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<td>ABC for Health (Advocacy and Benefits Counseling for Health)</td>
<td>ABC for Health is a Wisconsin-based non-profit public interest law firm dedicated to linking children &amp; families, particularly those with special health care needs, to health care benefits &amp; services. The mission is to provide information, advocacy tools, legal services &amp; the expert support needed to obtain, maintain &amp; finance health care coverage &amp; services.</td>
<td>statewide or multi-regional presence whose primary missions are to provide information, assistance and/or advocacy to children and youth with special health care needs and their families and adults with disabilities.</td>
<td>Statewide</td>
<td>Health benefits counseling, referral, &amp; individual advocacy Legal consultation &amp; representation Individual casework State &amp; national advocacy trainings Information dissemination via print &amp; electronic newsletters</td>
<td>All intakes are handled thoroughly. If calls exceed capacity, callers have a longer wait for their calls to be returned.</td>
<td>Tracks individuals who go through intake, &amp; individual advocacy and/or legal services cases. There is no tracking for information requests, unless the caller speaks with a Health Benefits advocate. After a case is closed, there is a client survey.</td>
<td>Currently serves a narrow audience (children with special health care needs &amp; their families), because there has been constant grant funding for this group. ABC for Health would serve a larger group if they had the funding to support that.</td>
<td>Data is collected and included in the annual report and grant reports.</td>
<td>Wheelchair accessible, Spanish-speaking staff who can translate</td>
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<td>The ARC Wisconsin</td>
<td>To provide information, assistance and advocacy in many areas, including direct services, guardianship, funding, health care, housing, transportation, and legal services, and whenever possible, to refer the person needing assistance to a local ARC chapter.</td>
<td>Persons with developmental disabilities &amp; related conditions of all ages, and their families or those who care for them.</td>
<td>Statewide, and some of the Upper Peninsula as well.</td>
<td>Information &amp; Referral Assistance Advocacy (if there are no local services available, such as an IEP advocate)</td>
<td>The ARC can receive over 200 calls a day from people needing services. This does exceed the ability to respond in a timely answer. When this happens, calls are answered in order of priority, with medical or legal/ law enforcement emergencies given precedence. Other callers must wait for a response.</td>
<td>Callers are asked to call back if they haven’t gotten what they needed. There is no formal follow-up survey.</td>
<td>Many people have no Internet access, so can’t make use of some information sources. Language is sometimes a barrier (primarily Spanish, but also some calls by Hmong speakers). They receive no calls from deaf people.</td>
<td>Data is collected on the overall number of calls, but not the content, and is only available internally.</td>
<td>None</td>
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<td>Children with Special Health Care Needs</td>
<td>To quickly connect parents &amp; providers to information &amp; resources that may be available to them</td>
<td>Children with special health care needs ages birth to 21. Per federal definition, this means a child to young adult, 0 through 20 years of age, with a long-term, chronic developmental physical, behavioral, or emotional illness or condition. (More in additional comments)</td>
<td>Statewide</td>
<td>Information &amp; Referral Teaching (in partnership with many other agencies) Limited care coordination (through contracts with local health departments or other entities; only if the family is not eligible through some other means)</td>
<td>Most calls are fumaded through Wisconsin First Step (see below), though some are handled directly by the regional centers. They have not exceeded their capacity.</td>
<td>Regional centers must have a procedure &amp; do timely follow up by phone. Process differs by region. Regional centers &amp; First Step (FS) evaluate caller satisfaction, now from a sampling of all callers.</td>
<td>First Step offers foreign language &amp; 24 hour capacity, but not regional centers. Regional centers don’t have TTY.</td>
<td>FS &amp; regional centers collect similar data, reported to the regional directors, health departments, &amp; on Title V block grant application.</td>
<td>This condition or illness is: Severe enough to restrict growth, development, or ability to engage in usual activities. Sufficient complexity to require specialized healthcare, educational, or psychological services beyond that generally required by children; has or likely will persist for 12 months to lifelong.</td>
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*The information in this table was compiled by Family Voices of Wisconsin in collaboration with WCA, the Waisman Center & the Wisconsin CSHCN Program and represents the Information, Assistance, and Advocacy Network (IAAN), a group of agencies with a statewide or multi-regional presence whose primary missions are to provide information, assistance and/or advocacy to children and youth with special health care needs and their families and adults with disabilities.*
Community Advocates Inc.
Community Advocates was founded in 1976 to work with low income & destitute persons & families to gain & ensure access to programs & services needed to meet their basic needs and to live in dignity.

