SENATE HEARING SLIP BA (Please Print Plainly) COULD DATE: 1/1/1/0/ SPEASE	0. T	(NAME) 430 W Hameton Ave (Street Address or Route Number)	(City and Zip Code) (Representing)	Speaking in Favor: Speaking Against:		Speaking for information only; Neither for nor against: Please return this slip to a messenger PROMPTLY Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 52707, 2002
SENAT (Pic	BILL NO. SB 23/ Or SUBJECT	15/0	City and Zip Code) People First Wisconsin (Representing)	Speaking in Favor: Speaking Against: Registering in Favor:	but <u>not</u> speaking: Registering Against: but <u>not</u> speaking:	Speaking for information only; Neither for nor against: Please return this slip to a messenger PROMPTLY Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 53707-7882
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SENATE HEARING SLIP Please return this slip to a messenger PROMPTLY (Representing) Services, Sectional (Street Address or Route Number) (Please Print Plainly) S 10th S only; Neither for nor against: Senate Sergeant-At-Arms State Capitol - B35 South Madison, WI 53707-7882 but not speaking: but not speaking: Speaking for information W. Inselle, W Registering in Favor: (City and Zip Code) Registering Against: 4/1/01 Speaking in Favor: Speaking Against: P.O.Box 7882 BILL NO. = SUBJECT DATE: NAME) First Wisconsin Please return this slip to a messenger PROMPTLY. SENATE HEARING SLIP Myself my Friends People Milwaulee WI 53213 (Street Address or Route Number) Mary Clare Carlson (Please Print Plainly) only; Neither for nor against: Senate Sergeant-At-Arms 1810 N. 51#St State Capitol - B35 South Madison, WI 53707-7882 but not speaking: Speaking for information but not speaking: Registering in Favor: DATE: ([-|-0] Registering Against: (City and Zip Code) Speaking in Favor: BILL NO. 23 Speaking Against: P.O.Box 7882 (Representing) SUBJECT (NAME) Yeaple First Wisconson Please return this slip to a messenger PROMPTLY. Grown Bout SENATE HEARING SLIP needs to to (Street Address or Route Number)

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Senate Sergeant-At-Arms State Capitol - B35 South

Madison, WI 53707-7882

P.O.Box 7882

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Senate Sergeant-At-Arms State Capitol - B35 South

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P.O.Box 7882

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Senate Sergeant-At-Arms
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Madison, WI 53707-7882

Please return this slip to a messenger PROMPTLY AFSCME Council 11 Madison, WI 53717 SENATE HEARING SLIP (Street Address or Route Number) 19033 Excelsion 14 (Please Print Plainly) only; Neither for nor against: DATE: 11-1-0| Senate Sergeant-At-Arms State Capitol - B35 South Madison, WI 53707-7882 Keth Omith Speaking for information but not speaking: but not speaking: Registering in Favor: Registering Against: (City and Zip Code) Speaking in Favor: Speaking Against: P.O.Box 7882 (Representing) BILL NO.-SUBJECT (NAME) 3129 Maple Valley Dr#107 Please return this slip to a messenger PROMPTLY. Jackison WI 53719 SENATE HEARING SLIP Thorpsa Fishler State Casters TOSK FORCE ON (Street Address or Route Number) (Please Print Plainly) only; Neither for nor against: Senate Sergeant-At-Arms State Capitol - B35 South Madison, WI 53707-7882 Speaking for information but not speaking: but not speaking: Registering in Favor: Registering Against: **DATE:** ||| || || || || || || || Speaking in Favor: (City and Zip Code) Speaking Against: P.O.Box 7882 (Representing) SUBJECT __ BILL NO.-Please return this slip to a messenger PROMPTLY. SENATE HEARING SLIP Mc Distalled SUBJECT (TENOCAL TER. Andie Wouse Hepper (Street Address or Route Number) (Please Print Plainly) Madison, WI only; Neither for nor against: Senate Sergeant-At-Arms State Capitol - B35 South 10/10/11 Madison, WI 53707-7882 but not speaking: Speaking for information but not speaking:

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SENATE HEARING SLIP

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R SB BILL NO. SUBJECT

16 N. Carroll St. #620 (Street Address or Route Number) Julie Waggett Madison, WI NAME

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P.O.Box 7882 Madison, WI 53707–7882

only; Neither for nor against:

Speaking for information



James G. Slawson, M.D. Assistant Professor and Program Director

David S. Smith, M.D. Assistant Professor and Associate Director

Ann C. Beecher, M.D. Assistant Professor

Daniel P. Duffy, M.D. Assistant Clinical Professor

Robin Helm, M.D. Assistant Professor and Medical Director

Richard L. London, M.D. Assistant Professor

Christopher R. Ovide, Ed. D. Assistant Professor

Carolyn S. Smith, M.D. Assistant Professor

Michael S. Wolkomir, M.D. Associate Professor

Owen M. Doran Physician Assistant-Certified

Margaret Lockwood Physician Assistant-Certified Department of Family and Community Medicine St. Michael Family Practice Residency Program

September 11, 2001

Dear Governor/Members of the Wisconsin State Legislature:

I am writing to lend my support to People First Wisconsin, the Wisconsin Council on Developmental Disabilities, the Survival Coalition, and others in their efforts to close the institutions housing people with developmental disabilities. We also want to improve community options for them.

Economically closing the Centers makes sense for people with disabilities as well as the people of Wisconsin. The cost to maintain the Centers per person serviced is much greater than the cost to help them live productively in our communities. Researchers associated with the Agency for Healthcare Research and Quality in the April 2001 issue of Mental Retardation concluded that moving people with borderline, mild, moderate, or severe mental retardation to smaller facilities could result in cost savings or at least no additional cost (see "Personal Characteristics And Contextual Factors Associated With Residential Expenditures For Individuals With Mental Retardation," by Drs. Rhoades and Altman). The proportion of funds for the disabled in Wisconsin spent on institutional care as compared to those in the community is very high. Waiting lists for community housing are long. People are suffering because of it. Families are suffering.

The humanitarian cost to the people in need of community services is also great. As Director of the Down Syndrome Clinic of Wisconsin I see the effects of inadequate services. Families are unable to get or provide housing, employment, and other resources to live meaningful, happy, and productive lives. Resources that I believe could prevent many of the problems I see in my office. The tragedy is that I also see how relatively inexpensive services can improve the lives of those with disabilities and their families who love and support them.

For economic, ethical, and humanitarian reasons I urge you to close the Centers as institutions housing people with developmental disabilities. I know there are those who fear this kind of change because it seems like an unknown, but I think it is clear that closing the centers is in the best interests of all of us.

Sincerely,

David S. Smith, MD

Medical Director, Down Syndrome Clinic of Wisconsin

State Council



25 October 2001

The Honorable Judy Robson
Chair, Senate Committee on Human Services and Aging
State Senate
P.O. Box 7882
Madison, WI 53707

Dear Senator Robson:

SB 231—a Legislative Council bill which creates a task force to discuss the future of the State Centers for the Developmentally Disabled—is coming before the Human Services and Aging Committee on November 1.

SERVICE EMPLOYEES INTERNATIONAL UNION AFL-CIO, CLO SEIU District 1199W/United Professionals represents the Professional Patient Care Unit at the DD Centers. These dedicated nurses and other health care professionals can lend valuable insight and expertise to the review process, and would therefore like to be included on the task force.

