
John Bloor, President, N.E.W. Curative Rehabilitation, Inc., Green Bay



Rehabilitation For Wisconsin, Inc.
 4785 Hayes Rd., Suite 202
 Madison, WI 53704
 608/244-5310 voice/thy
 608-244-9097 fax
www.rfw.org

We must value our workers more

Compared to the general labor market, entry level **community-based service workers' wages ranged from 7% to 17% less** than other business' entry level wages drawing workers from the same pool. When compared to entry-level wages paid by state and county government for similar jobs, wages received by community-based service workers ranged from **24% to 55% lower than similar public employees.** This clearly indicates that entry level wages paid to persons supporting individuals with disabilities can not even compete with the fast food industry.

Funding must cover costs

Governmental funding for Community Rehabilitation Programs anticipated in 2001 is an average of 30% less than the actual cost of providing services. Deficits keep growing due to the rising costs of health insurance, gasoline, electricity, heating and salary needs for workers.

Institutions still get more

844 people with disabilities live in the State Centers for the Developmentally Disabled at an annual cost of **\$146,000 each** for a total of \$126 million. This represents only 2% of the total population of people with disabilities. As for the 98% majority, the 48,531 people who receive services in the community, an average of **\$6,800 each** is spent annually for a total of \$330 million. The Wisconsin Department of Health and Family Services knows that 90% of people living in the Centers could live in the community.

HELP WANTED.

People with disabilities are facing reductions in existing community services and much longer waiting periods prior to receiving services. Community service providers could soon be forced out of business as costs increase and workers are lost because of stagnant wages and benefits.

Wisconsin must act responsibly to provide a safe and adequate system for community-based support services. Service providers must have the resources necessary to address their rising costs and be able to attract and retain the workers necessary to ensure a responsible, accessible system of quality services. The state must better support community inclusion for all people and pass on new funds to the community service provider.

FYI - Look what other states have recently added for increased services to people with disabilities:

California	210,000,000
Connecticut	23,000,000
Florida	336,000,000
Maryland	36,400,000
New Jersey	127,200,000
New York	230,000,000
Pennsylvania	400,000,000

Government Funds Needed	Wisconsin GPR	Matching Federal Funds	Total
Annual Increase Needed To Sustain Quality Service To Persons with Disabilities	\$60,000,000	\$60,000,000	\$120,000,000
<i>To provide for a phase in, the 2002-2003 Biennial Budget Request should include:</i>			
First Year of Biennium	\$30,000,000	\$30,000,000	\$ 60,000,000
Second Year of Biennium	\$60,000,000	\$60,000,000	\$120,000,000
Total for 2002-2003 Biennium	\$90,000,000	\$90,000,000	\$180,000,000

Statement To Human Services And Aging Committee April 25, 2001

By Floss Whalen, 406 W. Third St. Oconomowoc

I have been appearing before legislative committees since 1973, but I confess this is the first time I have ever done so, wearing a T-shirt! This particular T-shirt means a lot to me because I have a personal understanding of the frustration, the worry, the loss and yes, even the terror that lies behind these simple words, "waiting list." No parent should ever have to wish that her child will die before she does because she is so afraid of what will happen when she is no longer able to care for him. Yet, many parents of disabled children have felt that way at one time or another in their lives. I am one of them.

Forty-six years ago, our oldest son, Patrick, was born with Down syndrome. We were advised to institutionalize him. We chose to raise him at home along with his three younger brothers. We have never regretted that decision. In his early years there was no outside help, no schooling for him until he was eight years old, and then only for half days until he was twelve. But in time some community resources were developed, including a good emphasis in Waukesha County on day programming for adults with developmental disabilities. During those "best of times" I was able to serve 16 years as the Mayor of Oconomowoc, a job that provided the flexibility I needed to care for him as I could pretty much choose which 60 hours a week I would put in on the job.

Our concern with waiting lists came later, when he developed serious health challenges, including the need to take all his nourishment through a G tube. We were growing old and our greatest worry was what was going to happen to him. We did not want his brothers to be burdened with his care as they had families and responsibilities of their own. It was then we discovered the infamous "waiting lists." What was particularly frustrating to us was to see the preferential treatment given to persons who were coming out of the Wisconsin institutions into the community.

We were happy for them, but we resented that our son was denied the same treatment. Those of us who have chosen to care for our children at home have saved the state millions and millions of dollars over the years. Yet, when we reach an age, when our children need help, it is not there for them. They are placed on waiting lists, and even when they finally receive services, the funding for them is significantly less than the funding for persons who have transferred out of the institutions. Our son requires complete personal care; his needs are equal to those who have been in the DD Centers, yet the funding for him is much less.