Any and all callers

Milwaukee County

Helps low-income population with access to healthcare, housing, W-2, and utilities. 1:1 advocacy available. Access to legal assistance as needed, consultation rather than representation

In-depth, Medline 2000, 1:1 advocacy thru bureaucracy. I&R, Economic support 900. Serves approximately 17,000 people per year by 44 advocates.

No formal process

SSI representation for children. Major role is to get a hold of county workers on behalf of callers. If county was able to respond more readily, case load would be significantly less.

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No formal process

SSI representation for children. Major role is to get a hold of county workers on behalf of callers. If county was able to respond more readily, case load would be significantly less.

Family Care Program

Through the Aging & Disability Resource Centers, to provide a single entry point where older people, people with disabilities & their families can get information about a wide range of resources available to them in their local communities. To make sure people know about their choices when making critical long-term care decisions, to help people stay independent as long as possible, to make informed decisions about spending their own resources for long-term care. (See additional comments.)

Resource Centers serve elders & adults with physical and/or developmental disabilities, & their families or other involved persons (such as physicians, hospital discharge planners, & other professionals). They serve people of all economic levels, not just people who might be eligible for publicly-funded long-term care services. One center is currently expanding its focus to people with mental illness.

Each of the 9 Resource Centers currently serves one county. Counties that have both a resource center & a care management organization (CMO) providing the Family Care benefit package are Fond du Lac, Portage, Richland, La Crosse & Milwaukee (which serves only people age 60+). Counties with a resource center but no CMO are Trempealeau, Jackson, Kenosha, Marathon.

Information & Assistance Long-Term Care Options counseling Benefits counseling & advocacy Emergency Response Prevention & Early Intervention Access to the Family Care benefit Administering the Long-Term Care Functional Screen Short-term case management

So far the resource centers have been able to develop the capacity to respond within the contracted allotted amount. In the five counties with CMOs, the Family Care benefit has been an entitlement for the past 3 years, & the resource centers have been able to keep up with the demand.

There is no state-mandated follow-up process, but the resource centers have set these processes into place locally.

Outreach to older children/teens with developmental disabilities transitioning into the adult system. Strong community marketing & outreach to make sure people access options counseling before deciding to enter long-term care facilities. High numbers of adults with physical disabilities who have contacted resource centers & enrolled in Family Care. People with both mental health issues and physical disabilities.

Data is collected & reported to the state, & made available in quarterly reports on the Family Care web site. They are still studying the best ways to do this, & identifying information technology solutions that will be most helpful to resource centers.

Family Voices of Wisconsin

Family Voices of Wisconsin works to insure the voice of families of children with disabilities and special health care needs informs public policies related to healthcare by providing information, training and direct support to families.

Families, youth and children with disabilities and special healthcare needs.

Wisconsin

Primarily focuses on initiating and informing systems change in public policy with a variety of partners. Provide training on accessing health and community supports and services. Phone and electronic assistance is offered to callers. Developing the organizational capacity to provide a Family to Family Health Information Center for WI families.

Family Voices is a volunteer organization. Outreach about the availability of support is limited. Referrals usually come through the national office or self-referral through the national and state websites. Most of our effort goes into committee work related to systems change activities.

Encourages callers to get back to us if they have problems

Families have a critical need for comprehensive and accurate information and assistance. Many families don’t find someone who can provide this assistance to them.

Data is collected on calls received using the data collection system developed by Family Voices Solutions w/ MCHIB.

Family Voices maintains a website and listserv and is in the process of major expansion of the organization.
### Great Lakes Intertribal Council

Enable 11 tribes in Wisconsin to provide services for their members. Members of all ages from 11 federally-recognized Indian tribes (all conditions)

**Gaps/Needs**

Limited, program-driven services. Birth to 3: Advocacy & info. sharing. CSHCN/Communities Care Project: For families w/ children to 21, info. & assistance

**Data Collection & Additional Info.**

Data is collected on the cases they take. An annual count is made of cases closed during the year. For all 7 offices in 2002, 11,342 cases were closed. The data

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### Independent Living Resources

Are committed to community diversity through advocacy, choice & education, resulting in empowerment for individuals with disabilities.