SB231 as currently framed includes a long list of "stakeholders" to be represented on the task force, but does not expressly include a representative of the health care professionals that work at the DD Centers. On the issue of labor representation, it says that AFSCME (which represents other units) and "other labor groups" should be represented.

We therefore respectfully request that an amendment be offered in Committee to specify that a representative from SEIU shall be appointed to the task force.

Thank you for your consideration.

DAN IVERSON President

KEN IVERSON Vice-President

PEGGY J. THOMAS

DAVID ZELLER Secretary

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Sinceroly,

MARAWA Robert Kraig, Ph.D. Political Director

SEIU Wisconsin State Council

co. Senator Gwendolynee Moore Senator Robert Wirch Senator Dave Hansen Lenore Wilson
Executive Director
SETU District 1199W/UP

Senator Peggy Rosenzweig Senator Carol Rossaler Senator Robert Welch

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District 1199W/Linked Professionals (Statewide) Local 113 (MN - Western WI)

Local 152 (Racine)

Local 180 (LaCroese)

Local 166 (Kenosha) Local 21 (LaCrosse)

Senator Judy Robson State Capitol Madison, WI 53702

Dear Senator Robson:

Cindy Bently of People First Wisconsin asked me to write supporting that organization's efforts to accelerate the deinstitutionalization process at Wisconsin's Centers for the Developmentally Disabled.

Cindy's experience is a prime example of a real success story. My son, Bob's is certainly another one.

Unlike Cindy, Bob does not have the skills that have make it possible for her to live a most independent life in our community.

His Down Syndrome condition was diagnosed in 1954 and the only professional advice that we had was to commit him to Southern Wisconsin Colony. We had consulted several people. They all agreed and so he was a resident there for seven months.

It's strange to know that a serious health problem had such a positive effect on what his life has been, but that really is the case. He had to have surgery, we chose his home for his recovery and he has been in the community ever since.

There were no community services available to him then, but we have seen quite a change. In spite of the fact that he was not considered "educable" and therefore not admitted to school until he was eight years old (and then for only two hours each day). As he grew older and even though autism was added to his diagnosis, I am glad to say that there have been many public services that have addressed his needs in the community.

He is a very happy man and contributes so very much in his own way. Unconditional love for all of those who are close to him is probably his greatest gift to all.

I can think of no greater testimony on behalf of having those who are cognitively delayed provided with services that make it possible for them to stay with or return to their communities.

Aside from all the humanitarian aspects, I've often wondered how much public money the likes of Bob have saved by "being with us".

Please do all that you can to get Wisconsin back into the forefront. It is my understanding that our progressive state has fallen behind many others in the nation in this regard.

Sincerely,

Mary Murphy 7414 N. Crossway Rd. Miwaukee WI 53217

Mary Murphy

Mary Murphy

October 31, 2001

Senator Judy Robson Chair of Senate Human Services & Aging Committee PO Box 7882 Madison, WI 53707-7882

Dear Senator Robson:

I am writing on behalf of the Dane County Developmental Disabilities Coalition, a network of community service providers for people with developmental disabilities. The Coalition represents over 35 provider agencies who are providing community supports to over 2000 individuals with developmental disabilities.

Re: Senate Bill 231

Among the individuals supported are 79 people who have moved out of the State Centers to return to their home communities in Dane County since the beginning of the Community Integration Program in 1984. There are hundreds of other individuals currently supported in community settings who previously lived in a State Center, and who moved to their own home prior to the start of the CIP program.

The Dane County Developmental Disabilities Coalition strongly supports Senate Bill 231, which will create a task force to develop a plan for the future of the State Centers. As providers of community based services, we understand the challenges and rewards of assisting people with significant disabilities to live as included members of community life. We also understand the significant cost to maintain the Centers as the number of residents drops.

Two percent of people with developmental disabilities in the State of Wisconsin live in the State Centers. 27 percent of the funding for people with developmental disabilities is needed to maintain the Centers. The current crisis in community service funding is sufficient reason to carefully evaluate and redefine the role of the State Centers in our publicly funded service system.

Should the Centers be an alternative to community services, should they complement and support community services, or should the expertise of Center staff, and the resources of the Centers, be brought into the community system? These are questions for the task force to carefully consider.

The Dane County Developmental Disabilities Coalition clearly believes that a strong community based service system is essential for the future well-being of citizens of Wisconsin. We also understand that community services are the preferred services for the majority of people with developmental disabilities, and their families. There are many stories to be told about families who were initially apprehensive and reasonably concerned about the prospect of their family member moving from a Center to their home community. In most situations, families quickly see the significant advantages to their family member to be able to live as a member of the community, and to be supported in a community setting.

The benefits to individuals, in terms of their growth and quality of life, is immeasurable, despite chronic under funding and worker retention problems. Imagine what could be achieved for people if the funding for services provided through the Centers actually followed those individuals to the community.

Title II of the ADA, the Olmstead Supreme Court decision, and President Bush's executive order all overwhelmingly suggest that community services should be used instead of institutions. We know institutions cost more -- both in public funds and in the damage done to individuals' sense of self and in their capacity for growth.

Ten other states have tackled the question of closure of state institutions, and have decided it is the right direction in which to move. Social policy no longer supports the theory that founded the State Center system, over 100 years ago. Community services offer high quality, cost effective assistance to people with disabilities, who are then able to live and work as community members.

Please support the legislation to create a task force which will develop a much needed plan for the future of the State Centers.

On behalf of the Dane County Developmental Disabilities Coalition, thank you for your consideration.

Kim Turner

Dane County Developmental Disabilities Coalition

22 North Second Street

Madison, WI 53704

SENATE COMMITTEE ON HUMAN SERVICES AND AGING NOVEMBER 1, 2001 MADISON, WIS. SENATOR JUDY ROBSON, CHAIR

SHARE PICTURES OF AMY WITH COMMITTEE.

GREET THE COMMITTEE

INTRODUCE MYSELF

TEXT:

THERE ARE TWO CRITICAL DIMENSIONS TO THE QUESTION FACING THIS COMMITTEE. OBVIOUSLY, ONE ISSUE IS THE OVERALL ECONOMICS OF MAINTAINING STATE CENTERS VERSUS PROVIDING LIKE SERVICES TO THE DISABLED AT A COMMUNITY CARE LEVEL. THE OTHER DIMENSION IS THE HUMAN DIMENSION. TO CONTINUE TO PROVIDE QUALITY CARE TO DISABLED INDIVIDUALS WHILE MAINTAINING THEIR SENSE OF SELFWORTH, AND EVEN IMPROVING IT.

MANY DISABLED INDIVIDUALS ARE CAPABLE OF IMPROVING THEIR POISTIONS IN LIFE. OFTEN THE QUESTION IS NOT ONE OF "CAN THEY IMPROVE", BUT "DO THEY WANT TO IMPROVE?"

HOW DOES THE STATE DEAL WITH THOSE WHO CAN AND ARE CAPABLE OF IMPROVING BUT JUST DON'T WANT TO MAKE THE EFFORT? THEY ARE COMFORTABLE WHERE THEY ARE, THEY KNOW IT, AND THEY DECIDE NOT TO PUT FORTH THE EFFORT.

