Survival Coalition

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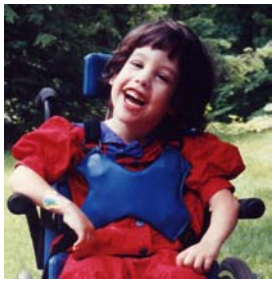
Real Lives. Real Work. Real Smart. Wisconsin

Investing in People with Disabilities



2011-2013 Legislative Budget and Policy Priorities

Real Lives

- When people with disabilities, and where appropriate their families, can plan and direct their services and supports it enhances quality of life, increases independence and helps them become part of their communities.
- Disability is a bipartisan issue. For over 25 years administrations and legislators from both parties have recognized that we must keep the community promise to Wisconsin's elderly and people with disabilities,

Real Work

- People with disabilities want to work in order to be productive members of society and they are good, reliable employees. Yet people with disabilities are much less likely to be part of the labor force and this group is disproportionately impacted by the recent recession. According to the Department of Health Services, only 6 percent of Family Care members who want to work are working in integrated settings in the community, even though studies in Wisconsin show supported employment services are more cost effective than facility-based services. Good jobs in the community are not only possible, they are good for Wisconsin.
- In order to become productive working adult members of society, children with disabilities need access to quality schools and the same opportunities to attend the school of their choice as children who do not have disabilities. Far too many students with disabilities drop out of our schools or don't graduate with a real diploma. Dropouts from the class of 2008 were estimated in one study to cost Wisconsin almost $3.9 billion in lost wages over their lifetimes.
- Community based services for adults and children with disabilities create jobs; this is one of the fastest growing job sectors. But there is already a direct worker shortage. These jobs must be viable in terms of wages, benefits and training to attract a sufficient number of workers.

Real Smart

- Community-based care is smart care. Programs and policies that assist people with all disabilities to live and work more independently create jobs and reduce current and long term spending. A 2009 Health Affairs study found lower overall long-term care costs in states that have "well established non-institutional programs" than those that do not.
- The right services at the right time can reduce costs in both the long-term and short-term. Earlier recognition of the need for intervention for people with disabilities can avert the need for long-term supports. Accountability through the use of best practices and expectation for measurable outcomes ensures that we are maximizing our investment.
- We need a balanced approach to the budget that optimizes revenue, including available federal funds, and does not cut those programs that are most efficient in the long run. Increased government efficiencies can occur through collaboration among state agencies and support of regulatory and administrative polices to allow counties to share services.

Wisconsin

The message is clear—community-based care saves money, creates jobs and allows people with disabilities to be full participants in our communities.

Real Lives, Real Work, Real Smart, Wisconsin

Investing in People with Disabilities

Family Care and Aging and Disability Resource Centers

Family Care (FC) is the Medicaid managed care program which is now the primary source of state/federal funded long term care for low-income elders and adults with physical or developmental disabilities in Wisconsin. Aging and Disability Resource Centers (ADRCs) are the one-stop source of information, referral, benefits counseling and eligibility determination for anyone in Wisconsin with questions about long term care.

Survival Recommendations:

- Complete the FC & ADRC expansion that was included in the 2009-2011 budget.
- Complete the elimination of waiting lists in the counties that have recently begun FC operations.
- Include plans to make FC and ADRCs available statewide by June, 2013 in the 2011 – 2013 budgets. DHS should continue to make efforts to work with each start-up county to resolve any concerns they may have regarding FC.
- Review the analysis and recommendations from the LAB audit from any of FC, and
- revise the 2011– 013 budget proposal accordingly. Exempt FC from any spending cuts until LAB reports on the adequacy of current funding levels.

Background: Family Care (FC) has made substantial progress toward Long Term Care (LTC) Reform in Wisconsin.

- LTC Reform Planning began in the 1990's and involved a wide variety of stakeholders: counties, providers, consumers, advocates and officials on Governor Thompson's administration. The culmination of that planning was Gov. Thompson's introduction of FC in the 1999-2001 budget, resulting in the first 5 Family Care pilot counties and the elimination of LTC waiting lists in those counties.

- DHS and Legislative Fiscal Bureau have now documented savings in LTC spending in the pilot counties (the annual cost for FC members averages less than for comparable nursing home residents). FC has also resulted in an unprecedented level of federal funding for community-based LTC services coming into Wisconsin.