Provide services to persons regardless of age or disability on a cross-cultural basis.

**Gaps/Needs**

Lack of personnel in the maintenance unit means they can't serve many SSI / Social Security clients, and no representation of children in SSI / Social Security cases. There is a huge need in this area. There is also a great need

**Data Collection & Distribution**

Data collected in several program databases; shared with federal and state government.

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### Legal Action of Wisconsin

To provide free civil legal services to low-income persons and senior citizens in a variety of areas, including public benefits & health, housing, family law, jobs & economic development, & education.

**Gaps/Needs**

Lack of personnel in the public benefits/ income maintenance unit means they can’t serve many SSI / Social Security clients, and no representation of children in SSI / Social Security cases. There is a huge need in this area. There is also a great need

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<td>Great Lakes Intertribal Council</td>
<td>Provide services to members from all federally recognized Indian tribes</td>
<td>Enable 11 tribes in Wisconsin to provide services for their members.</td>
<td>Members of all ages from 11 federally-recognized Indian tribes (all conditions)</td>
<td>Limited, program-driven services. Birth to 3: Advocacy &amp; info. sharing. CSHCN/Communities Care Project: For families w/ children to 21, info. &amp; assistance</td>
<td>All are served. No waiting list. Services are not used to capacity. 99% of services are referral.</td>
<td>Post-service follow-up by visit, mail or telephone call for all services.</td>
<td>No services for adults with disabilities who can’t work. No services for those with traumatic brain injury (TBI).</td>
<td>Data collected in several program databases; shared with federal and state government.</td>
<td>Goal is to provide one-stop shopping for all services for native peoples of all ages; also to be culturally appropriate. Other gaps exist, in areas like education and men’s health. Ultimate goal is 11 distinct and healthy Nations in Wisconsin.</td>
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<td>Independent Living Resources</td>
<td>Provide services to community diversity through advocacy, choice &amp; education, resulting in empowerment for individuals with disabilities.</td>
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<td>Provide services to community diversity through advocacy, choice &amp; education, resulting in empowerment for individuals with disabilities.</td>
<td>Information &amp; Referral, Peer Support, Skill Training, Advocacy - Individual &amp; Systems, Service Coordination, Employment &amp; Benefits Assistance, Housing, ADA, Civil Rights, Housing Info. &amp; Assistance, Adaptive Technology, &amp; MA Case Management.</td>
<td>Responds to over 3400 callers per year through information &amp; referral. They are able to respond to callers within 1-3 days of their original call. This delayed response has assisted staff in managing their time &amp; has assisted in not implementing a waiting list for service.</td>
<td>Educates consumers that they would like them to reconnect with them after having contact with their staff. Staff will assess this on a case-by-case basis &amp; will follow up with consumers if the consumer does not yet have the skills to reconnect independently.</td>
<td>Serves a very large &amp; diverse area. The rural culture &amp; lack of resources presents a service gap evident throughout service region (except in Family Care counties) for health care, transportation, respite, financial assistance, housing, employment, support networks, AODA, mental health services, &amp; community accessibility.</td>
<td>Collects data from all callers on a data collection system called MiCIL. They report data to their funders, DHFS &amp; the US Dept. of Education annually.</td>
<td>None</td>
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<td>Legal Action of Wisconsin</td>
<td>To provide free civil legal services to low-income persons and senior citizens in a variety of areas, including public benefits &amp; health, housing, family law, jobs &amp; economic development, &amp; education.</td>
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<td>To provide free civil legal services to low-income persons and senior citizens in a variety of areas, including public benefits &amp; health, housing, family law, jobs &amp; economic development, &amp; education.</td>
<td>&quot;Intake&quot; by telephone, walk-in or at legal clinics (to identify the issue, provide information &amp; legal advice). Some referrals Legal representation, if required.</td>