THERE ARE HOSE WHO CAN AND REALLY DO WANT TO IMPROVE. THEY ARE DRIVEN INDIVIDUALS, WHO TRULY DESIRE TO MAKE THE BEST USE OF THE SKILLS THEY HAVE. THEY REALIZE AND UNDERSTAND THAT TO IMPROVE MEANS TO FEEL BETTER ABOUT THEMSELVES.

THERE ARE THOSE WHO REALLY WANT TO IMPROVE, THEY ARE DETERMINED TO BETTER THEMSELVES, BUT THEYMAY HAVE PHYSICAL/MENTAL LIMITATIONS WHICH PREVENT THEM FROM REALIZING THE ACHIVEMENTS THEY DESIRE.

FINALLY, THERE ARE THOSE WHO PHYSICALLY AND MENTALLY CANNOT IMPROVE. THEY HAVE SIMPLY BEEN DIAGNOSED WITH SUCH EXTREME AND SEVERE PHYSICAL/MENTAL AFFICTION THAT PROGRESS IN ANY MEANINGFUL SENSE IS NOT POSSIBLE.

IN ADDITION, THEY DO NOT EVEN HAVE THE AWARENESS TO RALIZE THAT THEY DO OR DO NOT WANT TO IMPROVE. COGNITIVELY THEY FUNCTION AS A SMALL CHILD, TOTALLY DEPENDENT ON CARE GIVERS. OFTENTIMES THEY BOND SO CLOSELY WITH THEIR CAREGIVERS THAT THE CAREGIVERS BECOME A SURROGATE FAMILY TO THE INDIVIDUAL.

LADIES AND GENTLEMEN, MY SISTER AMY IS, UNFORTUNATELY, INCLUDED IN THIS LAST GROUP. HAVING LIVED AT THE CENTRAL CENTER SINCE 1970 WHEN SHE WAS 5 YEARS OLD, AMY HAS COME TO LOVE – AND BE LOVED – BY THE STAFF WHO CARES FOR HER SHE RESPONDS ENTHUSIASTICALLY AND IMMEDIATELY TO MANY OF HER CAREGIVERS. SHE HAS COME TO TRUST THEM THEY HAVE COME TO KNOW WHEN AMY IS FEELING GOOD, IS TENSE, IS NOT FEELING WELL, IS HAPPY OR SAD. AND AMY HAS NEVER BEEN ABLE TO UTTER ONE WORD IN HER LIFE. AMY CANNOT SIT, STAND OR WALK. SHE CANNOT CHEW, SWALLOW OR PICK UP STUFFED TOY TO HUG IT. AMY HAS NEVER BRUSHED HER TEEHT, COMBED HER HAIR OR HUGGER HER PARENTS. AMY IS TOTALLY AND COMPLETELY, 100% DEPENDENT ON OTHERS.

AMY'S WORLD IS NOT ONE OF PHYSICAL OR MENTAL ACHIEVEMENT. HERS IS A MORE INNOCENT WORLD. IN AMY'S WORLD, KINDNESS, LOVE, TENDERNESS, AND HAPPINESS MEAN ENRICHMENT. IT IS NOT WHETHER SHE APPRECIATES WHAT OTHERS DO FOR HER; IT IS HER SENSE OF KNOWING THAT OTHERS APPRECIATE HER THAT ENRICHES AMY.

AMY WILL NEVER BE ABLE TO LIVE WITH ME OR ANY OF HER SISTERS. OUR PARENTS MOST DIFFICULT MOMENT WAS WHEN THEY REALIZED, IN 1970, THAT PLACING AMY AT THE CENTRAL CENTER WAS THE BEST THING THEY COULD DO FOR AMY IN THE LONG TERM. THEY SEFLESSLY REALIZED THAT THEY COULD NO LONGER PROPERLY AND CORRECTLY CARE FOR AMY'S MEDICAL NEEDS.

IMAGINE HOW DIFFICULT IT MUST BE TO BE THE PARENTS OF A DISABLED CHILD. NOW IMAGINE HOW DIFFICULT IT WOULD BE TO DECIDE THAT ANOTHER PLACE COULD PROVIDE A BETTER LEVEL OF CARE FOR THAT CHILD. IMAGINE NOT BEING ABLE TO TUCK THAT CHILD IN EVERY NIGHT, TO HUG THAT CHILD AND TO SHARE YOUR PARENTAL LOVE WITH THAT CHILD EVERY DAY. I SUBMIT TO YOU THAT TO MAKE SUCH A DECISION REQUIRES TREMNDOUS COURAGE AND PRAYERFUL REFLECTION. NOT TO MENTION DEALING WITH THE GUILT OF SUCH A DECISION FOR YEARS AFTERWARD.

LADIES AND GENTLEMEN, CLOSING THE CENTERS IS INDEED CONTROVERSIAL. I TRUST THAT EACH OF YOU REARDS THIS DECISION WITH AS MUCH GUT WRENCHING DISTRESS AS THE PARENTS WHO CAME

TO REALIZE SOMEONE ELSE CAN PROVIDE A BETTER QUALITY OF CARE FOR THEIR CHILD THAN THEY CAN.

THIS IS TRULY AN IMPORTANT AND SERIOUS ISSUE. NOT JUST THE EVONOMICS OF IT, BUT THERE IS A VERY REAL HUMAN SIDE TO IT. I URGE EACH OF YOU TO VISIT THE CENTS, MEET THE RESIDENTS AND THEIR FAMILIES. DIALOGUE WITH THEM. LISTEN TO THEM. BE SENSITIVE AND OPEN-MINDED TO WHAT YOU HEAR FROM THEM. AND LISTEN SOME MORE.

FOLLOW THE LEAD OF SECRETARY DUBE WHO HAS VISITED THE CENTRAL CENTER TWICE, AND HAS MET WITH FAMILY MEMBERS OF THE RESIDENTS. WITH THAT EXPERIENCE, SHE WILL MAKE BETTER, MORE INFORMED DECISIONS.

THIS QUESTION OF CLOSING THE CENTERS IS SO CRUCIAL, THE MEMBERS OF THIS TASK FORCE AND THE MEMBERS OF THIS COMMITTEE WHO WILL MAKE THIS DECISION SHOULD VISIT THE CENTERS AT LEAST THREE TIMES AND PROVIDE A WRITTEN REPORT TO THE COMMITTEE SUMMARIZING THEIR CONCLUSIONS IN WRITING. EVERY PERSON WHO HAS THE RESPONSIBILITY TO VOTE ON THIS ISSUE SHOULD HAVE THE RESPONSIBILITY TO VISIT THE CENTERS IN ORDER TO CAST MORE INFORMED VOTES ON THIS QUESITON.

FINALLY, MY REQUEST IS THAT THE DATA SUPPORTING THE CLOSING OF THE CENTERS BE MADE AVAILABLE, IN THEIR ENTIRETY, TO THE FAMILY MEMBERS OF THE RESIDENTS AT THE CENTERS. SINCE THE RESIDENTS CANNOT UNDERSTAND THIS ISSUE AND THEY CANNOT SPEAK FOR THEMSELVES, WE FAMILY MEMBERS WILL SPEAK FOR THEM. THEY AND WE HAVE A RIGHT TO COMPLETELY UNDERSTAND WHY IT IS SO IMPORTANT TO CLOSE THESE CENTERSNOW, AFTER OVER 40 YEARS OF PROVIDING CARING SERVICES TO THOSE IN THIS STATE WHO NEEDED IT.