He is, however, in a group home now. We bring him home almost every weekend and he is happy to come home, but just as happy to go back. He has a good, fulfilling life and we no longer worry about what will happen to him when we're gone. I no longer secretly hope I will outlive him. But we're the lucky ones. It is Wisconsin's shame that there are thousands and thousands like Patrick, still waiting. These are God's own special people. And the people can't wait.

Darold Walling
3344 Marina Road #112
South Milwaukee, WI 53172

To Whom It May Concern:

My name is Darold Walling. I spent a lot of my life in Nursing Homes. Being in a nursing home is not a place for people with disabilities to live their lives. With help from social service agencies I was able to move to a group home and now I live in my own apartment with a roommate. I get support from UCP of Southeastern WI.

I am asking you to put Community Supports such as Independent Living Services at the top of your budget. Without money being available for services, I will end up back in an institution. I know that you that you wouldn't choose to live in a nursing home, please don't force people with disabilities to do so.

Thank you for taking the time to listen to my concerns because People Can't Wait.

Sincerely,

~~Darold Walling~~
Darold Walling

Darold Walling

Kelley Santi
3344 Marina Rd. Apt. 108
South Milwaukee, WI. 53172

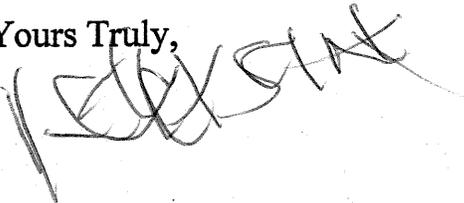
To Whom It May Concern;

I am a voter and a consumer of UCP and receive services for independent living and employment. When going over the budget remember people like myself and our care needs. Without the help of these services I don't know what my life would be like.

I do know people who are waiting to even receive services. I have been told the wait for some people may be as long as 15 years. These people are living in nursing homes and other institutions. It is very expensive to care for people in those type of settings. I would not want to live in a nursing home. Would you want to? So seriously think about how your life would be in those peoples shoes.

People can't wait for services for years on end. Please support community services in your budget.

Yours Truly,

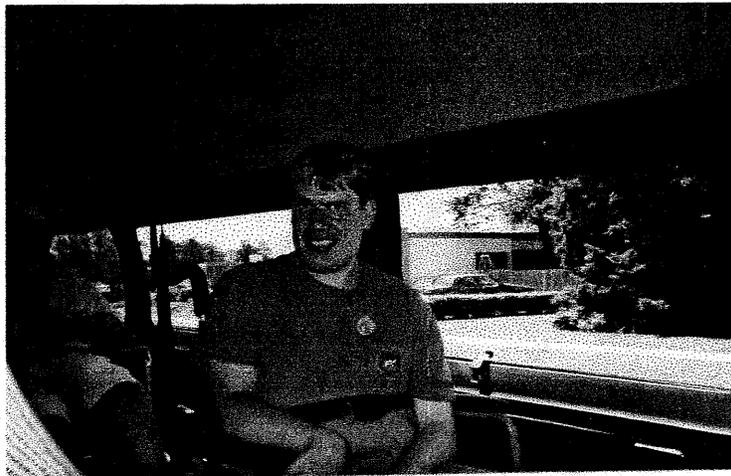
A handwritten signature in black ink, appearing to read 'KELLEY SANTI', written over a horizontal line.

Kelley Santi

Effects of Frozen Funding

We are both 65 and we care for our 32 year old son who needs 24 hour care, including diapering and feeding. He attends a 5-hour day-program, which provides us with those hours of respite and is supposed to get him out in the community.

Because funding for that day-program has remained level, his care there has dropped dramatically. Aides were paid \$7.50 per hour. In Nov. of '99 another program opened across town and offered \$9.00 per hour. The three strong young men and a woman that were working



Kent in Enrichment Center Van

in our son's program all left, most to take jobs in the new program. Kent's program had to also start paying \$9.00 so no more aides would leave. But with funding remaining level, not all the aides could be replaced and no new males applied.

Results: Kent had been taken to the Y for water therapy for a number of years, but with no one capable of handling him he hasn't had water therapy for over a year.

Since it is impossible for one aide to push two or three wheelchairs at one time, Kent gets out into the community much less.

The negative result of frozen funding has been dramatic for Kent.