<td>Receives tens of thousands of calls each year. When Legal Action attorneys or volunteers cannot take the case, they refer it out, or otherwise give advice to clients to assist them in representing themselves. Priority is given to family law cases involving &quot;Intake&quot; by telephone, walk-in or at legal clinics (to identify the issue, provide information &amp; legal advice). Some referrals Legal representation, if required.</td>
<td>Each case is kept open until the main issue and all peripheral issues are resolved. There is no follow-up on legal advice given or closed cases, unless clients call back.</td>
<td>Lack of personnel in the public benefits/ income maintenance unit means they can’t serve many SSI / Social Security clients, and no representation of children in SSI / Social Security cases. There is a huge need in this area. There is also a great need</td>
<td>The few public interest law programs that exist need more collaboration. Wheelchair access interpreters available TTY</td>
<td>None</td>
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<td>Racine Oshkosh Green Bay La Crosse</td>
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<td>Buffalo, Jackson &amp; Trempealeau Counties. (Wisconsin Judicare covers the remaining 33 northern counties. See below).</td>
<td>domestic violence, and involving persons with disabilities.</td>
<td>in the area of family law. Other areas of need include consumer law, education / special ed. and housing.</td>
<td>is put in their annual report and reports to funders, and may also be posted on their website.</td>
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<td>Medicaid Recipient Hotline</td>
<td>To provide information &amp; assistance in many areas including: Medicaid eligibility, benefits covered, managed care HMOs, lost or stolen cards, identifying Medicaid providers in an area, private insurance, food stamps, state SSI checks, etc., &amp; to provide referrals to other agencies when necessary.</td>
<td>All Medicaid recipients</td>
<td>Statewide</td>
<td>Recipient hotlines - can address situations that are not related to MA services, such as food stamps, senior care, SSI Family Planning waiver &amp; more. - give out contracts for a variety of services in the state - assist in enforcing MA policies Ombudsmen - deal with recipients enrolled in managed care programs who have grievances or complaints with their HMO.</td>
<td>The main recipient hotline alone receives around 9,000 calls per week (among 4 or 5 different recipient hotlines), but they are not &quot;maxing out.&quot; The State of Wisconsin works to train temps in advance of implementing a new policy.</td>
<td>There is only follow-up if an Ombudsman handles the matter, but none on the recipient hotlines unless it’s requested, due to call volume.</td>
<td>Can always use more phone staff. Hard to keep up on personnel changes in the counties &amp; hard to keep telephone numbers current.</td>
<td>EDS collects data, which it reports to the state monthly. The public must go through the state for release of data.</td>
<td>The hotline also supports the Medical Assistance Purchase Program, for those with disabilities who are working, and provides information on other programs within Medicaid such as Badger Care &amp; Senior Care. Wheelchair accessible, but there aren’t really walk-in clients. Providers can come to talk with provider service reps about billing and policy issues. Recipient concerns are handled through telephone correspondents. Through a subcontract with AT&amp;T language lines, they have 166 languages available.</td>
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<td>National Alliance for the Mentally Ill of Wisconsin (NAMI-WI)</td>
<td>To provide information, education, support &amp; advocacy to families whose loved one has been affected by mental illness, to consumers who have been affected by mental illness, &amp; to providers.</td>
<td>Families of adults with mental illness</td>
<td>Statewide</td>
<td>Information &amp; Referral Assistance Individual Advocacy (all of the above for callers, walk-in clients, &amp; contacts by E-mail) Education (many topics) Systems Advocacy Requests have not exceeded their service capacity, because NAMI-WI has a wide network of 33 local affiliates, to which they can make referrals.</td>
<td>No formal process. Normally, callers are given the choice to have a NAMI staff member call to check in, or to call NAMI themselves.</td>
<td>Assuring adequate mental health services for individuals in the corrections system; &amp; Insufficient funding for programs creates waiting lists (such as 6 weeks' wait to see a treating psychiatrist)</td>