AS I INDICATED IN MY OPENING REMARKS, THERE ARE THOSE DIABLED INDIVIDUALS AMONG US – AND IT COULD BE SOMEONE YOU KNOW AND LOVE – WHO NOT ONLY CANNOT RECOVER OR IMPROVE FROM THE AFFLICTION THEY BEAR, BUT THEY CANNOT UNDERSTAND THEIR SITUATION EITHER. THEY CANNOT COMMUNICATE TO BE ABLE TO TELL ANYBODY WHAT THEY WANT.

HOW DOES MOVING THESE PEOPLE TO COMMUNITY SUPPORT CENTERS AROUND THE STAT OF WISCONSIN SERVE THEIR BEST INTEREST? HOW CAN YOU ASSURE THE FAMILIES THAT THE CARE PROVIDED AT THE COMMUNITY LEVEL WILL BE EQUAL TO OR EVEN BETTER THAN THE CARE THE FAMILIES BELIEVE THE RESIDENTS ARE NOW RECEIVING AT THE CENTER?

THE CONSEQUENCES OF YOUR DECISIONS AND RECOMMENDATIONS ARE MORE THAN JUST ECONOMIC. THEY WILL IMPACT THE QUALITY OF MANY RESIDENT'S LIVES AND THEIR FAMILIES FOR MANY YEARS TO COME.

I URGE YOU TO BE VERY RESPONSIBLE IN MAKING YOUR CONCLUSIONS.

THANKYOU VERY MUCH FOR YOUR TIME. ANTHONY T. BUSCH 2658 SUNNYVIEW RD. APPLETON, WISCONSIN 54914 EMAIL: TBUSCH@NEW.RR.COM 920-734-7834



Date: November 1, 2001

To: Senator Judy Robson, Chairperson

Members

Committee on Human Services and Aging

From: John Donnelly, Member

Wisconsin Council on Developmental Disabilities

Re: Support for SB 231: Relating to Creating a Task Force on the

Future of the State Centers for the Developmentally Disabled

The Wisconsin Council on Developmental Disabilities strongly supports SB 231, which would require the development of a plan for the future of the three State Centers for the Developmentally Disabled. The Council strongly supports SB 231 because it is an opportunity to bring all stakeholders together to determine an appropriate future for the State Centers and reallocate financial and staff resources. Passage of SB 231 should become a priority for the legislature especially in light of the \$1 billion state budget gap faced by Wisconsin.

The State Centers use a vastly disproportionate amount of the funding in the developmental disabilities system. The financial facts are indisputable:

- Only 827 people with developmental disabilities live in the three State Centers.
- The 827 residents constitute only 2% of the people with developmental disabilities who
 receive services in Wisconsin.
- Over 35,000 people with developmental disabilities live and receive services in the community.
- The 827 residents receive services at a cost of \$125.5 million per year; the 35,000 people who live in the community cost \$390 million per year.
- 27% of the total money spent on developmental disabilities services is spent on only 2% of the people.
- After a State Center resident moves back to the community, the state must continue paying \$200 per day, or \$73,000 per year, to the State Center to cover overhead costs at the center.
- The state could save \$30.8 million per year if all 827 residents were relocated to the community, funding which could be used to serve people on waiting lists.

Living in the community can be a challenging choice with long waiting lists for services, however, it is still the preferred choice. The facts are again indisputable:

- People and families continue to prefer struggling with limited services in the community rather than enter a State Center.
- People placed in the State Centers as young children are unfamiliar with community living; in order to make an informed choice about where they want to live, they must experience living in the community before being presented with the question.

Senator Judy Robson and Members Committee on Human Services and Aging Page 2

- Everyone can make their choices known, even people with severe cognitive disabilities who cannot speak, or hear, or see.
- People who have left the State Centers often develop closer relationships with their families in their home communities.

Contrary to popular myth, everyone now residing in a State Center could be served safely in the community.

- Ten states have successfully closed their state institutions.
- Medical services are currently available to very medically fragile individuals already living in the community.
- Abuse and neglect has occurred in the Centers and community and can be countered with careful screening of personnel, vigorous enforcement of laws, and increasing wages and benefits of direct service personnel to attract and retain individuals in caregiving careers.
- The Council is aware of countless individuals who have surprised their families with new skills and abilities developed after leaving a State Center.

The census of the State Centers continues to decline. Eventually, one or more of the State Centers will close because of a lack of residents. If the legislature planned the closing of the Centers, it would save taxpayer money and allow individuals to live happier and fuller lives in a shorter timeframe. SB 231 is a first step in the right direction for people and families with developmental disabilities.

If you have any questions about this testimony, please contact Jennifer Ondrejka, Executive Director, at the above address or 266-1166.

Committee on Human Services and Aging State of Wisconsin Madison, WI.

November 1, 2001

Dear Committee Members,

I am the mother of a 17 year old resident of Central Wisconsin Center in Madison. My son, A.J. has lived at the Center for six years. It is my understanding that Senate Bill 231 relates to the creation of a task force to develop a long-term plan for the Center. My goal is to convince you to do everything in your power to keep Central Wisconsin Center open to serve the needs of medically complex people like A. J. Please bear with me while I briefly share his story with you.

A.J. was born with Spina Bifida. His level of defect was L3-L4, which means that he had no feeling in the lower part of his legs and no bowel or bladder control. A.J. was also born with Arnold Chiari Malformation which resulted in his inability to swallow and his vocal cords were paralyzed in a slightly open position. As a result of this, A.J. has a tracheostomy so he can breath and a G Tube for feeding.

The first 5 years of life, A.J. had over 20 surgical procedures. In spite of this, he was a very happy, bright, personable boy. He learned to sign, and then to talk. His voice was never loud and often raspy, but we were thrilled to hear it. He walked with the aid of braces and crutches. He went to school and made friends. He was a very social guy.

During this time, A.J.'s father and I worked. We were given very good advice at A.J.'s birth, to keep as much insurance as we could - we were going to need it. So I kept working. We were fortunate to find a wonderful RN who came to our home and took care of A.J. during the day. This was no small thing. Theresa managed the care of A.J.; she followed up on all the doctor's orders (Orthopedics, Respiratory, ENT, Neurology, Dental, Pediatrics), she followed through on his in home physical therapy, she took care of his equipment, she attended school with him, because no one there could handle his trach, G tube and Latex allergies. She made it possible for us to survive.

On Father's Day in 1989 A.J. contracted meningitis. He had been sleepy and lethargic all day long. In the late afternoon, we took him to the ER at Children's Hospital. The ER doctor insisted that he had the flu, despite my pleadings that it was something else. He sent us home. Less than three hours later, A.J. started seizing and we called 911. They were able to save A.J.'s life, but he suffered massive amounts of brain damage which has left him with the mental capacity of a six month old and far more debilitating physical problems.