*Ron & Virginia
Socwell*

Roland & Virginia Socwell
Phone 608-883-6681
6411 Lima Center Rd.
Whitewater, WI 53190



4/25/01

Survival Coalition Proposal for the Use of Intergovernmental Transfer Funds

In response to Wisconsin's "nursing home crisis", Governor McCallum has proposed allocating \$346 million of Intergovernmental Transfer (IGT) Funds to county and private nursing homes. \$154 million of this amount would cover projected nursing home losses, but the additional \$192 million would provide a 13.6% rate increase for nursing homes, which substantially exceeds inflation.

However, nursing homes are not the only part of the Long Term Care System that is in crisis. If you are one of the over 15,000 elderly people or people with disabilities in Wisconsin on a waiting list for community services, that's a crisis too. If you are a direct service worker in a community services agency and you are earning less than nursing home workers and receiving no health insurance, that is another kind of crisis.

We are asking the legislature to adopt a balanced response to all of these crises. We believe that IGT funds should be distributed in a way that benefits the entire Long Term Care system, not just the institutional sector.

Proposed Allocation

1. Support the proposed use of the \$154.2 million earmarked for nursing home losses.
2. Reallocate the proposed rate increases to nursing homes:
 - Yr. 1 - \$25 million for nursing homes (for a 3% rate increase), and the remaining \$50 million for Community-based Medicaid LTC services
 - Yr. 2 - \$37.5 million for nursing homes (to add an additional 1.5% increase), and the remaining \$79.7 million for Community-based Medicaid LTC services
3. Reallocate all of the \$19.6 million earmarked for inpatient and outpatient hospital reimbursement to Community-based Medicaid LTC services.

People Can't Wait . . . WISCONSIN SURVIVAL COALITION

16 North Carroll Street, Suite 400 • Madison, WI 53703 • 608-267-0214 voice/tty • 608-267-0368 fax

4. **Combined total available for Community-based Medicaid LTC services: \$59.5 million in Yr. 1 and \$89.8 million in Yr. 2**

5. Allocate as follows:

	Yr. 1	Yr. 2
	(In millions)	
- people with developmental disabilities and people with brain injuries on waiting lists	15.0	21.3
- people with physical disabilities on waiting lists	5.0	12.0
- elderly people on waiting lists	3.0	15.5
- people with mental illness on waiting lists	1.3	3.8
- Family Care Partial Restoration Package (including Family Care Independent Advocacy, funding for a Kenosha County pilot, and planning grants for future pilot counties)	3.0	5.0
- Increase rates for current community services	32.2	32.2
Total	\$59.5	\$89.8

Michael Weldon
9632 W. Appleton Ave.
Milwaukee, WI 53225

To Whom It May Concern:

I am writing to request that you put community funds into your budget. People can't wait to start living in the community. I have been waiting and am still waiting to find an apartment and the proper funds.

Please take the time to read my story that appeared in the United Cerebral Palsy news letter.

Thank You,

A handwritten signature in black ink, appearing to be 'Michael Weldon', written over a faint horizontal line.

Michael Weldon

At 21, most people are off at college or getting a job and move into their own apartment. Mike, who has Cerebral Palsy and high care needs moved into a nursing home as there were no other options at that time. He has spent the last 26 years in this nursing home. He would like his turn at getting his own place as well as a job.

Mike has more roadblocks than some people, but with help from UCP he has gotten through some tough spots. He has finally gotten funds for housing through city of Milwaukee Rent Assistance as well as additional funding from the state to help with adapting an apartment to fit Mike's needs. Mike was lucky enough to get CIP dollars for ongoing support for Independent Living Services.

As his Community Support Worker, I work with Mike on increasing his abilities and skills to live in the community. He is very motivated to make a positive and successful life in the community. Now comes one of the toughest roadblocks Mike faces. Finding a two-bedroom, first floor apartment that can be made wheelchair accessible and a landlord who accepts rent assistance. (It is one of the hardest things to do in my job.)

Mike will also be in need of a live-in personal care worker as well as a respite worker for the weekends. These workers will need to be as motivated and positive as Mike is about helping him get his turn to move out and live in his own place.

I have been working together with Mike for three years and believe that with lots of hard work and a bit of luck, Mike will be able to have his dream come true this summer.



Stronger Together

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Written Testimony of Dr. Robert Kraig,
Political Director, SEIU Wisconsin State Council,
On Nursing Home Staffing and the 2001-2003 Biennial Budget,
Senate Committee on Human Services and Aging
April 25, 2001

We understand that this Committee has been asked to make budget recommendations to the Joint Finance Committee. As such, we urge you to recommend that any substantial increases in the state budget for nursing homes be specifically tied to improved staffing.

There is no longer any doubt that there is a major crisis in the quality of care in Wisconsin's nursing homes. Recent press reports have made clear what those who actually deliver the care have known for sometime: that Wisconsin nursing homes are not adequately staffed, and that short staffing is a grave risk to the well being of our most fragile and vulnerable citizens.