<td>[No information available at time of interview]</td>
<td>Another gap created by insufficient funding is the lack of adequate MA dental care</td>
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<td>United Way 211</td>
<td>To ensure an easy-to-remember telephone number that will connect all Wisconsin residents with information about how to give. To build Wisconsin's capacity to strengthen the way people access help &amp; engage in civic life.</td>
<td>The entire general public.</td>
<td>Should be statewide by around the end of April. (They’re waiting for PSC action authorizing phone companies to implement it statewide.)</td>
<td>Information (about how to give or receive services, &amp; public health issues) Referral Assistance Advocacy (for individual to receive help from an organization)</td>
<td>Facility can &amp; does add staff as more calls come in. A new state system to be implemented in the future will monitor wait times &amp; move excess calls to another county.</td>
<td>Currently, follow up is done on a voluntary basis, with no single standard among the counties. They are now developing a standardized process.</td>
<td>211 is so new, people haven’t made it a part of the culture. They need to do a better job of making people aware of it. So far, they’ve missed a lot of people.</td>
<td>Calls are anonymous &amp; confidential, so not all information is available. What is made available varies by community. With 211, it will be standardized, &amp; sent to funders, elected officials, service agencies, etc.</td>
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<td>Waisman Resource Center</td>
<td>To provide families &amp; the providers who work with them with quality, timely &amp; practical information &amp; assistance. The focus is on children Birth-21, who have special health care needs.</td>
<td>Wisconsin &amp; the Southern Region: 13 counties, including Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock &amp; Sauk.</td>
<td>Information Assistance Referral Service coordination Parent to Parent supports (includes info. about local parent support groups, Internet communication (websites with chat rooms), &amp; limited parent-to-parent matching)</td>
<td>Several staff members assist callers. At this point they have the resources needed, although they are concerned that as outreach increases, the numbers will grow.</td>
<td>Follow up is made until sure the need is addressed.</td>
<td>Difficult when requested service does not exist or for which there is a waiting list. These include respite &amp; childcare, the Family Support program, funding for wheelchair accessible vans, &amp; money to support parents attending conferences.</td>
<td>In this time of limited resources, many funders want to just fund direct service. The problem is that infrastructure is also critical. Without it, families can’t learn about the resources that are available to them. It takes money to publicize, too. Totally accessible to people using wheelchairs Use of language line TTY available.</td>
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<td>Wisconsin Coalition for Advocacy</td>
<td>Provides every caller with some information, substantive or through referral, related to their question. When WCA can’t provide advocacy assistance in a disability-related area, attempts to provide tools so the consumer or caller can engage in self-advocacy. (see additional comments)</td>
<td>Persons of all ages with developmental disabilities, mental illness, physical, sensory, or neurological disabilities, and in Milwaukee County, those over 60 who have long-term care needs.</td>
<td>Information &amp; Referral Assistance Individual Advocacy Legal Representation Teaching</td>
<td>Doesn’t exceed capacity for information services. For advocacy, there are explicit case selection priorities. If they cannot advocate for someone then they provide information and/or referrals to other organizations.</td>
<td>A consumer satisfaction survey is mailed after each case is closed.</td>
<td>Lack of referrals for legal assistance for family law issues &amp; for people in prison. Lack of resources for special education, Medicaid denials, non-eligibility for public benefits, &amp; people who fall through SSI/SSDI/ MA/ Medicaid/ Badger Care help.</td>
<td>Data is collected, and is available upon request.</td>
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**Additional Comments:**
- **United Way 211:**
  - **Room S101F**
  - **1500 Highland Ave. Madison, WI 53705**
  - **800-532-3321**
  - **www.waisman.wisc.edu/eshcn/index.html**