We had A.J. at home for 6 more years. It was difficult, to say the least. At first we were hopeful that he would recover some of his functions. Unfortunately, he never recovered his mental capacities, given the massive trauma to his brain. He did learn to sit up and crawl again. He does not speak any longer, except to say "no". He does not walk - he can move himself around slowly in a wheel chair. He has seizures, and at the time of this writing, is on 4 anti seizure meds. Unfortunately, they do not completely eliminate his seizures which means he need constant monitoring. He has grown - he weighed 36 pounds when he got sick, now he is over 100. Moving him around is difficult because of his weight. His upper body is more developed than his lower body due to the spina bifida and, therefore, he is top heavy. He gets respiratory, urinary tract and ear infections. He has pronounced kyphosis. He has latex allergies. All this makes it very difficult to take care of him. He is a very medically complex guy.

The Center has been wonderful for A.J. The head nurse is keyed into him and can react quickly when he gets sick. His doctor is knowledgeable in the medical care of severely disabled people and accessible when A.J. gets sick. A.J. attends school at the Center very close to his unit - in case of emergencies. The aggressive physical therapy he receives is needed to combat his advancing kyphosis. A nutritionist constantly monitors his calorie intake, calorie needs and weight and adjusts his tube feedings as needed. All these things are vital for A.J.'s well being.

While living at home, A.J. had two parents who loved him dearly and were totally devoted to him. He had a dedicated caring RN who tried her best to coordinate all of the services that were necessary to meet his needs while he was living at home. But we were not able to do for him what the Center has done for him. In truth, community services were not in place to give him what the Center gives him. The school was not equipped nor capable of giving him what the Center's school gives him. All in all, he is far better off at Central Wisconsin Center than he was at home. This is FACT, not just our opinion. A.J. is more active, more interactive, and healthier because of the level of care he receives at the Center. He is spending far less time in emergency rooms and doctor's offices, which we all know are extremely costly.

We feel very strongly that A.J. should **never** move into the community. People like A.J., who are medically complex, need to live in a medical facility where the majority of their needs can be met. As a society, we have developed all this wonderful technology that can save the lives of people like A.J. - now we have the responsibility to take care of them. There will always be medically complex people who need to live in a medical facility like Central Wisconsin Center - not in a group home where the staff is inadequately educated and the facility loosely monitored by the state. As for mistreatment, there are **more cases of abuse in community group homes**; cases of assaults, neglect, long waits for medical care. A.J. and people like him deserve better than that. The Center may not be perfect, but it rates far higher in care capabilities than what is possible in a community group home. Where the Center may be viewed as expensive to operate, it is a far more cost effective solution than constantly mediating life threatening situations with visits to emergency rooms and stays in hospitals.

When it is all said and done, my message to you is this..... Wisconsin needs a continuum of services for the developmentally disabled. One size does NOT fit all. Each person is different. Each person is an individual with his or her own specific needs. What works for one, does not work for all. We should acknowledge that and respect that. We should keep the Center open for those who need it.

Please accept my invitation to understand this for yourself. I would like to introduce you to A.J. so you can meet him and see how important the Center is to him. I would arrange to meet you at the Center whenever it is convenient for you.

Thank you.

Natalie K. Mc Clellan N4889 Clifford Drive Onalaska, WI 54650 608.781.5467



November 1, 2001

To:

Senator Robson, Chair, & Members, Senate Human Services & Aging Committee

From:

Lynn Breedlove & Michael Blumenfeld, Co-chairs, Survival Coalition of

Wisconsin Disability Organizations

Subject:

Support for SB 231

On behalf of the Survival Coalition of Wisconsin Disability Organizations, we are presenting testimony in support of Senate Bill 231, requiring the creation of a task force to develop a plan for the State Centers for the Developmentally Disabled. We believe the need for this plan is obvious, based upon:

- Wisconsin's abysmal ranking as the 45th worst state in the country as of the year 2000 in institutionalizing people with developmental disabilities in public and private institutions; (source: University of Minnesota College of Education and Human Development, which tracks this information annually)
- The incredibly high costs to Wisconsin taxpayers of housing people at the State Centers compared to the costs of meeting needs of those who now live in the Centers in our communities.
- President Bush's Executive Order this past summer, asking all the states to plan how they will comply with the Olmstead Decision (under Title II of the ADA)
- The reduced admissions of adults, and virtual elimination of the admission of children to the State Centers.

Today there are 10 states that have ended the 150 year old era of housing people with developmental disabilities in large public institutions. Minnesota, a state with very similar demographics and economic conditions to Wisconsin, is one of those states. Michigan, with nearly 2.5 times our state population, has fewer than 150 people with developmental disabilities remaining institutionalized. The experience of these states has shown that all people can receive the support they need in small community settings, at considerably less cost, and with greater connections to family and other citizens within our communities. It is time for Wisconsin to join New Hampshire, Vermont, Rhode Island, Maine, Minnesota, Oregon, Alaska, West Virginia,

New Mexico and Hawaii in creating community systems in which all people may live, rather than remain in the ranks of Arkansas, Louisiana and Mississippi as states that remain dependent upon large institutions.

Without a plan, the State Centers will eventually wither and die, as young families adamantly refuse to send their sons and daughters to institutions. During that period, the state will waste tens of millions of dollars in keeping three facilities in operation, way beyond the time when that makes any fiscal or policy sense. Institutional placement is a relic of the past, though not a distant past. Central Wisconsin Center opened in 1959, *primarily* as an institution for children. That was a time before Wisconsin developed community programs; before there were Birth-to-Three programs and Family Support Programs throughout the land; before there was a Medicaid program to provide home health care, nursing care, physician care, therapies, assistive technology, and other benefits available to today's families.

Quite simply, it is time to call the question in Wisconsin. It is time to end an unnecessary debate, and work together to create a plan by which Wisconsin creates the conditions in which the Centers are no longer needed. Those conditions currently exist at an affordable cost (meaning at the same or lower cost than in the Centers) in our communities for all people living at Northern and Southern Wisconsin Centers, and for most people living at Central Wisconsin Center. Central Center has historically focused on serving people with complex medical needs. Assuring the needs of those individuals are well-met in the community might reasonably be the last part of Wisconsin's evolution out of the past into a contemporary system of supports and services.

The Survival Coalition is not so naive as to assume that a plan to end the reliance on state (and other public and private institutions) will be developed without considerable discussion, and in fact opposition. That has certainly been the case in the states that have now replaced their public institutions with community services. If, and more appropriately, *when*, this planning goes forward, we urge that those who support and oppose ending Wisconsin's era of institutionalization be brought to the table together to create the needed plan in a spirit of passionate, but respectful difference, with hopes that difficult but not impossible agreements can be developed amongst us.



CHILDREN'S SERVICE SOCIETY OF WISCONSIN

TALKING POINTS FOR SENATE HEARING OF HUMAN SERVICES AND AGING COMMITTEE

November 1, 2001

Mark C. Matthews 1212 s. 70th St. Milwaukee, WI 53214

RE: Senate Bill 231

Children's Services Society of Wisconsin supports this legislation, creating a task force to plan the closing of state centers for the developmentally disabled.

We work with developmentally delayed children in our programs for Special Needs Adoption, Treatment Foster Care, and Respite Care.

We believe that the community setting will promote the long-term happiness and best care for the developmentally disabled, providing options for work, play, family, friends, and involvement.