- Gov. Doyle embraced Gov. Thompson's idea and announced statewide expansion of FC as a goal of his administration. The Legislature added additional funding to Gov. Doyle's 2007-2009 biennial budget expansion proposal, added a FC ombudsman program, and adopted the revised proposal with strong bipartisan support (the vote on the FC omnibus motion in the Joint Finance Committee was 15 – 1).

- Aging and disability organizations, MCOs, providers, and consumers continue to believe in the original values and vision of Family Care: cost effectiveness, living and working in the most integrated setting, consumer choice, an outcome-based approach to quality, and a right to service without waiting.

- By the end of the 2009-2011 biennium, FC and IRIS* will have begun operations in 57 counties, with a projected 42,000 members. Waiting lists for essential LTC services are much lower now than they would be without FC. According to annual member satisfaction surveys, the majority of members are satisfied with their services. FC is therefore well beyond a "pilot program", and statewide implementation is within reach. Besides providing essential services to such a large number of people, FC has also created a large number of new jobs in Wisconsin.

- ADRCs are now operational in 57 counties. In 2009, they completed eligibility determinations for 12,818 individuals entering the LTC system. They have also provided benefits counseling, information and referral, and other assistance to a much

- larger number of people (308,523 contacts in 2009). Consumer satisfaction from individuals and families who have used ADRCs is very high, as expressed in surveys and constituent feedback to legislators.

Benefits of continued expansion of FC & ADRCS

- Eliminate waiting lists for basic LTC services for all FC-eligible persons.
- Provide timely and accurate information and assistance via ADRCs for consumers and families on a wide variety of LTC and benefits issues.
- Continue to increase the level of federal Medicaid matching funds coming into Wisconsin.
- Continue to create new jobs in managed care organizations and provider agencies in every FC county.
- Continue to reduce institution utilization by ensuring that people are not admitted to
- institutions because they cannot obtain the home or community care they prefer.

Questions & Concerns about Family Care can be resolved.

- Consumers, advocates and providers have raised a variety of concerns with DHS and the legislature regarding FC. These concerns include:
    - service reductions for some people coming into FC from COP or CIP
    - sufficiency of MCO reimbursement and annual inflationary adjustments for providers, particularly for residential service providers
    - low numbers of FC members in integrated employment & individualized (not congregate) housing
    - inadequate mental health services (a problem which existed prior to FC implementation)
    - questions regarding the FC capitated rate-setting mechanism, particularly in regard to the adequacy of funding for members with developmental disabilities
    - the large proportion of direct care workers earning less than a "living wage" and receiving no health insurance

Many or all of these concerns will likely be addressed in the upcoming audit of FC being conducted by the Legislative Audit Bureau (LAB).

- Quality Assurance in FC is based on member outcomes, which most stakeholders agree is a superior model to past approaches. Advocates and FC members have raised concerns regarding the proportion of members who have not experienced their chosen outcomes. DHS has completed the design and validity testing on PEONIES, a promising approach to measuring member outcomes. An independent contractor will begin PEONIES interviews of FC members in 2011. The results of these interviews can help to guide future quality assurance efforts. It is important that this approach is adequately funded to ensure an adequate sampling of FC members.

- It is expected that LAB's audit of FC will include important recommendations for the Walker administration to strengthen FC over the next biennium. MCOs, providers, and advocates welcome the opportunity to work with DHS on these improvements.

* IRIS is an alternative LTC program (which allows participants to self direct their services) that is available in every FC county.

For additional information contact: Lynn Breedlove, lynnb@drwi.org

IRIS PROGRAM (INCLUDE, RESPECT, I SELF-DIRECT)

Support adults with disabilities to live successfully in their communities with the services supports of their choice.

Survival Recommendations:

- Allocate a sufficient level of DHS and contracted positions dedicated to IRIS central office operations to ensure that:
    - there is adequate oversight of the IRIS program and the IRIS subcontractors, including collection and analysis of relevant data on IRIS operations;
    - the state can engage in quality assurance and address patterns of problems in the program, and ensure transparency and accountability;
    - the state can get involved in a limited number of individual situations when state intervention is necessary to get things "unstuck";
    - state staff can educate all the audiences who need to understand IRIS, and respond to all the myths and distortions re IRIS;
    - there is capability to plan for the future of the program, especially in light of faster than expected growth; and
    - the state can respond to the continuous demand for information and clarification from CMS.

(Note: DHS is currently developing a 2010-2012 IRIS work plan which will illustrate the broad scope of activity that will need to be carried out.)