- **Wisconsin Resource Center**
  - **16 N. Carroll, Suite 400**
  - **Madison, WI 53703**
  - **www.w-c-a.org**

- **Wisconsin Coalition for Advocacy**
  - **www.w-c-a.org**
  - **Additional Offices:**
    - **Milwaukee Rice Lake**
    - **Southern Region:**
      - **Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock & Sauk.**
    - **Statewide:**
      - **Information & Referral Assistance Individual Advocacy Legal Representation Teaching**

- **Family Voices of Wisconsin, Family-to-Family Health Information Center, [www.wfv.org](http://www.wfv.org), 608-263-7148**
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<td>Wisconsin Coalition of Independent Living Centers</td>
<td>To provide information on current issues affecting people with disabilities in a statewide network of consumers, independent living centers &amp; government officials. WCILC strives to enhance opportunities for independence through advocacy, efforts to increase awareness of independently living, &amp; by acting as a resource to, &amp; supporting the activities of, independent living centers throughout Wisconsin.</td>
<td>Persons of any age with disabilities in Wisconsin</td>
<td>Statewide (8 independent living centers)</td>
<td>Information &amp; Referral (Goal is one-stop shopping for info. related to disabilities or services for individuals with disabilities, families, employers &amp; community) Peer Support Individual &amp; Systems Advocacy (persons with disabilities are taught to advocate for themselves) Assistance (limited) Independent Living Skills Training</td>
<td>Most &amp;R calls are referred to the Independent Living Center (ILC) in the caller's area. 8 ILCs each take approximately 350 calls per month; some calls take several or more hours to resolve. ILCs get back to all callers within 1 week. There are no waiting lists. Complex needs are broken down step by step, and consumers are taught to be in control so they don't have to keep calling back for assistance.</td>
<td>Depends on consumer needs, abilities &amp; the question involved. For simple information, callers are asked to call back if they need more help. For more complex questions, they keep in regular contact. They also survey a random sample of consumers for their satisfaction. Data is limited, however, because surveys are only done for the fiscal year the call came in. This means input for how valuable the information may be later.</td>
<td>Service system is fragmented &amp; consumer / user unfriendly, &amp; not only dependent on age and disability, but where a consumer lives. The goal of one-stop shopping is not happening. Another problem is that there are so many agencies out there, that follow up is very hard for parents &amp; people with disabilities. It needs to be made easier. Many agencies don't do youth, transition, older adults, aging, or multiple disabilities. Not enough people with disabilities are providing services.</td>
<td>All ILCs collect data on every I&amp;R call. Number &amp; content of calls is tallied monthly &amp; goes in an annual 704 report &amp; state &amp; federal contract reports. Most ILCs put an overview of their data in their annual report.</td>
<td>The ILCs want to change things so consumers don't need them, which is a different philosophy from many groups. ILCs have problems with inappropriate referrals, because it's time consuming to explain ILC services to an I&amp;R call. This sets up false hopes for callers. ILCs are trying to explain their services better to other organizations, to limit inappropriate referrals. They tend to see the failures in the system. Agencies don't talk enough with each other.</td>
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Wisconsin Council on Developmental Disabilities
201 W. Washington Ave, Suite 110
Madison, WI 53703
608-758-6232
Main website: www.wcdd.org
Advocacy website: www.dawninfo.org