We think that by closing some centers, the State will be able to better serve the developmentally disabled population by spending more on community serves, such as respite care.

Respite care provides a needed break for families that care for a child with a developmental disability. These families have shown enormous love by caring for these children at home, but face enormous stresses on time, energy, and finances. Respite care reduces stress, prevents abuse and neglect, and enhances a family's ability to cope. It lowers the risk of institutional placements, and lowers the cost to the State.

However, we have concern for those children that simply cannot live in a community setting. Nursing homes would be their only option, and there is no guarantee that they will be provided age appropriate care. It is important that people with severe developmental disabilities that cannot live in community have options that are appropriate to their needed care.

In closing, we would like to encourage the state to pass this legislation, and create a better quality of life for developmentally disabled children and families of Wisconsin.







Senator Judith Robson

Sen Grobschmidt John Wagnitz

SENATE COMMITTEE ON HUMAN SERVICES AND AGING (DEV. DISABLED) SENATE BILL 231). CREATION OF A TASK FORCE TO DEVELOP A PLAN FOR THE STATE CENTERS.

Delvis Wieczorek

I have a daughter who lives at Southern Center. I am her guardian and have written numerous letters and made phone calls to State Senators and Representatives on NOT CLOSING SOUTHERN CENTER. My daughter is profoundly retarded, is non-verbal, blind in one eye and needs one-on-one care 24 hours a day. She also needs a locked facility and all other services provided by the Center that are not available in group homes. This includes dental care, medical care and a nurse on staff who are familiar with their disabilities. In the community many dentists and doctors will not accept these people as patients. I feel she is in the MOST RESTRICTIVE ENVIRONMENT at Southern Center. Residents still living at the Center need more special care than those already living in the community.

WARENT COALITION FOR RETARDED made a report called OUT OF SIGHT OUT OF MIND concerning Crisis in community care on the health and welfare of Dev. Disabled Individuals residing in Community Based settings. This report was also sent to State Representatives. It contained actual facts of Staff neglect, very large turnover of help, poor insufficient training, physical, sexual and verbal abuse. I have articles from newspapers and have seen on TV major problems that have happened in Group Homes. EXAMPLE: On Aug. 30th a resident with a habit of wandering walked away from a facility in Mauston. At the time of the newspaper report he was still missing. Last December this same resident eloped from this same facility in minus 2 degree weather and had 5 fingers amputated because of frostbite. At that time he was found 4 to 5 miles from the facility by police.

Another EXAMPLE; A caregiver thought a restrained teen was "playing dead" so they dragged his limp body with his head hanging and feet on the ground and lifted him in back of a truck and he never regained consciousness. Several other examples were a 34 year old counselor from the Oconomowoc Developmental Training Center was accused of having sex on multiple occasions with a 15 year old resident. Another happening was where a woman living at a home for Developmentally Disabled was tied at the ankles with towels and dragged naked through the hallways while another aide poured water ahead of her to make the floor slippery. On Aug. 3 at same facility a temporary nurses aide gave a cup of hot sauce to a male resident and verbally abused him.

The actual quality of care on a day-to-day basis and the extent of serious rights violations in private vendor, for profit, community settings is substantially worse than most people realize. The information in the "Out of Sight, Out of Mind" pamphlet that was collected and organized thus far is staggering in the magnitude of serious occurrences which place the health and welfare of the residents in immediate jeopardy. Problems in many Group Homes are too large a turnover of help, poorly trained help, medications not given properly, activities and training programs not being followed through, diets are not followed properly resulting in overfeeding and malnourishment. These homes are not properly monitored. There are too many cases of

Southern Center should be kept open for the profound residents who still live there and are not able to cope with Community living.

State Capital Room 201 South East in South Wing

Deloris Wieczorek 165 W. Aspen C+-Unitz Oak Creek, Wi 53154 414-766-0588



DISTRICT 1199W/UNITED PROFESSIONALS FOR QUALITY HEALTH CARE Affiliated with Service Employees International Union, AFL-CIO, CLC

2001 W. BELTLINE HIGHWAY, SUITE 201 MADISON, WISCONSIN 53713-2366 (608) 277-1199 FAX (608) 270-2025 TOLL FREE (888) 285-1199

UNITED PROFESSIONALS, LEADING THE WAY TO QUALITY HEALTH CARE

TESTIMONY BEFORE THE SENATE COMMITTEE ON HUMAN SERVICES AND AGING REGARDING SENATE BILL 231

November 1, 2001

SEIU District 1199W/United Professionals for Quality Health Care is the largest health care union in Wisconsin, representing over 3,700 health care professionals statewide. Among our members are the professional health care workers at the three (3) Centers for the Developmentally Disabled. These members include registered nurses, developmental disabilities specialists and coordinators, dietitians, and many types of therapists.

Kim Coplien, a physical therapist at Central Wisconsin Center, will be describing the functions, knowledge, and expertise of these employees in her testimony. My testimony will center on the concerns we have with Senate Bill 231 as it is currently drafted.

I would like to preface my comments by making it clear that we are not opposed to the creation of a task force for the purpose of planning the future of the Centers or for the purpose of planning for the needs of both current center residents and persons with developmental disabilities who are not residing in the centers. Our major concerns are that Wisconsin residents with developmental disabilities receive the care and services they need in order to achieve the highest quality of life possible.

As written, we do not believe that Senate Bill 231 is the best way to assure that those concerns are met. As written, it could be construed that the purpose of this task force is to substantially down-size or close some or even all of the centers. Perhaps that will be the conclusion of this task force but, if so, that conclusion should be reached as a result of careful study and planning by the task force rather than pre-determined by legislation.

A review of the specific items this task force is charged with addressing includes:

- Define and recommend changes in the role of one or more of the state centers, to functions other than as centers for the developmentally disabled.
- Provide for transitional employment opportunities and services for existing staff of the state centers...

Both these charges appear, at least, to assume that some or all the centers will close. Again, that may be the conclusion reached by the task force. However, by pre-determining this outcome there can be no assurance that the care and services these individuals need will be the top priority

of the task force. Our members can tell you horror stories of what has happened to residents who have been placed in community living situations and paid the highest price of all: they have died for lack of adequate care. During recent budget hearings many of you heard the stories of families waiting years to receive services they desperately need for a developmentally disabled family member. There are many very serious issues that must be addressed by a task force designed to determine the future of the centers. We believe this task force should have, as it's top priority, a plan to protect these people from harm and achieve the highest quality of life possible for those Wisconsin citizens with developmental disabilities. This task force should not be told in advance how to accomplish this difficult undertaking. Therefore, we respectfully request that the charges given to any task force be truly neutral with the exception of the mandate to plan appropriate care and services needed by these very vulnerable individuals.

You will hear in Kim's testimony about the vital roles our members play in the daily care, treatment planning, and eventual community placement where appropriate of center residents. Even though some of our members are specifically assigned the duty of advocate for center residents, there is no provision in this bill to assure that our members will have a voice on this task force. Our members have intimate knowledge of the needs these center residents require, not only to survive but also to live satisfying lives. This knowledge and expertise should be an integral part of any task force charged with determining their future. Therefore, we respectfully request that if this task force is created, that a representative from SEIU District 1199W/ United Professionals be included in the membership of the task force.