- Increase the funding to provide a continuum of support, assistance in plan and service development, and oversight to ensure that every person/family who would like to enroll in IRIS can receive the variety and depth of support they need to experience the full benefit of IRIS:

    - enable IRIS participants to receive expert and knowledgeable support in the initial development of personal outcome based, cost-effective IRIS plans;
    - provide assistance to those individuals who require more robust support in the implementation of their IRIS plan, including working with providers of goods and services, and greater attention to health promotion, community inclusion, and risk management
    - raise the bar for IRIS Consultants re the level of education and experience required, increasing the pay scale and benefits package commensurately;
    - develop a pool of specialized expertise within the ICA and/or a pot of money to purchase that expertise when it is needed by individual IRIS participants.

- Create and fully fund an integrated data system for IRIS which:

    - is web-based;
    - streamlines administrative processes;
    - is "consumer friendly";
    - ensures DHS' ability to demonstrate compliance for CMS
    - provides DHS the necessary tools for managing the program; and
    - integrate the system between DHS and ICA to eliminate confusion and duplication.

- Develop and improve the accuracy of the rate setting methodology for the IRIS participants' individual budgets.

Background: Based on current IRIS enrollment trends, it is reasonable to predict there will be approximately 4,300 people in IRIS as of 7/1/11, not including Dane and Rock Counties. In light of that, the current infrastructure to support IRIS (inside DHS and via DHS' IRIS contractors) is clearly inadequate.

Depending on how you count the number of DHS and contracted staff assigned to IRIS central office operations, it is in the range of 4.0 FTE. This "team" is difficult to manage because it includes bits and pieces of the time of 12 people. Even at the current level of IRIS enrollment, this is inadequate.

During the initial IRIS implementation process, disability advocates vigorously protested the Department's budgeting and staffing assumptions for the Independent Consultant Agency (ICA), i.e. the minimal education/experience requirements and the low pay scale for the independent consultants. Unfortunately the ICA was developed on a cost model based on those assumptions. Notwithstanding TMG's efforts to provide appropriate training for new consultants, it is now clear that:

- IRIS works most efficiently for individuals who have their own or family/friends capacity to obtain support and services with minimal assistance;

- many individuals and families who have expressed interest in IRIS have been unable to get satisfactory or timely answers to basic questions from some consultants;

- there are a variety of needs for service coordination, information on available choices, and in-depth support that are currently either not within the scope of responsibility of the ICA (for example, selecting and working with potential providers of services and goods), or are difficult to effectively obtain through the current scope of work of the ICA and the education/experience requirements of IRIS Consultants (for example, obtaining home modifications and assistive technology; support to address issues with behavior; support to obtain employment or self-employment, transportation, to move out of an institution and for many other parts of a person's IRIS plan).

- some individuals and families who are favorably predisposed towards IRIS have decided not to pursue it because they have concluded the support offered through IRIS is inadequate; and

- there is "too much paper" in IRIS – too many data systems, too many opportunities for data errors, and it is too time-consuming to access the data and too "unfriendly" for consumers trying to access their IRIS plan or budget online.

<u>Ideas for Funding Sources</u>

1. Analyze which functions and/or elements of the IRIS Program could be eligible for a higher level of federal matching funds.

2. Set an appropriate level of administrative funds based on the projected size of IRIS during the 2011-13 period.

3. Some IT improvements could be charged to the IT part of DHS budget.

For additional information contact: Maureen Ryan, moryan@charter.net

MEDICAID DEFICIT

Home and community supports can save money and offer greater choice for people with disabilities.

Survival Recommendations:

- Expand potential for Medicaid savings by investing in home and community based supports which on average tend to be less expensive.
- Ensure the appointment of a high caliber Medicaid Director.

Background: WI's Medicaid Program is very complex; it includes programs that could collapse if they are cut further and it also includes many opportunities for savings. Some cuts in eligibility are prohibited by federal rules. Some reimbursement rates are already below the actual cost of the service; further cuts in some rates could lead to a complete loss of Medicaid providers in that service category in a region.

As the Walker administration approaches the challenge of dealing with the Medicaid program, it is very important to continue the open dialogue with consumer advocates, providers, managed care organizations, etc. This serves two important purposes: a) it expands the array of savings ideas for the administration to choose from, and b) it provides the administration an "early warning" system to know in advance which savings ideas or cuts will result in the most strident opposition before making a final decision.

In recent years, DHS has been able to find $600 million in Medicaid savings without having to resort to the across-the-board cuts that many other states have made, which have seriously harmed recipients. WI's success in this area has received national attention. Much of the credit for this is due to the Medicaid Rate Reform process. This process has been open and transparent and has greatly benefited from the creative ideas and feedback of a wide variety of stakeholders, e.g. hospitals, managed care organizations, physicians and advocates.