To improve the independence, productivity & integration of people with developmental disabilities. | All people with developmental disabilities as defined by federal law (a severe, chronic disability of an individual 5 years of age or older that is attributable to a mental or physical impairment or both; is manifested before age 22; is likely to continue indefinitely; results in substantial or functional limitation in 3+ areas of major life activity; & reflects the need for special services, supports, or other assistance. | Statewide | Information & Referral (limited; most often in areas of staff specialization) Grassroots Advocacy Legislative Advocacy Development, review & monitoring of all state plans relative to programs affecting persons with developmental disabilities Provides counsel to the governor & legislature Disseminating info via a website, publications, the DAWN E-mail network, etc. Statewide policy forums Leadership training Presentations at conferences | The WCDD receives perhaps 2 calls a day for information & referral. Service capacity is not great because there is no dedicated staff doing I&R, but they have not exceeded their capacity. | No formal follow up process. If someone is in crisis, they usually call back at least once. | No gaps that are known. Usually staff members are able to respond. | No official data collection | DD system has focused mainly on adults with cognitive disabilities, and not on the needs of others, i.e. children with special health care needs, people with epilepsy, CP, and other conditions. Office is wheelchair accessible; there is a TTY (608-266-6660), and they can arrange for interpreters with a few days' notice. They have done workshops for Spanish-speaking families with an interpreter. Most information is available in a “Plain Language” format so it is readable by all. |
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<td>Wisconsin FACETS (WI Family Assistance Center for Education, Training &amp; Support)</td>
<td>Statewide</td>
<td>Supports families &amp; others with training, information &amp; referral, &amp; individual assistance related to children with disabilities &amp; the IDEA</td>
<td>Parents of children with disabilities 0-21, including all disabilities, &amp; all cultural &amp; ethnic groups</td>
<td>Information &amp; Referral</td>
<td>Directly provides individual support to 300 people per month (in 6 centers with a minimum of 50’ month each). For the overload, they are training a cadre of parent leaders (3-10 per center) to help pick up the slack from center coordinators. The statewide coordinator is a backup to help take overflow calls to their 800 number. Otherwise, they direct people to their website or send materials, and also refer callers to other agencies when appropriate. (see additional comments)</td>
<td>Annual random survey of workshop participants &amp; individuals involved in cases. Also, informal follow up by center coordinators for families they help.</td>
<td>Lacks pro bono or low cost attorneys to refer people to (because WI FACETS can’t give legal advice); needs a part-time web person to add items to the website regularly; &amp; they need increased hours for center coordinators (some of whom cover up to 13 counties). At present, they have trouble in reaching the Hmong community (but are doing well serving African American and Latino families, and people who are deaf).</td>
<td>Report sent to PACER center, then to OSEP (2 reports per year). Parent Center report by the Alliance of Parent Centers (used for grants, etc.) has extensive data on who is served. They also do an annual report, share data with WSPEI, &amp; distribute summaries at the annual Special Ed. Leadership Conference presentation.</td>
<td>Tries to get small local grants to expand time for their staff (center coordinators work 15-20 hours/ week). Some agencies they train then provide support and serve as community supports. Statewide Center, Fox Valley, Milwaukee Metro &amp; Racine offices are all wheelchair accessible; Central, South &amp; North staff have offices in their homes. (Staff meet in parents in accessible public facilities.) South Center home office will be accessible July 1st</td>
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<td>Wisconsin Family Ties</td>
<td>Statewide</td>
<td>To bring hope to families that include children &amp; adolescents with emotional, behavioral &amp; mental disorders.</td>
<td>All families that include children ages birth to 21 with emotional, behavioral &amp; mental disorders (but not if it’s exclusively a cognitive disability)</td>
<td>Information Referral Help in finding service providers &amp; gaining access Individual and system-level advocacy Training and scholarships</td>
<td>There is no waiting list. Usually, employees find a way to provide some minimum level of support and services. Most families don’t know where else to turn.</td>
<td>Currently surveys a sampling of families. Wants a more random and comprehensive process but need more funds. Goal is ongoing contact with families at regular intervals.</td>
<td>There is more demand for services than they can hope to satisfy right now, leading to inadequate follow up. Planning to survey families for unmet needs.</td>
<td>Data collection via phone log in office. Data goes in annual report &amp; to funders. No central reporting of calls to employees around the state.</td>
<td>The best-kept secret for the mental health community in the state. No foreign language capability.</td>
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<td>Wisconsin First Step</td>
<td>Statewide</td>
<td>Statewide information &amp; referral service dedicated to helping families &amp; professionals find resources for children birth to 21 with special needs; Also serves as central directory for WI’s Birth to 3 Program, &amp; links parents &amp; professionals to Regional CSCHN (Children w/ Special Health Care Needs) Centers across the state.</td>
<td>Children with special needs from birth to 21, their families, and professionals</td>
<td>Information Referrals Assistance (make additional calls and do research) Database Printed Directory Web site with searchable component</td>
<td>Parent specialists are always available, 8-4 weekdays. If they see a rise in call volume, they address it with staffing.</td>
<td>Call back after initial call, giving more information and referrals if needed.</td>
<td>Unmet referral needs include financial assistance, respite care funding &amp; providers, support groups in some areas and for some conditions.</td>
<td>Data reported quarterly to state.</td>
<td>All services are over the phone. They use Language Line for interpretation; 1-800-642-7837 Voice / TTY.</td>
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<td>Wisconsin Judicare</td>