In conclusion, we are urging you to amend Senate Bill 231 as follows:

- To assure that quality care and services to the developmentally disabled both now and in the future be the number one priority of the task force versus a focus on substantial downsizing or closing of the centers, and
- A representative from SEIU District 1199W/UP be included on the task force.

Thank you for this opportunity to speak to you today on this important issue.

Please contact LeNore Wilson, Executive Director, SEIU District 1199W/UP at (608) 277-1199 or at the address above with any questions or comments.

TESTIMONY

BEFORE THE SENATE COMMITTEE ON

HUMAN SERVICES AND AGING

RELATED TO SENATE BILL 231

November 1, 2001

My name is Kim Coplien. I am a physical therapist at Central Wisconsin Center for the Developmentally Disabled. I have worked there for the last 16 years. I would like to speak in support of having a healthcare professional as a member of the proposed task force.

I feel very strongly that along with a union member from AFSCME there should also be a representative from the Professional Patient Care Unit (SEIU District 1199W/UP) on the task force. The Professional Patient Care Unit represents RNs, Occupational Therapists, Music Therapists, Physical Therapists, Dietitians, and Developmental Disabilities Specialists who have all committed their career to taking care of people in Wisconsin who have the most severe cognitive and physical disabilities. We are very concerned that for this committee to make objective decisions about the future of all 3 State Centers for the Developmentally Disabled, they will need to hear input regarding what the current health care needs of these individual are. These professionals have experience as advocates for their residents. Both for the services they receive at the center, at their workshop, in public school, after they are discharged or when they return home to their family. Many of us spend a significant amount of time training people outside of the Centers about how to care for these individuals. I think we have a unique perspective, we are very aware of what services these people need, what they receive at the Centers and how well they are supported or not following discharge.

If this Senate committee decides to support this task force, I would like you to add a member to the committee who is a representative of SEIU District 1199W/UP.

Thank you for your time.

Kim Coplien, PT 2330 Tanager Trail Madison, WI 53711 Hello. My name is Christine Mayer. I think the state centers should be closed. I went to Southern Wisconsin Center in July of 1978. I was only supposed to be there for a 60 day evaluation which turned into living there for 8 and 1/2 years. I was supposed to go back to the judge after 60 days but it didn't happen. He signed the order saying I should stay at Southern. I got out of Southern in the fall of 1987.

The treatment I got at the center was lousy. The staff was abusive to me a lot of times. I was on so much medication a day; I can't even count how many medications. In September of 1978 I had my left arm broken by a couple of staff people while they were trying to restrain me. I think the restraining part was uncalled for.

I want to know why we can't close the three state centers in Wisconsin the way Minnesota did, maybe 11 states did. Why do we seem to have a problem with that??

When I got out, life was a lot different than institutional life-like learning how to cook, clean, and wash clothes. I now live in a two

bedroom house by myself and I am supported by Options in Community Living. I go out with my home support people to different places like stores, the library, and the farmer's market. I decide who comes over to my house, I can come and go as I please and don't have to check in with anybody. I have a part-time job at the wheelchair recycling project.

We could use the money that now goes to the three state centers to support people in the community. We need the money desperately. Please consider closing Wisconsin's three state

centers.

Austin, David

From: Flury, Kelley

Sent: Friday, November 02, 2001 9:03

To: Austin, David

Subject: FW: testimony missed today

----Original Message----

From: Kim Turner [mailto:kturner@optionsmadison.com]

Sent: Thursday, November 01, 2001 2:36 PM

To: Sen.Robson@legis.state.wi.us **Subject:** testimony missed today

November 1, 2001

Senator Judy Robson Chair of Senate Human Services & Aging Committee PO Box 7882 Madison, WI 53707-7882 Re: Senate Bill 231

Dear Senator Robson:

I attended the hearing on SB 231 today, but had to leave before I was able to speak. I am sending you this version of my planned testimony instead. I am the Executive Director of Options in Community Living located in Madison. For twenty years, Options has been providing community based residential support services to people with developmental disabilities. I am writing in support of SB 231.

It is essential that the State of Wisconsin develop a comprehensive plan to address the future use of the State Centers, considering the Centers as both a resource and a financial liability. Community services are no longer a new idea. Across the state and country, people with significant disabilities are able to get the assistance they need in their own home, rather than being required to live in congregate facilities to receive essential services. Ten states have already made the commitment to close state run institutions, recognizing that these facilities represent out of date social policy, and that the resources necessary to properly run the facilities should be used in community settings.

I will not offer an argument that it will be less expensive to serve individuals currently living in the State Centers in community settings. However, my experience tells me it is possible to safely support almost all Center residents in community settings given adequate funding for appropriate care. The expertise of Center staff has helped make for smooth transitions for many former Center residents. We need to investigate ways in which the knowledge gained over years of work in the State Centers can be made available as a working resource to more individuals served in community settings.

As the director of a community service provider agency, I have had the fortunate experience to assist people to leave State Centers and to establish their own homes. There are many people with significant medical needs who are being safely supported in their own home, living fulfilled lives. I do not doubt that there are currently residents of the State Centers for whom community services would be extremely difficult to provide, or exceedingly expensive.

I understand the strong emotions and the fears about significant changes in the ways in which services are currently provided. I hear the struggle of family members who gave their all to provide care to their family member, and their gratitude about the care their family member has received in a State Center. Families can not do it alone. Providers can not do it alone. Partnership is essential to safe, quality services.

Only the lack of funding for additional people to receive community services stands in the way of more people with developmental disabilities being able to become contributing community members. The funds necessary to keep the Centers open could make a real difference in the quality and quantity of community services available throughout the state.

Community life is not perfect for all people with disabilities. Because people with significant disabilities were required to leave home to receive assistance, our communities are now needing to relearn how to be good neighbors, and to be inclusive of those who may be different in some way.

There are stories of misadventure and mistreatment for some individuals with disabilities receiving community services. There are also stories of significant mistreatment for some individuals who live in the Centers. Any abuse or neglect of a person with a developmental disability is reprehensible. My experience providing community services leaves me FIRMLY convinced that community living offers much greater protections to people with disabilities, where there are many eyes and ears to affirm proper care and proper respect.

The community service system needs the financial resources of the state Centers, and the collective knowledge and expertise of Center employees to enhance the excellence of our current services. Please support SB 231 to form the task force, so that the State of Wisconsin can realign its priorities and make the best possible use of available resources.

Thank you for your time and consideration.

Kim Turner

Executive Director

Options in Community Living, Inc.,

22 N. Second Street

Madison, WI 53704

608-249-1585

Austin, David

From: Flury, Kelley

Sent: Friday, November 02, 2001 9:08 AM

To: Austin, David

Subject: FW: Misquote of State Center for the DD

For your file.