As a health care union that represents over 4,000 nursing home workers in Wisconsin, and over 100,000 nationally, we are deeply concerned that the Governor's budget contains a large increase in nursing home Medicaid reimbursement rates, but does not tie this increase to improved staffing.

We are also concerned that the proposed run-up in nursing home rates is based on a flawed and slanted financial analysis paid for by the nursing home industry itself.

In addition, we are concerned that a large long term care structural deficit will be created by this rate increase that will hamper future efforts to bring Wisconsin nursing home staffing standards into line with the latest research on what is necessary to provide quality care.

I The Nursing Home Staffing Crisis

Beneath the recent press reports of dangerous conditions in many Wisconsin nursing homes is a deeper crisis in the delivery of nursing home care.¹

1. See, for example, *Milwaukee Journal Sentinel*, April 8, 2001, April 10, 2001, April 11, 2001; WISN TV 12 (Milwaukee), April 21, 2001; *Waukesha Freeman*, January 17, 2001; *Wisconsin State Journal*, April 8, 2001; *Milwaukee Labor Press*, February 22, 2001, *Union Labor News*, March 2001; WTMJ TV 4 Milwaukee, January 15, 2001; WISN TV 12 Milwaukee, January 15, 2001, WDJT TV-58 Milwaukee, January 15, 2001; Wisconsin Radio Network, October 18, 2000, January 14, 2001, March 16, 2001; Wisconsin Public Radio, April 16, 2001; *Capital Times*, October 19, 2000, WMT-TV 15 Madison, October 18, 2000; WKOW -TV 27 Madison, October 18, 2000.

Local 150 (Statewide)

District 1199W/United Professionals (Statewide)

Local 21, School District
of LaCrosse

Local 180, LaCrosse
City Employees Union

Local 152, Racine
Unified School District

Local 168, Kenosha
Unified School District

Over the last decade, the acuity (relative illness) of nursing home residents has skyrocketed, but staffing has not kept pace. Seniors who used to reside in nursing homes increasingly turn to community-based programs as an alternative to institutionalization. In addition, hospitals are discharging patients into nursing homes sooner and sicker than ever before. Despite the dramatic increases in the acuity of nursing home residents, there has been no major change in Wisconsin's staffing standards in a quarter century. Nursing home staffing levels have been flat nationally, and in fact have declined slightly in Wisconsin over the past four years. A large body of research demonstrates that direct care staffing levels are the most important variable in quality care.²

Nursing homes are still necessary to take care of the sickest and frailest seniors--a segment of the population which will dramatically increase during this decade--but better staffing is needed to provide them with the decent level of care they deserve. According to a comprehensive ten year study by the Health Care Financing Administration (HCFA) released last year, 54% of U.S. nursing homes have dangerously low Certified Nurse Assistant (CNA) staffing levels. Contrary to its good government traditions, Wisconsin ranked 44th in the country in CNA staffing levels, and 48th in nurse staffing levels.³

Short staffing leads to unconscionable suffering, including painful pressure sores, dehydration, and malnutrition. Increased medical complications caused by inadequate staffing result not only in needless pain, but also increased costs associated with increased nursing care and avoidable hospitalization.

In addition, there is shocking evidence that many Wisconsin nursing homes are threatening the lives of their residents. Immediate jeopardy violations, the most serious class of violation, have increased nearly 14 fold since 1997. In the year 2000, Wisconsin nursing homes shattered the record for these life-threatening violations and are on a pace to break the record again in 2001.⁴ Our union representatives regularly get reports from our members about shocking conditions. For example, one SEIU CNA was assigned to be the only caregiver for 50 residents on two consecutive shifts. After the second shift, she quit her job. (Two days later she told her story in a Senate Health Committee hearing).

Short staffing is also the fundamental cause of the CNA shortage. First, understaffing results in

² Health Care Financing Administration (HCFA). *Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes* (2000); Institute of Medicine, National Academy of Sciences, *Nursing Staff in Hospitals and Nursing Homes: Is it Adequate?* (1996); United States General Accounting Office, "Nursing Home Care: Enhanced HCFA Oversight of State Programs Would Better Ensure Quality" (1999); Harrington, et al, "Experts Recommend Minimum Staffing Standards for Nursing Facilities in the United States," *The Gerontologist* 40 (2000): 5-16; Inspector General, Department of Health and Human Services, *Quality Care in Nursing Homes: An Overview* (1999).

³ HCFA, "Report to Congress" (2000).

⁴ Board on Aging and Long Term Care Statistics (2001).