DHS has a current set of ideas (in Medicaid Rate Reform III) which could be invaluable to the Walker Administration in finding major savings without having to seriously undermine service access or quality. One of the most promising opportunities would be to expand the "provider assessment" beyond hospitals and nursing homes. Over 40 states are using provider assessments now and WI could use this approach to greatly increase our federal match revenue and avoid cutting basic services.

WI continues to maintain a higher institutional and in-patient capacity than many other states. This includes state and county-run institutions as well as private facilities.

Running the state's Medicaid program and dealing effectively with the Medicaid deficit without destroying the program requires an unusual person, who knows WI's Medicaid program intimately and is well versed in the strategies being used by other states. WI has not always had Medicaid Directors of this caliber.

For additional information contact: Lynn Breedlove, lynnb@drwi.org

MENTAL HEALTH

Equitable mental health services.

Survival Recommendations:

- Increase the State contribution to the "state" share of Medicaid for MH services.
- Increase use of evidence-based consumer-operated services, such as crisis respite services, and use of peer specialists in MH programs.
- Implementation of pilot projects for MH transformation focusing on shared services across counties, implementation of identified core services and integration of MH and primary care (Infrastructure Study)
- Ensure availability of wraparound programs for children with serious emotional disturbances in all counties/tribes.
- Ensure that Wisconsin prisons implement national standards for mental health treatment of inmates and increase options for jail diversion for this population.

Background: Mental health (MH) issues infiltrate many areas touched by the state budget and policy; schools, corrections, long-term care and, of course, the public mental health system. As a result the mental health agenda can be fairly complex. However, a few key themes can be noted:

- The desire to develop a more recovery-oriented mental health system incorporating more options for consumer-run services and peer support.
- The need to move more people with mental illness from institutional settings to community-based care. This is not limited to psychiatric hospitals and nursing facilities but also includes correctional settings where 31% of inmates have a mental illness requiring treatment.
- The need to ensure more equitable access to services across the State.

A key policy issue that serves as a barrier to the development of a better public mental health system is the requirement for county match for Medicaid mental health services: along with the decreases in Community Aids and the lack of availability of waivers for this population this has led to very significant county use of property tax funds for mental health services and inequities in services across counties.

Key policy issues (both legislative and agency) are:

- Limiting use of seclusion and restraint in schools and treatment facilities.
- Monitoring implementation of MH parity and health care reform, including eHealth
- Transitioning youth from children to adult services and from juvenile justice to community.
- MH issues in Family Care and SSI managed care
- Badger Care Plus CORE plan MH coverage.
- Prior authorization for MH services.
- Changes to Chapter 51 related to emergency detention, crisis response.
- Consent to treatment by minors.

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LONG TERM SUPPORTS FOR CHILDREN WITH DISABILITIES

COMPASSWisconsin streamlines eligibility, coordinates services and provides a unified access point for the Katie Beckett, Family Support, and Waiver Programs.

Survival Recommendations:

- **Promote Cost-Effectiveness:** Improve information, short-term assistance and eligibility determination by streamlining current programs by expanding COMPASSWisconsin beyond Racine and Walworth counties.
- **End Waiting Lists:** Continue the commitment to end waiting lists for children by funding an additional 1,000 children during the biennium.
- **Improve Coordination and Delivery of Services and Supports:** Increase the capacity of the Department of Health Services staff to provide quality assurance and oversight to counties implementing COMPASSWisconsin. The rollout of Family Care has had a major impact on county capacity to serve children with disabilities and increased the need for training and technical assistance to counties.
- **Increase Access to Health Care:** Make a statutory change in BadgerCare to provide comprehensive medical coverage for children eligible for Medicaid whose needs can not be met by the benchmark plan. This is a group of children who could be eligible for long term supports due to their worsening medical condition brought on by lack of access to needed medications and other medical care (children with CF, transplants, cancer, epilepsy etc).

Background. Children with significant disabilities can have extraordinary needs that require supports and services that go beyond a family's capacity to meet. Families benefit from long-term supports that are well coordinated with other systems that support children, flexible to meet unique family needs, and timely to prevent crisis situations. Unfortunately, for many families, the lack of access to information, supports and services compromise their quality of life making it difficult and sometimes impossible for them to care for their children, maintain jobs, and keep their family intact.