<td>To provide the underprivileged client with the same freedom to choose his or her own attorney as any other person...To provide the members of the bar with up-to-date information on legal theories, research &amp; new decisions, particularly applicable to the underprivileged client.</td>
<td>Residents of the northern 33 counties of Wisconsin, who are low-income. (generally up to 125% of federal poverty guidelines)</td>
<td>Service capacity is based on priorities &amp; funding. When requests exceed funding, they refer clients to self-help programs or, if possible, other service providers.</td>
<td>33 northern-most counties of Wisconsin (those not covered by Legal Action of Wisconsin) Legal information Referral to private attorneys for legal help Referral to other agencies Legal representation (most by private attorneys) Trainings (for attorneys, judges, lay advocates, &amp; other individuals) Telephone advice program on limited subjects for those eligible for Judicare on Mondays &amp; Wednesday afternoons. Subjects at present are landlord / tenant, security deposit return questions, utility shut-offs, &amp; SSI problems.</td>
<td>Sends a letter out 60 days after a person has applied for and received the Judicare card, if they have not subsequently heard from that person. Otherwise, when they pay private attorneys to pro-vide advice &amp; case work for clients, they see the results of their work, or hear from the attorney or the client if there's a problem.</td>
<td>Funding has been reduced in recent years so they are more restrictive in all cases. Cannot provide representation in SSD/SSI claims for the number of clients who need it. Can no longer pay for bankruptcies for persons with disabilities who do not have garnishable income. Usually cannot provide family law coverage for divorces unless there has been recent physical violence. Exceptions are cases covered under a Violence Against Women Act grant, &amp; individuals with disabilities. In these cases the violence need not be physical. Each case is considered on a case-by-case basis.</td>
<td></td>
<td>Elevator Wheelchair accessibility TTY Hi-mong interpreter on staff. Spanish interpreter can be obtained with prior notice. Other interpreters possible with prior notice.</td>
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Wisconsin State Independent Living Council | To promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, and in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society. | All individuals of all ages with disabilities, including sensory, emotional, physical, cognitive, mental illness, etc. Special attention is given to addressing the needs of unserved and underserved populations, such as minorities, those living in rural areas, and persons from certain disability groups. | | Independent living center (ILC) provides information & referral, assistance, advocacy, & independent living skills training. They assist people in becoming effective self-advocates, & to coordinate services on their own behalf. | Doesn’t have the resources to serve all consumers in their service area. Each ILC has a different method of prioritizing who gets served. All are actively trying to increase funding for independent living & other services. | Follow up varies by ILC. They can't get back to every-one. For I&R, they do a consumer satisfaction survey from a sampling of their callers. | Provides statewide coverage, although ILCs are hopelessly under-funded. Are advocating for a $500,000 base for each ILC. Needs are especially great in two areas of the state with huge populations: the Fox River Valley area, (includes 17 counties & 4 million people) & the Milwaukee four-county metro area. | Data is collected by all ILCs, and all turn in reports to the federal government, the Wisconsin State Independent Living Council, & to the contractor with the state. | SILC is currently developing a new state plan for independent living, which is due in June. It would be very helpful for them to receive input on it now. |
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<td>WSPEI-DPI (Wisconsin Statewide Parent-Educator Initiative)</td>
<td>Provide support &amp; resources for parent liaisons in CESAs &amp; school districts, &amp; collaborate with others to develop training &amp; informational materials for families &amp; the staff that serves them. Parents of children with disabilities are supported &amp; encouraged to participate meaningfully &amp; equally on IEP teams, in school advisory functions, &amp; in the education of their children. Parents &amp; educators are supported &amp; encouraged to build positive, reciprocal partnerships.</td>
<td>Wisconsin families of children age 3 through 21 who have disabilities &amp; educators who serve children with disabilities in Wisconsin public schools.</td>
<td>Statewide; service areas are by CESA or school district parent liaisons.</td>
<td>Information related to children with disabilities &amp; special education, referral to other agencies &amp; organizations, assistance with building positive school-family relationships, training &amp; mentoring, assistance with developing school programs that include parents (advisory councils, lending libraries, etc.)</td>
<td>In 2003-04, 40 parent liaisons were hired by CESAs &amp; school districts as primary family contacts; 39 more liaisons disseminated information; 2,836 parents &amp; educators were served individually; and 4,095 parents, educators &amp; students received service in groups such as IEPs &amp; workshops. WSPEI focuses first on training &amp; helping parents &amp; educators to empower themselves. It also emphasizes collaboration &amp; net-working to maximize resources &amp; minimize reliance on external agencies. If requests still exceed capacity, they seek help from the network of districts, CESAs &amp; other agencies, &amp; prioritize requests.</td>
<td>As of this year, CESA parent liaisons send a follow-up postcard to consumers, who return it to the statewide office.</td>
<td>There is limited racial, ethnic &amp; linguistic diversity among the parent liaisons. There are some areas of the state that have few district parent liaisons.</td>
<td>Uses the same data collection system as WI FACETS. Last summer, the groups held a joint data retreat to analyze outcomes &amp; guide service improvement. Distributed a flyer with data at the 2003 Special Ed. Leadership conference for special ed. directors, &amp; reported it in the DPI annual State Improvement Plan brochure.</td>
<td>Some materials are available in English, Spanish &amp; Hmong. Main office and CESAs are wheelchair accessible. Translators, interpreters &amp; TTY are not immediately available at main office but typically are available with advance notice through CESAs &amp; school districts.</td>
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**See website for contact info on specific CESA**