----Original Message----

From: krr.underwood@verizon.net [mailto:res08i8g@verizon.net]

Sent: Thursday, November 01, 2001 9:08 PM

To: lmills@peoplefirstwi.org

Cc: Judith Robson; Sen.Moore@legis.state.wi.us; Sen.Wirch@legis.state.wi.us; Sen.Hansen@legis.state.wi.us;

Sen.Kanavas@legis.state.wi.us; Carol Roessler; Sen.Welch@legis.state.wi.us

Subject: Misquote of State Center for the DD citations

Lisa Mills -

During your testimony today for Senate Bill 231, while speaking about the citations at the Centers, you included the story about the lady being dragged naked down the hall and another resident who was given hot sauce. What you failed to mention is that these two incidents happened at Jackson Center located at 1840 N. 6th St, Milwaukee Jackson Center is a private ICF/MR, owned and operated by Benchmark Health Care, based in North Carolina. By including these two incidents during testimony regarding the State Centers for the Developmentally Disabled, while failing to identify these incidents as occurring at Jackson Center, it is possible that your intention was to mislead the committee into assuming that the site of these incidents was the State Centers for the Developmentally Disabled and that no one would notice or question the accuracy of your statements and allegations. This, of course, brings into question the accuracy of any of the citations you attributed to the State Centers for the Developmentally Disabled. I will not deny that incidents do occur at the State Centers. Incidents occur at many other residential settings. No place is perfect.

Other persons in attendance at today's hearing heard your reference to these 2 incidents and also questioned the accuracy of your implication that these incidents happened at any of the State Centers for the Developmentally Disabled.

I would appreciate receiving a copy of the citations you attributed to the State Centers for the Developmentally Disabled, the date of occurrence and the source of your information regarding these citations. I would also like to request a copy of the written testimony you submitted to the Committee on 11/1/2001.

Additionally, Central Wisconsin Center received a clean inspection by the United States Department of Justice this summer according to the medical director at Central Wisconsin Center. It is anticipated that the USDOJ involvement in CWC will be terminated in the very near future. This is not the impression you chose to give regarding the USDOJ's current involvement in CWC.

Kevin Underwood President, Wisconsin Parents Coalition for the Retarded, Inc. 669 McCarthy Drive Hartford, WI 53027

Austin, David

From: Flury, Kelley

Sent: Tuesday, November 06, 2001 11:46 AM

To: Robson, Judy
Cc: Austin, David

Subject: FW: SB 231 Creation of task force for state

----Original Message----

From: Tony Busch [mailto:TBUSCH@new.rr.com] **Sent:** Tuesday, November 06, 2001 12:27 AM

To: Senator Judy Robson

Subject: SB 231 Creation of task force for state centers

Senator Robson

Please recall that my name is Anthony T. Busch. I offered testimony at the public hearing you conducted on Thursday, November 1 in Madison. I am the person who passed around the pictures of my sister, Amy Busch.

I found the testimony to be very powerful on both sides of the issue. As you know, I certainly have a very vested interest in what decision the State of Wisconsin eventually makes regarding the future of the centers. Since Amy cannot speak for herself, I need to speak for her.

At the conclusion of the public hearing, I stopped by to thank you for conducting a hearing that allowed all who wanted to testify enough time to make their statements. Again, I thank you for that consideration. I would also compliment the members of the committee for their insightful questions and comments.

Please accept this email as my request to be considered as a candidate to serve on the task force. I see the formation of the task force as an excellent opportunity for Wisconsin to make significant improvements in the service provided to the developmentally disabled, both those who reside at the centers and those who are able to and do choose to live in their community.

I would be happy to meet with you or to provide you any additional information you deem necessary for consideration as a member of the task force. I look forward to hearing from you in the near future.

Thank you for you consideration and your interest.

Respectfully, Tony Anthony T. Busch 2658 Sunnyview Rd. Appleton, Wisconsin 54914 Ph. 920-734-7834 Tbusch@new.rr.com

WISCONSIN PARENTS COALITION FOR THE RETARDED, INC. PO BOX 270426 669 McCARTHY DRIVE HARTFORD, WI 53027 (920)474-4129

November 8, 2001

Senator Carol Roessler Human Services and Aging Committee P.O. Box 7882 Madison, WI 53707-7882

Dear Senator Carol Roessler:

At last Thursday's (November 1) Senate Committee on Human Services and Aging public hearing on SB 231 - Creation of a Task Force for the State Centers - you made mention that a WPC individual had been recommended for inclusion on this committee. I would like to clarify what appears to be a misunderstanding.

The Wisconsin Parents Coalition for the Retarded, Inc. (WPCR) a statewide organization of parents, guardians, and other family members of persons with mental retardation, had not made a recommendation / nomination for inclusion on the task force as of the date of the public hearing. It is possible that individuals, other than the individual the WPCR will be formally recommending, who are, coincidentally, members of our organization, have requested inclusion on the task force. These individuals, even though they may be WPCR members, are not authorized to speak on behalf or represent our organization.

I am submitting a formal WPCR recommendation to Secretary Phyllis Dubé that Rebecca Underwood be considered for the task force as either a 1) parent and legal guardian of a developmentally disabled individual residing in a State Center; or 2) as a representative of the only volunteer parent advocacy organization with membership representing mentally retarded individuals in all residential settings, including institutional and non-institutional settings. Rebecca has already received a nomination from the Health Care Coalition - AFSCME Council 24.

Sincerely,

Kevin Underwood

Kein C. Underwood

President Wisconsin Parents Coalition for the Retarded, Inc.

669 McCarthy Drive

Hartford, WI 53027

cc: Senators Hansen, Kanavas, Robson, Welch, Wirch

Vote Record

Senate - Committee on Human Services and Aging

Date: 12302 Moved by: Robson		1	Seconded by:	Roesslar	Roessler	
AB: AJR: AR:	SB: SJR: SR:	231	Clearinghouse Rule: Appointment: Other:			
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Motion Failed

Motion Carried

Vote Record

Senate - Committee on Human Services and Aging

Date: Moved by:	1/23/02 Robs	en	Seconded by:		Roessler	
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LRBa1116/1 to SB 199 231

Motion Carried	Motion Failed	

My name is Susan Helgesen. I am from Madison. I am a member of People First Dane County and People First Wisconsin. I was a member of the Special Legislative Committee on Developmental Disabilities. I am speaking in support of the bill to form a task force to make a plan for the future of State Centers.

I want you to know we need money to help people on waiting lists, and that we are wasting money by keeping those institutions open. Governor McCallum is hurting thousands of people by vetoing money for more CIP funds. We need the CIP money and slots open to help more people with disabilities live in the community. It would cost less, and that we are thousands of people by vetoing money for more CIP funds. We need the CIP money and and they could get better help and services in the community. They would have better lives.

People should have their choice on where to live. America is supposed to be a free country.

I have spent time at an institution. I was hurt and abused when I was there. The institution was very bad for my self esteem. Being there made me feel like I was a bad person.

I like to help people and to volunteer. I could not do that if I was in an institution. There are many things I have learned to do outside of the institution. I have learned a lot of new things. I am an actor with the Encore Theater group. I am an artist and I make and sell crafts. I am a member of my church and I help with the children's groups. This has helped me build my self esteem and learn that I am not a bad person. I make a difference in my community.

People are just thrown in institutions, and they end up staying there for years when they could stay there only a short time. I know people that this has happened to. It has happened to many of the People First members.

The Center staff are good people. We need the Center staff working to help people in the community instead of keeping people in the institutions.

Please support the bill to form a task force to develop a plan for the State Centers. The people who live in the institutions have their right to live in the community. Most people with disabilities would like to live their own lives in the community.