COMPASSWisconsin reflects the recommendations of families, providers, advocates, counties and DHS to improve our system of long term supports for children. These improvements will reduce waiting lists, improve cost effectiveness, prevent crisis that result in more costly services, reduce duplication, consolidate and streamline eligibility and connect families to community resources. Many of the tools needed for

COMPASSWisconsin have been developed, piloted and implemented (functional screen, CLTS waivers, county participation, parental payment liability, regional information & referral). What is needed is the opportunity to demonstrate the effectiveness of a system that integrates these tools within a coordinated framework.

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EDUCATION

School funding reform is essential to improving the education success of most children with disabilities.

Survival Recommendations:

- Support the Department of Public Instruction's school finance reform proposal.
- Maintain Special Education Categorical Aid reimbursement levels at 26.7% for regular aid and 42.3% for high cost aid
- Pass either the Seclusion and Restraint bill Survival supported last session or a good bill drafted by DPI.
- Pass legislation to require universal screening for reading problems.
- Pass legislation to improve the qualifications of teachers who teach reading.

Background: The Department of Public Instruction has proposed a reform plan called "Fair Funding for Our Future." It contains some reform elements, increases funding for 94% of districts, and holds the other 6% harmless. Following are some key provisions:

- Keeps revenue cap system in place, with modifications
- Establishes a floor of minimum state aid/pupil=$3,000
- Adds 20% for every child in poverty in each district
- Transfers School Levy Tax Credit to schools (mostly an accounting maneuver, but could cause opposition from cities and counties)
- Establish predictable grown in revenue caps of 2% or inflation (whichever is greater)
- Keeps Special Education Categorical Aid reimbursement level the same, which costs $48.8 million to stay at 26.7% for regular aid and $2.5 million to keep at 42.3% for high cost aid
- Consolidate small categorical aid programs and take that $20 million to create competitive grant program to improve results in districts with worst graduation and drop out rates and possibly another factor, such as suspensions

Seclusion and Restraint: Wisconsin has no law on the seclusion and restraint of children in schools and children continue to be harmed by the inappropriate use of seclusion and restraints in schools. Last session Survival supported legislation that was introduced to regulate seclusion and restraint. It is likely the legislation will be reintroduced.

Universal screening and reading improvement: Legislation is likely to require universal screening for reading problems (e.g., dyslexia and other learning disabilities), and to boost the requirements for teacher qualifications to teach reading. Improving the qualifications of teachers who teach reading is critical for all children, including children with disabilities. Universal screening will help identify children with disabilities earlier and better and help get them the assistance, which may include special education that they need.

For additional information contact: Jeff Spitzer Resnick, spitznick@drwi.org

Employment

Survival coalition supports integrated employment as the default outcome in the long-term care system. We assume that everyone can work.

Survival Recommendations:

- DHS and DWD should ensure collaboration among MCOs, ADRCs, Service providers, and DVR, and clarify MCO-DVR funding responsibilities. MCOs and IRIS need awareness of best practices and resources in employment services, including job development, supported and customized employment.
- Expand outreach and education so all people with disabilities can overcome barriers to employment. This may require a budget request to increase the number of disability benefit specialists.
- Continue funding and technical assistance to Community Rehabilitation Programs that are exploring ways to help people get community jobs. Support ongoing training resources around best practices in employment for people with disabilities, including PERC
- Support true state-wide training and implementation of the DVR/DPI/DHS inter-agency agreement on transition based on the belief that all students with disabilities should be planning on integrated employment and post-secondary education
- Address real and perceived barriers to employment: income limits, health insurance, asset development

Background: Only about 27% of people with "Independent Living"* disabilities are working. This includes people who work part time or in work centers (formerly known as sheltered workshops).

2008 WI labor statistics:	people with any disabilities	with "Independent Living" disabilities
Employed:	45%	27%
Employed full time:	28%	10%
Living in poverty	23%	30%

When Family Care began, it was expected that its focus on outcomes would result in people moving from segregated work settings to integrated jobs in the community. In fact, over ten years, the proportion of Family Care members with community jobs has decreased.

2009 Family Care data:	people with developmental dis.	with physical disabilities
Not working:	3700 (42%)	3900 (91%)
Working:	5200 (58%)	400 (9%)
in work centers	3400 (65%)	125 (31%)

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LONG TERM CARE WORKFORCE

Direct Support Professionals are the backbone of the community long term care system. They provide personal care and a wide variety of other supports in people's homes and in the community.

Survival Recommendations:

- Increase Family Care rates to specifically address DSP salaries.
- Increase wages and access to benefits for Direct Support Professionals.
- Implement the College of Direct Support, a national training program that has proven to decrease turnover and increase retention rates among DSPs.
- Support WIDCA (WI Direct Care Alliance) to empower DSPs to network, to get advanced training, and to advocate for themselves.
- Provide training and support on employment issues to people who hire their own DSPs through the use of Self-Directed Supports.

Background: Direct Support Professionals provide personal care and a wide variety of other supports in people's homes and in the community. Wisconsin will need at least 5000 new DSPs in the next five years, and the turnover rate for existing jobs is as high as 50%. Although there is a great need to find DSPs, the low salaries and limited benefits make it difficult to recruit and retain good workers.

Other reasons that DSPs leave the field include a concern that they have not been fully prepared to do the work, feeling that they have no input into the way the jobs is done, a the general lack of respect for this work. Improve training so DSPs are fully prepared to provide high-quality services will improve job retention.

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TRANSPORTATION

Accessible and affordable transportation services play a major role in determining how independent, productive, and integrated older adults and people with disabilities can be in their community.

Survival Recommendations:

- Increasing the State's investment by $5 million in the next two years would improve access to vital transportation services
- Provide easy access to scheduling rides and maintain current level of service delivery
- Ensure Volunteer Driver Program is not negatively impacted
- Family Care and Partnership Programs need to include and fund transportation for community activities in members' plans

Background: People with disabilities, particularly people with severe disabilities, cannot live independently in the community without transportation services. Access to employment, education, and health care are all affected by the availability of transportation for people with different mobility needs. The State's investment in the Specialized Transportation Assistance Program (85.21) for the elderly and disabled, however, is only a fraction of what is needed. Counties are forced to divert funds from other equally critical human services to make up the difference. Access to transportation services remains limited. In the 2009-2011 Budget we received a $1M increase ($285,900 Year 1, $713,300 Year 2), which helped. But we still require the additional $5M to reach the $6M requested.

Wisconsin's 2009-11 Budget included the implementation of a state-wide transportation manager (or Transportation Broker) for Medicaid funded transportation services. We need to make sure that the Broker is not able to reduce services by making it more difficult to schedule rides. There is also concern that the Broker may have a negative impact on the Volunteer Driver Programs, which provide significant numbers of long-distance rides at very low cost to Medicaid in rural areas.

For additional information contact: Maureen Ryan, moryan@charter.net

HOUSING

All persons with and without disabilities have the right to integrated, affordable, healthy and accessible housing.

Survival Recommendations:

- Ensure that WHEDA under the new leadership continues to be responsive on disability issues.
- Ensure that housing programs and services are sufficiently funded in the next budget.
- Ensure that homelessness programs in the state are adequately funded.
- Ensure that the new housing plan includes Universal Design and Integration requirements.
- Encourage your local housing authority to work with organizations working on NH Transitions.

Background: With the recent election, housing priorities and issues will largely depend on the actions of Governor Walker and the state legislature.

Wisconsin Housing and Economic Development Authority (WHEDA): A key appointment will be the new Executive Director of WHEDA. WHEDA administers the federal tax credits for housing development and homeownership programs. In recent years, WHEDA has made an effort to be responsive to concerns in communities. For instance, they have encouraged greater accessibility by giving additional points in the application process for Universal Design.

Division of Housing & Community Development (DHCD): In the state government, the various housing programs and services are somewhat fragmented, but many of the programs are in the DHCD which currently is in the Department of Commerce. Previously, it was in the Department of Administration. Governor Walker could decide to leave it in Commerce, return it to Administration, merge it with other scattered housing programs into a new home, or something else. All those actions, as well as the new director, may significantly affect the priorities and effectiveness of the state housing programs.

Homelessness: This is an issue that advocates should be aware of, particularly since there is increasing homelessness due to the economy. A substantial number of people who are homeless also have a disability, particularly mental illness and/or Substance Abuse issues. This is currently part of the DHCD discussed above.

National Housing Trust Fund (NHTF): Although the planned funding of the NHTF through Fannie Mae and Freddie Mac fell through with the economic crisis, Congress is attempting to capitalize the NHTF with $1.065 billion. States are required to identify an agency to administer the funds, as well as to have a housing plan for the funds. Wisconsin has neither. If Congress is successful, Governor Walker would need to identify a fiscal agency which would need to quickly create a plan.

Nursing Home Transitions: Advocates are working to develop a partnership with local housing authorities to dedicate a limited number of units or vouchers for people transitioning out of nursing homes.

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